

DEPRIVATION OF LIBERTY SAFEGUARDS POLICY AND PROCEDURE	Policy Register No: 11002 Document Status: Public
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1.0 Purpose

- 1.1 The purpose of this document is to set out the requirements for the MCA DoLS (Mental Capacity Act: Deprivation of Liberty Safeguards) for Managing Authorities. The procedure is to ensure a consistent and coordinated approach to the process for identifying and requesting an authorisation from the Supervisory Body which is Essex County Council.
(Refer to Appendix A)
- 1.2 It includes and explains the Deprivation of Liberty Safeguards standard forms, and other records that need to be completed and kept by Managing Authorities when they use these procedures.
- 1.3 This applies to patients who are or may be Deprived of their Liberty by the NHS Managing Authorities in Essex. This procedure is to be read in conjunction with the MCA Code of Practice (2007) and the DoLS Code of Practice (2008).
- 1.4 The legislation requires that all staff that are employed in Health and Social Care are required to pay due regard to the relevant Code.
- 1.5 The procedure is based on the Code of Practice (2008) for Deprivation of Liberty and is within the wider framework of the Code of Practice for the Mental Capacity Act 2005. This document can be found at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476?IdcService=GET_FILE&dID=171651&Rendition=Web

2.0 Introduction

- 2.1 The Mental Capacity Act 2005 provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves. It introduced a number of laws to protect these individuals and ensure that they are given every chance to make decisions for themselves.
- 2.2 The Government has added new provisions to the Act: The MCA DoLS. The safeguards focus on some of the most vulnerable people in our society: those who for their own safety and in their own best interests need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack the capacity to consent.
- 2.3 The deprivation of a person's liberty is a very serious matter and should not happen unless it is absolutely necessary, and in the best interests of the person concerned. That is why the safeguards have been created: to ensure that any decision to deprive someone of their liberty is made following defined processes and in consultation with specific authorities.

3.0 Scope

- 3.1 The MCA DoLS applies to people in Hospitals and Care Homes and in the community who meet all of the following criteria. A Person must:
 - Be aged 18 or over
 - Have a mental disorder, for example dementia, brain injury, sepsis, hypoxia. This list is not exhaustive

- Following a formal assessment be identified as lacking the capacity to make a specific decision consistent with the Mental Capacity Act (2005)
- Need to have their liberty taken away in their own best interest to protect them from harm.

3.2 This policy applies to all staff employed by Mid Essex Hospital Services NHS Trust (The Trust) involved in the care and management of patients.

4.0 Duties

4.1 Lead Clinicians, Clinical Directors, Heads of Nursing, Lead Nurses and Senior Sisters must ensure that members of their teams understand their responsibilities within this document.

4.2 Individual professionals have the duty to implement the requirements of this document within their area of responsibility in accordance with their professional code of conduct.

4.3 Within the Trust, clinical staff should raise concerns and seek clinical advice with the Adult Safeguarding Lead Nurse/CNS and/or the Elderly Assessment Team (within working hours) or the Clinical Operations Managers (out of hours). The medical team and the Lead Nurses must also be notified.

4.4 If Deprivation of Liberty is necessary the following actions must be taken:

- Contact the Supervisory Body
- Complete relevant documentation
- Inform patient's representative and give information booklet produced by the Department of Health OPG609 - Deprivation of Liberty Safeguards - a Guide for the Relevant Persons Representative (2009)

5.0 What is Deprivation of Liberty?

5.1 A Supreme Court ruling, March 2014, has confirmed that there are two key questions to ask (The Acid Test):
(Refer to Appendix E)

- Is the person subject to continuous supervision and control? (It is still not clear what exactly this means: but the three cases in the CQC Briefing show how wide the definition appears to be).

and

- Is the person free to leave? (The person may seem happy to stay, but the issue is about how staff would react if the person did try to leave or if relatives/friends asked to remove them permanently).

5.2 It is now clear that if a person lacking capacity to consent to the arrangements is subject to continuous supervision and control and not free to leave, they are being deprived of their liberty.

