**Deprivation of Liberty (DoLs) Assessment Checklist & Tracker**

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| **Guidance** | This checklist is designed to be used when completing a pre-admission assessment, on admission and when reviewing a resident’s needs. The checklist acts as a prompt to enable the Registered Manager to evaluate the quality of care provided and whether a deprivation of liberty, or restriction in human rights, is likely to occur or is indeed occurring and therefore the residents **CARE PLAN** requires **URGENT REVIEW.**  **Retain a copy of this checklist in the residents Essential File**  A Deprivation of Liberty **is illegal unless authorised** by a Supervisory Body (Local Authority). |

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| --- | --- | --- | --- | --- | --- | --- |
| **Residents Name:** |  | **Suite:** |  | | **Room:** |  |
| **Completed by:** |  | **Date:** |  | **Designation:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Is the person placed (or about to be placed) in a care home or hospital? | **Yes** | **No** |
| **Only answer the remaining questions if you answered Yes** | | | |
| **2** | Is the resident under the age of 18? | **☐** | **☐** |
| **Only answer the remaining questions if you answered No** | | | |
| **3** | Is the resident detained under the mental health act? | **☐** | **☐** |
| **Only answer the remaining questions if you answered No** | | | |
| **4** | Has a least restrictive alternative to managing the resident’s care needs been considered? If not, why not? If yes what? Provide details in the next box. | **☐** | **☐** |
|  |  | | |
| **5** | Is there a possible deprivation of liberty occurring, or likely to occur? | **☐** | **☐** |
| **6** | Is there a SOVA issue? If yes, please raise an alert, if not already in progress. | **☐** | **☐** |
| **Signature:** | | | |
| **No-one should be deprived of their liberty unless this action is in their best interests is the least restrictive option available and is to protect the individual from harm.** | | | |

# (PLEASE RETAIN A COPY OF THIS CHECKLIST IN THE RESIDENT’S ESSENTIAL FILE)

**DoLs Checklist**

This checklist is to be used as a guidance tool only. It can be used by those professionals involved in care planning, admissions and reviews.

Any deprivation of liberty occurring or likely to occur in a hospital or care home needs to be assessed on an individual basis.

# What is a deprivation of liberty?

Where the treatment or care regime, rather than the relevant person’s own health or condition, lead to ongoing significant restriction and/or restraint of the person’s freedom. A deprivation of a person’s liberty may be occurring if, for example:

* The decision to admit the relevant person to a care home or hospital is being opposed by relatives or carers who live with that person.
* Force being used to prevent the relevant person from leaving the care home or hospital, in a situation where that person is making purposeful and persistent attempts to leave.
* The relevant person is adamant that he/she wants to return home and has not given valid consent to the placement.
* Visitors are not allowed, or severely restricted.
* The relevant person is being sedated to prevent her/him from making an attempt to leave the care home.
* The care home is denying the request by relatives or carers for the resident n to be discharged to their care.
* The resident is being denied freedom of movement/ association within the care home and/or his/her access to the community is severely restricted.

If you have any queries or concerns regarding a possible deprivation of liberty, please discuss with your line manager. The Deprivation of Liberty Safeguards (DoLs) team is also available to support and advise.

# Using this checklist

If a deprivation of liberty is occurring or likely to occur and the resident cannot be cared for in a least restrictive way, then the home manager must request a DoLs assessment. This checklist includes possible triggers to enable you to decide whether to request an assessment, or not.

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| Room | Name | LA | Checklist Outcome | Urgent Form completed | Standard Form completed | Outcome (result) | **CONDITIONS IMPOSED - Broad Detail. CHECK THAT THESE ARE BEING MET MONTHLY** | Review Date | Statutory Notification completed | Request for Extension Form 2 completed | Outcome (result) | Statutory Notification completed |
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| 15 |  |  |  |  |  |  |  |  |  |  |  |  |