

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Policy and Procedure for the Deprivation of Liberty of a Patient under the Mental Capacity Act 2007

Effective: March 2009

Review: March 2012

### 1. Introduction

- 1.1 This policy explains the Deprivation of Liberty (DoL) Amendments to the Mental Capacity Act and describes the standard DoL forms to be used in DoL assessment.
- 1.2 The forms used in this policy are for information only. **Should a member of staff feel that a DoL situation is developing the Trust's Adult Safeguarding Officer must be contacted who will supply the appropriate forms and give advice and support.**
- 1.3 Deprivation of Liberty authorization means that:
  - it is established that the person lacks capacity to make the decision concerned
  - it is agreed that the treatment will be in their best interests, having taken account of the views of the person and of people close to them, and, where relevant in the case of serious medical treatment, of any IMCA involved
  - the treatment does not conflict with a valid and applicable advance decision to refuse treatment
  - the treatment does not conflict with a decision made by a Lasting Power of Attorney or a deputy acting within the scope of their powers.

Further information on this can be obtained from the Trust's Policy for Consent to Examination or Treatment Incorporating the Mental Capacity Act 2005

- 1.4 The forms included in this policy are those recommended by the Department of Health (appendix 1).
- 1.5 Where a patient is subject to a DoL authorisation prior to admission e.g. in a residential home, that authorisation cannot carry over to the Trust. Where this situation exists, the consultant in charge must decide whether it is necessary to continue to deprive the patient of their liberty on admission and if so, a new application must be made.

### 2. Standard and urgent DoL authorisations

The MCA provides a framework that:

- 2.1 for the purposes of the Mental Capacity Act 2005, references to deprivation of a person's liberty have the same meaning as in Article 5(1) of the European Convention on Human Rights. This Article provides that a person may not be deprived of their liberty unless a standard authorisation or an urgent authorisation is in force
- 2.2 applies to the local authority, NHS, independent and voluntary sector hospitals and care homes, and to anybody being treated or cared for in those environments, irrespective of whether they are publicly or privately funded
- 2.3 requires the Trust to request a standard authorisation for DoL when one is necessary, ensuring that any conditions to the standard authorization are complied with. Wherever possible, this should be in advance of DoL commencing
- 2.4 permits a standard authorisation to be given by the supervisory body i.e. local authority or PCT. The supervisory body must also appoint a "relevant person's" representative to support and represent the person to whom the authorization applies
- 2.5 specifies that the supervisory body for hospitals is the relevant PCT
- 2.6 permits where necessary urgent DoL, before a standard authorisation has been granted. This may last for a maximum of seven calendar days, by which time a standard authorisation must be in place.

### **3 Exceptions**

- 3.1 The MCA provides two main exceptions to this scheme. First, the Court of Protection may authorise the deprivation of a person's liberty in a hospital or care home. Second, some hospitals are registered to detain people under the Mental Health Act 1983, where appropriate this Act would apply.

### **4. Responsibilities**

- 4.1 In the case of NHS hospitals, the NHS trust or authority that manages the hospital is the 'managing authority'.
- 4.2 All cases will be managed through the Trust's Safeguarding Department who will offer advice and support.
- 4.3 The PCT that places the patient into our care is the one to provide the DoL assessments. Therefore should an assessment be required for a patient that is not from the Newcastle area the patient's commissioning PCT must be identified and applications will be sent to them.

## **5. Qualifying requirements**

5.1 Six assessment are required for a standard authorization, these are:

- age assessment
- no refusals assessment
- mental capacity assessment
- mental health assessment
- eligibility assessment
- best interests assessment.

Each of these requirements will be assessed by a representative of the supervisory body as part of the decision making process. The same clinician will carry out the mental capacity assessment and the mental health assessment and the best interest assessor will usually carry out the other four assessments.

## **6. Assessing whether the qualifying requirements are met**

6.1 Once a standard authorisation is requested, the patient will be assessed by professionals identified by the PCT.

6.2 The assessors must decide whether or not the patient satisfies the qualifying requirements. Because a standard authorisation may be applied for before the person needs to be deprived of their liberty, the person's circumstances may change before the authorisation is granted. When assessing whether or not a person meets a particular qualifying requirement, the assessor must take into account the circumstances as they are expected to be when the requested standard authorisation comes into force.

6.3 Assessors may examine and take copies of any health record relating to the patient and any documents which the assessor considers may be relevant to their assessment.

6.4 Authorisation for a DoL may be refused on the following grounds:

- The best interest assessor believes that the proposed regime is not a DoL
- The best interest assessor believes that the proposed regime is not in the patient's best interest. Where this occurs the assessor should be asked to discuss alternative methods of care
- The mental capacity assessor believes that the patient has capacity to make the relevant decisions
- The patient may be better served by being detained under the Mental Health Act
- The patient does not have a mental disorder as defined under the Mental Health Act
- There is a valid LPA and appropriate other treatments have been suggested
- The patient is under 18 years of age.

## **7. Assessment time limits**

- 7.1 If the Trust has applied an urgent authorisation, all of the assessments required for a standard authorisation must be completed during the period the urgent authorisation is in force. It is the responsibility of the supervisory body to ensure that this takes place.
- 7.2 Where no urgent authorisation is in force, all assessments required for a standard authorisation must be completed within 21 days from the date the supervisory body receives a request for such an authorisation.

## **8. Record-keeping**

- 8.1 The need to make and keep clear records comes from several sources: the Mental Capacity Act 2005 itself, regulations made under the Act, and the Code of Practice and professional requirements.
- 8.2 Carefully and systematically recording the patient's care is an important safeguard, and consequently an important part of the law, good practice and concern for the welfare of others.
- 8.3.1 Sample copies of the following forms may be found in Appendix 1 of this document.
- Deprivation of Liberty Form 1 – Request for Urgent Authorisation
  - Deprivation of Liberty Form 2 – Request for and Extension of an Urgent Authorisation
  - Deprivation of Liberty Form 4– Request for Standard Authorisation
  - Deprivation of Liberty Form 19 – Request for review by Managing Authority
  - Deprivation of Liberty Form 14 – Request for Suspension of a Standard Authorisation
  - Deprivation of Liberty Form 15 – Notice that the Suspension has been lifted
  - Deprivation of Liberty Letter 1 – Letter requesting DoL Authorisation from Managing Authority
  - Deprivation of Liberty Letter 2 – Letter to Supervisory Authority requesting review of DoL situation
  - Deprivation of Liberty Letter 3 – Letter to the supervisory body requesting a review from a person subject to a standard authorization
  - Deprivation of Liberty Letter 4– Letter to the supervisory body requesting a review of a standard authorisation from a person's representative.
- 8.5 A photocopy of all forms used must be kept in the patient's medical notes.
- 8.6 The Trust will maintain a separate central record of all DoL related documents for each patient whenever an urgent authorisation is given or a standard authorisation is requested. This record will remain open until the person ceases

to be deprived of their liberty under the Mental Capacity Act 2005. It should contain all of the completed forms, notices, requests and other documents concerning the person and their deprivation of liberty. These documents will be managed through the Safeguarding Team.

- 8.8 Decisions must be taken and reviewed in a structured way. In order to minimise the risk of mistakes, the Trust's Safeguarding Team will scrutinise all DoL related documents.
- 8.9 If an application for DoL is successful copies of authorisation must be given by the supervisory body to:
- the Trust, for retention in the patient's records
  - the patient
  - the patient's representative
  - the IMCA (if involved)
  - every interested person named in the best interest assessment as a consultee.

