



<b>Document Type:</b> Policy		<b>Unique Identifier:</b> CORP/POL/034	
<b>Document Title:</b>  Deprivation of Liberty Safeguards (DoLS)		<b>Version Number:</b> 1.3	
		<b>Status:</b> Ratified	
<b>Scope:</b> Trust Wide		<b>Classification:</b> Organisational	
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<b>Replaces:</b> Version 1.2, Deprivation of Liberty Safeguards (DoLS), Corp/Pol/034		<b>Head of Department:</b> Sascha Wells, Deputy Director and Head of Midwifery, Gynaecology and Obstetric	
<b>Validated By:</b> Safeguarding Operational Group Chairman's Action		<b>Date:</b> 01/07/2015	
<b>Ratified By:</b> Procedural Documents and Information Leaflet Group Chairman's Action		<b>Date:</b> 07/07/2015	
<b>Review dates may alter if any significant changes are made</b>		<b>Review Date:</b> 01/05/2019 (Extended – Form 035/2019)	
<b>Which Principles of the NHS Constitution Apply?</b> Please list from principles 1-7 which apply 1-7		<b>Which Staff Pledges of the NHS Constitution Apply?</b> Please list from staff pledges 1-7 which apply	
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<b>Document for Public Display: Yes</b>			
<b>Reference Check Completed by.....Frances Sim.....Date.....15.7.15.....</b>			
To be completed by Library and Knowledge Services Staff			

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## BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

### Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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## 1. SUMMARY

The Mental Capacity Act 2005<sup>1</sup> (MCA) was introduced in part in April 2007 and fully implemented in October 2007. The Mental Health Act 2007<sup>2</sup>, which received Royal Assent in July 2007, included an amendment to the MCA to introduce additional Deprivation of Liberty Safeguards from 1<sup>st</sup> April 2009.

The Deprivation of Liberty Safeguards provides additional protection for the most vulnerable people living in residential homes, nursing homes or hospital environments. There will be a requirement, enshrined in law from 1<sup>st</sup> April 2009, that care will always be provided in a way, which is consistent with the human rights of people lacking capacity who are not otherwise protected or safeguarded through the use of the Mental Health Act or Court of Protection powers.

## 2. PURPOSE

The aim of the policy is to ensure that staff are aware of their roles and responsibilities under the Deprivation of Liberty Safeguards (DoLS). It is also to ensure that staff follow a standard DoLS referral process for patients who are not capable of requirement for managing authorise formally to notify CQC of any DoLS applications and outcomes decisions for themselves. The procedure should be read in conjunction with the “Deprivation of Liberty Safeguards: A guide for hospitals and care homes” Mental Capacity Act 2005<sup>1</sup> (DOH/Office of the Public Guardian OPG608), available at:

<http://www.dca.gov.uk/legal-policy/mental-capacity/mac-cp.pdf>  
<http://www.dh.gov.uk/en/Publicationandstatistics/Publications>

From 1 April 2010, registered NHS trusts are required by law to submit notifications about a number of different kinds of events and incidents.

**This is a new statutory requirement for NHS trusts. There are specific timescales by which different notifications need to be submitted in order to comply with the law.**

Certain notifications, for example those on ‘serious untoward incidents’, need to be submitted to the National Patient Safety Authority (NPSA). Other notifications, such as changes to the Statement of Purpose, need to be submitted to the Care Quality Commission.

Please see link below:-

<http://www.cqc.org.uk/guidanceforprofessionals/nhstrusts/registration/notifications.cfm>

## 3. SCOPE

This policy is for information and application by all University Hospitals of Morecambe Bay NHS Foundation Trust staff in respect of all patients receiving care and treatment within the organisation.

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## 4. POLICY

### 4.1 Background

The Mental Capacity Act 2005<sup>1</sup> (MCA) was introduced in part in April 2007 and fully implemented in October 2007. The Mental Health Act 2007<sup>2</sup>, which received Royal Assent in July 2007, included an amendment to the MCA to introduce additional Deprivation of Liberty Safeguards from 1<sup>st</sup> April 2009.