5.3 It may not be a deprivation of liberty, even if the person is not free to leave, if they are not supervised or monitored continuously and are able to make decisions about what to do and when, that are not subject to agreement by others; e.g. mobilise without supervision, get in and out of bed, interact unsupervised with others, etc.

- 5.4 The Supreme Court ruled that the following factors are not relevant to whether or not someone is deprived of their liberty;
- The person's compliance or happiness or lack of objection;
 - The suitability or relative normality of the placement (after comparing the person's circumstances with another person of similar age and condition); or
 - The reason or purpose leading to a particular placement, though of course all these factors are still relevant to whether or not the situation is in the person's best interests, and should be authorised.

5.5 The following are examples of what can be considered supervision and control.

- Restraint is used, including sedation, to admit a person to an institution where that person is resisting admission.
- Staff exercise complete and effective control over the care and movement of a person for a significant period.
- Staff exercise control over assessments, treatments, contacts and residence.
- A decision has been taken by the institution that the person will not be released into the care of others, or permitted to live elsewhere, unless the staff in the institution consider it appropriate.
- A request by carers for a person to be discharged to their care is refused.
- The person is unable to maintain social contacts because of restrictions placed on their access to other people.
- The person loses autonomy because they are under continuous supervision and control.
- The person is being administered medication covertly.
(This list is not exclusive)

5.6 A deprivation of liberty for such a person must be authorised in accordance with one of the following legal regimes: a deprivation of liberty authorisation or Court of Protection order under the Deprivation of Liberty Safeguards (DoLS) in the Mental Capacity Act 2005, or (if applicable) under the Mental Health Act 1983.

6.0 How can a Deprivation of Liberty be identified?

6.1 The requirement for the Deprivation of Liberty Safeguards are unchanged. There are 6 requirements which need to be met:

- 18 and over
- Suffering from a mental disorder (even if not formally diagnosed and/or temporary cognitive disorder)
- Lacking capacity for the decision to be accommodated in the hospital or care home
- No decision previously made to refuse treatment or care, or conflict relating to this such as LPA
- Not ineligible for DoLS

- The person needs to be deprived of liberty, in their best interests.

6.3 In determining whether Deprivation of Liberty has occurred, or is likely to occur, decision-makers need to consider all the facts in a particular case. In general, the decision maker should always consider the following:

- All the circumstances of each and every case.
- What measures are being taken in relation to the individual? When are they required? For what period do they endure? What are the effects of any restraints or restrictions on the individual? Why are they necessary? What aim do they seek to meet? Please see Code of Practice for definitions of restraints and restrictions. (DH 2008 page 119)
- What are the views of the relevant person, their family or carers? Do any of them object to the measures?
- Are there any less restrictive options for delivering care or treatment that avoid Deprivation of Liberty altogether? Can an early discharge from hospital be facilitated to avoid DoLS application. Is lack of capacity likely to resolve within 48 hours (please liaise with Safeguarding Lead Nurse/CNS or EAT for further advice).

7.0 How to apply for a Deprivation of Liberty Authorisation

7.1 There are two types of authorisation: Standard and Urgent. A Managing Authority must request a Standard Authorisation from the Supervisory Body, when it appears likely that, at some time during the next 28 days, someone will be accommodated in its Hospital or Care Home in circumstances that amount to a Deprivation of Liberty within the meaning of Article 5 of the European Convention on Human Rights.

7.2 Authorisation should be applied for, if the person who lacks capacity is:

- About to be admitted, or discharged, to Hospital or Care Home and the Managing Authority believes the person risks being Deprived of their Liberty or
- Already in the Hospital or Care Home and is being cared for or treated in a way which deprives them of their liberty

Standard forms have been developed by the Department of Health and adopted for use in Mid Essex Hospitals (see Appendix B). These forms enable managing authorities to demonstrate that they acted lawfully if their actions are later challenged.

