CP02
Deprivation of Liberty Safeguards (DoLS) Policy

Contents

Appendices

1.0 Policy Statement (Purpose/Objectives of the Policy)

1.1 The Royal Wolverhampton NHS Trust (RWT) is committed to upholding the rights of all its patients, particularly those who lack the mental capacity to make decisions about their care and treatment. The purpose of this policy is to ensure the Royal Wolverhampton NHS Trust (RWT) staff are compliant with the application of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

1.2 This policy identifies the procedures which must be adhered to by RWT staff members to identify patients who may be being, or are at risk of being, deprived of their liberty, and identifies who is responsible for requesting, granting and reviewing urgent and standard Deprivation of Liberty authorisations.

1.3 Introduction

1.3.1 The Mental Capacity Act (2005) is a law that applies to individuals residing in England and Wales. It provides a statutory framework designed to protect and empower people over the age of 16 who may lack mental capacity to make their own decisions. The Act provides guidance regarding who can make decisions, and in which situations. Therefore, healthcare professionals have a legal duty to have "regard to" it when working with or caring for adults who may lack capacity to make decisions for themselves.

1.3.2 The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act (2005) and came into force on 1 April 2009. DoLS is designed to protect individuals 18 or over who lack the mental capacity to consent to their accommodation for care and treatment in a hospital or care home setting, to comply with Article 5 (right to liberty and freedom) of the European Convention on Human Rights.

1.3.3 DoLS was due to be replaced by the Liberty Protection Safeguards (LPS) in 2022. However, the UK government announced in April 2023 that the introduction of the LPS would be delayed 'beyond the life of this Parliament'. Since then, there has been a change in Government and there are currently no new updates regarding the implementation of, or any plans to permanently exclude LPS. Therefore, RWT staff need to follow current guidance in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) framework.

2.0 Definitions

Advocacy: Independent help and support that enables someone to understand issues and express their own views, feelings and ideas. An advocate will be appointed under the Care Act (2014) (see below under Independent Mental Capacity Advocate) where a person has substantial difficulty engaging with an assessment process and has no one suitable to represent them other than paid carers.

Assessing mental capacity: The Mental Capacity Act (2005) sets out a clear test for assessing the person's capacity to make a specific decision at a particular time. Section 2 of the Act makes it clear that a lack of capacity cannot be established merely by reference to a person's age, appearance, or any other condition or behaviour which might lead others to make unjustified assumptions about capacity. The Mental Capacity Assessment for Adults and young people form should be used to assess patients mental capacity.

Best interests: Best Interests is not defined within the Mental Capacity Act (2005) but when assessing what is in the best interests of the person who lacks mental capacity decision makers must consideration all relevant factors that would be reasonable to consider, not just those that they think are important. They must not act or make a decision based on what they would want to do themselves if they were the person who lacked capacity (Section 4 Mental Capacity Act 2005). The Best Interest Decision Prompt Sheet can be used as an aid for professionals in best interest meetings/decisions.

Best Interest Assessor (BIA): The Best Interest Assessor is a specially trained professional who is responsible for conducting a range of assessments to ascertain whether an authorisation for deprivation of liberty should be granted. The Best Interest Assessor is appointed by the Supervisory Body (Local Authority).

Carer: A carer is a person who looks after someone (e.g. relative, friend or neighbour), who through illness or disability is unable to look after themselves. That person may be an adult, a child or a young person (based on Carers UK definition).

Care Quality Commission (CQC): The inspectorate body for care homes and hospitals in England. It has specific responsibilities for monitoring DoLS.

Consent: Agreeing to a course of action. For consent to be valid, the person giving it must have the capacity to make the decision, have been given sufficient support and information to make the decision, and not have been under any duress or coercion. Refer to Consent Policy CP06.

Court Appointed Deputy: A person appointed by the Court of Protection to act and make decisions on behalf of someone who lacks the mental capacity to make those decisions themselves.

Court of Protection: A specialist court for all concerns (including DoLS) relating to individuals who lack mental capacity to make specific decisions.

Eligibility assessments: A person must meet a series of six qualifying requirements to be eligible under DoLS: (1) Age (2) Mental Capacity (3) has a mental disorder as defined in the Mental Health Act (4) Eligibility (5) No refusals (6) best interests.

Decision-maker: The person who is responsible for deciding what is in the best interests of a person who lacks mental capacity. Who this is, depends on the decision that needs to be made and sometimes will be a professional and at other times a family member, carer or close friend.

Deprivation of liberty: The term used in Article 5 (Right to Liberty and Freedom) of the European Convention on Human Rights which states that everyone has the right to liberty, and it can only be taken away in certain circumstances and only if legal processes are used.

Deprivation of Liberty Safeguards (DoLS): The Deprivation of Liberty Safeguards (DoLS) is an addendum to the Mental Capacity Act that came into force in 2009. It ensures that any best interests' decision that deprives someone of Article 5 right to liberty (European Convention of Human Rights) is made according to defined processes and in consultation with specific authorities. It applies when a person needs to be accommodated

in a hospital or a care home to receive care or treatment for which they cannot consent. DoLS were introduced to protect an individual's rights under such circumstances and ensure that any care or treatment that they receive, including where this involves the use of restraint or restrictions, is proportionate to the risk of harm they would otherwise, be at and in their best interests.

When concerned that a Deprivation of Liberty may be occurring the "acid test" should be considered:
• Does the patient lack mental capacity for care and/or treatment?
• Is the patient suffering from a mental disorder?
• Is the patient subject to continuous supervision and control?
• Would the patient be free to leave (whether they are objecting or not)?

Independent Mental Capacity Advocate (IMCA): A legal safeguard introduced by the Mental Capacity Act (2005). A specialist advocate who can represent the patient and their best interests if they have no family/friends to speak on their behalf. There is a statutory duty to refer to an IMCA in certain situations.

Lasting Power of Attorney (LPA): The legislation allows a person (donor) to appoint an attorney (donee) to act on their behalf for health and welfare and, or financial decisions should they lose capacity in the future. Any decision by the attorney must be made in the donor's best interests and the donee must be registered with the Office of the Public Guardian (OPG).

Mental Capacity: Having mental capacity means that a person is able to make their own decisions, which involves the ability to understand relevant information regarding a situation, retaining that information, weighing up options and communicating their choice. Mental capacity is always referred to as decision and time specific.

Mental Capacity Act (2005): The Mental Capacity Act (2005) is a law that applies to individuals residing in England and Wales. It provides a statutory framework designed to protect and empower people over the age of 16 who may lack mental capacity to make their own decisions. The act provides guidance regarding who can make decisions, and in which situations. Refer to CP19 Mental Capacity Act (2005) Policy

Mental Capacity Assessment: Before an assessment of mental capacity is undertaken, there must be a reason to doubt the person's ability to make their own decisions or give informed consent.