## **9. Independent Mental Capacity Advocates (IMCA)**

- 9.1 In certain circumstances, a person who is subject to the new procedures must have an IMCA instructed to support them.
- 9.2 Where an assessment is being undertaken to decide whether there is an unauthorised DoL the consultant in charge of the patient's care must ascertain whether there is anybody, other than people engaged in providing care or treatment in a professional capacity, whom it would be appropriate to consult in determining what would be in the best interests of the person to whom the assessment relates. Having identified that there is no-one to act as advocate for the patient, the consultant in charge must contact the Safeguarding Team, who will, in turn, contact the PCT and instruct a IMCA to attend and act as advocate for the patient.
- 9.3 The IMCA's role comes to an end upon the appointment of a new 'representative' for the person. The IMCA appointed in relation to a DoL situation has additional rights and duties to those engaged in according to the routine MCA.
- 9.4 Their duties include:
- providing information or submissions to assessors
  - receipt of assessments from the PCT
  - receipt of the standard authorisation
  - notification of failure to issue a standard authorisation
  - receipt of any urgent authorisation from the Trust
  - receipt of any notice declining to extend the duration of an urgent authorisation
  - receipt of any notice that an urgent authorisation has ceased to be in force

- applying to the Court of Protection for permission to take the patient's case to the Court in connection with a matter relating to the giving or refusal of a standard or urgent authorisation (in the same way as any other third party can).

## **10. Patient's Representative**

10.1 Once a standard DoL authorisation has been given, the supervisory bodies must appoint the relevant person's representative as soon as is possible and practical.

10.2 The role of the relevant person's representative, once appointed, is to maintain contact with the patient, and represent and support him/her in all matters relating to the DoL, including; triggering a review, using the Trust's complaints procedure on the person's behalf or making an application to the Court of Protection.

10.3 The Trust has a duty to ensure that the patient's representative understands:

- their right to request a review, and the formal and informal complaints procedures
- their right to make an application to the Court of Protection to seek a variation or termination of the authorisation
- their right, where the relevant person does not have a paid 'professional' representative, to request the support of an IMCA.

Initial contact with the patient's representative should, wherever possible, take place with the support of the Trust's Safeguarding Officer.

10.5 When providing information to the patient and their representative, Trust staff must take account of the communication and language needs of both the patient and their representative and where necessary provide appropriate interpretation. Provision of information should be seen as an ongoing responsibility, rather than a one-off activity.

10.6 To be eligible to be the patient's representative, a person must be 18 years of age or over, able to keep in contact with the relevant person, and willing to be appointed.

10.7 The representative must not be employed by, or have interests in, the Trust. In addition, they must not be a relative who might gain financially from the patient, an employee of the care home where the patient was residing, or employed by the supervisory body.

10.8 The patient's representative will be appointed by the supervising body who will formally notify the Trust of the name of the person appointed.

10.9 The Trust must ensure that the patient's representative has access to the patient and must record the representative's details in the patient's medical record. The Trust has a duty to inform the supervising body if the patient's representative fails to keep valid contact with the patient. It is therefore important that every visit made by the representative to the patient is recorded in the nursing record. Should it be felt that the patient's representative is not keeping appropriate contact the ward staff should first enquire of the representative whether there are any difficulties in gaining and maintaining contact and offer support if required. Reporting the representative to the supervisory body should only be done as a last resort.

## **11. Suspending standard authorization**

11.1 Where a patient is subject both to a standard authorisation under the Mental Capacity Act 2005 and a Mental Health Act 1983 section that may conflict with it in some way, the law provides that the Mental Health Act 1983 powers generally take priority over Mental Capacity Act 2005 powers, e.g. where a person who is subject to a standard authorisation is later detained under the Mental Health Act 1983, the law provides that the standard authorisation must be suspended. This prevents the person from being subject to two competing detaining orders.

11.2 A standard authorisation must be suspended if the person is subject to a Community Treatment Order or to Guardianship Order under the Mental Health Act 1983 and the requirements imposed on them under their Mental Health Act 1983 order conflict with the terms of the standard authorisation. The Mental Capacity Act Deprivation of Liberty Form 14, (Appendix 1), includes a full list of the circumstances in which a standard authorisation will need to be suspended because it conflicts with a Mental Health Act 1983 regime: see Parts C and D of the form. Form 14 should only be used to suspend a standard authorisation. Help with completion of the form will be provided by the Safeguarding Team.

11.3 The patient's Consultant must complete The Mental Capacity Act Deprivation of Liberty Form 15, if the person again becomes eligible to be deprived of their liberty under the Mental Capacity Act 2005 during this 28 day period. This will be the case if the patient's Mental Health Act 1983 order is lifted during this period, or the requirements of their Mental Health Act 1983 order are amended so that they no longer conflict with the standard authorisation.

11.5 If the suspension is not lifted within 28 days then the standard authorisation ceases to have effect at the end of the 28 days. The termination of the standard authorisation will be recorded by the supervisory body.

## **12. Unauthorised deprivation of liberty**

12.1 For the purposes of the Mental Capacity Act 2005, DoL is not authorised if:

- a person is being kept in a hospital in circumstances that amount to depriving them of their liberty, and
  - their DoL has not been authorised by an urgent or standard authorisation or by the Court of Protection, and nor is an authorisation being sought from that court.
- 12.2 The Act includes procedures for dealing with a situation where a person believes that someone in the Trust is being deprived of their liberty but without proper authorisation. In this case the Act allows for them to ask the hospital to request a standard authorisation. The person can do this by completing Deprivation of Liberty Letter 1 (Appendix 1).
- 12.3 If the Trust does not then request a standard authorisation ‘within a reasonable period’, the person may ask the supervisory body to decide whether or not there is an unauthorised DoL. The person may do this by completing Deprivation of Liberty Letter 2 (Appendix 1).
- 12.4 If the supervisory body receives a request to decide whether or not there is an unauthorised DoL, the supervisory body must act on it.
- 12.5 If a patient is subject to an unauthorised DoL, the following steps must be taken:
- The Trust is deemed to have requested a standard authorisation in relation to the person and therefore must provide the supervisory body with the information that is required whenever such a request is actually made. It must now complete The Mental Capacity Act Deprivation of Liberty Form 4 (Appendix 1) and send it to the supervisory body.
  - The supervisory body will arrange for the assessments to be carried out that are required when a request for a standard authorisation is received.
  - If the managing authority considers that this care and/or treatment should continue while the assessments are carried out, it must give itself an urgent authorisation, by completing The Mental Capacity Act Deprivation of Liberty Form 1 (Appendix 1)
  - If it does give itself an urgent authorisation then the necessary assessments must be completed within the period of the urgent authorisation.

### **13. Termination of standard authorization**

- 13.1 The reasons why a standard authorisation will cease to be in force are:
- The Trust gives notice to the supervisory body that this patient had ceased to meet the eligibility requirement.
  - 28 days have elapsed since that notice was given without the suspension having been lifted
  - The standard authorisation has expired
  - A review of the standard authorisation has been completed (under Part 8 of Schedule A1 to the Mental Capacity Act 2005). The review concluded that

the patient no longer meets the requirements for DoL under the Mental Capacity Act 2005

- Following a change in the place of residence the standard authorisation has been replaced by a new standard authorisation and has therefore ceased to have effect
- The Court of Protection or another court has made an order that the standard authorisation is invalid or that it shall no longer have effect
- The patient has died.

#### **14. Authorisation Process**

A diagrammatic representation of the Authorisation Process can be found in Appendix 2.

#### **15. Standard Deprivation of Liberty**

- 15.1 The managing consultant or senior clinician at the time of admission, as decision maker must determine and document the patient's capacity to consent to their care or treatment. The way that this should be done is to carry out a mental capacity assessment. Where care is nurse led, the assessment should be carried out by the registered nurse responsible for the care of the patient.
- 15.2. Once lack of capacity has been determined the decision maker will need to carry out a best interest assessment to determine that it is in the incapacitated person's best interests to undergo the care or treatment proposed. This should be done by carrying out a best interest's assessment. Information for this test can be found in the Trust's The Mental Capacity Act Policy including the Deprivation of Liberty Amendment 2009.
- 15.3 All clinical staff considering whether a DoL situation is necessary should consult the Deprivation of Liberty Code of Practice. This is available on the CGARD website.
- 15.4 The responsible consultant must inform the patient's family or carer's and any IMCA already involved in the patient's care that there is an intention to apply for a DoL authorisation.
- 15.5 If, having followed best practice and made any appropriate adjustments to the patient's care plan, the team responsible for the patient's care feels that a DoL applies, the Trust, through the Safeguarding Team must apply for a standard authorisation from the PCT.