The Deprivation of Liberty Safeguards provides additional protection for the most vulnerable people living in residential homes, nursing homes or hospital environments. There will be a requirement, enshrined in law from 1<sup>st</sup> April 2009, that care will always be provided in a way, which is consistent with the human rights of people lacking capacity who are not otherwise protected or safeguarded through the use of the Mental Health Act or Court of Protection powers.

From April 2013 Local Authorities (in the case of residential/nursing homes and hospitals) will assume primary responsibility as the new statutory Supervisory Bodies under the DoLS. In operational terms this means that Local Authorities will receive requests from Managing Authorities and be required to organise, complete and respond to requests for authorisations within the mandated deadlines under the DoL regulations.

Some people living in hospitals cannot make their own decisions about their care or treatment because they do not have the 'mental capacity' to do so. These people need additional protection to ensure they do not suffer harm, especially in situations where delivering the necessary care requires their personal freedoms to be restricted to the point of actually depriving them of their liberty. People who need this additional protection may include those with severe learning disabilities, older people with the range of dementias or people with neurological conditions such as brain injuries.

The European Court of Human Rights (ECtHR) has ruled that the rights of people who are unable to make their own decisions, especially where they need to be deprived of liberty in their own best interests, need to be protected. While the Trust must deliver care without restricting people's personal freedoms wherever possible, health care staff may believe that it is necessary to deprive someone of their liberty, in certain circumstances, in order to give them care or treatment that is in the person's best interests and protects them from harm.

The Mental Capacity Act 2005<sup>1</sup> Deprivation of Liberty Safeguards (MCA DoLS) exist to protect people who cannot make decisions about their care and treatment when they need to be cared for in a particular restrictive way. They set out a standard process that hospitals must follow if they think it will be necessary to deprive a person of their liberty to deliver a particular care plan that is in the person's best interests.

By following the MCA DoLS<sup>2</sup>, hospital staff can ensure that people are deprived of liberty only when necessary and within the law.

### 4.2 What Is Deprivation Of Liberty?

The Supreme Court judgement has provided guidance that where an individual lacks

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capacity and there is no valid consent, there will be no deprivation of liberty unless the Supreme Court judgement “acid test” is met:

- Is the individual free to leave?
- Are they under continuous control and supervision?

The focus is not on the persons ability to express a desire to leave but what control over their care arrangements would do if they sought to leave.

**NB: for a person to be deprived of their liberty, they must be subject both to continuous supervision and control and not free to leave.**

In all cases, the following are not relevant to the application of the test:

- the persons compliance or lack of objection;
- the relative normality of the placement (whatever the comparison made)
- the reason or purpose behind a particular placement

Further to the ruling, the following list is based on the judgements in several cases and indicates what circumstances have led to the courts deciding that patients may have been deprived of their liberty:

- Restraint is used to admit a person to a hospital when the person is resisting admission.
- Medication was given forcibly, against a patient’s will.
- Staff exercised complete control over the care and movements of a person for a long period of time.
  
- Staff took all decisions on a person’s behalf, including choices relating to assessments, treatments, visitors and where they can live.
- Hospital staff took responsibility for deciding if a person can be released into the care of others or allowed to live elsewhere.
- When carers requested that a person be discharged to their care, hospital staff refused.
- The person was prevented from seeing friends and family because the hospital has restricted access to them.
- The person was unable to make choices about what they wanted to do and how they wanted to live, because hospital staff exercised continuous supervision and control over them.

People are entitled to be cared for in the least restrictive way possible and care planning should always consider if there are other, less restrictive options available to avoid unnecessary deprivation of liberty. However, if all alternatives have been explored and the hospital believes that it is necessary to deprive a person of their liberty to deliver the care or treatment they need, then there is a standard process they must follow to ensure that the deprivation of liberty is lawful and that they are protected.