Mental Capacity can only be assessed against a decision that needs to be made; it is not an assessment of a general ability to make decisions. The test of capacity is based on three questions: 1. Is the person able to make a decision (functional); 2. Is there impairment or disturbance of the mind or brain (diagnostic); and 3. Is the inability to make the decision due to the aforementioned impairment or disturbance (Causation link).

The order of the test of capacity has been reversed due to current Case Law since the production of the MCA Code of Practice in 2007. The Law Commission state that, 'whilst the diagnostic test is in practice often applied before the functional test, the correct approach, and the wording of the Act, assessing mental capacity, dealing with patients who lack capacity and complying with the Mental Capacity Act (MCA) 2005. The Mental

Capacity Assessment Flowchart can be used as an aid for RWT staff when assessing patients' mental capacity.

Mental Disorder: An impairment or disturbance of the mind or brain that results in a cognitive impairment for instance dementia or a learning disability (e.g. dementia, learning disability, stroke).

Mental Health Assessor: A registered practitioner approved under Section 12 of the Mental Health Act 1983, or a registered medical practitioner with at least 3 years post-registration experience in the diagnosis or treatment of mental disorder. The Mental Health Assessor is appointed by the Supervisory Body to undertake assessments.

Managing Authority: The person or body with management responsibility for the hospital (or care home) in which a person is, or may become, deprived of their liberty.

Office of the Public Guardian (OPG): A Government office that helps individuals in England and Wales to remain in control around decisions relating to finances and health and welfare including Lasting Power of Attorney (LPA) and Enduring Power of Attorney (EPA).

Relevant Person's Representative (RPR): This is the person who represents the individual who is being assessed under or is already under a DoLS. The RPR is appointed by the Supervisory Body based on the recommendations of the BIA. In general, a relevant person's representative is a friend or family member who will ensure that the rights of a person being deprived of their liberty are protected. In cases where no friend or family member is willing or eligible, a paid representative will be appointed.

Restraint: Restraint is defined in Section 6(4) of the MCA (i.e., with relevance to persons who lack capacity) as:
"Uses (or threatens to use) force to secure the doing of an act which the individual resists; or the restriction of the individual's liberty of movement whether those individual resists or not."
The act identifies two conditions which must be satisfied in order for protection from liability for restraint to be available:

- Staff must reasonably believe that it is necessary to undertake an action which involves restraint in order to prevent harm to the person lacking capacity.
- Any restraint must be a proportionate response in terms of both the likelihood and seriousness of that harm. Using excessive restraint could leave staff liable to a range of civil and criminal penalties.

For more guidance on restraints please refer to the CP59 Restraint Policy.

If a person is subjected to restrictions and restraints to the degree and intensity a deprivation may be occurring, the Deprivation of Liberty Safeguard must be applied for.

Standard Authorisation: A legal authorisation to deprive a person of their liberty under the Mental Capacity Act (2005). It is given by the Supervisory Body after completion of the statutory assessment process if it is agreed that the restraints and restrictions being used are in the person's best interests. The maximum authorisation period for a Standard Authorisation is 1 year.

Safeguarding duty: The responsibility for a person aged 18 or over who has needs for care and support (whether or not the Local Authority is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect, and, as a result of those care and support needs, is unable to protect themselves from either the risk of or the experience of abuse or neglect.

Supervisory Body: The Local Authority responsible for assessing and authorising the DoLS application.

Urgent Authorisation: A lawful authorisation to deprive a person of their liberty that the Managing Authority can give itself. It lasts for a maximum of seven days but may be extended by a further seven days by the Supervisory Body. This enables care to be given lawfully whilst the DoLS assessment process is undertaken.

3.0 Accountabilities

3.1 The Trust Board

- Has overall responsibility for monitoring compliance with and the effectiveness of all trust policies and will ensure that effective management systems are in place.

Chief Nurse Officer (CNO):

- Is the nominated Director/Executive lead and has overall leadership responsibility for the Trust's safeguarding arrangements.
- They are responsible for the implementation of this organisation-wide process and the provision of assurance to the Trust Board that there is a safety culture to prevent harm to patients.

Professional Lead for Safeguarding

- Provides the overall management of the adult safeguarding service and provides expert leadership on all aspects of the safeguarding agenda.
- Supports the Head of Safeguarding to ensure the Trust as a robust system and process in place for the protection and on-going support of adults.
- Provides reports to the Group Quality Committee.
- Ensures trust policies are up to date and are aligned with National, Regional and Local policies and procedures.
- Ensures monthly reports are submitted on DoLS Activity as required.
- Ensures that the Trust has robust systems and processes in place for the protection and on-going support of adults.
- Provides and monitoring compliance, ensuring risks to safeguarding functions and exceptions are appropriately raised in the relevant forum and to the Board where appropriate.
- Ensure Trust policies are up to date and are aligned with National, Regional and Local Policies and procedures.

Lead for Mental Capacity Act/DoLS/Named Nurse Safeguarding Adults

- Monitors the deprivation of liberty applications reporting on incidents, breaches, appeals and subsequent actions.

- Works with Managers/ RWT staff to ensure deprivation of liberty are lawful, necessary and proportionate, Ensure DoLS applications are completed correctly and monitored in a timely manner.
- Investigates in response highlighted incidents of non-compliance, in line with procedures for investigating serious incidents.
- Provides advice and guidance to RWT staff regarding DoLS and MCA by providing expert knowledge.
- Has delegated responsibility for completing CQC notifications when the outcome or withdrawal of DoLS applications are known.
- Completes MCA/DoLS audit to monitor compliance and standards of practice withing the RWT trust.
- Liaises with trust solicitors in areas of complex cases.
- Ensures that the Trust MCA and DoLS policies are up to date and align with national, regional and local policies and procedures.

Adult Safeguarding Team

- Works with the Named Nurse for Safeguarding Adults on cases of concern.
- Provides bespoke MCA/DoLS training to RWT staff.
- Provides specialist advice to RWT staff regarding the MCA/DoLS process.
- Escalates cases of concern within the Trust to the Named Nurse for Safeguarding Adults and, or Lead for Safeguarding Adults.
- Facilitate referrals from the trust and Local Authorities.

All Managers

- Ensures that staff are aware of and comply with the Trust's Deprivation of Liberty Safeguards Policy.
- Ensures that relevant staff complete safeguarding adults, MCA and DoLS mandatory training.
- Ensures that concerns about individual cases are escalated to the safeguarding team

Managing Authority (The Royal Wolverhampton NHS Trust)
As the Managing Authority, RWT are responsible for:

- Identifying when care and treatment arrangements for an individual might amount to a deprivation of liberty.
- Ensuring any deprivation of liberty is conducted in line with the Mental Capacity Act (2005) and deprivation of liberty framework.
- Applying to the Supervisory Body (relevant Local Authority) for a DoLS authorisation if they suspect deprivation of liberty is occurring or likely to occur.
- Ensuring staff members receive appropriate MCA and DoLS training.
- Consulting with the person concerned, their family and friends when a DoLS authorisation is considered necessary.
- Complying with any conditions outlined by the supervisory body if a DoLS is granted.
- Reviewing and reporting any changes if the individual's circumstances change to the Supervisory Body.