This is done by supplying a completed Mental Capacity Act Deprivation of Liberty blue form:

- For urgent authorisations use the blue Deprivation of Liberty Form 1

- For extension of urgent authorisation use the blue Deprivation of Liberty Form 2
- For standard authorised use the blue Deprivation of Liberty Form 4
- Suspension of the standard authorisation use the blue Deprivation of Liberty Form 14 and should the suspension be lifted, blue Form 16
- Where a review under Section 8 is requested use the blue deprivation of Liberty Form 19.

15.6 Photocopies of all forms used must be retained in the patient's clinical record and in the Safeguarding Department.

15.7 The Safeguarding Department will send the completed form to the supervisory body at:

**Safeguarding Adults Unit  
Northumberland Care Trust,  
Directorate of Adult Care  
Merley Croft,  
Loansdean, Morpeth  
Northumberland NE61 2DL**

**T: 01670 394 463**

**F: 01670 394 429 (safehaven fax)**

15.8 The appropriate assessments will then be arranged through the supervisory body and a decision on the length of the DoL will be communicated to the Consultant in charge.

## **16. Urgent deprivation of Liberty Authorisation**

16.1 The Trust can grant itself urgent authorisation for the deprivation of liberty should the necessity arise. However, an urgent authorization document must always be accompanied by a standard authorisation and the principles applied to achieve a standard authorisation should always be adopted for an urgent authorisation.

16.2 The Trust can allow an urgent authorisation for a DoL where:

- it is required to make a request to the supervisory body for a standard authorisation, but believes that the need for the patient to be deprived of their liberty is so urgent that deprivation needs to begin before the request can be put into place, or
- it has made a request for a standard authorisation, but believes that the need for the patient to be protected has now become so urgent that DoL needs to begin before the request is dealt with by the supervisory body.

16.3 An urgent authorisation should not be used where there is no expectation that a standard DoL authorisation will be needed.

- 16.4 **There is no requirement to seek an urgent DoL authorisation when a person has, for example, been admitted and it is anticipated that within a matter of a few hours or days the patient will no longer require a restrictive environment.**
- 16.5 Any decision to give an urgent authorisation and take action that deprives a person of liberty must be in the person's best interests, as set out in the Mental Capacity Act 2005. Where restraint is involved, all actions must comply with the additional conditions of the Act
- 16.6 The managing authority will decide the period for which the urgent authorisation is given, but this must not exceed seven days.

The authorisation must be in writing and must state:

- the name of the relevant person
- the name of the relevant hospital or care home
- the period for which the authorisation is to be in force, and
- the purpose for which the authorisation is given.

- 16.7 When considering an urgent authorisation, the consultant in charge should consider the 'qualifying requirements' to ensure that the authorisation is legitimate. S/he should ensure that the:
- age requirement
  - no refusals requirement
  - mental capacity requirement
  - mental health requirement
  - eligibility requirement
  - best interests requirement
- are all applicable and that application of the authorisation would not breach any requirement.

- 16.8 The blue Deprivation of Liberty form 1 should be used this purpose. Copies of the form and advice on completion may be obtained from the Safeguarding Team.

- 16.9 The Safeguarding Department will send the completed form to the supervisory body at:

**Safeguarding Adults Unit  
Northumberland Care Trust,  
Directorate of Adult Care  
Merley Croft,  
Loansdean, Morpeth  
Northumberland NE61 2DL**

**T: 01670 394 463**

**F: 01670 394 429 (safehaven fax)**

16.10 Copies of the authorisation will be kept by the Safeguarding department and also given to the ward (for retention in the patient's records), the patient, the patient's representative, the IMCA (if involved). The patient's consultant must also seek to ensure that the patient understands the authorisation.

16.11 Urgent authorisations can only be for a maximum of seven days, where there are problems gaining a standard authorisation. This seven day authorisation can be extended to fourteen days but **only by the supervising body**. When an extension has been granted the supervising body must inform the Trust of the agreed time limit.

## 17. Review and monitoring

The content of this policy will be reviewed every three years. Adherence to the policy will be monitored by the Clinical Governance and Quality Committee. The Clinical Governance and Quality Committee will receive a six monthly summary report from the safeguarding team relating to Deprivation of Liberty Assessment applications.

Policy author: Clinical Governance and Risk Manager

### References:

MCA Code of Practice is available at: <http://www.publicguardian.gov.uk/docs/mca-code-practice-0509.pdf>

MCA DOL Code of Practice is available at:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_087309.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087309.pdf)

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<b>Policy Title:</b>	<b>Policy and Procedure for the Deprivation of Liberty of a Patient under the Mental Capacity Act 2007</b>	<b>Policy Author:</b>	Diane Palmer
		<b>Yes/No?</b>	<b>You must provide evidence to support your response:</b>
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	The purpose of the policy is to support and protect patients who lack capacity. Which may be due to age or mental disability
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	Point is made to include interpretation services if required
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		
<b>Comments:</b>		<b>Action Plan due (or Not Applicable):</b>	
		<b>Not applicable</b>	

Name and Designation of Person responsible for completion of this form: ..... Diane Palmer, Director of Quality and Effectiveness

Names & Designations of those involved in the impact assessment screening process: ..... Senior Officer of the Trust in its draft form

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

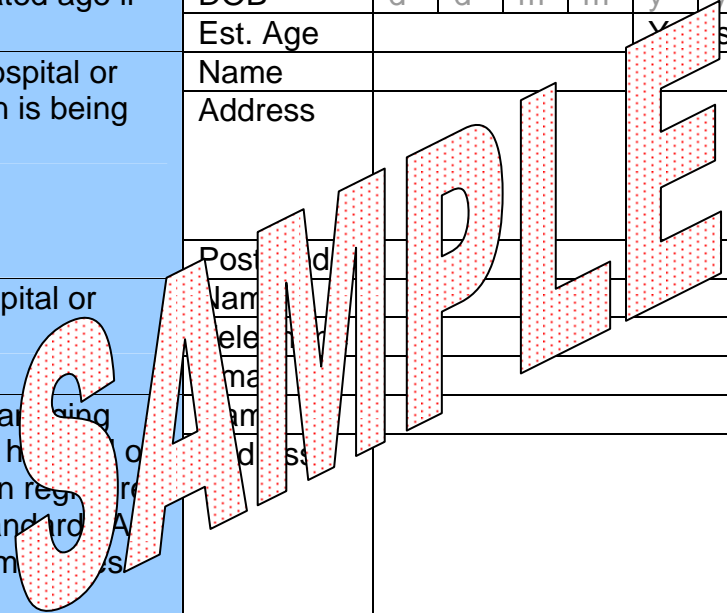
**DEPRIVATION OF LIBERTY FORM No.1** *Mental Capacity Act 2005*

NHS/PAS No.

**URGENT AUTHORISATION**

**PART A — BASIC INFORMATION**

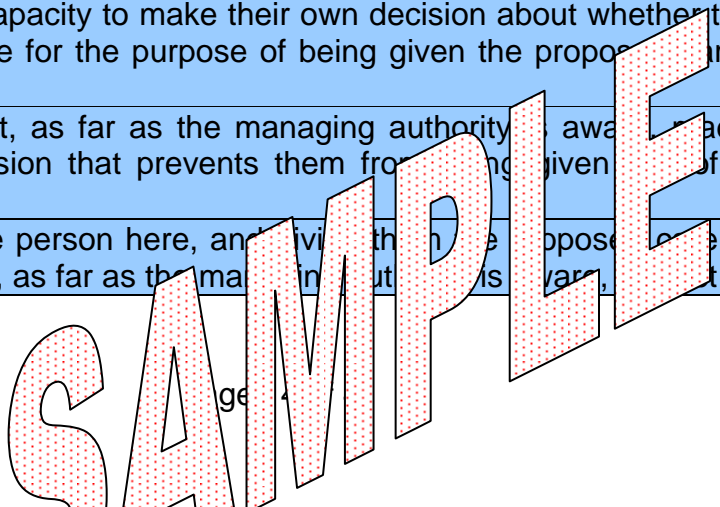
Full name of the person being deprived of their liberty	Name								
Their date of birth (or estimated age if unknown)	DOB	d	d	m	m	y	y	y	y
	Est. Age						y	s	
Name and address of the hospital or care home where the person is being deprived of their liberty	Name								
	Address								
	Postcode								
Person to contact at the hospital or care home	Name								
Name and address of the managing authority responsible for the hospital or care home (this is the person registered under Part 2 of the Care Standards Act 2000, or the NHS trust that manages the hospital)	Name								
	Address								
	Postcode								
Name of the PCT or local authority to whom this form is being sent ("the supervisory body")	Name								



**PART B — THE MANAGING AUTHORITY'S DECISION**

It appears to the managing authority that ALL of the following conditions are met: An urgent authorisation may only be given if the person appears to meet ALL of the conditions below (B1–B10). Place a cross in EACH box to confirm that the person appears to meet the particular condition.

