



**Dorset  
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group  
**Deprivation of Liberty Safeguards  
Guidance for Managing Authorities**



supporting people in Dorset to lead healthier lives



## ***Dorset Clinical Commissioning Group***

# **DEPRIVATION OF LIBERTY SAFEGUARDS GUIDANCE FOR MANAGING AUTHORITIES**

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NHS Dorset Clinical Commissioning Group

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## PREFACE

### Foreword to the Deprivation of Liberty Safeguards Guidance

The Mental Capacity Act 2005 provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves. It introduced a number of laws to protect these individuals and ensure that they are given every chance to make decisions for themselves. The Act came into effect in October 2007.

From April 2009 the Government added new provisions to the Act: the Deprivation of Liberty Safeguards. The safeguards focus on some of the most vulnerable people in our society : those who for their own safety and in their best interests need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack the capacity to consent to this.

The deprivation of a person's liberty is a very serious matter and should not happen unless it is absolutely necessary, and in the best interests of the person concerned. That is why the safeguards have been created: to ensure that any decision to deprive someone of their liberty is made following defined processes and in consultation with specific authorities.

As well as the legislation and the Codes of Practice issued by the Department of Health, this guidance is designed to ensure that those involved in caring for this group of incapacitated people are able to ensure that any deprivation of liberty that is required is authorised in an appropriate and lawful way. It provides information for those who are responsible for implementing the Deprivation of Liberty Safeguards legislation on a daily basis.

This guidance is issued jointly by Dorset County Council, Bournemouth Borough Council, The Borough of Poole and NHS Dorset Clinical Commissioning Group.

All forms reference throughout the document can be accessed through:

<https://www.dorsetforyou.com/article/411659/Mental-Capacity-Act-forms-for-people-working-in-the-health-and-social-care-sector>

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## **1. Introduction to the Deprivation of Liberty Safeguards**

- 1:1** The Mental Health (Amendments) Act, 2007 introduced a supplement to the Mental Capacity Act, 2005 (MCA). This was designed to ensure that English law is compliant with the European Convention on Human Rights (ECHR) and decisions made by the courts. The Safeguards were implemented on 1<sup>st</sup> April 2009 and provide a procedure by which mentally incapacitated people living in hospitals or registered care homes can, if necessary, be lawfully deprived of their liberty. This guidance is to assist those working with these people in ensuring that any deprivation that is required is properly and lawfully authorised. It will be of particular relevance to those working in registered care homes and hospitals, but should be referred to by anyone working with someone lacking the capacity to make decisions about their accommodation who might be deprived of their liberty.
- 1:2** As part of the Mental Capacity Act, the Deprivation of Liberty Safeguards (DoLS) are subject to the five core principles set out in Section One of the MCA – and the advice and guidance given in the Code of Practice. There is also a specific DoLS Code of Practice that guides actions taken under these procedures. Anyone using the DoLS must have due regard for both Codes of Practice.
- 1:3** The DoLS procedures create two new bodies that, between them, have the responsibility for ensuring that any instance where an incapacitated person is detained in a hospital or care home is properly authorised. The ‘Managing Authority’ is the hospital or Care Home in which the detained person is currently living; while the ‘Supervisory Body’ is the Local Authority in which the patient or resident is ordinarily resident.
- 1:4** It is the responsibility of the Managing Authority to apply to the appropriate Supervisory Body if they believe that a person in their establishment (whether funded by a statutory organisation or self-funding), who lacks the capacity to make decisions about their care, is being kept under conditions that amount to a deprivation of liberty – as it is unlawful to detain such a person without authority. As well as leaving the Managing Authority open to legal action, such an unauthorised detention might lead to an investigation under the Safeguarding Vulnerable Adults procedures.
- 1:5** The Supervisory Body will then commission a series of assessments to determine whether or not the circumstances meet the criteria necessary for a deprivation of liberty to be authorised.
- 1:6** It is envisaged that a deprivation of liberty will not be appropriate in all circumstances and that Managing Authorities will be working to provide the care that people need in circumstances that do not restrict their liberties to an extent that they are detained. It is only in those situations where the

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necessary care and/or treatment cannot be given without detention (and such a detention is in the person's best interests) that a DoLS authorisation will be appropriate.