All RWT Clinical Staff

- Must be aware of and comply with the relevant policies and procedures and undertake mandatory training when required.

- All staff working in the Trust must always act in the 'best interests' of the patient and have a role in preventing harm or abuse occurring. They must ensure that they refer to this policy and take positive action where concerns arise.
- Maintain high standard of accurate and timely record keeping around care delivery, MCA and DoLS.
- Responsible for identifying when care and treatment arrangements for an individual might amount to a deprivation of liberty.
- Ensuring any deprivation of liberty is conducted in accordance with the Mental Capacity Act (2005) and Deprivation of Liberty framework.
- Applying to the Supervisory Body (relevant Local Authority) for a DoLS authorisation if they suspected a deprivation of liberty is occurring or likely to occur.
- Ensuring that concerns about individual cases are escalated to the safeguarding team
- Regular monitoring and review care plans and mental capacity and report any circumstantial changes to the Supervisory Body.
- Adhere to any conditions outlined by the supervisory body if a DoLS application is granted.

4.0 Policy Details

4.1 What is a deprivation of liberty?

DoLS provides a legal framework to protect individuals 18 or over who lack the mental capacity to consent to the arrangements for their care or treatment in a hospital (or registered care home) Where the levels of restriction or restraint used in delivering care are so extensive that they potentially deprive the person of their liberty under Article 5 of the European Convention on Human Rights (ECHR). Article 5 of the ECHR states that 'everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed in law.' DoLS is the lawful procedure which allows, within article 5, for people to be deprived of their liberty has a last option when it is necessary, proportionate and in a person's best interest. To deprive a person of their liberty hospitals and care homes must request a DoLS standard authorisation from the local authority.

Note: The deprivation of liberty safeguards can only be used if the person has been deprived of their liberty in a hospital setting or care home. In any other setting the Court of Protection would need to authorise a deprivation of liberty.

For young people aged 16 and 17 who are assessed as lacking capacity, their parents under the Mental Capacity Act cannot consent to a deprivation of liberty, therefore if it is considered that a 16 or 17-year-old person is being deprived of their liberty at RWT, advice must be sought from the Safeguarding Team and the RWT Legal Team as an application must be made to the Court of Protection. The Court of Protection will consider whether the deprivation is necessary proportionate and in the young persons best interest

4.2 When can someone be deprived of their liberty?

To deprive a person of their liberty, the safeguards clearly identify that a person can only be Deprived of their Liberty under the following circumstances:

- The person is 18 years or over

- Have an impairment of or a disturbance in the function of, the mind or brain (e.g. dementia, stroke, learning disability).
- Assesses as lacking capacity for their accommodation for the purpose of care and/or treatment.
- The person is under continuous supervision and control and are not free to leave (as described in the Acid Test).
- It is in their best interest to protect them from harm.
- It is a proportionate response to the likelihood and seriousness of harm.
- There is no less restrictive option.
- Are not detained (or able to be detained) under the Mental Health Act (1983).

If all these criteria's have been met it is most likely that a deprivation of liberty is occurring therefore an application for a standard and urgent DoLS authorisation must be requested to the Supervisory Body (Local Authority person resides).

4.3 Assessing Mental Capacity

A formal Mental Capacity assessment must be completed if there is doubt that a patient cannot consent to their accommodation into hospital for care and treatment. RWT staff must use the RWT Mental Capacity Assessment for Adults and young people form to evidence they have completed a formal mental capacity assessment in a decision and time specific way. Only when the patient has been assessed as lacking mental capacity for this decision can a DoLS authorisation be request. The Mental Capacity Assessment Flowchart can be used as an aid for staff when assessing patients' mental capacity.

The five principles of the MCA (2005) such be taken into consideration when complete any mental capacity assessment:

1. Always assume a person has capacity unless proven otherwise
2. Practical measures must be taken to support people to make their own decisions
3. Must not assume lack of capacity because someone makes an unwise decision
4. All decisions should be made in the persons best interest if they lack the capacity to make the decision themselves.
5. Any decisions made in a person's best interest should be the least restive option available

4.4 Best Interests

When a person is assessed as lacking mental capacity for a particular decision, all decisions made on behalf of the person must be made in their best interest. Before any decision is made that restricts a person's liberty staff need to consider if there is a less restrictive option available and whether the restrictions or restraints are necessary and proportionate. The Best Interest Decision Prompt Sheet can be used as an aid for professionals in best interest meetings/decisions. It is best practice to document all best interest decisions and the rationale in the patients' medical records.

4.5 What contributes as a deprivation of liberty:

All clinical staff must be aware of the 'Acid Test' for deprivation of liberty.

Following the Supreme Court Judgment in P v Cheshire West and Chester County Council and P and Q Surrey Country Council in 2014, the definition of what contributes as a deprivation of liberty was clarified as a two-part 'Acid Test'.

The 'Acid test' consists of two key questions:

- Is the person subject to continuous supervision and control?
- Is the person free to leave?

If the answer to both questions are yes, and the person lacks the mental capacity to consent to their accommodation into hospital for care and treatment due to an impairment of the mind or brain the person is considered to be deprived of their liberty within the meaning of the 'Acid Test'. Therefore, a DoLS urgent and standard authorisation must be requested.

Note: A person does not have to be objecting or attempting to leave to be deemed not free to leave. Staff should ask themselves would they allow the person to leave If the person tried or asked to leave hospital. If the answer is **NO,** then the person is considered not free to leave within the meaning of the 'Acid Test'.

If the person to be admitted is already subject to a DoLS authorisation in a care home, then it is very likely that RWT Trust will need to request a DoLS authorisation.

4.6 Restrictions and restraints which may constitute a deprivation of liberty?

(This list is not exhaustive)

- a patient being restrained in order to admit them to hospital.
- Chemical restraints (e.g. medication being given against a person's will).
- Use of physical restraints such as mittens to prevent patient removing their own medical lines/tubes/devices (For more guidance on Restraints please refer to CP59 Restraint Policy.
- Locked ward areas /doors which stop a person leaving the ward.
- use of bedrails when the individual does not have the capacity to consent to their use (see CP42, Prevention and Management of Adult and Paediatric Inpatient Falls Policy);
- staff having complete control over a patient's care or movements for a long period.
- staff taking all decisions about a patient including choices about assessments, treatment and visitors.
- Constant supervision and monitoring (e.g. 1-1 supervision, nursed in tag bay)
- restricting a person's access to their friends or family.
- Removing items from a person.