B1	The person is aged 18 or over.	
B2	The person is suffering from mental disorder.	
B3	The purpose of accommodating the person here is to give them care or treatment.	
B4	The person lacks capacity to make their own decision about whether to be accommodated here for the purpose of being given the proposed care or treatment.	
B5	The person has not, as far as the managing authority is aware, made a valid advance decision that prevents them from being given any of this care or treatment.	
B6	Accommodating the person here, and giving them the proposed care and treatment, does not, as far as the managing authority is aware, conflict with	



	a valid decision made by a donee or deputy appointed under the Mental Capacity Act 2005.	
B7	Even though the circumstances amount to depriving the person of their liberty, it is in their best interests to be detained here so that they may be given the proposed care or treatment.	
B8	This is necessary in order to prevent harm to them, and is a proportionate response to the harm they are likely to suffer if they are not so detained, and the seriousness of that harm.	
B9	The need for the person to be deprived of their liberty here is so urgent that it is appropriate for that deprivation to begin immediately.	
B10	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.	
<b>PART C — DETAILS OF THIS URGENT AUTHORISATION</b>		
This urgent authorisation permits the managing authority to deprive the person of their liberty by detaining them here, but only for the purpose of enabling them to be given the care or treatment specified below in section C2 of this form.		
<b>C1. The duration of this urgent authorisation</b>		
This urgent authorisation comes into force immediately.		
It is to be in force for a period of ...		<b>DAYS</b>
The maximum period allowed is seven days.		
Enter number of days in the box above ↑		
This urgent authorisation will expire at midnight on:		d d m m y y y
Enter date in the box above ↑		
Important note: The day on which the urgent authorisation is given counts as the first of the days. For example, if an urgent authorisation is given for 7 days at 11.30 on Monday, it will expire at midnight on Sunday.		
<b>C2. The purpose of this urgent authorisation</b>		
The purpose of this urgent authorisation is to enable the person to be given the following care and/or treatment in this hospital or care home:		
Place a cross next to EACH of the following (boxes A-E) that apply. Then describe any other care or treatment that is to be given in the hospital or care home in box M. For example, you might write 'The care described in the person's current care plan, a copy of which is attached to this form'.		
A	Ensuring that necessary medication is given	
B	Other medical treatment (including appropriate medical examinations and assessment procedures and surgery)	
C	Nursing care	
D	Assistance with mobilising safely	
E	Assistance with activities of daily living (such as dressing, eating, eating properly, using the toilet, personal hygiene)	

F	Care and supervision to prevent the person from coming to harm	
G	Assistance with communicating with others	
H	Assistance with developing basic learning skills	
I	Assistance with social development and functioning	
J	Assistance with developing independent living skills	
K	Assistance with behaving appropriately towards others	
L	Occupational therapy	

Other treatment and care, which is as follows:

M

**PART D — THE MANAGING AUTHORITY'S RESPONSIBILITIES UNDER AUTHORITY**  
 The managing authority's responsibilities under authority are as follows:

Explain here:  
 the nature of the restriction on the person's liberty that led to the conclusion that they are deprived of their liberty;

- (a) why the care and treatment that would otherwise be provided in a way that is less restrictive of the person's rights and freedom of movement;
- (b) to the extent that the managing authority is aware, what alternatives to deprivation of liberty have been considered;
- (c) what harm the person is likely to come to if they are not immediately deprived of their liberty in this hospital or care home;
- (d) why the need to deprive the person of their liberty is so urgent that it is appropriate for their detention to begin immediately.

**PART E — NEED FOR AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA)**

Place a cross in ONE of the boxes below ↓

E1	As far as the managing authority is aware, 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. We will therefore immediately inform the supervisory body via Form 4 (managing authority request for a standard authorisation) that it needs to instruct an IMCA to assist the person.	
E2	The managing authority believes that there is someone it is appropriate to consult about what is in this person's best interests who is neither a professional nor is being paid to provide care or treatment.	

**PART F — PROVIDING COPIES OF THIS URGENT AUTHORISATION**

As soon as practicable after this form is signed, the managing authority will give copies of it to:  
 (a) the person themselves; and  
 (b) any IMCA acting for them.

**PART G — DETAILS OF THE STANDARD AUTHORISATION REQUESTED**

Place a cross in ONE of the two boxes below ↓

G1	The managing authority has already completed and sent off Form 4 (managing authority request for a standard authorisation).	
G2	The managing authority will now immediately complete and send off Form 4 (managing authority request for a standard authorisation).	

If you placed a cross in Box G2, you should now also complete and send off Form 4 immediately (Managing authority request for a standard authorisation)

Signed (On behalf of the managing authority)	Signature	
	Print name	
	Position	
Dated	Date	

**RECORD THAT THE DURATION OF THIS URGENT AUTHORISATION HAS BEEN EXTENDED**

This part of the form must be completed if the duration of the urgent authorisation is extended by the relevant PCT or local authority (known as ‘the supervisory body’). Do not complete this part of the form in any other circumstances. Simply leave it blank.

**PART H — DETAILS OF ANY EXTENSION**

The duration of this urgent authorisation has been extended by the supervisory body.  
 It is now in force for a FURTHER ...  DAYS  
 The period specified must not exceed a further seven days.

Enter number of days in the box above

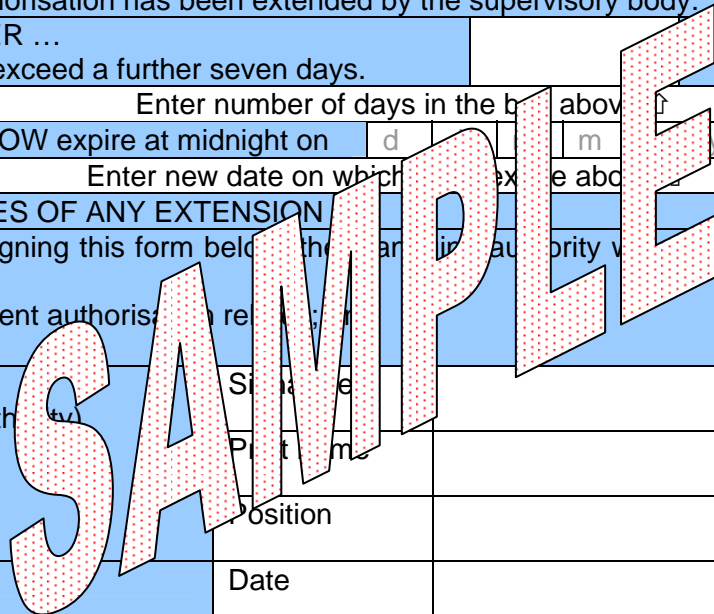
This urgent authorisation will NOW expire at midnight on  d  m  y  y  y  
 Enter new date on which it will expire above

**PART I — PROVIDING COPIES OF ANY EXTENSION**

As soon as practicable after signing this form below, the managing authority will provide copies of this amended form to:

(a) the person to whom the urgent authorisation relates  
 (b) any IMCA acting for them.

Signed (On behalf of the managing authority)	Signature	
	Print name	
	Position	
Dated	Date	



# DEPRIVATION OF LIBERTY FORM No.2

Mental Capacity Act 2005

NHS/PAS No.

## REQUEST FOR EXTENSION OF URGENT AUTHORISATION

### Important Note

It is essential that you make any necessary request for an extension promptly. You can request an extension by completing this form, or orally (e.g. by telephone) or in some other way (e.g. by email or fax). In all cases, you must give the person being deprived of their liberty notice in writing that you have made the request.