- 1:7** The following series of Guidance Notes are intended to be a guide for those using the DoLS procedures, but are not a substitute for the relevant legislation or Codes of Practice. However, if further advice or information is required, please contact the relevant MCA Lead: (details on These are:  
NHS Dorset Clinical Commissioning Group – Paul Greening; Dorset County Council – Paul Greening  
Borough of Poole – Peter Estall;  
Bournemouth Borough Council – Esther Donald; (contact details in appendix one)
- 1:8** References to the Mental Capacity Act refer to the Mental Capacity Act, 2005; the DoLS refers to the Deprivation of Liberty Safeguards introduced by the Mental Health Act, 2007 and the Codes of Practice are the Mental Capacity Act Code of Practice and the Deprivation of Liberty Safeguards Code of Practice (CoP). Copies of these can be accessed through the Department of Health website:  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_085476](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_085476)
- 1:9** References to form numbers refer to the standard DoLS forms issued by the Department of Health. It is the responsibility of the Managing Authority to obtain the necessary forms from the Department of Health.
- 1:10** It should be remembered that any concerns about the safety or welfare of vulnerable people should still be reported to the appropriate authority in line with the Adult Protection policy and procedure.
- 2. What Is A Deprivation of Liberty?**
- 2:1** The Mental Capacity Act, nor any other legislation, gives a straightforward, standard definition of a deprivation of liberty. The guidance given is based on case law, but applying the decisions made on the circumstances of one case to those of another is always difficult.
- 2:2** The European Court of Human Rights has made it clear that the question of whether someone has been deprived of their liberty depends on the particular circumstances of the case. It also sees the distinction between a deprivation and a restriction upon movement as being merely one of degree or intensity and not one of nature or substance.
- 2:3** Therefore, 'each individual case must be assessed on its own circumstances' (Code of Practice 2:4). However, there are a number of factors that the

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courts have identified as being particularly relevant in determining whether a deprivation of liberty is occurring. While not an exhaustive list, these include:

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

**2:4** However, the Supreme Court (*P v Cheshire West and Chester Council* and *P&Q v Surrey County Council*) clarified what is now considered to be a deprivation of liberty. The 'acid test' as to whether a person is deprived of their liberty is:

**Is the person under 'continuous supervision and control'**

**Are they 'not free to leave'**

**Do these conditions persist for a 'not negligible amount of time'**

**Do they lack the capacity to consent to these restrictions**

**2:5** If a person in a hospital or care home meets this 'acid test' **they are deprived of their liberty and an application must be made by the Managing Authority to the relevant Local Authority under the DoLS.**

**2:6** The fact that restrictions may be justified because they are necessary for the person's safety does not prevent them from possibly leading to a deprivation of liberty.

**2:7** If advice about a specific case is required, please contact the appropriate MCA lead.

### **3. Applying for a Deprivation of Liberty Authorisation**

**3:1** It is illegal to deprive someone of their liberty without the correct authority to do so. It is therefore the Managing Authority's responsibility to ensure that they do not unlawfully detain someone in their hospital or care home. If the Managing Authority believes a person in their care might be deprived of their liberty, they must apply to the appropriate Supervisory Body (Local Authority) for an authorisation.