7.3 Urgent Authorisations

- A Managing Authority can itself give an Urgent Authorisation for Deprivation of Liberty where:
- It is required to make a request to the Supervisory Body for a Standard Authorisation, but believes that the need for the person to be Deprived of their Liberty is so urgent that deprivation needs to begin before the request is made, or
- It has made a request for a Standard Authorisation, but believes that the need for a person to be Deprived of Liberty has now become so urgent that Deprivation of Liberty needs to begin before the request is dealt with by the Supervisory Body.

- This means that an Urgent Authorisation can never be given without a request for a Standard Authorisation being made simultaneously. Therefore, before giving an Urgent Authorisation, a Managing Authority will need to have a reasonable expectation that the six qualifying requirements for a Standard Authorisation are likely to be met.
(Refer to Appendix A)

Form 1 is used for the giving of an Urgent Authorisation by a Managing Authority.

Form 2 is used to request an extension in the duration of an Urgent Authorisation. This form should be used if there is a risk that an Urgent Authorisation will expire before a Standard Authorisation can be given. If the extension of Urgent Authorisation should expire before Standard Authorisation given, then a Datix should be completed.
(The Elderly Assessment Team should undertake this remit to maintain the database)

7.4 **Standard Authorisations**

- 7.4.1 Wherever possible, a Managing Authority should request a Standard Authorisation of Deprivation of Liberty in advance of the Deprivation of Liberty commencing. This should be considered when individuals lacking capacity to consent to treatment are to be admitted for elective surgery/treatment or are under DoLS in their place of residence or when it is expected that they will be under close and continuous supervision and not free to leave should they wish to do so (Acid test)
- 7.4.2 A Managing Authority must also make an application for a Standard Authorisation in conjunction with the Urgent Authorisation request.
- 7.4.3 **Form 4** is used to request a Standard Authorisation.
- 7.4.4 Once a Standard Authorisation is requested, the person concerned will be assessed by professionals (Best Interests Assessor) chosen by the Supervisory Body. The assessors must decide whether or not the person satisfies the qualifying requirements (Appendix C).
- 7.4.5 Because a Standard Authorisation may be applied for before the person needs to be Deprived of their Liberty, the person's circumstances may change before the authorisation is granted.
- 7.4.6 When assessing whether or not a person meets a particular qualifying requirement, the Best Interests Assessor must take into account the circumstances, as they are expected to be once the requested Standard Authorisation comes into force.
- 7.4.7 Best Interests Assessors may at all reasonable times examine and take copies of:
- Any health record relating to the person;
 - Any local authority record compiled in accordance with a social services function; and
 - Any record held by a person registered under Part 2 of the Care Standards Act 2000 which the assessor considers may be relevant to their assessment.
 - Form 14 is used to notify the Supervisory Body that a Standard Authorisation should be suspended because the eligibility requirement is no longer being met.

- Form 15 is used to notify the Supervisory Body that the eligibility requirement is again met and the suspension of the Standard Authorisation is lifted.
- All MCA DoLS forms can be downloaded from the Trust Intranet site under Adult Safeguarding page
- If a Managing Authority has granted itself an Urgent Authorisation, all of the assessments required for a Standard Authorisation must be completed during the period the Urgent Authorisation is in force.
- Where no Urgent Authorisation is in force, all assessments required for a Standard Authorisation must be completed within 21 days from the date the Supervisory Body receives a request for such an authorisation.