### 4.3 How does the Deprivation of Liberty Safeguards protect?

The MCA DoLS<sup>2</sup> introduce a standard process that hospitals must follow before they deprive a person of their liberty. If people do need to be deprived of their liberty in their own best interests, the MCA DoLS<sup>2</sup> protect by providing:

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- A representative to act for them and protect their interests.
- Rights of challenge to the Court of Protection against unlawful deprivation of liberty.
- Rights for their deprivation of liberty to be reviewed and monitored on a regular basis.

#### 4.4 Who is covered by the DoLS?

The MCA DoLS<sup>2</sup> apply to people in hospital who meet **all** of the following criteria. A person must:

- Be aged 18 or over.
- Have a mental disorder, or an impairment of the functioning of the mind or brain.
- Lack the capacity to consent to where their treatment and/or care is given.
- Need to have their liberty taken away in their own best interests as a proportionate response to protect them from harm or likelihood of potential harm.

#### 4.5 When should the DoLS Be Used?

The MCA DoLS<sup>2</sup> should be used for all people in hospital who lack the capacity to make their own decisions and where personal freedoms need to be restricted in the patient's best interests, to the extent that they amount to a deprivation of liberty. The MCA DoLS<sup>2</sup> should not, however, be used if a person meets the criteria for detention under the Mental Health Act 1983<sup>3</sup> and either is, or should be, detained under the terms of that Act.

The managing authority (the hospital) must apply to the supervisory body (the Local Authority ) for authorisation of deprivation of liberty if a person who lacks capacity is:

- About to be admitted to the hospital and the managing authority believes the person risks being deprived of their liberty.
- Already in the hospital and is being care for or treated in a way which deprives them of their liberty.

The supervisory body must first decide if the application is appropriate. If it is, the supervisory body will commission a series of assessments and either grant or refuse authorisation for deprivation of liberty as appropriate.

#### **Please Note:**

Before applying for an authorisation, the managing authority should **ALWAYS** think about providing care of treatment in ways, which avoid depriving someone of their liberty.

#### 4.6 How does the DoLS relate to the Mental Capacity Act 2005<sup>1</sup> (MCA)?

The MCA DoLS<sup>2</sup> do not replace other safeguards in the MCA. Instead, any action taken under the MCA DoLS<sup>2</sup> must be in line with the five key principles of the MCA<sup>1</sup>:

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

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4. An 'act', or 'decision' made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The MCA DoLS permit the hospital to detain the person only in a specific hospital. It is important to understand that an MCA DoLS authorisation does not, in itself, authorise care or treatment. Any care or treatment still needs to be carried out under the wider 'best interests' provisions of the MCA and follow the five key principles of the Act listed above.

#### 4.7 What Does A Managing Authority (Hospital) Need To Do?

For any patient in a hospital who lacks capacity, the following questions should be asked:

- Does the care or treatment being provided take away the person's freedom to do what they want to do to such an extent that it amounts to a deprivation of their liberty?
- Do you believe that the care or treatment being provided is in the person's interests?

If the answer to these questions is 'yes', you need to ask yourself whether the care or treatment could be given in a way, which does not deprive the person of their liberty.

If the answer to this question is 'no', and the person cannot be cared for or treated any other way, the managing authority must apply to the supervisory body for authorisation to continue with the care programme and deprive the person of their liberty. The supervisory body will then carry out a series of assessments to decide if it is right to deprive the person of their liberty.

#### 4.8 Determining Which Local Authority Is The Responsible Supervisory Body

In order to prevent avoidable delays, it is important to make every effort to ensure that the request for authorisation is sent to the appropriate Supervisory Body. The Local Authority defined as where the patient Ordinary Residence will be the responsible Supervisory Body for the purpose of Deprivation of Liberty regulations. The general principles for establishing this are :-

- Where the patient is Ordinary Residence ie where they live.
- If a patient is not a local resident it will be the Local Authority in whose geographic area the patient is 'usually resident'.
- If a patient is unable to give an address, it will usually be the Local Authority where the Hospital/Unit providing the treatment is located.