- 3:2** However, 'Managing Authorities should take into consideration that unnecessary applications for standard applications in cases that do not in fact involve depriving a person of their liberty may place undue stress upon the person being assessed and on their families or carers. Moreover, consideration must always be given to the possibility of less restrictive options for delivering care or treatment that avoid deprivation of liberty altogether' (CoP 2:16)
- 3:3** When considering whether a particular person might need to be deprived of their liberty, the Managing Authority should consider:
- the nature of the restrictions on the person that lead to the conclusion that they might be being deprived of their liberty;
  - why the necessary care and/or treatment cannot be provided in a way that is less restrictive of the person's rights and freedom of action; and
  - whether it is likely that the person will meet the requirements of all six of the DoLS assessments.
- 3:4** If, having considered these issues and found that it is likely that the person might be deprived of their liberty and there is no way of providing the care and/or treatment in a less restrictive way, the Managing Authority should apply to the Supervisory Body for an authorisation.
- 3:5** Applications should normally be made in advance of any deprivation of liberty whenever possible. 'A Managing Authority must request an authorisation when it appears likely, at some time in the next 28 days, someone will be accommodated in its hospital or care home in circumstances that amount to a deprivation of liberty' (CoP 3:4).
- 3:6** This is known as an application for a 'standard authorisation'. It is made by completing DoLS Form 1 (either electronically or in hard copy) and sending it to the appropriate Supervisory Body. The Supervisory Body will then have 21 days in which to complete the necessary assessments and either grant or refuse an authorisation for a deprivation of liberty.
- 3:7** However, 'if the Managing Authority believes it is necessary to deprive someone of their liberty in their best interests before the standard authorisation process can be completed, the Managing Authority must itself give an urgent authorisation' (CoP 3:4). An urgent authorisation is granted by completing the 'Urgent Authorisation' section of DoLS Form 1. This authorises the deprivation of liberty for a period of not more than 7 days & the Supervisory Body must now complete the DoLS assessment process before the Urgent Authorisation expires.
- 3:8** Once DoLS Form 1 has been completed, the Managing Authority should:
- give a copy of the form to the detained person and to any IMCA appointed for the person;
  - send a copy to the relevant Supervisory Body by e-mail or fax for authorisation;

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- do everything practicable to explain to the detained person, both orally and in writing, what the effects of the urgent authorisation is and their right to apply to the Court of Protection for it to be terminated;
- inform the person's family, friends and carers about the deprivation of liberty so they can support the person. This may be done in person, or by telephone, e-mail or letter;
- record in the person's health & social care records the steps taken to involve their family, friends, carers and anyone else with an interest, together with their views, and with details of any IMCA who has been appointed.

**3:9** In exceptional cases, there might be times when it appears that the urgent authorisation might expire before the assessors can complete all of the assessments necessary for a standard authorisation. Therefore, a few days before the expiry of an urgent authorisation, the Managing Authority should contact the Supervisory Body to check how the authorisation assessment process is progressing. If an extension to the urgent authorisation is needed, the Managing Authority should request it promptly. This can be done orally (eg by telephone) or in writing (e.g. by fax or e-mail) or by completing DoLS Form 1a and then sending this to the Supervisory Body. The Managing Authority must keep a record of why they made the request and when and how this request was made. The Managing Authority must then inform the detained person, in writing, that they have requested an extension to the urgent authorisation.

**3:10** Please note that only one extension, of a further 7 days, can be given. Furthermore, the circumstances under which an extension can be granted are limited. The Supervisory Body may only extend an urgent authorisation if it appears to them that:

- the Managing Authority has requested a standard authorisation; and
- there are exceptional reasons why it has not yet been possible for that request to be disposed of; and
- it is essential that the existing detention continues until the request is disposed of.

The Managing Authority should not assume that an extension will be granted.

**3:11** Where an extension is granted, the Managing Authority should enter details of the extension on the DoLS Form 1. Having done this, it should give a copy of the amended form to the person who is being deprived of their liberty and any IMCA acting for them.

## **4. What Happens Once an Application is Made?**

**4:1** Once a Managing Authority has made an application for a standard authorisation under the DoLS procedures, the Supervisory Body must commission the necessary assessments to enable it to either grant or refuse

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the authorisation. This must happen within 21 days of the application (unless an urgent authorisation has been granted, in which case the assessment process must be completed before the expiry of the urgent authorisation).

