

Case ID Number:

DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1
REQUEST FOR STANDARD AUTHORISATION AND URGENT AUTHORISATION

Request a **Standard Authorisation** only (***you DO NOT need to complete pages 6 or 7***) **X**

Grant an **Urgent Authorisation** (***please ALSO complete pages 6 and 7 if appropriate/required***)

Full name of person being deprived of liberty	Ann Other	Sex F
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Date of Birth (<i>or estimated age if unknown</i>)	19.12.1936	Est. Age 79
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Relevant Medical History (*including diagnosis of mental disorder if known*)
Mrs. Other has a diagnosis of dementia with Lewy Bodies, and Chronic Obstructive Pulmonary Disease. She is prescribed medication for COPD.

Sensory Loss	None	Communication Requirements	Spoken English.
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Name and address of the care home or hospital requesting this authorisation	Tees View Care Home Any Street Stockton on Tees
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Date of Admission	09.03.2016	Respite?	N	Date From	X	Date To	X
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Telephone Number	01642 654321
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Person to contact at the care home or hospital, (including ward details if appropriate)	Name	Jason Jones
	Telephone	01642 654321
	Email	jason.jones@tvch.co.uk
	Ward (if appropriate)	

Usual address of the person, (if different to above)	36, One Street Stockton-on-Tees TS17 1TU
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Telephone Number	01642 123456
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Name of the Supervisory Body where this form is being sent	Stockton-on-Tees Borough Council
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How the care is funded	Local Authority <i>please specify</i>		
	NHS		Local Authority and NHS (jointly funded) X
	Self-funded by person		Funded through insurance or other

REQUEST FOR STANDARD AUTHORISATION

THE DATE FROM WHICH THE STANDARD AUTHORISATION IS REQUIRED:

01.03.2016

If standard only – within 21 days

If an urgent authorisation is also attached – within 7 days

PURPOSE OF THE STANDARD AUTHORISATION

- Please describe the care and / or treatment this person is receiving or will receive day-to-day and attach a relevant care plan.
- Please give as much detail as possible about the type of care the person needs, including personal care, mobility, medication, support with behavioural issues, types of choice the person has and any medical treatment they receive.

Mrs. Other requires a 24 hour care environment, due to the presentation of some challenging behaviours.

Tees View Care Home will provide the following care and support to Mrs. Other:

- Issuing prescribed medication.
- Assistance with meeting all personal care needs.
- Assistance with activities of daily living.
- Prompting for nutritional needs.
- Regular checks throughout the night, due to Mrs. Other becoming very unsettled and wandersome during the night.
- Distraction techniques to manage challenging behaviours.
- Occupational therapy.

Mrs. Other will have a choice over her daily social activities, food and drink choices.

- Explain why the person is or will not be free to leave and why they are under continuous or complete supervision and control.
- Describe the proposed restrictions or the restrictions you have put in place which are necessary to ensure the person receives care and treatment. (It will be helpful if you can describe why less restrictive options are not possible including risks of harm to the person.)
- Indicate the frequency of the restrictions you have put in place.

Mrs. Other is due to be admitted to the dementia unit within the care home, following a best interests decision by her wife and social worker. Mrs. Other is currently living at home with an extensive home care package. However, due to the presentation of some challenging behaviours, it is not possible for her family to continue to meet her care needs, or for her safety to be maintained at home.

Why the person meets the “acid test” for deprivation of liberty

1. Mrs. Other will not be free to leave.

The unit, along with the main entrance doors, are locked via a keypad system. The code is not shared with residents. Mrs. Other will not be free to leave the premises without being accompanied by a family member/friend, or a member of staff. This is because the care home is next to a busy road, and if going out alone, Mrs. Other would be in danger of becoming disorientated, wandering onto the road, putting herself at serious risk of death from road traffic. **If it was agreed that Mrs Other was able to leave we would expect her to return at an agreed time. If she did not then staff would look for her and may call the police if required.**

2. Supervision and control.

Mrs Other’s medication will be administered covertly. This is necessary as otherwise, Mrs. Other would refuse to take her medication, and without this being taken regularly, her physical health will be at risk of deterioration.

