

Patient Label

**DoLS were introduced within the Mental Capacity Act 2005 (MCA) to prevent breach of the European Convention of Human Rights, specifically the right to liberty.**

**Care Act 2014 enshrines the new statutory principle of individual wellbeing.**

**CONSIDERATION FOR A DEPRIVATION OF LIBERTY AUTHORIZATION**

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| **I have assessed this person and believe they currently lack the mental capacity to consent to their arrangements of hospital admission, including treatment and care plan & have documented this in the Healthcare Record** | **Yes** |
| **Deprivation of Liberty *Acid Test*:****Is the person under continuous supervision and control?****Is the person not free to leave hospital?** This means, if they tried to leave or they or family/ friends made a request to leave, would they be allowed to/ could they assist them to leave? (if free to leave – the person is not being deprived of their liberty)**If both parts of the Acid Test are not met (i.e. not under continuous supervision & is free to leave), currently a DoLS does not need to be authorized, but regular review is required and continued use of the Mental Capacity Act (MCA) is indicated** | **Yes/ No****Yes/ No** |
| **If both parts of the Acid Test are met, consider the following:**Anticipated to regain mental capacity within Urgent Authorization period (7 days) **OR**Predicted Discharge Date within the Urgent Authorization period (7 days)**AND**Not objecting to their care or requiring 1:1 support and no \*\*‘High Risk Triggers’ (see over)**If *Yes* to any of the above, continue to treat under the MCA and review daily, documenting daily reviews on the reverse & in clinical records.** **If *No* to above agreed exclusions:** Anticipated loss of mental capacity will remain for more than 7 days **AND** predicated discharge date of more than 7 days - **Authorise an Urgent DoLS now** andinform Matron & Adult Safeguarding Team  | **Yes/ No****Yes/ No****Yes/No** |
| **Outcome of consideration:*** Continue managing under the MCA **or**
* Urgent DoLS Authorized
 | **Yes/ No****Yes/ No** |

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| **Date:** | **Name and signature: (Medical Team)****Name & signature: (Nursing Team)** |

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| **Date** | **Capacity/ DoL Review** | **Name and signature** |
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**\*\*High Risk trigger factors for applying for DoLS & escalating to the Supervisory Body**

The Trust currently does not plan to take every lapsed DoLS to the CoP; however some cases are likely to need escalation to the relevant Supervisory Body for rapid assessments. Factors to consider include:

* **Patient objecting to care or treatment**
* **Patient (or family) stating they wish to leave hospital**
* **Repeated use of physical or chemical restrictive practices to prevent the person leaving**
* **Family attempting to remove the person from hospital against medical advice**
* **LPA believed to be acting in their own interests rather than the *patients* best interests**
* **Serious conflict between professionals and / or family regarding Best Interests decisions**
* **Adult Safeguarding concerns**

Seek advice from Adult Safeguarding Team

Legal advice can be obtained 24/7 of a serious issue arises out of hours