- 4:2** There are six assessments that need to be undertaken. These are:
- Age Assessment – is the person 18 years of age or more
  - Mental Health Assessment – does the person have a mental disorder
  - Mental Capacity Assessment – does the person lack the capacity to consent to their care and/or treatment
  - Eligibility Assessment – would a DoLS authorisation conflict with conditions already in place under the Mental Health Act, or would the person's care/treatment be better authorised under the Mental Health Act
  - No Refusals Assessment – would a DoLS authorisation conflict with either a relevant decision by a deputy or donee, or with a valid Advance Decision
  - Best Interest Assessment – is the person being deprived of their liberty and, if so, is this in their best interests.
- 4:3** Each of these assessments will be undertaken by a suitably trained and qualified member of staff commissioned by the Supervisory Body and will be covered by the necessary criminal records checks, insurance and professional codes of practice.
- 4:4** If the person's circumstances meet the requirements of all six assessments, the Supervisory Body will issue a standard authorisation for a set period of no more than 12 months. If, however, one or more of the assessment criteria is not met, the Supervisory Body is unable to issue an authorisation for a deprivation of liberty.
- 4:5** The decision will be given in writing to the person concerned, the Managing Authority, anyone named by the Best Interest Assessor as being consulted and any Independent Mental Capacity Advocate (IMCA) involved in the process.

## **5. What Happens if an Application is Granted?**

- 5:1** If all six of the assessments conclude that the criteria are met, the Supervisory Body will issue a standard authorisation by completing DoLS Form 5. This sets out the decision, the reasons for the authorisation, the length of the authorisation (which cannot be more than 12 months) and any conditions attached to the authorisation. Copies of Form 5 and all six assessments will be given to:
- the Managing Authority;
  - the person being deprived of their liberty;
  - any relevant person's representative appointed for the person; and
  - any IMCA appointed for the person in relation to their deprivation of liberty.

- 5:2** In addition, a copy of Form 5, but not copies of the assessments, will be sent to any interested persons consulted by the Best Interests Assessor during their assessment.
- 5:3** Following the authorisation of a deprivation of liberty, the Managing Authority must take all practical steps to ensure that the detained person understands the effects of the authorisation and their rights concerning it. These include their right to challenge the authorisation through local procedures and, ultimately, the Court of Protection (see glossary) – and how this might be done; their right to request a review – and how this can be done; and their right to have an IMCA instructed – and the process for doing this. Appropriate information should be given both orally and in writing. A similar responsibility to provide this information also exists towards the person’s appointed representative.
- 5:4** Provision of information should be seen as an ongoing responsibility, rather than a one-off activity.
- 5:5** The Managing Authority has a duty to record the detained person’s contact with their appointed representative. If there are problems with this contact, the Managing Authority should attempt to resolve these with the representative. However, if these efforts do not resolve the difficulties, the Managing Authority must inform the Supervisory Body of the situation.
- 5:6** The Managing Authority must notify the Care Quality Commission of the outcome of all DoLS referrals (whether granted or not granted).
- 5:7** The Managing Authority should keep the detained person’s care plan under review and work towards reducing the restrictions to a level where a deprivation of liberty is no longer necessary. Just because a deprivation of liberty has been authorised, the need to look for less restrictive interventions is not diminished.
- 5:8** If the need for the deprivation of liberty ends, the Managing Authority should contact the Supervisory Body to arrange a formal review to end the DoLS authorisation.

## **6. What Happens if an Application is Refused?**

- 6:1** As soon as any one of the six assessments concludes that the requirements are not met the assessment process should stop immediately and authorisation may not be given (CoP 5:18).
- 6:2** The Supervisory Body will then complete DoLS Form 6, which gives details of the reasons for the decision to refuse authorisation. A copy of Form 13, and any assessments already completed, will be sent to:
- the Managing Authority;
  - the person being assessed;
  - any relevant representative appointed for the person; and