### PART A — BASIC INFORMATION

Full name of the person being deprived of their liberty	Name	
Their date of birth (or estimated age if unknown)	DOB	d   d   m   m   y   y   y   y
	Est. Age	
Name and address of the hospital or care home where the person is being deprived of their liberty	Name	
	Address	
Person to contact at the hospital or care home	Name	
	Telephone	
	Email	
Name and address of the managing authority (the person registered under Part 2 of the Care Standards Act 2000, or the NHS trust that manages the hospital)	Name	
	Address	
Name of the PCT or local authority to which this form is being sent ('the supervisory body')	Name	

SAMPLE

<b>PART B — THE REQUEST FOR AN EXTENSION</b>										
A standard authorisation has been requested for this person.										
An urgent authorisation is in force. This existing urgent authorisation expires:										
AT MIDNIGHT ON ...					d	D	m	m	y	y
Enter above the date on which the urgent authorisation is due to expire ↑										
The managing authority now requests that the duration of this urgent authorisation is extended										
FOR A FURTHER PERIOD OF ...								DAYS		
Enter the number of days in the box. The maximum further standard authorisation is ... days ↑										
The managing authority has been in contact with the relevant supervisory body and understands that there are exceptional reasons why the request for a standard authorisation is unlikely to be disposed of within the timescale of the existing urgent authorisation. It is essential for the existing deprivation of liberty to continue until the request for a standard authorisation is disposed of.										
<b>PART C — REASONS FOR THE REQUEST</b>										
Complete BOTH C1 AND C2										
C1	The exceptional reasons which it has not yet been possible to make a decision on our request for a standard authorisation are that (state the reasons):									
C2	It is essential that the person continues to be deprived of liberty because (state the reasons):									

SAMPLE

**PART D — PROVIDING NOTICE OF THE REQUEST**

The managing authority has either given the person who is being deprived of their liberty notice that they have made this request or will now do so as soon as is practicable.

Signed (on behalf of the supervisory body)	Signature	
	Print name	
	Position	
Dated	Date	

**DEPRIVATION OF LIBERTY FORM No. 4**

Mental Capacity Act 2005

NHS/PAS No.

**REQUEST FOR A STANDARD AUTHORISATION**

Important Notes: Regulation 16 of The Mental Capacity (Deprivation of Liberty: Standard Authorisations, Assessments and Ordinary Residence) Regulations 2008 (SI 2008 No. 1858) contains requirements about the information to be provided in a request for a standard deprivation of liberty authorisation. Regulation 16 requires that information as included in Part A of this Form 4 must be provided with every request for a standard authorisation.

The information in Part B must be provided if it is available to, or could reasonably be obtained by, the managing authority. The information in Part B does not need to be re-provided in cases where there is already an existing standard authorisation if that information remains the same as supplied with the request for the earlier authorisation. But this does not apply to the information about an existing authorisation covered in Box B13 of this form.

Part C covers further information that might helpfully be provided by the managing authority. This information is not covered in the regulations.

The supervisory body should ensure that each assessor, and any instructed CA receives a copy of this form as soon as possible.

**PART A — INFORMATION THAT MUST BE PROVIDED**

A1	Full name of the person who needs to be deprived of their liberty in this hospital or care home	Name
A2	Their gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
A3	Their date of birth (or estimated age if unknown)	D <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y Age _____ Years
A4	The person's current location Place a cross in one box, and then enter the present location below ⇒	<input type="checkbox"/> already in this hospital or care home <input type="checkbox"/> Currently at their own private address <input type="checkbox"/> Currently in another hospital or care home Other (please specify): Current location (address)  Post Code Telephone
A5	Name and address of the	Name

	person is, or is to be, a resident. In the case of a care home or private hospital, the person registered, or required to be registered, under Part 2 of the Care Standards Act 2000 in respect of the care home or hospital.)	Post code	
		Telephone	
A6	Person to contact at the hospital or care home	Name	
		Telephone	
		Email	
A7 — The purpose for which the authorisation is requested			
The purpose of the requested standard authorisation is to enable the person to be given the following care and/or treatment in this hospital or care home: Place a cross next to EACH of the following boxes (1-13) that apply ↓			
1	Ensuring that necessary prescribed medication is given		
2	Other medical treatment (including appropriate medical examinations and assessment procedures and surgery)		
3	Nursing care		
4	Assistance with mobilising safely		
5	Assistance with activities of daily living (such as dressing, eating, eating properly, using the toilet, personal hygiene)		
6	Care and supervision to prevent the person from coming to harm		
7	Assistance with communicating with others		
8	Assistance with developing basic learning skills		
9	Assistance with social development and functioning		
10	Assistance with developing independent living skills		
11	Assistance with behaving appropriately towards others		
12	Occupational therapy		
13	Other care or treatment (please specify below):		
A8 - The date from which the standard authorisation is sought The standard authorisation is required to start on this date [Note: The boxes below will be moved to the right.]			
d	d	m	m
y	y	y	y
Enter above the date by which the standard authorisation is required ↑			

This is because:	
Place ONE cross in ONE of the boxes below ↓	
The existing urgent authorisation expires at that time.	
The existing standard authorisation expires at that time.	
The existing order of the Court of Protection expires at that time.	
We expect to receive the person in this hospital or care home at that time, and it is likely that we will need to deprive them of their liberty immediately.	
None of the above applies. However, it is likely that the person will need to be deprived of their liberty and will meet all of the requirements for a standard authorisation at that time.	

SAMPLE

A9 Has the managing authority given an urgent authorisation: Yes (M) No (N)  
 If yes, please enter the date on which it expires:

PART B – INFORMATION THAT SHOULD BE PROVIDED IF IT IS AVAILABLE TO, OR COULD REASONABLY BE OBTAINED BY THE MANAGING AUTHORITY, UNLESS IT HAS BEEN PREVIOUSLY PROVIDED IN REPLY TO AN EXISTING STANDARD AUTHORISATION, AND THAT INFORMATION REMAINS THE SAME AS THAT PROVIDED IN AN EXISTING STANDARD AUTHORISATION. (NB. But this does not apply to the information about an existing authorisation covered in Box B13 of this form.)

B1 Medical information relating to the person's health that the managing authority considers to be relevant to the proposed restrictions to the person's liberty:

B2 Diagnosis of the mental disorder (within the meaning of the Mental Health Act 1983, but disregarding any exclusion for persons with learning disability) that the person is suffering from:

B3 The following relevant care plans and/or needs assessments are attached:

B4	The person's ethnic	WHITE	ASIAN OR ASIAN BRITISH
----	---------------------	-------	------------------------

	origin	A British		H Indian	
		B Irish		J Pakistani	
		C Any other White background		K Bangladeshi	
				L Any other Asian background	
		MIXED OR MIXED BRITISH		BLACK OR BLACK BRITISH	
		D White and Black Caribbean		M Caribbean	
		E White and Black African		N African	
		F White and Asian		O Any other ethnic category	
		G Any other mixed background		P Any other ethnic category	
		R Chinese		S Any other ethnic category	
B5	The person's religion or belief	<p>Tick one box only (Christian includes Church of Wales, Catholic, Protestant and all other Christian denominations)</p> <p>None <input type="checkbox"/></p> <p>Christian <input type="checkbox"/></p> <p>Buddhist <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/></p> <p>Jewish <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>Sikh <input type="checkbox"/></p> <p>Other, write below</p> <input type="text"/>			
B6	The person's sexual orientation	<p>Tick one box only</p> <p>Heterosexual / Straight <input type="checkbox"/></p> <p>Lesbian / Gay Woman <input type="checkbox"/></p> <p>Gay Man <input type="checkbox"/></p> <p>Bisexual <input type="checkbox"/></p> <p>Other, write below</p> <input type="text"/>			
B7	Whether the person has a preferred	No		Yes	

	communication or a preferred first language  Place a cross in one box ⇨	If yes, describe them, e.g. interpreter required (specify language), BSL signer required, etc.	
--	---	--	--

**B8 – Why the person needs to be deprived of their liberty**

In our opinion:

The person lacks capacity to make their own decision about whether to be accommodated here for the purpose of being given the proposed care and/or treatment described above.

