**Guardianship Quality Assurance Form**

**for Social Circumstances Report – Renewals**

**Part A: AMHP Details**

|  |  |
| --- | --- |
| **Surname:** | **First name:** |
|  |  |

**Part B: Service User Details**

|  |  |
| --- | --- |
| **Surname:** | **First name:** |
|  |  |
| **Mosaic Number:** | **Date of Birth:** |
|  |  |

**Part C: Care Plan**

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| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have they used a strength-based approach? |  |
| **2** | Have they identified **all the** **needs** of the service user and how these are to be met? |  |
| **3** | Have they identified which needs are eligible for **s117 aftercare** and which are not? |  |
| **4** | Have they identified any parts of the care and support plan which include **continual supervision and control?** |  |
| **5** | Have they identified **conditions of restrictions?** |  |
| **6** | If there is a placement to specified accommodation has funding been approved? |  |
| **7** | Have they identified which parts of the care and support plan require the power(s) of Guardianship to be used? |  |

**Part D: Statutory Visits**

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| **No.** |  | **✓or X** |
| **1** | Have visits been completed at the required intervals? |  |
| **2** | If no, have they recorded reasons why not? |  |
| **3** | Have visits been completed if admitted to hospital |  |
| **4** | If no, have they recorded reasons why not? |  |

**Part E: All Circumstances of the Case**

|  |  |  |
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| **No.** |  | **✓or X** |
| **1** | Are the sources of information clearly stated?  *(All those who have been consulted)* |  |
| **2** | Have they clearly outlined the family composition and are there any dependents? |  |
| **3** | Are there any safeguarding concerns? |  |
| **4** | If yes, were any actions taken? |  |

**Part F: Nearest Relative**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Has the AMHP clearly demonstrated their rationale for identifying who the Nearest Relative is? |  |
| **2** | Based on the rationale, have they correctly identified who the Nearest Relative is? |  |
| **3** | Did the AMHP clearly state the views of the Nearest Relative? |  |
| **4** | Does the Nearest Relative wish to delegate their responsibility? |  |
| **5** | Are there any issues that might lead to the displacement of Nearest Relative? |  |
| **6** | If the Nearest Relative is the Carer have they been offered a Carers Assessment? |  |

**Part G: Advocacy**

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| **No.** |  | **✓or X** |
| **1** | Have they referenced whether there was an IMHA involved? |  |
| **2** | If no, have they referenced, why not? |  |

**Part H: Mental Capacity Act**

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| **No.** |  | **✓or X** |
| **1** | Have they referenced whether the person has capacity to make decisions relating to their care and treatment? |  |
| **2** | If no, was there an IMCA involved? |  |
| **3** | If no, were reasons given why not? |  |
| **4** | Have they referenced whether the person has capacity to decide where to live? |  |
| **5** | Have they referenced whether the person has capacity to understand Guardianship and its powers? |  |

**Part I: Rationale for Recommendation for Guardianship**

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| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have they referenced the guiding principles to the Mental Health Act Code of Practice? |  |
| **2** | Have they referenced why is the use of MCA as the least restrictive option not applicable? |  |
| **3** | Have they referenced what aspects of the care plan **still** require the powers of Guardianship and why? |  |
| **4** | Has the Service User been informed of the recommendation? |  |
| **5** | If no have they stated why? |  |
| **6** | Has Service User been provided with a copy of the report? |  |
| **7** | If no have they stated why? |  |

**Part J: Signature**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Is report signed and dated? |  |

I have received and checked the papers for the above-named person.

|  |  |
| --- | --- |
| **Signed by**  **Service Manager:** |  |
| **Print Name:** |  |
| **Date:** |  |