4.7 Different Types of DoLS Authorisations

There are two different types of DoLS authorisations a standard authorisation and a urgent authorisation in which the Managing Authority (RWT) can grant themselves immediately.

Standard DoLS Authorisation

A Standard Authorisation should be requested if it is likely that a patient will be deprived of their liberty in RWT hospital within 28 days. Once a DoLS authorisation has been received the Supervisory Body has 21 days to decide whether the person can be deprived of their liberty. As part of the standard authorisation the Supervisory body will arrange for a Best Interest Assessor (BIA) and a Mental Health Assessor (MHA) to complete a DoLS standard authorisation assessment. The BIA and MHA will visit the ward to meet the relevant person and staff involved in their care and treatment, examine care plans and records, and consider whether the proposed interventions are necessary, least restrictive, proportionate and in the person's best interest. They will also speak to the person's family or any interested party who could represent their wishes.

Key Aspects of the BIA and MHA Assessment:
Age: The Person must be 18 or over.
Mental Health: The person must have a mental disorder (e.g. dementia or stroke).
Mental Capacity: The person must lack mental capacity to make decisions about their care and treatment.
Eligibility: The Person must not be subject to detention under the Mental Health Act (2005)
Best Interest: If a deprivation of liberty is occurring it must be in the persons best interest, necessary, least restrictive and appropriate response to prevent harm from occurring to the person.
No Refusal: The DoLS authorisation cannot conflict or contradict with either any advanced decision the person made refusing care or treatment, any decisions made by a court appointed deputy or someone who has Lasting Power of Attorney.

All six assessments criteria must be met for the Supervisory Body to authorise a Standard DoLS Authorisation.

If any of the assessments completed by the Best Interests Assessor or the Mental Health Assessor conclude that a DoLS is not appropriate then the assessment process will stop immediately, and DoLS authorisation will not be granted.

Urgent DoLS Authorisation
Where possible, an authorisation should be requested in advance of any planned admissions, this is the responsibility of RWT staff to ensure this is completed. However, when this is not possible, and the ward area (Managing Authority) thinks it is necessary to deprive a patient of their liberty in their best interest before a standard authorisation is granted then an urgent DoLS authorisation must be requested at the same time as the standard authorisation up to a maximum of 7 days. A request for an extension of the Urgent Authorisation can also be requested at the same for a further extension for a maximum of 7 days.

An Urgent Authorisation should only be granted by the Managing Authority when the deprivation of liberty is required urgently, already happening or unavoidable. As an NHS Trust RWT usually requires an urgent authorisation for unplanned admissions into hospital.

4.8 Procedure for applying for a DoLS Authorisation
When RWT staff think they have identified a potential DoLS for a patient, they can contact the safeguarding team for advice or support on 01902 695163 Monday to Friday between 9.00-16.30 or via the safeguarding team email address: rwh-tr.safeguarding-team@nhs.net. The team do not work weekends or bank holidays. In the team's absence or out of hours please see safeguarding intranet page for further guidance/support: Deprivation of Liberty Safeguards (DOLS) or contact the Local Authority DoLS team.

Staff must complete an application for a Standard and / or Urgent DoLS Authorisation to the Supervisory Body (Local Authority). If a person aged 18 years or over lacks the capacity to consent to their arrangements for care or treatment at RWT and the levels of restriction or restraint used in delivering care are so extensive that they potentially deprive the person of their liberty under Article 5 of the European Convention on Human Rights (ECHR). Staff must complete an application for a standard and urgent DoLS authorisation (if required) to the Supervisory Body (Local Authority), regardless of whether the patient is objecting to, resisting or accepting the care provided. The Appendix 7 Indicator of DoLS Authourisation can be used as an aid for RWT staff. The DoLS authorisation will allow RWT staff to ensure that patients receive lawful safe and effective care in an appropriate

environment with the right level of support to meet their care needs. where possible, RWT staff should ensure that patients are actively involved in decision making regarding their care and treatment even if they lack mental capacity. All DoLS authorisation requests must be submitted to the Supervisory Body (Local Authority) of the area in which the patient resides. This can be confirmed by use of the post code checker: https://www.gov.uk/find-local-council. The process to complete a DoLS authorisation varies dependant on Local Authority; this is either an emailed application form or completed via an online portal. See Safeguarding Intranet Page for further guidance: Deprivation of Liberty Safeguards (DOLS).

Non-portal Dols authorisation requests:

All non-portal DoLS authorisation requests (Deprivation of Liberty Safeguards Form 1) must be emailed to the RWT Safeguarding Team inbox rwh-tr.safeguarding-team@nhs.net with the completed mental capacity assessment form. Once the safeguarding team are satisfied all the criteria's have been met, the DoLS Form 1 will be emailed to the relevant Supervisory Body by the Adult Safeguarding team.

Portal DoLS authorisation requests:

On completion of Portal DoLS authorisation requests a copy of the DoLS authorisation requests must be emailed to the RWT Safeguarding Team inbox rwh-tr.safeguarding-team@nhs.net with the completed mental capacity assessment form.

A copy of the DoLS authorisation request must also be kept in the front of the patients' medical notes with the mental capacity assessment form. The next of kin must also be informed and provided with a copy of the DoLS information leaflet (Deprivation of Liberty Safeguards (DoLS) Leaflet) and contact details of the Supervisory Body.

Once the ward area are aware that a Standard DoLS Authorisation has been granted by the Local Authourity, RWT staff must contact the Adult Safeguarding Team on EXT:85163 or email: rwh-tr.safeguarding-team@nhs.net to notify them.

4.9 DoLS Conditions

A Standard DoLS Authorisation may have conditions attached which are designed to minimise restrictions on a person's liberty, therefore any conditions attached to a Standard Authorisation must be adhered too. The ward area should inform the RWT Adult Safeguarding Team of any conditions, email address: rwh-tr.safeguarding-team@nhs.net.

4.10 Relevant Person's Representative

Once a standard authorisation has been granted Supervisory Bodies must appoint a Relevant Person's Representative (RPR), who will act on the behalf of the relevant person to challenge the DoLS if they feel that this is what the relevant person would want. In cases where no friend or family member is willing or eligible, a paid representative will be appointed.

To be eligible for the role of RPR, a person must be:

- 18 years of age or over,
- Able to keep in regular contact with the relevant person, and
- Willing to be appointed.

The Supervisory Body will also make sure that there are no financial or other conflicts of interest.

4.11 Independent Mental Capacity Advocate (IMCA)

Where a person has no family or friends to represent them, an IMCA will be instructed by the Supervisory Body to represent them throughout the DoLS assessment process and will be appointed as the role of the Relevant Person's Representative. If the standard authorisation is granted, an IMCA can also be appointed to support both the person deprived of their liberty and their representative if needed through the DoLS process.