It is in their best interests to be deprived of their liberty here so that they can be given this care and/or treatment.

This is necessary in order to prevent harm to them, and it is a proportionate response to the harm they are likely to suffer if they are not so deprived of liberty, and the seriousness of that harm.

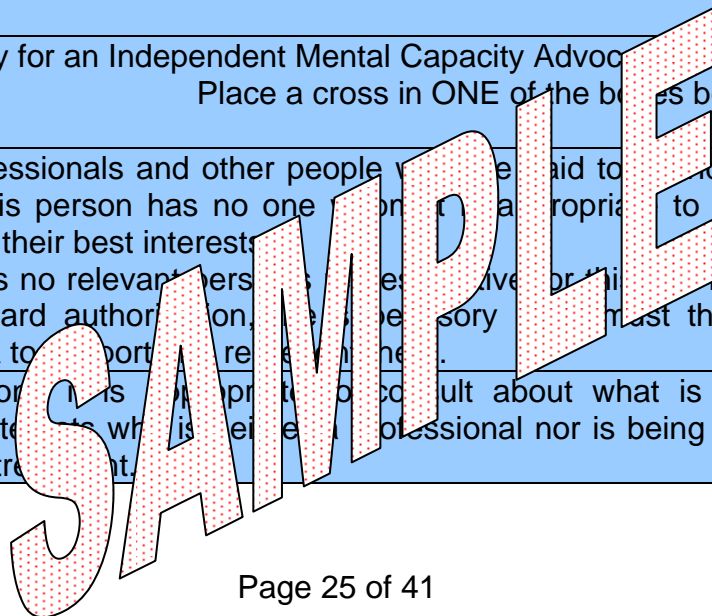
Explain here:

- (a) the nature of the restrictions on the person’s liberty that lead to the conclusion that they are, or will be, deprived of their liberty;
  - (b) 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;
  - (c) to the extent that the managing authority is aware, what alternatives to deprivation of liberty have been considered;
- what harm the person is likely to come to if they are not deprived of their liberty in this hospital or care home.

**B9 – Whether it is necessary for an Independent Mental Capacity Advocate (IMCA) to be instructed**

Place a cross in ONE of the boxes below (1 or 2) ↓

1	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. If the person has no relevant persons who are available for this purpose, a request for a first standard authorisation, if appropriate, must therefore instruct an IMCA to support the person.	
2	There is someone who is available to consult about what is in this person’s best interests who is neither a professional nor is being paid to provide care or treatment.	



B10 (only to be completed where the purpose of the proposed restrictions on the person's liberty is to give treatment) – Place a cross in box 1 or 2 below

1	The person has made an advance decision that may be valid and applicable to some or all of the treatment	
2	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	

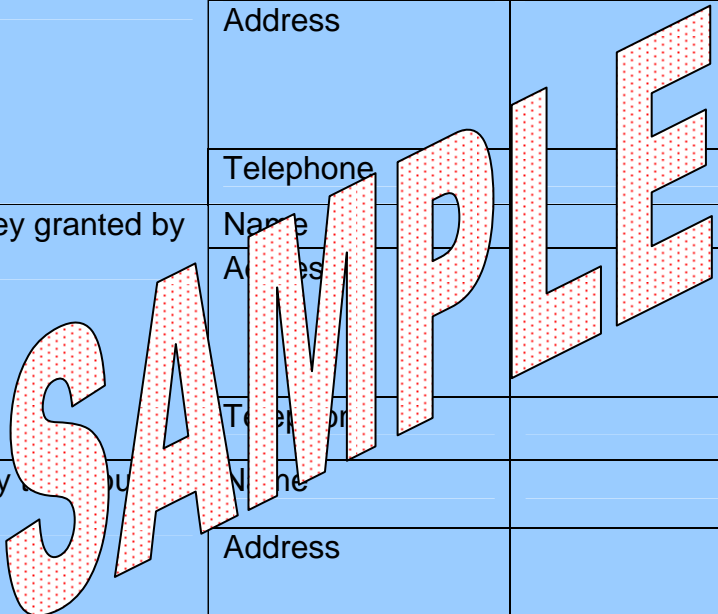
B11 The person is subject to the following Mental Health Act 1983 regimes – Place a cross in box 1, 2 or 3 below if any of those options apply, otherwise leave the boxes blank.

(The hospital treatment, community treatment and guardianship regimes are defined in paragraphs 8 to 10 of Part 2 of Schedule 1A to the Mental Capacity Act 2005.)

1	Hospital treatment regime	
2	Community treatment regime	
3	Guardianship regime	

B12 – Information about interested persons

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 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	

B13 – Is there an existing standard authorisation in relation to the detention of the relevant person (put a cross in box 1 or 2 below, and also show the expiry date of the authorisation if box 1 applies)

1	There is an existing standard authorisation in relation to the person to be deprived of liberty Expiry date	
2	The managing authority is not aware of any existing standard authorisation in relation to the person to be deprived of liberty	

**PART C – FURTHER INFORMATION**

C1	The address where the person ordinarily resides  Place a cross in one of these three boxes ⇒	The address given in Box A4 above is the address where the person currently is	
		The person was of no fixed abode at the time of the authorisation	
		The following address, which is not the person's ordinary residence, is ordinarily resident at the time of the authorisation	
		Address	
		Post Code	
C2	The name of the individual who is considered to be the person most closely involved in looking after the person's welfare.	Name	
		Relationship	
		Address	
		Telephone	
C3	Name of the PCT or local authority to whom this form is being sent ('the supervisory body')	Name	
C4	How the care is being funded (place tick in relevant box(es))	Local authority	
		PCT	
		Local authority and PCT jointly	

		Self-funded by the person, their family, etc	
		Funded through insurance, etc	

C5 – Why this request is being made

Place ONE cross in ONE of the boxes below (1–7) ↓

Boxes 1–4 relate to people who ARE NOT currently subject to a standard authorisation

1	<p><b>PERSON WHO IS ALREADY ACCOMMODATED HERE BUT IS NOT YET BEING DEPRIVED OF LIBERTY</b></p> <p>The person is already accommodated in this hospital or care home. We are not depriving them of their liberty. However, during the next 28 days, it is likely that we will need to do so and that they will meet all of the qualifying requirements for a standard authorisation.</p>	
2	<p><b>PERSON WHO IS ALREADY BEING DEPRIVED OF THEIR LIBERTY</b></p> <p>The person is already accommodated in this hospital or care home. They already appear to meet all of the qualifying requirements for a standard authorisation. An urgent authorisation has been given pending the outcome of the standard authorisation assessment process.</p>	
3	<p><b>PERSON IS NOT YET ACCOMMODATED HERE BUT WILL BECOME A RESIDENT AND NEED TO BE DEPRIVED OF THEIR LIBERTY HERE DURING THE NEXT 28 DAYS</b></p> <p>The person is not yet accommodated in this hospital or care home. However, during the next 28 days it is likely that they will be admitted and that they will need to be deprived of their liberty here. It is also likely that they will meet all of the qualifying requirements for a standard authorisation.</p>	
4	<p><b>COURT OF PROTECTION ORDER ABOUT TO EXPIRE</b></p> <p>The person is already accommodated in this hospital or care home. We are already depriving them of their liberty and the Court of Protection has authorised this. However, given the date on which the court's order is expected to expire, it would be unreasonable to delay any longer requesting a standard authorisation.</p>	

Boxes 5–7 relate to people who ARE currently subject to a standard authorisation

5	<p><b>EXISTING AUTHORISATION ABOUT TO EXPIRE: NEW STANDARD AUTHORISATION REQUIRED</b></p> <p>There is already a standard authorisation in force which covers the person's deprivation of liberty in this hospital or care home. It is reaching the expiry date and we therefore request a new standard authorisation to come into force immediately after the expiry of the existing authorisation.</p>	
6	<p><b>CHANGE IN THE PLACE WHERE THE PERSON IS DEPRIVED OF LIBERTY</b></p> <p>There is already a standard authorisation in force which covers the person's deprivation of liberty in this hospital or care home. However, it does not authorise the person's deprivation of liberty in the new hospital or care home. We therefore require a new standard authorisation that authorises their deprivation of liberty here.</p>	

SAMPLE

7	<p><b>A PART 8 REVIEW HAS BEEN REQUESTED OR IS IN PROGRESS</b>          There is already a standard authorisation in force that authorises the person’s deprivation of liberty in this hospital or care home. A review of this authorisation under Part 8 of Schedule A1 to the Mental Capacity Act 2005 has either been requested or is being carried out. Any new standard authorisation that is now given will be in force after the existing authorisation comes to an end.</p>	
---	---	--

**C6 – Any other relevant information**

Please provide any other information you think is relevant in this space:

Signed (On behalf of the managing authority)	Signature	
	Print name	
	Position	
	Date	

SAMPLE

**REQUEST FOR A REVIEW BY THE MANAGING AUTHORITY**

Note: Deprivation of liberty can be ended before a formal review. If a care home or hospital decides that deprivation of liberty is no longer necessary then they must end it immediately, by adjusting the care regime or implementing whatever other change is appropriate. The managing authority should then apply to the supervisory body to review the authorisation.