8.0 Nurse in charge responsibilities having identified an application for MCA DoLS is required

8.1 Once Form 1 and 4 have been completed, staff must:

- Scan to email MCA (providing proof that the person lacks capacity and why this course of action is in that person's best interests) Urgent and Standard Authorisation requests to mie-tr.MEHT-Safeguardingadults@nhs.net. The Deprivation of Liberty Urgent Authorisation commences once email sent.
- Do everything practicable to communicate effectively with the person Deprived of Liberty, what the effect of the Urgent Authorisation is and their right to apply to the Court of Protection for it to be terminated.
- Inform the person's family, friends and carers about the Urgent Authorisation, so that they can support the person. Provide Next of Kin (NOK) with the Department of Health Deprivation of Liberty Safeguards Guide for the Relevant Persons Representative Appendix
- Consider if an Independent Mental Capacity Advocate is required (see below).
- Document in the medical notes the steps taken to involve the Next of Kin and what their views are. If the NOK is not in agreement with the proposed DoLS or expresses any concerns, Adult Safeguarding Team are to be notified in order for this to be escalated to the Supervisory Body. If an Independent Mental Capacity Advocate has been appointed they and anyone else with an interest should also be informed.
- The Nurse in Charge must assess the need for one to one nursing (either to meet patients safety needs or to meet needs in a less restrictive manner) and organise this accordingly. The Clinical Operations Managers in conjunction with the Staff Bank will be responsible for ensuring this is provided.
- Liaise with the Adult Safeguarding Team regarding all changes to patient condition and treatment as well as all discharge plans throughout the duration of the authorisation.
- The Adult Safeguarding Team must be informed via the mie-tr.MEHT-Safeguardingadults@nhs.net when the patient is discharged or regains mental capacity to ensure the relevant documentation has been sent to the Supervisory Body.

9.0 Roles and Responsibilities

9.1 **Chief Executive** – has overall responsibility for implementation of the Mental Capacity Act Policy and Deprivation of Liberty Safeguards.

9.2 **Chief Medical Officer** – has executive responsibility and accountability for the implementation of this Policy and associated training within the Trust.

9.3 **Director of Nursing** – has delegated responsibility for ensuring the systems and structures are available for effective implementation of the policy and in collaboration with the safeguarding lead for advising clinical staff on the application of Mental Capacity Act Policy and Deprivation of Liberty Safeguards

9.4 **Head of Governance** – has responsibility for ensuring that this policy is reviewed every 2 years or whenever national policy or guideline changes are required to be considered (whichever occurs first).

9.5 Clinicians, Nursing and Allied Health Professionals

9.5.1 It is the responsibility of staff providing treatment or care to a patient who may lack capacity in circumstances which might amount to a Deprivation of Liberty Safeguards to ensure a lawful mental capacity assessment has been completed before providing that treatment or care and the urgent and standard authorisation is submitted according to the Adult Safeguarding Team via mie-tr.MEHT-Safeguardingadults@nhs.net

9.5.2 Staff have a legal duty to have regard to the provisions of the Mental Capacity Act 2005 and the Code of Practice when they have to take decisions on behalf of a person who lacks the mental capacity to ensure that the deprivation can be evidenced to be proportionate and in that persons best interests.

9.5.3 The Consultant is responsible for training and assessing the competency of any medical staff required to take delegated consent.

9.5.4 The Ward Manager is responsible for training and assessing the competency of any nursing staff required to take delegated consent.

10.0 Independent Mental Capacity Advocate

10.1 The Managing Authority has a legal duty to notify the Supervisory Body who must instruct an Independent Mental Capacity Advocate (IMCA) to support the individual when there is nobody appropriate to consult, other than people engaged in providing care or treatment for the relevant person in a professional capacity or for remuneration

10.2 An IMCA may also be instructed in the following circumstances:

- During gaps in the appointment of a relevant person's representative
- The relevant person does not have a paid 'professional' representative
- The relevant person or their representative requests that an IMCA is instructed to help them, or
- A supervisory body believes that instructing an IMCA will help to ensure that the person's rights are protected.

11.0 What happens if Authorisation is Granted

11.1 When the Supervisory Body gives a Standard Authorisation, it must do so in writing and state the following:

- The name of the relevant person
- The name of the relevant hospital/care home
- The period during which the authorisation will be in force
- The purpose for which the authorisation is given
- Any conditions subject to which the authorisation is given
- The reason why each qualifying requirement is met

12.0 The Relevant Persons Representative

12.1 Once a Standard Authorisation has been granted, a Relevant Person's Representative must be appointed by the Best Interests Assessor as soon as possible to represent the person who has been deprived of their liberty. The representative is appointed at the time the authorisation is granted or very shortly thereafter.