4.12 Review: DoLS Form 10

A DoLS authorisation should be reviewed regularly by both the Managing Authority (RWT) and the Supervisory Body to check whether the DoLS authorisation is still required and to ensure that the qualifying requirements are still present. Therefore, it is the responsibility of the Managing Authority to request the Supervisory Body to complete a review if circumstances change immediately.
RWT staff must request the Supervisory Body to complete a review when:

- The person regains capacity to make decisions about their accommodation arrangements for care and treatment.
- There are changes in the level of Restrictions and Restraints (Increased/Decreased).
- If the authorisation is no longer necessary if the patient has been discharged or died.
- When the DoLS authorisation is coming to an end.

RWT staff must complete Deprivation of Liberty Safeguards Form 10 if a patients circumstances change and a review is required by the Supervisory Body or the DoLS authorisation is no longer needed. The Form 10 must be sent to the relevant Supervisory Body and a copy emailed to the safeguarding team: rwh-tr.safeguarding-team@nhs.net within 1 working day. A copy of the DoLS Form 10 must be kept in the front of the patients' medical notes with the Mental Capacity Assessment form and Form 1.

RWT staff have a responsibility to ensure that patients and their representatives are kept up to date with information about their care and treatment and any circumstantial changes.

4.13 Duration of DoLS Authority

A Deprivation of Liberty should last for the shortest possible time however Supervisory Bodies can authorise a deprivation of liberty up to a maximum of 12 months.

4.14 Court of Protection

The Court of Protection, established by the Mental Capacity Act (2005), is the court that reviews the lawfulness of any deprivation of liberty where the person, their RPR or IMCA wishes to challenge it. Applications can be made to this court at any time during the DoLS process. Wherever possible, concerns about a DoLS should be resolved informally or through the Supervisory Body's or Managing Authority's complaints procedure, rather than through the Court of Protection. The aim should be to limit applications to the Court of Protection. However, people should not be discouraged from making an application to the court if it proves impossible to resolve concerns in a timely manner through other routes.

4.15 Lasting Power of Attorney (LPA)

There are two types of LPA ("finance" and "health and welfare"). Health and welfare is only LPA applicable in health settings unless there are concerns regarding financial abuse.

A lasting power of attorney (LPA) is a legal document that lets the 'donor' appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. On being told that a person's representative holds an LPA or EPA, it is the responsibility of the practitioner to see a valid, signed LPA document, issued by the Office of the Public Guardian (OPG). If required, check the details with the OPG, by completing a Form OPG100 at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/286541/OPG100_Apply_to_search_PG_registers.pdf

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Doe the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	No

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
x	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

7.0 Maintenance

The Head of Safeguarding will be responsible for reviewing this policy to ensure it complies with legislation, professional guidance and local arrangements for adult safeguarding. It will be reviewed in line with Trust Policy OP01 every 3 years or following any legislative changes made to the DoLS process.

8.0 Communication and Training

Directors and Managers are responsible for ensuring this policy is communicated to all staff. Clinical staff are responsible for undertaking Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) training part of their mandatory training every 3 years.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Monitoring of applications for authorisation of Deprivation of Liberty	Safeguarding Adult Team	Spreadsheet of applications	Weekly	Trust Safeguarding Group (TSG)
Monitoring of applications for authorisation of Deprivation of Liberty	Safeguarding Adult Team	Database (KPI's)	Monthly	Black Country Integrated Care Board (ICB)
Complete MCA/DoLS audit to monitor compliance and standards of practice.	Safeguarding Adults Team	Presentation of Annual Report	Yearly	Trust Safeguarding Group (TSG) Group Quality Committe
Compliance Mandatory Training	Corporate Education Steering Group (CESG)	Corporate Education Steering Group (CESG)	Monthly	Trust Safeguarding Group (TSG) Safeguarding Governance meeting
Compliance of CQC notifications	Safeguarding Adult Team	Report	Monthly	Trust Safeguarding Group (TSG)

10.0 References

Deprivation of Liberty Safeguards (DoLS): Code of Practice

Law Society Practical Guide to Identifying a DoL

The Human Rights Act 1998

The Mental Capacity Act 2005

The Mental Capacity Act Code of Practice (2005)

CQC Regulation 9 Person Centered Care.

CQC Regulation 13 Safeguarding Users from abuse and improper treatment.

Part A - Document Control

Policy number and Policy version: CP02 Version 3.0	**Policy Title** Deprivation of Liberty Safeguards (DoLS) Policy	**Status:** Final	**Author**: Safeguarding Adult Lead **Director Sponsor**: Chief Nursing Office	
Version/Amendment History	**Version**	**Date**	**Author**	**Reason**
	V1	May 2019	Safeguarding Lead	New Policy to provide clear expectation of Deprivation of Liberty Safeguards process
	V1.1	March 2021	Safeguarding Adult Lead	Update to DoLS flowchart section 4.0
	V1.2	April 2021	Safeguarding Adult Lead	Hyperlinks added to policy - in relation to the new streamlined mental capacity assessment and the best interest prompt sheet
	V2.0	Feb 2022	Named Nurse for Safeguarding Adult	Standard policy review
	V2.1	Jan. 2025	Named Nurse for Safeguarding Adult	Extension
	V3.0	October 2025	Named Nurse for Safeguarding Adult	Full review
Intended Recipients: This policy applies to all staff members who are responsible for patient care and are directly employed by The Royal Wolverhampton NHS Trust.				
Consultation Group / Role Titles and Date: Head of Safeguarding, Senior Managers, Service Leads, CCG, 0-19 Senior Nurses, Midwifery Service, Trust Safeguarding Group (TSG).				

Name and date of Trust level group were reviewed	Trust Policy Group – October 2025
Name and date of final approval committee	Trust Policy Group – October 2025
Date of Policy issue	October 2025
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	October 2028, 3 yearly

Training and Dissemination: To be placed on the Intranet Mandatory Mental Capacity Act and DoLS training Trust Safeguarding Group (TSG) RWT Trust wide bulletin	
To be read in conjunction with: **To be read in conjunction with:** **CP06 Consent to treatment and Investigation Policy** **CP19 Mental Capacity Act (2005) Policy** **CP59 Restraint Policy** **CP53 Safeguarding Adults at Risk** **CP12 Care of People with Learning Disabilities** **OP85 Information Sharing Policy**	
Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality **Impact assessment (as required): Completed Yes**	
Monitoring arrangements and Committee	DoLS data is collated and reported monthly via Inphase. DoLS report presented monthly to the Trust Safeguarding Group

Document summary/key issues covered:

- The Mental Capacity Act (2005) aims to empower people to make decisions themselves wherever possible and sets out the steps which must be taken to promote this. Where a person lacks the capacity to make a particular decision it provides a statutory framework for acting and making decisions on their behalf and in their best interests.