**PART A — BASIC INFORMATION**

Full name of the person being deprived of their liberty	Name	
Their date of birth (or estimated age if unknown)	DOB	d d m m y y y y
	Est. Age	
Name and address of the hospital or care home where the person is being deprived of their liberty	Name	
	Address	
Person to contact at the hospital or care home	Name	
	Telephone	
	Email	
Name and address of the PCT or local authority to whom the form is being sent ('the supervisory body')	Name	
	Address	

**PART B — GROUNDS FOR REQUESTING A REVIEW**

It appears to us (the managing authority) that the following requirement(s) are not reviewable on the stated ground(s):

Place a cross in the relevant box (B1- )

**B1. THE AGE REQUIREMENT**

The age requirement appears to be reviewable on the ground that:

A	The person does not meet the age requirement.	
---	---	--

**B2. THE MENTAL HEALTH REQUIREMENT**

The mental health requirement appears to be reviewable on the ground that:

A	The person does not meet the mental health requirement.	
B	The reason why the person meets the mental health requirement is not the reason stated in the standard authorisation.	

**B3. THE MENTAL CAPACITY REQUIREMENT**

The mental capacity requirement appears to be reviewable on the ground that:

A	The person does not meet the mental capacity requirement.	
B	The reason why the person meets the mental capacity requirement is not the reason stated in the standard authorisation.	
<b>B4. THE BEST INTERESTS REQUIREMENT</b>		
The best interests requirement appears to be reviewable on the ground that:		
A	The person does not meet the best interests requirement.	
B	The reason why the person meets the best interests requirement is not the reason stated in the standard authorisation.	
C	There has been a change in the person's case, as a result of which it would be appropriate to vary the conditions to which the standard authorisation is subject (whether by amending or omitting an existing condition, or by adding a new condition).	
<b>B5. THE NO REFUSALS REQUIREMENT</b>		
The no refusals requirement appears to be reviewable on the ground that:		
A	The person does not meet the no refusals requirement.	
B	The reason why the person meets the no refusals requirement is not the reason stated in the standard authorisation.	
<b>B6. THE ELIGIBILITY REQUIREMENT</b>		
The eligibility requirement appears to be reviewable on the ground that:		
A	(a) The standard authorisation authorises the person's deprivation of liberty in hospital; AND (b) The person is subject to guardianship under the Mental Health Act 1983 OR meets the statutory criteria for being detained under section 2 or 3 of the Mental Health Act 1983; AND (c) The person objects to being accommodated in this hospital for the purpose of being given some or all of the proposed medical treatment for their mental disorder; AND (d) No donee or deputy has consented to each matter to which the person objects.	
<b>PART C — REASONS FOR OPINION THAT ONE OR MORE OF THE ABOVE REQUIREMENTS IS REVIEWABLE</b>		
The reasons why it appears to the managing authority that one or more of the above requirements is reviewable are as follows:		
Give reasons for your opinion that one or more of the above requirements is reviewable:		

SAMPLE

Signed (on behalf of the managing authority)	Signature	
	Print name	
	Position	
Dated	Date	

SAMPLE

DEPRIVATION OF LIBERTY FORM No. 1 (Mental Capacity Act 2005)

**SUSPENSION OF STANDARD AUTHORISATION**

On completion, this notice should be sent to the managing authority, who should then give a copy of it to the person concerned and, if they have one, their relevant person's representative.

**PART A — BASIC INFORMATION**

Full name of the person who is subject to the standard authorisation	Name								
Their date of birth (or estimated age if unknown)	DOB	d	d	m	m	y	y	y	y
	Est. Age					Years			
Their present address (The person may be at a different address if, for example, they have been detained in a hospital under the Mental Health Act 1983.)	At this hospital or care home								
	At a different address which is that given immediately below:								
	Address								
Name and address of this hospital or care	Name								

SAMPLE

home	Address	
Person to contact at the hospital or care home	Name	
	Telephone	
	Email	
Name of the PCT or local authority to whom this form is being sent ('the supervisory body')	Name	
<b>PART B — NOTICE THAT THE STANDARD AUTHORISATION HAS BEEN SUSPENDED</b> The above person no longer meets the eligibility requirement for a standard deprivation of liberty authorisation under the Mental Capacity Act 2005. The standard authorisation previously given is therefore suspended from the time this notice is given. The effect of this notice is that the standard authorisation no longer authorises the care home or hospital to deprive the person of their liberty.		
<b>PLEASE NOW COMPLETE:</b> <ul style="list-style-type: none"> <li>• PART C OF THE FORM IF THE STANDARD AUTHORISATION CONCERNS A CARE HOME; OR</li> <li>• PART D OF THE FORM IF THE AUTHORISATION CONCERNS A HOSPITAL</li> </ul>		
<b>PART C — CARE HOME CASES ONLY</b>		
For the reason given below, the person is no longer eligible to be deprived of their liberty under the Mental Capacity Act 2005. Answer ALL three statements below yes or no by placing crosses in the relevant boxes. If the answer to ANY of the questions is 'yes' then the person is no longer eligible to be deprived of their liberty under the standard authorisation. If the answer to ALL of the questions is 'no' then you should not be suspending this standard authorisation. Please take advice from the relevant authority. The person is now detained in a hospital under a relevant section of the Mental Health Act 1983		
C1	The person is now detained in a hospital under one of the following sections of the Mental Health Act 1983: sections 2, 3, 4, 35–38, 44, 45A, 47, 48, 51.	
This standard authorisation now conflicts with the terms of a treatment order imposed under the Mental Health Act 1983		
C2	Accommodating the person in the care home now conflicts with a requirement imposed on them under a treatment order.	Yes No
This standard authorisation now conflicts with the person's guardianship under the Mental Health Act 1983		
C3	Accommodating the person in the care home now conflicts with a requirement imposed on them by their guardian.	Yes No
<b>PART D — HOSPITAL CASES ONLY</b>		
For the reason given below, the person is no longer eligible to be deprived of their liberty under the Mental Capacity Act 2005.		

Answer ALL of the statements in rows D1 to D6 yes or no by placing crosses in the relevant boxes.

If the answer to ANY of the questions below is 'yes' then the person is no longer eligible to be deprived of their liberty under the standard authorisation. If the answer to ALL of the questions is 'no' then you should not be suspending this standard authorisation. Please take advice.