12.2 The role of the Relevant Person's Representative, once appointed, is:

- To maintain contact with the relevant person, and
- To represent and support the relevant person in all matters relating to the operation of the Deprivation of Liberty Safeguards, including, if appropriate, triggering a review, using an organisations' complaints procedure on the person's behalf or making an application to the Court of Protection.

13.0 What happens if Authorisation is Turned Down

13.1 If an authorisation request is turned down, the Managing Authority must not deprive the person of their liberty and will need to take alternative steps. The steps will depend on the reason the authorisation was turned down.

- It may be appropriate for the person to be detained under the Mental Health Act 1983.
- There may be ways to support the person in a less restrictive manner that avoids a Deprivation of Liberty.
- Often, people make valid decisions about refusing care or treatment when they are still capable of doing so or there are valid refusals by attorneys or deputies appointed on their behalf.
- If the Managing Authority wishes to challenge these decisions, it can apply to the Court of Protection.
- If the Deprivation of Liberty is not in the person's best interests, the Managing Authority (together with the Commissioner of Care) needs to make sure that the person is supported in a way that avoids Deprivation of Liberty.
- If the person has the capacity to make decisions about their own care, the Managing Authority must help them to make their own decisions.

14.0 Review

- 14.1 The purpose of the review procedure is essentially to assess whether a person still meets the qualifying requirements for being deprived of their liberty, or whether the reasons why they do have changed; and any conditions attached to the Standard Authorisation need to be varied.
- 14.2 The Supervisory Body must carry out a review if requested by the person being deprived of their liberty, their representative, or by the Managing Authority. Form 19 is used to request a review of a Standard Authorisation.
- 14.3 The Managing Authority may receive notice that a review is to be carried out and subsequently, the Supervisory Body's decision following a review.

15.0 When an Authorisation Ends

- 15.1 Deprivation of Liberty authorisations should last for the shortest time possible and are valid for a maximum of 12 months. The duration of the authorisation will vary from person to person depending on their individual circumstances. The Best Interests Assessor will recommend the period of time required for a specific authorisation.
- 15.2 Once the Standard Authorisation period has expired the Managing Authority cannot lawfully continue to deprive a person of their liberty. If the person still needs to be deprived of their liberty the Managing Authority will need to request a further Standard Authorisation to begin immediately after the expiry date of the existing authorisation.

16.0 Court of Protection

- 16.1 If a person, or their representative, does not agree with the decision to deprive the person of their liberty, the new system gives them the right to appeal against the decision in the Court of Protection. This provides a forum for solving problems related to the Mental Capacity Act in general and gives people the right of appeal in MCA DOLS cases to ensure compliance with the rulings of the European Court of Human Rights
- 16.2 The person who is likely to be deprived of their liberty, or somebody acting on their behalf, can appeal to the Court of Protection before the authorisation process is completed. The Court of Protection will decide whether to proceed before an authorisation decision has been made.
- 16.3 If an Urgent Authorisation has been granted, the Court of Protection can:
- Determine if the Urgent Authorisation should have been granted.
 - Determine how long the authorisation should be in place.
 - Examine the reasons why the Urgent Authorisation has been granted.
- 16.4 After a Standard Authorisation has been granted, the Court of Protection has powers similar to those listed above. However, it can also determine whether the person meets one or more of the MCA DOLS qualifying requirements or if the Standard Authorisation should be subject to any specific conditions.
- 16.5 The following people have an automatic right of access to the Court of Protection once an urgent or Standard Authorisation has been granted:

- The person deprived of their liberty
- Their representative
- The donor – a person appointed under a relevant lasting power of attorney who has the legal right to make decisions within the scope of their authority on behalf of the person (the donor) who made the Lasting Power of Attorney.
- A deputy appointed by the Court of Protection to act for the person concerned.

17.0 Associated Documentation

- 17.1 This procedural document should be used in conjunction with the following documents:
Mental Capacity Act 2005 Code of Practice (2007)
Deprivation of Liberty Safeguards Code of Practice (2008)
Both these documents can be downloaded from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476?IdcService=GET_FILE&dID=171651&Rendition=Web

18.0 Risk Event Reporting

- 18.1 Failure to adhere to the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards will necessitate the need to follow the Safeguarding Vulnerable Adults policy and report using the Risk Event Reporting system.