- The Deprivation of Liberty Safeguards (DoLS) is an addendum to the Mental Capacity Act that came into force in 2009. It ensures that any Best Interests decision that deprives someone of their Article 5 right to liberty (European Convention of Human Rights) is made according to defined processes and in consultation with specific authorities. It applies where a person needs to be accommodated in a hospital or a care home in order to receive care or treatment for which they cannot consent. The DoLS were introduced to protect an individual's rights under such circumstances and ensure that any care or treatment that they receive, including where this involves the use of restraint or restrictions, is proportionate to the risk of harm they would otherwise be at and in their best interests.

- This document is intended to outline key responsibilities for staff working within The Royal Wolverhampton NHS Trust where it is suspected that DoLS applies to patients within our care.

Key words for intranet searching purposes	Deprivation of Liberty Safeguards (DoLS) Mental Capacity Act (2005), MCA, IMCA

NHS

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Mental Capacity Assessment for adults and young people

The first principle of the Mental Capacity Act 2005 is that a person must be assumed to have capacity to make a decision or act for themselves unless it is established that they lack capacity for the specific decision. Before deciding that someone lacks capacity to make a particular decision it is important to take all practical and appropriate steps to enable them to take that decision themselves.

Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)

Please tick if this assessment applies to: ☐ A young person (16-17 years) ☐ An adult (18 years or over)

What is the specific decision that needs to be made?

.....

.....

Two stage test of mental capacity: Diagnostic element

As part of the decision making process can the person:

Understand the evidence relevant to the specific decision?

What evidence indicates that the person can or cannot understand the information? .....

.....

.....

Retain information?

What evidence indicates that the person can or cannot retain information?.....

.....

.....

Weigh up information?

What evidence indicates that the person can or cannot weigh up information?.....

.....

.....

Can the person communicate their decision verbally or non-verbally?

What evidence indicates that the person can or cannot communicate their decision?.....

.....

.....

Functional element

Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? This may be permanent or temporary, ☐ Yes ☐ No

If Yes, provide detail.....

.....

.....

If no. No further action required.

Does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made? ☐ Yes ☐ No

Outcome of Mental Capacity Assessment:

On the balance of probabilities, there is reasonable belief that:

☐ The person has capacity to make this decision at this time

Or

☐ The person does not have capacity to make this particular decision at this time

If the person is assessed as lacking capacity then a best interest meeting must be considered and documented in the notes.

Detail of Assessor:

Name:..... Signature: .....Designation:.....

Date:.....Time: ..... Stamp

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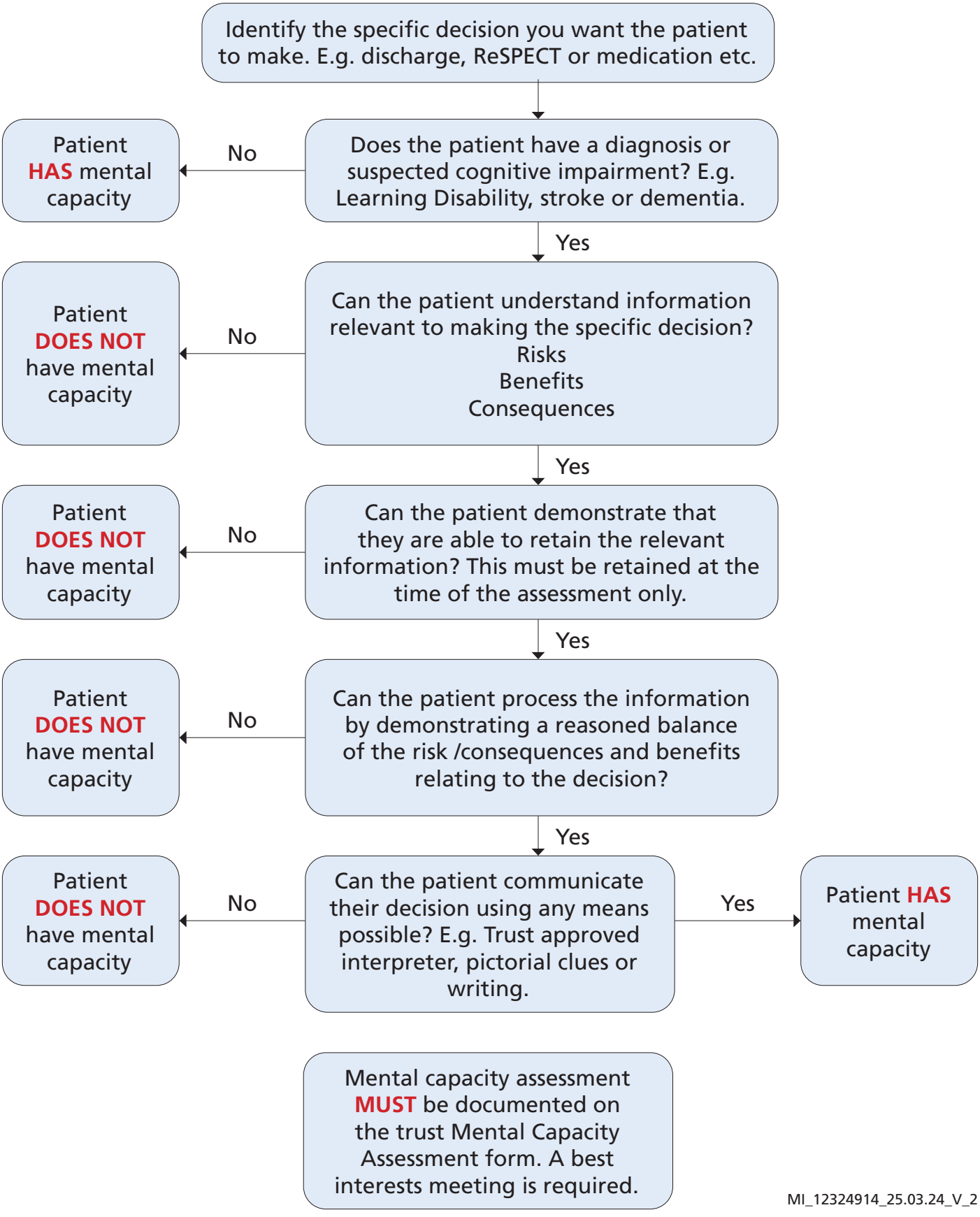
Mental Capacity Assessment



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Best Interest Decision Prompt Sheet

- What are the values and beliefs of the person? If they cannot be expressed now what do other people close to that person know of them (have they been previously recorded by others if unable to express these).
- What the person would have wanted before they lacked mental capacity?
- What are the views of others involved in the person's care e.g. family, carers, Last Powers of Attorney, Court of Protection Deputies, professional colleagues, multi-disciplinary team member's etc.
- Is this the least restrictive alternative or intervention (Principle 5?).
- Have you involved the person in the specific decision made?
- Are there any valid advance decisions to refuse medical treatment?
- Can you provide clear objective reasons why you are acting in the person's best interest (Principle 4?).
- Does the decision need to be made immediately - could the person regain mental capacity?
- Have you considered the views of any Independent Mental Capacity Advocate (IMCA), where involved?