**Persons who are detained under the Mental Health Act 1983**

D1	The person is now detained in a hospital under one of the following sections of the Mental Health Act 1983: sections 2, 3, 4, 35–38, 44, 45A, 47, 48, 51.	Yes	No
----	---	-----	----

**Persons who are subject to one of the above sections but have leave to be absent from the hospital where they are liable to detention under the Mental Health Act 1983**

D2	The purpose of this standard authorisation includes providing medical treatment for mental disorder in a hospital.	Yes	No
----	--	-----	----

D3	Accommodating the person in this hospital conflicts with a requirement imposed on them under their Mental Health Act 1983 section.	Yes	No
----	--	-----	----

**Persons subject to a community treatment order under the Mental Health Act 1983**

D4	The person is subject to a community treatment order and the purpose of this standard authorisation includes providing medical treatment for mental disorder in a hospital.	Yes	No
----	---	-----	----

D5	Accommodating the person in this hospital now conflicts with a requirement imposed on them under a community treatment order.	Yes	No
----	---	-----	----

**Persons subject to guardianship under the Mental Health Act 1983**

D6	Accommodating the person in this hospital now conflicts with a requirement imposed on them by their guardian.	Yes	No
----	---	-----	----

**PART E — GIVING COPIES OF THIS NOTICE**

You have been given a copy of this notice because the law requires the supervisory body to give notice that this standard authorisation has been suspended to:

- (a) the person concerned; and
- (b) their representative.

Signed (On behalf of the managing authority)	Signature	
	Print name	
	Position	
Dated	Date	

SAMPLE

**NOTICE THAT A SUSPENSION HAS BEEN LIFTED**

**PART A — BASIC INFORMATION**

Full name of the person who is subject to this standard authorisation	Name	
Their date of birth (or estimated age if unknown)	DOB	d   d   m   m   y   y   y   y
	Est. Age	Years
Name and address of this hospital or care home	Name	
	Address	
Person to contact at the hospital or care home	Name	
	Telephone	
	Email	
Name of the PCT or local authority to whom this form is being sent ('the supervisory body')	Name	

**PART B — WHEN THE STANDARD AUTHORISATION WAS SUSPENDED**

During the previous 28 days, the managing authority of this hospital or care home gave the supervisory body notice that the above person was no longer eligible to be deprived of their liberty under the Mental Capacity Act 2005. The effect of that notice was to suspend the standard deprivation of liberty authorisation. The managing authority now gives the supervisory body notice that the person or again meets the eligibility requirement and that this suspension has been lifted.

**SAMPLE**

**PART C — REASON WHY THE PERSON AGAIN MEETS THE REQUIREMENT**

The reason why the person once again meets the eligibility requirement is as follows:

(Explain briefly why the reason the standard authorisation was suspended no longer applies. For example, if it was suspended because the person was detained under the Mental Health Act 1983, state 'The person is no longer detained under the Mental Health Act 1983'.)

**PART D — THE EFFECT OF THIS NOTICE**

The effect of this notice is that the previous suspension of the standard authorisation no longer applies. The person may again be detained under it in circumstances that amount to depriving them of their liberty.

**PART E — GIVING COPIES OF THIS NOTICE**

You have been given a copy of this notice because the law requires the supervisory body to give notice that the suspension of the standard authorisation has ceased to:

- (a) the person;
- (b) the person's representative;
- (c) any section 39D IMCA.

Signed (On behalf of the managing authority)	Signature	
	Print name	
	Position	
Dated	Date	

**Deprivation of Liberty Letter 1**

Letter to managing authority concerning a person's deprivation of liberty

**SAMPLE**

Sender's Address  
Contact telephone number  
Date

Name and address of Managing Authority  
Dear Sir/Madam

Re [Name of person/resident]

I am writing to you about the above-named person, who is accommodated in your hospital/care home [delete as applicable].

I am the person's [state relationship or interest in the matter, e.g. 'child', 'friend', 'representative', etc].

It appears to me that this person lacks capacity to consent to the arrangements made for their care or treatment and is subject to an unauthorised deprivation of liberty. I am therefore writing, in accordance with the provisions of the Mental Capacity Act 2005, to ask you to give an urgent deprivation of liberty authorisation and to request a standard authorisation from the supervisory body.

My reasons for believing that this person is subject to an unauthorised deprivation of liberty are that .... [Briefly state reasons]

As I am sure you know, if you do not request a standard authorisation within a reasonable period, I may ask the supervisory body to decide whether or not there is an unauthorised deprivation of liberty.

Thank you for your consideration of this matter.

Yours faithfully

Signature

Name of sender in block capitals

SAMPLE

#### Notes

The use of this letter is not mandatory. However, any oral or written request  
in this letter is **bold in the letter**

### Deprivation of Liberty Letter 2

Letter to supervisory body concerning unauthorised deprivation of liberty

Sender's Address  
Contact telephone number  
Date

Name and address of Supervisory Body  
Dear Sir/Madam

Re [Name of person/resident]

I am writing to you about the above-named person who is accommodated in [Name and address of hospital or care home].

I am the person's [state relationship or interest in the matter, e.g. 'child', 'friend', 'representative', etc]

On [enter date], I wrote to/spoke with the managing authority of the [name of hospital or care home]. I informed them that it appeared to me that this person lacked capacity to consent to the arrangements made for their care or treatment and was subject to an unauthorised deprivation of liberty. I asked them to give an urgent deprivation of liberty authorisation and to request a standard authorisation, in accordance with the provisions of the Mental Capacity Act 2005.

My reasons for believing that this person is subject to an unauthorised deprivation of liberty are set out below [give brief reasons].

I understand that the managing authority has not requested a standard authorisation.

I am therefore writing to make a formal request that you now decide whether or not this person is subject to an unauthorised deprivation of liberty.

Thank you for your consideration of this matter.

Yours faithfully

Signature

Name of sender in block capitals

SAMPLE

### Deprivation of Liberty Letter 3

\_\_\_\_\_ is not mandatory. However, any oral or written request should include the information in bold in the letter.

Letter to the supervisory body requesting a review from a person subject to a standard authorisation

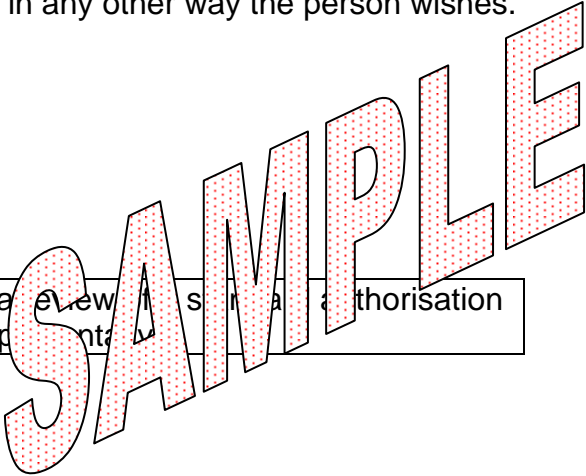
	Sender's Address Contact telephone number Date
Name and address of Supervisory Body	
Dear Sir/Madam	
My deprivation of liberty under a standard authorisation	
I am deprived of liberty at [enter name of hospital/care home].	
I am writing to request that you conduct a review under Part 8 of	
Schedule A1 to the Mental Capacity Act 2005 of the standard	
authorisation that permits me to be deprived of my liberty there.	
My reason(s) for requesting a review is/are .....	
Thank you for your consideration of this matter.	
Yours faithfully	
Signature	
Name of sender in block capitals	

**Notes**

The use of this letter is not mandatory. A request may be made orally, by a different letter of the person's choosing, or in any other way the person wishes.

**Deprivation of Liberty Letter 4**

Letter to the supervisory body requesting a review of a standard authorisation from a person's representative



Sender's Address  
Contact telephone number  
Date

Name and address of Supervisory Body

Dear Sir/Madam

Re [Name of person/resident]

I am writing to you about the above-named person who is deprived of their liberty at [enter name of hospital/care home].

I am the person's representative.

I am writing to request that you conduct a review under Part 8 of Schedule A1 to the Mental Capacity Act 2005 of the standard authorisation that permits their deprivation of liberty.

My reasons for believing that this person does not meet the qualifying requirements for being deprived of their liberty under a standard authorisation are as follows:

[Briefly state your reasons]

Optional additional paragraph - Should this not eventually be accepted, in my view the conditions attached to the standard authorisation should be relaxed.

[Briefly state how and your reasons]

Thank you for your consideration of this matter.

Yours faithfully

Signature

Name of sender in block capitals

SAMPLE

Notes

The use of this letter is not mandatory. A request may be made orally, by a different letter of the person's choosing, or in any other way the person wishes.

## Overview of the deprivation of liberty safeguards process