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- any IMCA instructed for the person in connection with the assessment.
- 6:3** In addition, a copy of Form 6, but not copies of completed assessments, will be sent to anyone named by the Best Interest Assessor in their report as being consulted.
- 6:4** Form 6 also serves as notice that any urgent authorisation previously in force now ceases to have effect. As a result, there will be no authority to detain the person concerned under the Mental Capacity Act, 2005 in circumstances that amount to a deprivation of liberty.
- 6:5** 'The Managing Authority is responsible for ensuring that it does not deprive a person of their liberty without an authorisation' (CoP 5:20). They will therefore need to review the person's care to ensure a deprivation of liberty is not allowed to continue or commence.
- 6:6** The actions required will depend on why the authorisation was refused.
- If it is found that no deprivation of liberty is occurring, it is likely that no changes to the care plan will be needed.
  - If it is found that the person is being detained but this is not in their best interests, consideration must be given to how the care plan can be changed to avoid a deprivation of liberty. It is likely to be helpful to discuss this with the Best Interest Assessor and to look at the reasons given in their report. It is also likely that family, carers and other interested parties will need to be involved in this process.
  - If it is found that the person has the capacity to decide about their care and/or treatment, they should be helped to make their own decisions.
  - If the person is not eligible, it may be appropriate to assess under the Mental Health Act for detention.
  - If the person has no mental disorder, the care plan must be altered as there is no legal basis for a deprivation of liberty.
  - If a deputy or donee have a valid refusal or there is an applicable Advance decision, alternative care arrangements will have to be made. If there are doubts about the validity of these decisions, a challenge in the Court of Protection may be considered.
  - If the person is under 18, other legislation (such as the Children Act, 1989 or the Mental Health Act, 1983) could be considered in order to authorise detention.
- 6:7** Where the Best Interest Assessor comes to the conclusion that the best interests requirement is not met, but it appears to the assessor that the person is already being deprived of their liberty, the assessor must inform the Supervisory Body. The Supervisory Body must then inform the Managing Authority to review the relevant care plan immediately so that the unauthorised deprivation of liberty does not continue. If the Supervisory Body has any doubts about whether the matter is being satisfactorily resolved within an appropriately urgent timescale, it should alert the appropriate inspection body and raise a Safeguarding Alert.

## **7. Out of Area Placements**

- 7:1** When deciding which Local Authority is responsible for assessing an individual living in a registered care home, the rules of 'ordinary residence' apply.  
'Where the DoLS are applied to a person in a care home...the Supervisory Body will be the Local Authority for the area in which the person is ordinarily resident. If the person is not ordinarily resident in the area of any Local Authority (for example, a person of no fixed abode), the Supervisory Body will be the Local Authority for the area in which the care home is situated' (CoP 3:3).
- 7:2** The meaning of 'ordinary residence' is that applied in the 2014 Care Act. This, in short, means that a Local Authority placing a person outside their area will maintain responsibility for that person's care; their place of ordinary residence does not change.
- 7:3** In other words, the Local Authority which is paying for the person's care in the home maintains the responsibility for assessing them under the DoLS procedures. If, therefore, Dorset County Council places a person in a care home outside of the Dorset boundary, it remains responsible for receiving applications for their deprivation of liberty, commissioning the necessary assessments and, if appropriate, authorising the deprivation of liberty. Conversely, any person placed in a care home in Dorset by a different Local Authority, will need to have any potential deprivation of liberty assessed by that Authority.
- 7:4** Managing Authorities will need to know which Local Authority is responsible for commissioning the care for anyone living in their home. If there has been no Local Authority involvement in placing the person in the care home (eg. Self-funders), the responsible Supervisory Body is the one in whose area the care home is located.
- 7:5** If the person's care is paid for by a CCG (through, for instance, Continuing Health Care funding), the Supervisory Body is the Local Authority in whose area the person was living when they moved into hospital/residential care.
- 7:6** As far as hospitals are concerned, the following rules apply:
- If the National Assembly for Wales or a Local Health Board commissions the care or treatment, the National Assembly is the Supervisory Body
  - In any other case, the Supervisory Body is the Local Authority in which the patient was ordinarily resident when they were admitted to hospital.
- 7:6** If Managing Authorities are unsure about which Supervisory Body is responsible in a particular instance, advice should be sought from the MCA lead in their area.