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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***)	
Grant an **Urgent Authorisation** (***please ALSO complete pages 6 and 7 if appropriate/required***) ***Please note that completing this section means that you are granting an Urgent Authorisation***	

Full name of person this application is for		Sex	
Date of Birth *(or estimated age if unknown)*		Est. Age	
Relevant Medical History (*including diagnosis of mental disorder if known*)			
Sensory Loss		Communication Requirements	
Name, address and contact details of the care home or hospital requesting this authorisation (including ward details if appropriate). Please include email address.			
Usual address of the person, (if different to above)			
Name of the Supervisory Body where this form is being sent			

How the care is funded	Local Authority *please specify*			
	NHS		Local Authority and NHS (jointly funded)	
	Self-funded by person		Funded through insurance or other	

REQUEST FOR STANDARD AUTHORISATION

THE DATE FROM WHICH THE STANDARD AUTHORISATION IS REQUIRED: *If standard only – within 28 days* *If an urgent authorisation is also attached – within 7 days*	

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PURPOSE OF THE STANDARD AUTHORISATION

Please describe the care and or treatment this person is receiving (or will receive) and attach a relevant care plan and describe why you consider that the circumstances amount to a deprivation of their liberty. Explain why the person is or will not be free to leave and why they are under continuous or complete supervision and control.

INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT

Family member or friend	Name	
	Address	
	Telephone	
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	
	Address	
	Telephone	
Any donee of a Lasting Power of Attorney granted by the person	Name	
	Address	
	Telephone	
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	

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

PLEASE NOW SIGN AND DATE THIS FORM			
Signature		Print Name	
Date		Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THIS REQUEST FOR A DoLS AUTHORISATION (*Please sign to confirm)*			

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RACIAL, ETHNIC OR NATIONAL ORIGIN *Place a cross in one box only*			
White		Mixed / Multiple Ethnic groups	
Asian / Asian British		Black / Black British	
Not Stated		Undeclared / Not Known	
Other Ethnic Origin *(please state)*			

THE PERSON'S SEXUAL ORIENTATION *Place a cross in one box only*			
Heterosexual		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		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)			

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ONLY COMPLETE THIS SECTION IF YOU NEED TO GRANT AN URGENT AUTHORISATION BECAUSE IT APPEARS TO YOU THAT THE DEPRIVATION OF LIBERTY IS ALREADY OCCURING, 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	

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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		Date	

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 <u>does not</u> 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			
	Print Name			
	Date		Time	

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Case ID Number:			
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10 **REVIEW REQUEST, NOTICE OF REVIEW AND OUTCOME OF REVIEW**			
Full name of person on the Standard Authorisation and the address of the care home or hospital.			
Date of Birth *(or estimated age if unknown)*		Est. Age	
Name, address and contact details of the organisation or person requesting the review.			
Name of the Supervisory Body where this form is being sent.			
A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS			
The person no longer meets the Age, No Refusals, Mental Capacity, Mental Health or Best Interests requirements, or the reason why they meet the requirements has changed.			
The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person's circumstances.			
Please give details:			
Signed *(on behalf of the Managing Authority)*	Signature		
	Print Name		
	Date		

The remainder of this form will be completed by the Supervisory Body

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SUPERVISORY BODY'S DECISION FOLLOWING A REVIEW REQUEST	
The Supervisory Body has decided to refuse the request for a review	
This is for the following reasons: This review is therefore complete, and the existing Standard Authorisation will continue to be in force until:	
The Supervisory Body has decided that at least one of the qualifying requirements is reviewable. An assessor will now be instructed, and a review will be completed.	
The Supervisory Body has decided that the conditions attached to the authorisation need to be reviewed. A review of conditions will now be carried out by a Best Interests Assessor.	

OUTCOME OF A REVIEW OF REQUIREMENTS

REQUIREMENT	MET	NOT MET	CHANGE OF REASON
Age requirement			
No Refusals requirement			
Eligibility requirement			
Mental Health			
Mental Capacity			
Best Interests requirement			

At the conclusion of the review please select one of the following outcomes:

At least one of the requirements were not met and the Standard Authorisation will therefore cease with effect from:

All the review assessments carried out concluded that the person continues to meet the requirements to which they relate, although some of the reasons may have changed as described above. The Standard Authorisation continues to be in force until:

OUTCOME OF A REVIEW OF CONDITIONS – Please note that the conditions can be reviewed alone without the need for a review of best interests or other requirements

There has not been any **significant** change in the person's circumstances and any changes there have been do not result in the need to vary the conditions. Therefore, the existing conditions remain in force.	

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The Supervisory Body has decided to vary the conditions either because of a significant change or because some change has occurred which makes this appropriate. The new conditions are described below.			
1			
2			
3			
4			
Signed *(on behalf of the Supervisory Body)*		Signature	
		Print Name	
		Date	

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Deprivation of Liberty Safeguarding (DOLS)

Legislation: Mental Capacity Act 2005

Safeguarding Team

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Introduction

This leaflet provides information about the Deprivation of Liberty Safeguards (DoLS). It includes information on what they are, how they affect you or the person you care for and what your rights are.

What is deprivation of liberty?

Some people who are in hospital are unable to make their own decisions about their care or treatment because they lack the mental capacity to do so. These people need more care and protection than others to ensure they are safe. Having mental capacity means being able to understand and retain information and to make a decision based on that information. Sometimes, caring for and treating people who need extra protection may mean lawfully restricting their freedom; for instance, it might be necessary to stop a person leaving the hospital. If there are restrictions like this, it may be considered that the person is being deprived of their liberty. A deprivation of liberty must always be in the person's best interest and for the minimum possible time.

What is a Deprivation of Liberty Safeguard?

The Deprivation of Liberty Safeguards came into force in 2009 as part of the Mental Capacity Act. They apply to anyone who:

- is aged 18 or over
- lacks the capacity to give consent to be in hospital for their treatment or care (for example, they may have a cognitive impairment condition such as dementia, delirium, stroke or learning disability).
- they are under continuous control and supervision and not free to leave the hospital in their own best interests to protect them from harm. The safeguards aim to make sure that people in hospital are looked after in a way that does not inappropriately restrict their freedom.

The safeguards should ensure that the hospital only deprives someone of their liberty in a safe and correct way and that this is only done when it is in the best interests of the person and there is no other way to look after them.

The Mental Capacity Act 2005 itself is a law about empowering people to make decisions and what to do when people cannot make some decisions for themselves. When a person cannot make their own decisions, the medical and nursing staff have to make treatment and care decisions in the person's best interest. This will involve considering the views of others such as family, friends, carers or advocates; unless there is a Personal Welfare Lasting Power of Attorney in place to make health care decisions on behalf of the person.

