

CARE HOMES: WHEN DO I MAKE A DOLS APPLICATION TO THE COUNCIL?

1. Are there restrictions in place which meet the acid test (i.e. the person is under complete or continuous supervision and control and not free to leave)?
2. Do you reasonably believe that all six requirements for a DoLS authorisation apply? (Check below)

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| <ol style="list-style-type: none"> 1. Age – Is the person 18 or over, (for those under 18 seek advice). 2. Lack of decision specific mental capacity – Does the person have a mental impairment which affects their ability to make decisions about being accommodated in the care home for care or treatment? (this can be any kind of mental impairment it doesn't need to be a specific diagnosis at this point) 3. Mental Disorder- Does the person also have a mental disorder (This needs to be a specific diagnosed mental disorder such as Dementia, or a Learning Disability) 4. No Refusals – Has the person made an advance decision to refuse the treatment that is being proposed or have they (or the Court) appointed anyone to make health and Welfare decisions (LPA/Deputy) who objects to any of the care arrangements. | <ol style="list-style-type: none"> 5. Best Interests – Are the care arrangements in their best interests, even though they meet the acid test? Are the arrangements necessary to prevent harm to the person and proportionate to how likely and how severe the harm would be otherwise. 6. Eligibility – Is the person ineligible for DoLS because there are some requirements under the Mental Health Act which causes a conflict? |
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FURTHER CHECKS BEFORE REQUESTING AN AUTHORISATION

- Can I reduce any of the restrictions so that they don't meet the acid test?
- Can I do anything to support the person's capacity to make their own decisions?

REMEMBER

- The Urgent is not just an application for authorisation it is an authorisation signed by **you** for up to seven days. There should always be an expectation that a standard will be required.
- Send in your Form 2 for a further authorisation 28 days before it is needed.

COMPLETE AND SEND FORM 1