**Appendix One - Glossary of Terms**

Advocacy	Independent help & support with understanding issues and putting forward a person's own views, feelings & ideas
Age Assessment	An assessment, for deprivation of liberty purposes, of whether the relevant person has reaches age 18
Assessor	A person who carries out a deprivation of liberty safeguards assessment
Best Interest Assessment	An assessment, for the purpose of the deprivation of liberty safeguards, of whether deprivation of liberty is occurring and, if so, whether this is in the best interests of the detained person, is necessary to prevent harm to them and is a proportionate response to the likelihood and seriousness of that harm
Bournewood Judgement	Commonly used term for the Oct. 2004 judgement by the European Court of Human Rights in the case of HLK v the United Kingdom that led to the deprivation of liberty safeguards
Capacity	Short for Mental Capacity. The ability to make a decision about a particular matter at the time the decision needs to be made. A legal definition is contained in section 2 of the Mental Capacity Act
Care Home	A care facility registered under the Care Standards Act 2000
Care Quality Commission	The new integrated regulator for health & adult social care that took over the regulation of health & social care from 1 <sup>st</sup> April 2009
Carer	Someone who provides unpaid care by looking after a friend or relative who needs support because of sickness, age or disability
Children Act 1989	A law relating to children and those with parental responsibility for children
Conditions	Requirements that a supervisory body may impose when giving a standard deprivation of liberty authorisation, after taking into account any recommendations made by the Best Interests Assessor
Consent	Agreeing to a course of action – specifically in this document, to a care plan or treatment regime. For consent to be legally valid, the person giving it must have the capacity to take the decision, have been given sufficient information to make the decision

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	and not have been under duress or inappropriate pressure
Court of Protection	The specialist court for all issues relating to people who lack capacity to make specific decisions
Deprivation of Liberty	A term used in the European Convention on Human Rights about circumstances when a person's freedom is taken away. Its meaning in practice is being defined through case law
Deprivation of Liberty Safeguards	Framework of safeguards under the Mental Capacity Act 2005 for people who need to be deprived of their liberty in their hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements for their care or treatment
Deprivation of Liberty Safeguards Assessment	Any one of the six assessments that need to be undertaken as part of the standard deprivation of liberty authorisation process
Deputy	Someone appointed by the Court of Protection with ongoing legal authority to make decisions on behalf of a person who lacks the capacity to do so
Donee	Someone appointed under a Lasting Power of Attorney who has the right to make decisions, within the scope of their authority, on behalf of the person (the donor) who made the Lasting Power of Attorney
Eligibility Assessment	An assessment, for the purpose of the deprivation of liberty safeguards, of whether or not a person is rendered ineligible for a standard deprivation of liberty authorisation because the authorisation would conflict with requirements that are, or could be, placed on the person under the Mental Health Act 1983
European Convention on Human Rights	Convention drawn up within the Council of Europe setting out a number of civil and political rights and freedoms, and setting up a mechanism for the enforcement of the obligations entered into by contracting states
European Court of Human Rights	Court to which any contracting state or individual can apply when they believe that there has been a violation of the European Convention on Human Rights
Guardianship under the Mental Health Act 1983	Appointment of a Guardian to help and supervise patients in the community for their own welfare or for the protection of others
Independent Mental Capacity Advocate (IMCA)	Someone who provides support and representation for a person who lacks capacity to make specific decisions, where the person has no-one else to support them. The IMCA service was established