1:1 support will be in place for periods throughout the day, including for all personal care which is necessary because without this supervision, Mrs. Other would not wash or change her clothes. This would present risks around self-neglect, and deteriorating skin conditions. She will also be supervised on a 1:1 basis at mealtimes, to ensure that her nutritional needs are met and because of the immediate risk of choking.

Mrs. Other is prone to wandering, particularly throughout the night when she can become unsettled. Bed sensors and a door sensor will be in place in her bedroom, to alert staff when she leaves her bed/bedroom. She will also be checked on regularly throughout the night by care home staff.

INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT

Family member or friend	Name	Mr Jim Other
	Address	36, One Street Stockton-on-TeesTS17 1TU
	Telephone	01642 123456
Anyone named by the person as someone to be consulted about their welfare	Name	
	Address	
	Telephone	
Anyone engaged in caring for the person or interested in their welfare	Name	<i>Psychiatrist/Social worker/Care Manager/Key Worker</i>
	Address	
	Telephone	
Any donee of a Lasting Power of Attorney granted by the person	Name	Mr Jim Other
	Address	36, One Street Stockton-on-TeesTS17 1TU
	Telephone	01642 123456
Any Personal Welfare Deputy appointed for the person by the Court of Protection	Name	
	Address	
	Telephone	
Any IMCA instructed in accordance with sections 37 to 39D of the Mental Capacity Act 2005	Name	
	Address	
	Telephone	

WHETHER IT IS NECESSARY FOR AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA) TO BE INSTRUCTED

Place a cross in EITHER box below

Apart from professionals and other people who are paid to provide care or treatment, this person has no-one whom it is appropriate to consult about what is in their best interests

There is someone whom it is appropriate to consult about what is in the person's best interests who is neither a professional nor is being paid to provide care or treatment

x

WHETHER THERE IS A VALID AND APPLICABLE ADVANCE DECISION

Place a cross in one box below

The person has made an Advance Decision that is valid and applicable to some or all of the treatment

The Managing Authority is not aware that the person has made an Advance Decision that may be valid and applicable to some or all of the treatment

x

The proposed deprivation of liberty **is not** for the purpose of giving treatment

THE PERSON IS SUBJECT TO SOME ELEMENT OF THE MENTAL HEALTH ACT (1983)

Yes

No

x

If Yes please describe further e.g. application/order/direction, community treatment order, guardianship

OTHER RELEVANT INFORMATION

Names and contact numbers of regular visitors not detailed elsewhere on this form:

Any other relevant information including safeguarding issues:

PLEASE NOW SIGN AND DATE THIS FORM

Signature

Jason Jones (signature required)

Print Name

Jason Jones

Date

17.02.2016

Time

10:41

I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION *(Please sign to confirm)*

Jason Jones (signature required)

RACIAL, ETHNIC OR NATIONAL ORIGIN

Place a cross in one box only

White	X	Mixed / Multiple Ethnic groups	
Asian / Asian British		Black / Black British	
Not Stated		Undeclared / Not Known	
Other Ethnic Origin (<i>please state</i>)			

THE PERSON'S SEXUAL ORIENTATION

Place a cross in one box only

Heterosexual	X	Homosexual	
Bisexual		Undeclared	
Not Known			

OTHER DISABILITY

While the person must have a mental disorder as defined under the Mental Health Act 1983, there may be another disability that is primarily associated with the person. This is based on the primary client types used in the Adult Social Care returns.

To monitor the use of DoLS, the HSCIC requests information on other disabilities associated with the individual concerned. The presence of "other disability" may be unrelated to an assessment of mental disorder or lack of capacity.