19.0 Training

- 19.1 Staff within the Trust will be required to attend relevant training in accordance with the Mandatory Training Policy (training needs analysis).
- 19.2 Clinical Directors, Divisional Nurse Managers and Ward Managers will be responsible for ensuring staff access training in line with all other mandatory training requirements.
- 19.3 All clinical staff must familiarise themselves with The Mental Capacity Act Code of Practice including the Deprivation of Liberty Safeguards Code of Practice supplement. It is the responsibility of each individual member of clinical staff to ensure their practice is compliant with legislation.

20.0 Monitoring

- 20.1 Best Interest Assessor will review all DoLS applications and identify any necessary learning issues.
- 20.2 DoLS database will be kept updated and DoLS update given to Safeguarding Vulnerable Adults Group and actions will be developed to address any identified deficiencies with identified leads and timescales. Progress with implementation actions will be monitored at each meeting of the Safeguarding Vulnerable Adults Group.
- 20.3 Attendance at Safeguarding Adults training will be monitored in accordance with the Mandatory Training policy with training levels reported to the Safeguarding Adults Group.

21.0 Communication and Implementation

- 21.1 This policy will be launched in the Trust's Staff Focus news letter and made available to staff and the public on the Trust's intranet site and website.

22.2 The Adult Safeguarding Named Nurse will ensure that all Clinical Directors, Heads of Nursing, Lead Nurses and Ward Sisters are informed of the policy.

22.0 References

Mid Essex Hospitals NHS Trust Policy on Mental Capacity

Department of Health 2007 Mental Capacity Act Code of Practice 2005

Department of Health 2008 Deprivation of Liberty Safeguards Code of Practice.

Department of Health 2009 Deprivation of Liberty Safeguards – A guide for relevant person's representatives.

Definitions of a Managing Authority and a Supervisory Body

A **Managing Authority (i.e. Mid Essex Hospitals)** has responsibility for applying for authorisation of Deprivation of Liberty for any person who may come within the scope of the Deprivation of Liberty Safeguards:

- In the case of an NHS Hospital, the Managing Authority is the NHS body responsible for the running of the Hospital in which the relevant person is, or is to be, a resident.
- In the case of a Care Home or a Private Hospital, the Managing Authority will be the person registered, or required to be registered, under Part 2 of the Care Standards Act 2000 in respect of the Hospital or Care Home.

A **Supervisory Body (i.e. Essex County Council)** is responsible for considering requests for authorisations, commissioning the required assessments and, where all the assessments agree, authorising the Deprivation of Liberty.

What factors may require an application for a Deprivation of Liberty Authorisation?

In addition to the question 'Is the person free to leave?' (and has been found to lack capacity in regard of this decision)

Circumstances which constitute continuous supervision and control include:-

- One to one supervision
- Restraint (including sedation) being used to take a resisting person to hospital / care home
- Force being used to prevent a person leaving hospital / care home where they persistently try to leave
- Severely restricting access to the individual by relatives & carers
- Decision to admit being opposed by relatives / carers who live with the individual
- Denying a request by relatives to have the person discharged to their care
- Staff exercising control over care & movement for a significant period (this would include the regular use of sedation/mittens to hands to provide care or treatment for an individual who is resisting)

A culmination of any of these factors would require a DoLS Authorisation:

- Locked ward/department
- Keypad / double door handles
- Bringing back the individual who is attempting to leave the ward /department.
- Benign force being used to take a confused person to hospital / unit
- Placing reasonable limitations on visiting of a person by relatives
- Refusing to let an individual leave without an escort whose job is to support the individual

There are six qualifying requirements which must be met for a Standard Authorisation to be considered.