In any other case, for example care that is commissioned privately, the Supervisory Body is the Local Authority for the area in which the relevant hospital is located.

#### 4.9 Types Of Authorisations

There are two kinds of authorisations: standard authorisations and urgent authorisations.

- **Standard authorisations** follow the process outlined above. Managing authorities should apply for a standard authorisation before a deprivation of liberty occurs – for

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example, when a new care plan is agreed that would mean depriving a person of their liberty.

- **Urgent authorisations** can be made by managing authorities themselves – such as where a standard authorisation has been applied for, but not yet granted, and the need to deprive a person of their liberty is now urgent. Urgent authorisations can never be made without a simultaneous application for a standard authorisation to the supervisory body.

**Before** making an application for a Standard or Urgent Authorisation ensure the patient has had a Mental Capacity Assessment completed and a Best Interest Checklist/Decision undertaken. Copies **MUST** be placed in the patients case notes.

#### 4.10 Applying For Standard Authorisations

Managing authorities (Hospital) should apply to the supervisory body for a standard authorisation.

The supervisory body will then begin the assessment process, which must be completed within 21 calendar days.

A managing authority (Hospital) cannot apply for a standard authorisation more than 28 days before a deprivation of liberty is due to take place.

#### 4.11 Applying for an Urgent Authorisation

Any decision to issue an urgent authorisation must be taken in the best interests of the patient in accordance with section 4 of the MCA. Where restraint is involved, the decision must comply with section 6 of the MCA.

The DoLS authorisation form is available for managing authorities that require an urgent authorisation (see Adults at Risk on Sharepoint in the Document Library).

Urgent authorisations last for a maximum of seven calendar days. During that period, the necessary assessment process must be completed. **Also, the managing authority must request a standard authorisation if it has not already done so.**

In exceptional circumstances, an urgent authorisation can be extended by a supervisory body for an additional seven calendar days. The managing authority must inform the supervisory body when an extension is needed and only one such extension can be granted. There is a standard form for this purpose.

#### **Please Note:**

Both the Urgent Authorisation and Standard Authorisation forms can be found within the Safeguarding Intranet page under Deprivation of Liberty Safeguards.

**Please Note:** It is seen as Good Practice, please ensure to send a copy of the Mental Capacity Assessment, Best Interest Checklist/Decision and the latest version of the Patients Care Plan when submitting any of the Authorisation Forms.

Copies of the completed Authorisation forms **MUST** be placed in the patients case notes.

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## 4.12 How Requests should be Submitted?

For details of how to submit a DoLS form please refer to the Safeguarding Intranet page under Deprivation of Liberty Safeguards for up to date contact numbers and forms.

## 4.13 How does the Assessment Process Work?

The supervisory body commissions the assessments, which are used to authorise a deprivation of liberty. The assessments are then carried out by a minimum of two trained assessors: the mental health assessor and the best interests assessor. There are six assessments in all, which are:

- 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 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<sup>3</sup> (in which case they are not eligible for this process)
- No refusals assessments, 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 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 from harm and the likely seriousness of that harm.

An authorisation will be granted only if all six assessments support the authorisation.

## 4.14 Providing Support throughout the Assessment Process

The managing authority must tell the supervisory body if the person involved has no family member or non-professional carer to support them through the assessment process. The supervisory body must then appoint an Independent Mental capacity Advocate (IMCA), under section 39A of the Act, to support them. (This is often known as a section 39A IMCA.)

The supervisory body and the managing authority must work together to make sure the person and their representative:

- Understand the MCA DoLS process
- Know their rights and entitlements
- Receive the right support once the authorisation process begins and after the authorisation has been granted or denied.

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#### 4.15 What Happens when a MCA DoLS Authorisation is Granted?

Not every assessment process will result in an authorisation. However, once a person in a hospital has an MCA DoLS authorisation, a relevant person's representative (RPR) must be appointed to support them and look after their interests.