For those people who need to be in hospital, the Deprivation of Liberty Safeguards state that a hospital must apply to their Local Authority (known as the supervisory body) for authorisation.

The supervisory body will instruct a 'Best Interest Assessor' and specialist doctor to see whether the person is being deprived of their liberty and ensure this is lawfully and in their best interest.

If these professionals approve the application they will authorise the Deprivation of Liberty Safeguards for a limited time and they may also put conditions in place to ensure the person's welfare. The person will then have a representative appointed and this could be a family member, a friend, or an independent mental capacity advocate (IMCA). Their role will be to keep in contact with the person and support them as well as represent them in matters relating to them being deprived of their liberty whilst in hospital.

How long can the deprivation of liberty be authorised for?

There are two types of deprivation of liberty authorisation:

- An 'urgent' authorisation can be granted by the hospital for a maximum of seven days but may be extended for another seven days by the supervisory body if the assessment procedure is not completed.

- A ‘standard’ authorisation, which may be granted by the Best Interest Assessor for a limited period of time (up to a maximum of 12 months).

Once granted, a copy of the authorisation must be given to:

- the person
- the hospital
- the representative
- every interested person consulted by the best interests assessor.

Can the decision be reviewed?

The person or their representative can ask for a review of the reasons for depriving the person of their liberty at any time. However, asking for a review does not always mean that the person will be discharged home.

If there is a change in circumstances (for example the person regains mental capacity), which could mean the deprivation of liberty is no longer necessary, the hospital should inform the supervisory body, which must arrange for a review to be carried out.

Where can you get more information?

You can ask the Ward Manager for more information or ask to speak to the doctor.

The Court of Protection Website: www.gov.uk/court-of-protection

Email: courtofprotectionenquiries@hmcts.gsi.gov.uk

Telephone: 0300 456 4600 (Monday to Friday, 9am to 5pm).

Office of the Public Guardian Website: www.publicguardian.gov.uk Telephone: 0845 330 2900.

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

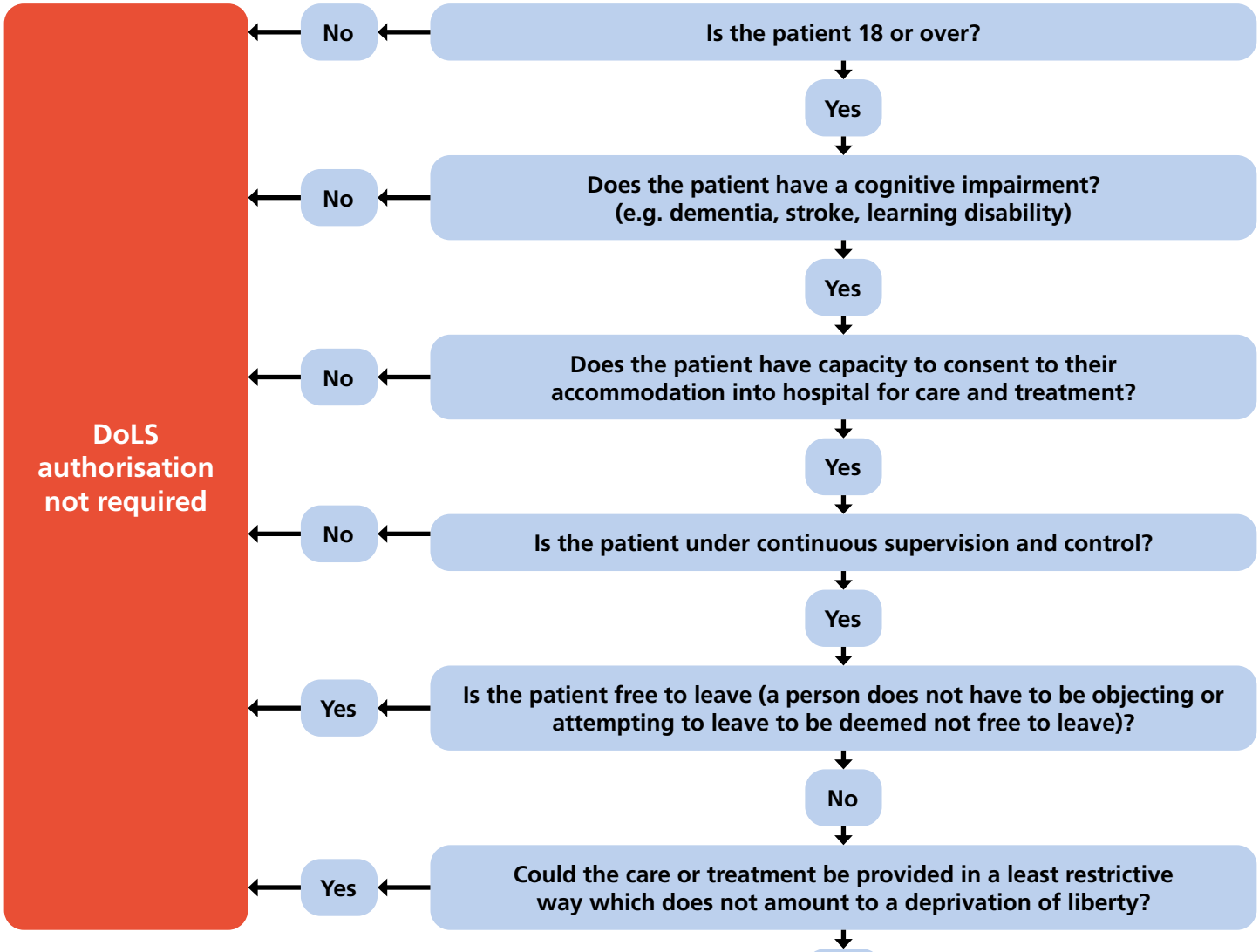
如果您需要口译人员或帮助，请告诉我们。

Designed & Produced by the Department of Clinical Illustration,
New Cross Hospital, Wolverhampton, WV10 0QP Tel: 01902 695377.

Review Date 31/05/2027 Date Produced 2023 MI_12323814_04.03.24_V_1

The Royal Wolverhampton NHS Trust

Indicator of DoLS Authorisation



Use postcode checker: https://www.gov.uk/find-local-council to identify which local authority to send the DoLS authorisation request.

Complete Deprivation of Liberty Safeguards Form 1 and send to the safeguarding team inbox rwh-tr.safeguarding-team@nhs.net (including weekends and bank Holidays).

OR

Completed DoLS authorisation via Local Authority Online Portal. A copy of portal DoLS authorisation requests must be emailed to the RWT safeguarding team inbox rwh-tr.safeguarding-team@nhs.net

Safe & Effective | Kind & Caring | Exceeding Expectation

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