These assessments are as follows:

- Age assessment, which determines if the person is 18 years old or over.
- Mental health assessment, which decides whether the person is suffering from a mental disorder.
- Mental capacity assessment, which determines if a person lacks the capacity to consent to receive care or treatment in the particular Hospital or Care Home making the application for Deprivation of Liberty.
- Eligibility assessment, which determines whether the person is, or should be, subject to a requirement under the Mental Health Act 1983 (in which case they are not eligible for this process).
- No refusals assessment, which determines if the person has refused treatment or made decisions in advance about the treatment they wish to receive; this assessment also determines if the authorisation conflicts with valid decisions made on the person's behalf by a donee of a lasting power of attorney (has legal right to make decision on behalf of person who made the lasting power of attorney) or a deputy appointed for the person by the court.
- Best interests assessment, which determines if there is a Deprivation of Liberty and whether this is:
 - In the person's best interests
 - Necessary in order to keep the person from harm
 - A reasonable response to the likelihood of the person suffering harm and the likely seriousness of that harm.

Once the Supervisory Body has all of the required assessments, it will either authorise or refuse the requested Standard Authorisation. An authorisation will be granted only if all six assessments support the authorisation.

**Department of Health – Deprivation of Liberty Safeguards- a Guide for the Relevant
Persons Representative**



dh-guide-relevant-re
ps-april-2015.pdf

CQC briefing re the Supreme Court Ruling



20140416 Supreme
Court judgment on de

Equality Impact Assessment (EIA)

Title of document being impact-assessed: Deprivation of Liberty Safeguards Policy

Equality or human rights concern. (see guidance notes below)	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	Equality Neutral	The Trust Strive to meet same sex accommodation standards. The wards consist of single sex bays and all staff are aware that it is not acceptable to mix these bays. Bathrooms also have appropriate gender signage. Where risks have been highlighted patients can be allocated side rooms in order to ensure individuals are treated with dignity and respect
Race and ethnicity	Language may be seen as a barrier for some patients.	Interpreters are made available when required either face to face or via Big Word. All staff attend in-house training courses on equality and diversity in order to raise awareness of cultural issues. All wards have a communication resource folder which includes easy read and picture mediums.
Disability	It is recognised that people with cognitive impairment and learning disability are more likely to meet DoLS criteria.	The Learning Disability (LD) Lead Nurse, CNS Safeguarding Adults, CNS Dementia and the Elderly Assessment Team are available to offer advice to support staff with any concerns they may have regarding this vulnerable group. The LD Lead Nurse provides Staff training on Diffusion, Distraction and De-escalation techniques as well as providing advice on alternative methods of Communication and making reasonable adjustments. Part of the clinical role for the LD Lead Nurse is to co-ordinate the patients' journey from pre-admission through to post discharge.

		<p>All wards have communication resource folder which includes easy read and picture mediums.</p> <p>The Trust promotes that all staff treat carers as an equal partner in the care of the patient.</p>
Religion, faith and belief	Equality Neutral	There is access to the chaplaincy team who are available to offer support and advice for staff, patients and relatives and/or carers. It is possible to access multi faith leaders when required..
Sexual orientation	Equality Neutral	All staff attend in-house training courses on equality and diversity in order to raise awareness of cultural issues.
Age	It is recognized that cognitive impairment and physical disability are more prevalent in the elderly and people with learning disabilities, therefore these groups are more likely to meet the criteria for DoLS.	The learning Disability (LD) Lead Nurse, CNS Adult Safeguarding, CNS Dementia and the Elderly Assessment Team are available to offer advice and to support staff with any concerns they may have regarding this vulnerable group.
Transgender people	Equality Neutral	All Staff attend in-house training courses on equality and diversity in order to raise awareness of cultural issues.
Social class	Equality Neutral	All staff attend in-house training courses on equality and diversity in order to raise awareness of cultural issues.
Carers	Equality Neutral	<p>The Trust has an advocate from Action for Family Carers available to support relatives and or carers.</p> <p>The Trust promotes that all staff treat carers as equal partners in the care of the patient.</p> <p>A 'Support for Carers' information leaflet is available on request from the LD Lead Nurse.</p>

Date of assessment: November 2017

Names of Assessors: Clive Gibson