The managing authority (together with its supervisory body) must:

- Make regular checks to see if the authorisation is still necessary
- Remove the authorisation when it is no longer necessary

Provide the person's RPR with information about the care and treatment of the person who has an MCA DoLS authorisation.

**N.B** Once a Best Interest Assessor has either authorised/unauthorised a DoLS application, the Managing Authority **MUST** ensure that a CQC Notification Form is sent to informed them of the outcome of the application.

#### 4.16 What Happens if a Request for an Authorisation Referral is Turned Down?

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<sup>3</sup>.
- If the person is under 18, the Children Act 1989<sup>4</sup> may be used for meeting their care requirements.
- 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.
- If the relevant person is not being deprived of liberty, the managing authority should continue to support them without taking further action.

#### 4.17 When should a Standard Authorisation be Reviewed

The authorisation review is a formal process that takes a fresh look at the person who has been deprived of their liberty. A standard authorisation can be reviewed at any time.

The managing authority must make regular checks to see if the deprivation of liberty is still needed. A review must be triggered if there has been a change in the relevant person's situation that requires the deprivation of liberty authorisation to be altered, temporarily suspended or terminated altogether.

The supervisory body has to carry out a review if asked to by any of the following people:

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- The relevant person
- The relevant person’s representative
- Any section 39A IMCA representing the individual

The managing authority must also inform the supervisory body if there has been a change in the situation of a person who has been deprived of their liberty. This is especially important if the change in circumstances means that the person no longer meets one or more of the six qualifying requirements.

There is a standard form that a managing authority can use to request a review.

The reasons for a review may include:

- Evidence that the person no longer meets either, the age, no refusals, mental capacity, mental health or best interests authorisation requirements.
- The fact that the person no longer meets the eligibility requirement because they are subject to detention or treatment under the terms of the Mental Health Act 1983<sup>3</sup> instead of the MCA DoLS<sup>2</sup>
- Changes in the person’s situation
- The fact that the person still meets all six qualifying requirements, but for different reasons than those set out in the original authorisation.
- The supervisory body makes the arrangements necessary to review any or all of the six qualifying requirements as required. The supervisory body must also inform the managing authority, the relevant person, the RPR and any section 39A IMCA involved about the outcome of the review.
- The outcome of a review may bring an authorisation to an early conclusion. If the relevant person does not meet any one of the six requirements, the authorisation must be ended immediately.

#### 4.18 Short-Term Suspensions of Standard Authorisations

It may be necessary to suspend an authorisation for a short period of time. This could happen, for example, if the relevant person fails to meet the eligibility requirement because they are temporarily subject to provisions under the Mental Health Act 1983<sup>3</sup>. In such cases, the managing authority must tell the supervisory body, which will suspend the MCA DoLS authorisation. There is a standard form for the managing authority to use for this purpose.

If the relevant person becomes eligible for an MCA DoLS<sup>2</sup> authorisation again within 28 days, the managing authority must tell the supervisory body, which will reinstate the authorisation. Again, there is a standard form for the managing authority to use for this purpose.

If the managing authority does not let the supervisory body know that the person is eligible again within the 28 days, then the authorisation will cease automatically at the end of this period. The managing authority would then need to seek a new authorisation if deprivation of liberty was to continue.

A person may no longer meet the eligibility requirement if they begin to object to their treatment. In such cases, they may be more appropriately detained under section 2 or 3 of the Mental Health Act 1983<sup>3</sup> and the managing authority should request a review

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immediately.

#### 4.19 What Happens when an Authorisation Ends?

Deprivation of liberty authorisations should last for the shortest time possible and are valid for a maximum of 12 months. The duration of an authorisation will vary from person to person depending on their individual circumstances. Typically, the best interests assessor will recommend the period of time required for a specific authorisation.

When an authorisation comes to an end, the managing authority cannot lawfully continue to deprive someone of their liberty. However, if the managing authority thinks that the person involved still needs to be deprived of their liberty for their own protection, they can request a new standard authorisation.

A new authorisation process will then be triggered. However, the relevant person may not need an IMCA at the time of assessment as they will already have an RPR in place.

