**Quality Assurance Form**

**for Community Deprivation of Liberty**

**Part A: Person Details**

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

**Part B: Screening tool**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have they ticked the box to confirm the person meets the criteria for the **acid test?** |  |
| **2** | Has the practitioner ticked a box for priority classification? |  |
| **3** | Has the person been added to the high-risk tracker? |  |

**Part C: Medical Evidence (Letter from General Practitioner)**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Has the GP responded within **4 weeks**? |  |
| **2** | If no, or they refused to complete the letter without a reason has this been escalated to the Integrated Care Board’s (ICB) Safeguarding Team? |  |
| **3** | Have they included the person’s details correctly? |  |
| **4** | Have they confirmed the person’s diagnosis? |  |
| **5** | Have they confirmed the person is of ‘unsound mind’? |  |
| **6** | Have they recorded when they last saw the person? |  |
| **7** | Have they listed their qualifications? |  |
| **8** | Have they signed it? |  |
| **9** | Have they dated it? |  |
| **10** | If no, to any of the questions (3-9) has this been followed up with the GP surgery and/or ICB? |  |

**Part D: The COP Assessment of capacity (COP3 form)**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Section 1 - Have they included the applicant’s details correctly? |  |
| **2** | Section 1- Have they included the applicant’s details in the right place? |  |
| **3** | Section 1 - Have they ticked the box that a solicitor is representing them? |  |
| **4** | Section 1 - Have they included the solicitor’s details correctly? |  |
| **5** | Section 1- Have they included the solicitor’s details in the right place? |  |
| **6** | Section 1 - Have they ticked the box that correspondence needs to be sent to the solicitor? |  |
| **7** | Section 2 - Have they included the person’s details correctly? |  |
| **8** | Section 2 - Have they included the person’s details in the right place? |  |
| **9** | Section 3 - Are the responses relevant to the questions? |  |
| **10** | Section 4 - Have they ensured the anonymity of others? |  |
| **11** | Section 4 - have they provided relevant information to assist the practitioner in making their capacity assessment? |  |
| **12** | Section 5 - Have they included the practitioner’s details correctly? |  |
| **13** | Section 5 - Have they included the practitioner’s details in the right place? |  |
| **14** | Section 5 - Have they recorded when the practitioner last completed MCA training? |  |
| **15** | Section 7 - Is the person’s diagnosis clear? |  |
| **16** | Section 7 - Is the person’s diagnosis accurate? |  |
| **17** | Section 7 - Have they clarified what the specific decision relevant to the application is? |  |
| **18** | Four boxes of evidence – Is their evidence clear? |  |
| **19** | Four boxes of evidence – Is their analysis clear? |  |
| **20** | Four boxes of evidence – Is their evidence consistent with whether they have ticked the box or not? |  |
| **21** | Conclusion – Is their analysis of the evidence clear? |  |
| **22** | Conclusion – Is their conclusion on the balance of probabilities |  |
| **23** | Is their explanation of why the assessment took place clear? |  |
| **24** | Is their explanation of why the person will gain capacity or not clear? |  |
| **25** | Have they recorded the views of other people? |  |
| **26** | Recommendation – Have they recorded when the review will take place? |  |

**Part E: Best Interests meeting (BIM) minutes**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Is there a clear best interests decision relating to the DoL? |  |
| **2** | Was there a separate Chairperson to the decision maker? |  |
| **3** | Are the restrictions clearly recorded:   * Why they are in place? * What the risks would be if they were not in place? * Whether there are any less restrictive ways of managing the risks or any way to promote the person’s choice/control in own life further? |  |
| **4** | Is the discussion of the Community DoL process accurate? |  |
| **5** | Has the correct legal terminology been used? |  |
| **6** | Is the spelling and grammar, correct? |  |
| **7** | Have they been signed by the Chairperson? |  |
| **8** | Have they been dated by the Chairperson? |  |
| **9** | Has the draft format been removed? |  |

**Part F: The COP Application to authorise a DoL (COPDoL11 form)**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Has the person’s full name been correctly recorded across all the first pages of the Annexes |  |
|  | Is the person’s name consistent across all documentation:   * COP3 * Care and support plan * BIM minutes |  |
| **2** | Is it clear if the application is urgent or non-urgent? |  |
| **3** | Is the rationale for urgent/non-urgent clear? |  |
| **4** | Have they asked for a declaration around the person’s capacity to make the relevant specific decisions (e.g., care, residence, tenancy)? |  |
| **5** | Have they asked for authorisation of the care and support plan, which amounts to a deprivation of liberty (including all addresses where the person is deprived of their liberty)? |  |
| **6** | Has all the relevant documentation been included:   * Letter from GP * Relevant previous court orders |  |
| **7** | Has the applicant considered whether they should ask for permission from the court to share information with the provider? (where relevant) |  |
| **8** | Have all boxes that should be ticked been ticked? |  |
| **9** | Have the person’s addresses where they are being deprived of their liberty been recorded? |  |
| **10** | Is there any other legal authority in place? |  |
| **11** | Is the spelling and grammar, correct? |  |