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	by the Mental Capacity Act 2005 and is not the same as an ordinary advocacy service
Lasting Power of Attorney	Power of Attorney created under the Mental Capacity Act 2005 appointing an attorney (donee) or attorneys to make decisions about the donor's personal welfare and/or deal with the donor's property and affairs
Local Authority	The local council responsible for social services in any area of the country
Main Code	Code of Practice for the Mental Capacity Act 2005
Managing Authority	Person or body with management responsibility for the hospital or care home in which a person is, or might become, deprived of their liberty
Maximum Authorisation Period	Maximum period for which a supervisory body may give a standard deprivation of liberty authorisation, which must not exceed the recommendation of the Best Interests Assessment and which cannot be for more than 12 months
Mental Capacity Act 2005	Legislation that governs decision-making for people who lack capacity to make decisions for themselves or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this
Mental Capacity Assessment	Assessment, for the purpose of the deprivation of liberty safeguards, of whether a person lacks capacity in relation to the question of whether or not they should be accommodated in the relevant hospital or care home
Mental Disorder	Any disorder or disability of the mind, apart from dependence on drugs or alcohol. This includes all learning disabilities
Mental Health Act 1983	Legislation about the care and treatment of patients with mental health problems. It covers detention in hospital for mental health treatment, supervised community treatment and guardianship
Mental Health Assessment	Assessment, for the purpose of the deprivation of liberty safeguards, of whether a person has a mental disorder
No Refusals Assessment	Assessment, for the purpose of deprivation of liberty safeguards, of whether there is any other existing authority for decision-making for the relevant person that would prevent the giving of a standard deprivation of liberty authorisation. This might include any valid Advance Decision or valid decision by a deputy or donee

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Qualifying requirement	Any one of the six qualifying requirements (age, mental health, mental capacity, eligibility, no refusals and best interests) that need to be assessed and met in order for a standard deprivation of liberty authorisation to be given
Relevant Care Home or Hospital	Hospital or care home in which the person is, or may become, deprived of their liberty
Relevant Person	A person who is, or may become, deprived of their liberty in a hospital or care home
Relevant Person's Representative	Person, independent of the relevant hospital or care home, appointed to maintain contact with the relevant person, and to represent and support them in all matters relating to the operation of the deprivation of liberty safeguards
Restraint	Use or threat of force to help carry out an act that the person resists. Restraint may only be used where it is necessary to protect the person from harm and is proportionate to the risk and seriousness of harm
Restriction of Liberty	An act imposed on a person that is not of such a degree or intensity as to amount to a deprivation of liberty
Review	Formal, fresh look at a relevant person's situation when there has been, or may have been, a change of circumstances that may necessitate an amendment to, or termination of, a standard deprivation of liberty authorisation
Staff	People working for an organisation, whether employed directly or indirectly
Standard Authorisation	Authorisation given by a supervisory body, after completion of the statutory assessment process, giving lawful authority to deprive a person of their liberty in a hospital or care home
Supervised Community Treatment	Arrangements under which people can be discharged from detention in hospital under the Mental Health Act 1983, but remain subject to the Act in the community rather than in hospital. Patients on supervised community treatment can be recalled to hospital if this is necessary
Supervisory Body	A primary care trust or local authority that is responsible for considering a deprivation of liberty request from a managing authority, commissioning the statutory assessments and, where all the assessments agree, authorising deprivation of liberty
Unauthorised Deprivation of Liberty	Situation in which a person is deprived of their liberty in a hospital or care home without the deprivation being authorised by either a standard

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	or urgent deprivation of liberty authorisation or a decision by a court
Urgent Authorisation	Authorisation given by a managing authority for a maximum of seven days, which may subsequently be extended for a maximum of a further seven days by a supervisory body, that authorises a person's detention

**Appendix Two – Contact Details**

Deprivation of Liberty Safeguards applications should be sent to:

For patients ordinarily resident in Dorset:

MCA Team    telephone: 01305-225650  
e-mail: [mcateam@dorsetcc.gov.uk](mailto:mcateam@dorsetcc.gov.uk)  
fax: 01305-225647

For patients ordinarily resident in Bournemouth:

DoLS Team    telephone: 01202-451657  
e-mail: [dols@bournemouth.gov.uk](mailto:dols@bournemouth.gov.uk)  
fax: 01202-458931

For patients ordinarily resident in Poole:

DoLS Office    telephone: 01202-633851  
e-mail: [deprivationofliberty@poole.gov.uk](mailto:deprivationofliberty@poole.gov.uk)  
fax: 01202-633965

For patients ordinarily resident outside of Dorset, DoLS referrals should be sent to the Local Authority covering that area. If you have difficulty finding the appropriate contact details for that Local Authority, please contact one of the Dorset DoLS teams above.