

DoLS Form 2 Renewal

A DoLS Form 2 Renewal should be submitted to the Supervisory Body approximately 28 days prior to a DoL expiring.

All applications and correspondence must be submitted via Egress to the following email address: applications.dols@cumbria.gov.uk

Please note, the DoLS Form 2 should be completed to the same standard as the DoLS Form 1; please see guidance overleaf.

Please note, the above list is not exhaustive. We would like you to 'paint a picture' of the RP and provide as much information as possible to support your application. This provides us, the Best Interest Assessor and the Mental Health Assessor with a very detailed knowledge base of the RP which informs the decision making process and reports. Please be aware that all documents may be used in Court if necessary.

Useful Information

- gov.uk/government/publications/derivation-of-liberty-safeguards-forms-and-guidance
- Cumbria.gov.uk/dols
- www.scie.org.uk
- Deprivation of Liberty Safeguards Code of Practice. Publisher TSO. www.tsoshop.co.uk

If you require further information about the Deprivation of Liberty Safeguards, you can contact the DoLS Co-ordinators via:

Cumbria County Council
Liberty Safeguarding Team
People Directorate (Adults)
Floor 3
Cumbria House
107-117 Botchergate
Carlisle
Cumbria
CA1 1RZ

T: **01228 226170 / 226171**
E: applications.dols@cumbria.gov.uk
Website: cumbria.gov.uk

Deprivation of Liberty Safeguards (DoLS)

Guidance for completing Form 1 and Form 2

Does the person lack capacity to consent to the arrangements?

Is the person subject to continuous supervision?

Is the person unable to leave and live elsewhere?

...answered Yes to these questions?
You need to apply for a DoLS
(The Acid Test)

Introduction

It is the responsibility of care homes and hospitals to identify which of their residents may be deprived of their liberty under DoLS. The duty relates to people who are already resident and also those who are likely to be resident within the next 28 days. In either case if the resident of the care home or hospital is, or likely to be, deprived of their liberty within the next 28 days (and meets all the DoLS criteria) they are required to request a Standard Authorisation.

DoLS Form 1

To be used to request Standard Authorisation and Urgent Authorisation when applying for a DoL for a resident for the first time. Cumbria County Council accept both a standard and urgent request on the same form/submission therefore two separate documents are not required although both sections must be signed and dated on the form.

All applications and correspondence must be submitted via Egress, a secure, free email service to the following email address:

applications.dols@cumbria.gov.uk

To help us prioritise your applications please follow the guidance regarding content required below.

- Ensure all personal details for the relevant person (RP) are correct and complete.
- Ensure the date from which the standard authorisation is required is entered.
- Ensure the date the person was admitted to the care home or hospital is entered.
- Purpose: Enter details of care or treatment that the RP requires.
- Explain why the RP is not free to leave.
- Explain why the RP is under continuous supervision and control.
- Detail restrictions in place/proposed for RP which would constitute a Deprivation of Liberty e.g. constant supervision, 1:1 or 2:1 supervision regarding personal care/external visits, unable to leave property/unit on own etc.
- Detail/explain the risk of harm to the RP.
- Indicate the frequency of the restriction in place/proposed e.g. continuous, respite etc.
- Ensure information regarding Interested Persons and others to consult is completed in full.
- State whether an IMCA is required or if the RP has friends and/or family who can be consulted.
- State whether there is a valid and applicable Advance Decision.
- State whether the person is subject to the Mental Health Act.
- Other relevant information which is not stated elsewhere in the DoLS Form 1, including safeguarding concerns/issues (if required)
- The DoLS Form 1 must be signed and dated (this can be an electronic signature or just your name typed twice)
- Please complete the Racial, Ethnic, National origin / Sexual orientation / Other disability / Religion or Belief sections, if known.
- Living arrangements - locked unit, single room etc.
- Detail restraints used, e.g. lap straps, hoists, sensor mats in room, bedrails, CCTV (and where), locked units, staff aware of RP's whereabouts at all times, restraints used during personal care e.g. holding of hands etc., if resisting.
- State if any psycho-active or sedative medication is being prescribed for the RP, in what form they are being administered and how they are given e.g. staff administer, RP can take independently with prompts, covertly in food etc. Note any resistance to RP taking their prescribed medicines.

DoLS Form 1 Urgent Application

An Urgent DoLS Authorisation can be applied for on the same form and at the same time as a Standard Authorisation. Please complete the second section of the DoLS Form 1.

- Tick all relevant boxes.
- Complete the period of days self authorised for (maximum of 7 days).
- Insert the date the self-authorisation will end.
- Sign and date the Urgent section, including your job title and time.

DoLS Form 1 Urgent Extension

An extension to the Urgent Authorisation can be applied for by submitting the Urgent Form 1 again with the last section entitled Extension to the Urgent Authorisation completed and submit to: **applications.dols@cumbria.gov.uk**

- Complete the period of days required for (maximum of 7 days can be applied for).
- Record reason extension is required.
- Sign and date the extension section.

Cumbria County Council will return this to you once authorised.