#### 4.20 Unauthorised Deprivation of Liberty

The managing authority must make every effort to decide if a person in a hospital or care home is being deprived of their liberty. However, if a member of staff, family member, carer, or any other third party suspect's unauthorised deprivation of liberty, the law entitles them to tell the managing authority. If the managing authority fails to satisfy their concerns, the person can ask the supervisory body to investigate. Standard letters are available for this purpose.

#### 4.21 Discharge to Care Home

When a patient is being discharged to a Care Home, the Care Home must be informed to apply the supervisory authority for a standard authorisation assessment process from the Local Authority, which must be completed within 21 calendar days.

In urgent situations a Care Home can give an urgent authorisation for seven days while obtaining a standard authorisation.

5. ATTACHMENTS	
Number	Title
1	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Pol/035	Adults at Risk UHMB <a href="http://uhmb/cs/tpdl/Documents/CORP-POL-035.docx">http://uhmb/cs/tpdl/Documents/CORP-POL-035.docx</a>

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<b>7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS</b>	
References in full	
<b>Number</b>	<b>References</b>
1	Great Britain (2005) Mental Capacity Act 2005. [Online] Available from: <a href="http://www.legislation.gov.uk/ukpga/2005/9/contents">http://www.legislation.gov.uk/ukpga/2005/9/contents</a> (accessed 15.7.15)
2	Great Britain (2007) Mental Health Act 2007. [Online] Available from: <a href="http://www.legislation.gov.uk/ukpga/2007/12/contents">http://www.legislation.gov.uk/ukpga/2007/12/contents</a> (accessed 15.7.15)
3	Great Britain (1983) Mental Health Act 1983. [Online] Available from: <a href="http://www.legislation.gov.uk/ukpga/1983/20/contents">http://www.legislation.gov.uk/ukpga/1983/20/contents</a> (accessed 15.7.15)
4	Great Britain (1989) Children Act 1989 [Online] Available from: <a href="http://www.legislation.gov.uk/ukpga/1989/41/contents">http://www.legislation.gov.uk/ukpga/1989/41/contents</a> (accessed 15.7.15)

<b>8. DEFINITIONS / GLOSSARY OF TERMS</b>	
<b>Abbreviation or Term</b>	<b>Definition</b>
MCA	Mental Capacity Act
DoLS	Deprivation of Liberty Standards
NPSA	National Patient Safety Authority
RPR	relevant person's representative
ECtHR	European Court of Human Rights
IMCA	Independent Mental capacity Advocate

<b>9. CONSULTATION WITH STAFF AND PATIENTS</b>		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
<b>Name</b>	<b>Job Title</b>	<b>Date Consulted</b>

<b>10. DISTRIBUTION PLAN</b>	
Dissemination lead:	Kelly Short
Previous document already being used?	Yes / No (Please delete as appropriate)
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	
<b>To be disseminated to:</b>	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

<b>11. TRAINING</b>		
Is training required to be given due to the introduction of this procedural document? *Yes / No Please delete as appropriate		
<b>Action by</b>	<b>Action required</b>	<b>Implementation Date</b>

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<b>12. AMENDMENT HISTORY</b>				
<b>Version No.</b>	<b>Date of Issue</b>	<b>Page/Selection Changed</b>	<b>Description of Change</b>	<b>Review Date</b>
1.1	04/10/2017	Page 3	BSF page added	01/07/2018
1.2	23/11/2018	Review Date	Review date extended. Form no. 159/2018	01/01/2019
1.3	19/02/2019	Page 1	Review Date extended – form 035/2019	01/05/2019

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## Appendix 1: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?</b>		
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
4a	<b>If so can the impact be avoided?</b>		
4b	<b>What alternative are there to achieving the policy/guidance without the impact?</b>		
4c	<b>Can we reduce the impact by taking different action?</b>		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the HR Equality & Diversity Specialist, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the HR Equality & Diversity Specialist, Extension 6242.

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