**Part G: The COPDoL11 form (Annex A)**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have they answered the question required in each box? |  |
| **2** | Have they provided the necessary dates? |  |
| **3** | Who has authority to sign the tenancy? |  |
| **4** | Is authority needed to sign the tenancy? |  |
| **5** | Have they confirmed when the last review took place? |  |
| **6** | Is the current care and support plan attached? |  |
| **7** | Have they recorded when a best interests meeting was held? |  |
| **8** | Are the BIM minutes attached? |  |
| **9** | Have they confirmed if a transition plan is needed? |  |
| **10** | If so, is the transition plan attached? |  |
| **11** | Have they recorded the level of supervision (e.g., (1:1, 2:1, etc)? |  |
| **12** | Have they recorded the period of the day when supervision is provided? |  |
| **13** | Have they recorded the use or possible use of restraint and/or sedation? |  |
| **14** | Have they recorded the use of assistive technology? |  |
| **15** | Have they recorded what actions will be taken if the person tries to leave? |  |
| **16** | Is the information provided (11-15 above) consistent with the care and support plan? |  |
| **17** | Is the information provided (11-15 above) consistent with the BIM minutes? |  |
| **18** | s5 Identification of DoL – Have they ticked the right box? |  |
| **19** | Have they what actions will be taken if the person manages to leave? |  |
| **20** | Have they explained how the supervision and control is deemed to be ‘continuous’? |  |
| **21** | Have they recorded other relevant factors e.g.:   * other restrictions not yet mentioned * a summary of how the person presents * how the person cooperates with the care regime/ restrictions. |  |
| **22** | Have they ticked the box - Is the person deprived of their liberty? |  |
| **23** | s7 Have each of the triggers been specifically addressed (page 31)? |  |

**Part H: The COPDoL11 form (Annex B)**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have at least 3 people been consulted? |  |
| **2** | Have the addresses of those consulted been recorded? |  |
| **3** | Have the dates of when consultation took place been recorded? |  |
| **4** | Have they answered the question (e.g., is it clear why they think the person is appropriate to consult with and what the person’s views are)? |  |
| **6** | Is the spelling and grammar, correct? |  |

**Part I: The COPDoL11 form (Annex C)**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have they recorded what their relationship is to the person? |  |
| **2** | Have they recorded how long they have known the person? |  |
| **3** | Have they recorded how they consulted with the person? |  |
| **4** | Have they recorded the date of consultation? |  |
| **5** | If they have not been able to consult have they recorded why this was not possible? |  |
| **6** | Have they signed it? |  |
| **7** | Have they dated it? |  |

**Part J: The care and support plan**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Does it cover all the settings where the person is deprived of their liberty? |  |
| **2** | Have they recorded all the addresses? |  |
| **3** | Is there a statement confirming:   * The person lacks capacity to consent to their care and support * The restrictions recorded amount to a DoL * An application needs to be made to the COP |  |
| **4** | For a person over the age of 18 have all of the Care Act 2014 domains been addressed (even if they are not an eligible need)? |  |
| **5** | Is there sufficient detail regarding the person’s needs?  (e.g., what is the person able to do or what support is needed?) |  |
| **6** | Is there sufficient detail regarding the risks?  (e.g., what would happen if the support wasn’t provided?) |  |
| **7** | Is the spelling and grammar, correct? |  |
| **8** | Have they signed it? |  |
| **9** | Have they dated it? |  |

**Part K: The COP witness statement (COP24 form)**

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have they recorded the Rule 1.2. Representative’s relationship with the person? |  |
| **2** | Have they recorded whether the friend/family member is happy/willing to act/continue to act as representative for the person? |  |
| **3** | Have they recorded whether the Rule 1.2. Representative has received a copy of all the documentation:   * The COP Application to authorise a DoL (COPDoL11 form) * The COP Assessment of capacity (COP3 form) * The COP witness statement (COP24 form) (blank to complete) * The care and support plan * The BIM minutes * The GP letter |  |
| **4** | Have they recorded if they are happy with the care the person is receiving? |  |
| **5** | Have they recorded if they approve the care and support plan? |  |
| **6** | Have they recorded whether the Rule 1.2. Representative believes an oral hearing is/is not required? |  |
| **7** | Have they recorded whether the restriction on the person’s liberty is in their best interests? |  |
| **8** | Have they recorded their rationale for this decision? |  |
| **9** | Have they signed it? |  |
| **10** | Have they dated it? |  |

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

|  |  |
| --- | --- |
| **Signed by**  **DoL Locality Lead:** |  |
| **Print Name:** |  |
| **Date:** |  |