

Good practice in the implementation of the DOLS safeguards, as drawn from the CQC's Report *Monitoring the use of the Mental Capacity Act Deprivation of Liberty Safeguards in 2012-13*¹

(a) The relevant person and their representatives (beyond initial contact)

- Full, pro-active involvement by the assessors of relatives in the assessment of the person's application, and in deciding what is in the person's best interests.
- Family carers consultation event to get feedback on their experience of the Deprivation of Liberty Safeguards, and discover what further information/ support they needed or would have found of benefit.
- Accessible, easy read information being made available to the person and their representative to explain the Deprivation of Liberty Safeguards system.
- Additional funding arranged for one-to-one support for someone to enable contact with friends and outings into the community, rather than physical restraint, after deprivation of liberty was identified but not authorised.
- Successful use of conditions on authorisations, after discussion with relatives, such as making sure the person is taken out regularly.
- IMCA re-contacted the representative half way through the authorisation period and a month before the end of the authorisation. This was to remind them that, if they needed support, they could ask for a re-referral to be made by the local authority.
- Regular meetings between local authorities (commissioners and professionals) and IMCAs to explore any practice issues.
- Local authority assisted a self-funder to challenge her authorisation.

(b) The DoLS Process

- For supervisory bodies to carry out a review, particularly for longer periods of authorisation, if they think it might be necessary and to be assured that it is easy for the detained resident (or their representative) to request a review whenever they want one.
- A quality assurance team developed standards to assess whether the MCA principles are embedded in care planning.
- A regional Deprivation of Liberty Safeguards leads' network where information on numbers and types of referrals are discussed, together with discussion of difficult or novel situations.
- Best interest assessor forums, encouraging BIAs to attend by managing workloads.

¹ To be found at: http://www.cqc.org.uk/sites/default/files/media/documents/dols_2014.pdf. This summary has been prepared by the editors of the 39 Essex Street Mental Capacity Law Newsletter to assist with the promotion of good practice; it is no substitute for original report itself.

- Having agreements with neighbouring local authorities to use BIAs from elsewhere, for example, if the person was in a local authority managed home, such arrangement would be essential as a BIA employed by the local authority is forbidden to carry out assessments if that local authority is also the service provider.
- Having agreements with neighbouring local authorities so they can call on BIAs from elsewhere if there is an unexpected surge of requests accompanied by urgent authorisations.
- Quarterly reports to MCA/Deprivation of Liberty Safeguards committees or multi-agency local networks, to oversee and analyse activity, numbers and deadlines.
- Independent reviews of Deprivation of Liberty Safeguards activity.

(c) DoLS Signatories

- Applying lessons learned from the Steven Neary case – making sure the authoriser is not a commissioner responsible for the service where the person is living.
- Making sure the authoriser is not also responsible for agreeing funding for the person.

(d) Support for managing authorities

- MCA helplines and clear web-based information.
- Regular e-bulletins.
- Provider forums where the MCA and the Deprivation of Liberty Safeguards are regularly discussed.
- Focused training on care homes and hospitals where monitoring data shows low activity.
- Commissioning contracts which include knowledge requirements around the MCA and the Deprivation of Liberty Safeguards.
- Audits to check hospital staff knowledge of the MCA, including the Deprivation of Liberty Safeguards, with follow up workplace-based information provided.
- ‘Train the trainer’ programmes for hospital and care home staff so MCA and Deprivation of Liberty Safeguards training can be run in-house.
- Placing the Deprivation of Liberty Safeguards clearly in terms of a personalisation and human rights context when training, to enable them to be viewed more positively.