Place a cross in one box only

Physical Disability: Hearing Impairment		Physical Disability: Visual Impairment	
Physical Disability: Dual Sensory Loss		Physical Disability: Other	
Mental Health needs: Dementia	X	Mental Health needs: Other	
Learning Disability		Other Disability (none of the above)	
No Disability			

RELIGION OR BELIEF

Place a cross in one box only

None		Not stated	
Buddhist		Hindu	
Jewish		Muslim	
Sikh		Any other religion	
Christian (includes Church of Wales, Catholic, Protestant and all other Christian denominations)			X

ONLY COMPLETE THIS SECTION IF YOU NEED TO GRANT AN URGENT AUTHORISATION BECAUSE IT APPEARS TO YOU THAT THE DEPRIVATION OF LIBERTY IS ALREADY OCCURRING, OR ABOUT TO OCCUR, AND YOU REASONABLY THINK ALL OF THE FOLLOWING CONDITIONS ARE MET

URGENT AUTHORISATION

Place a cross in EACH box to confirm that the person appears to meet the particular condition

The person is aged 18 or over

The person is suffering from a mental disorder

The person is being accommodated here for the purpose of being given care or treatment. **Please describe further on page 2**

The person lacks capacity to make their own decision about whether to be accommodated here for care or treatment

The person has not, as far as the Managing Authority is aware, made a valid Advance Decision that prevents them from being given any proposed treatment

Accommodating the person here, and giving them the proposed care or treatment, does not, as far as the Managing Authority is aware, conflict with a valid decision made by a donee of a Lasting Power of Attorney or Personal Welfare Deputy appointed by the Court of Protection under the Mental Capacity Act 2005

It is in the person's best interests to be accommodated here to receive care or treatment, even though they will be deprived of liberty

Depriving the person of liberty is necessary to prevent harm to them, and a proportionate response to the harm they are likely to suffer otherwise

The person concerned is not, as far as the Managing Authority is aware, subject to an application or order under the Mental Health Act 1983 or, if they are, that order or application does not prevent an Urgent Authorisation being given

The need for the person to be deprived of liberty here is so urgent that it is appropriate for that deprivation to begin immediately before the request for the Standard Authorisation is made or has been determined

AN URGENT AUTHORISATION IS NOW GRANTED

This Urgent Authorisation comes into force immediately.

It is to be in force for a period of: days

The maximum period allowed is seven days.

This Urgent Authorisation will expire at the end of the day on:

Signed

Print name

Date

Time

REQUEST FOR AN EXTENSION TO THE URGENT AUTHORISATION

If Supervisory Body is unable to complete the process to give a Standard Authorisation (which has been requested) before the expiry of the existing Urgent Authorisation

An Urgent Authorisation is in force and a Standard Authorisation has been requested for this person.

The Managing Authority now requests that the duration of this Urgent Authorisation is extended for a further period of DAYS (*up to a maximum of 7 days*)

It is essential for the existing deprivation of liberty to continue until the request for a Standard Authorisation is completed because the person needs to continue to be deprived and exceptional reasons are as follows (*please record your reasons*):

Please now sign, date and send to the SUPERVISORY BODY for authorisation

Signature	<input type="text"/>	Date	<input type="text"/>
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RECORD THAT THE DURATION OF THIS URGENT AUTHORISATION HAS BEEN EXTENDED

This part of the form must be completed by the **SUPERVISORY BODY** if the duration of the Urgent Authorisation is extended. **The Managing Authority does not complete this part of the form.**

The duration of this Urgent Authorisation has been extended by the Supervisory Body.

It is now in force for a **further** days

Important note: The period specified must not exceed seven days.

This Urgent Authorisation will now expire at the end of the day on:

SIGNED (on behalf of the Supervisory Body)	Signature	<input type="text"/>		
	Print Name	<input type="text"/>		
	Date	<input type="text"/>	Time	<input type="text"/>