Examples from local practice demonstrating how the Deprivation of Liberty Safeguards (DOLS) have had a positive impact for the customers they were designed to protect;

Customer Number One – Mrs C

Mrs C - Customer who did not have the mental capacity to choose; was assisted by the provision of an alternative care home which was more appropriate for her needs and wishes.

Mrs C is an elderly lady who has dementia. She was living in a residential care home.

The Best Interests Assessor (BIA) found that Mrs C presented extremely well and had received the benefit of constant prompting, support and company for 4 months which had resulted in a marked improvement in her physical and mental health. The BIA looked at past social care and health records and discussed with Mrs C her wishes and feelings and also discussed the placement with her family, friends and professionals involved.

The BIA concluded that despite improvement to her health Mrs C still did not have the mental capacity to decide where she should live or to determine her care needs.

The BIA was of the opinion that Mrs C understood the information that was being given to her and although Mrs C retained some of the details she could not retain sufficient aspects about the care she was receiving and the level of reliance she had on her family. The BIA concluded therefore that Mrs C was not able to weigh up all the information to make the decisions about the accommodation and care that she required.

All those recognised (including the care home) that her present placement was no longer the right one for her and they have agreed to look for other, less restrictive options.

A 3 month authorisation was submitted to give the social worker in the area team, time to explore the available options. Shortly afterwards, the BIA received notification from the social worker confirming that arrangements had been made for a move to another care home with less restrictions and increased activities, located near her friend who would be able to visit her. Mrs C, her family and friends were pleased with the outcome.
Customer Number Two – Mrs J

Following a period of ill health, which include her having a stroke and some physical deterioration, Mrs J had moved from hospital into a residential care home, assisted by social care and her family.

The care home recognised that in supporting Mrs J in her best interests she was being deprived of her liberty - and authorization for the care being provided was required by the DOLS process.

Within the assessment process, the BIA identified that due to the care provided, Mrs J had made significant improvements and had now regained the mental capacity to make the decision about where she wanted to live. Despite being well looked after in the care home, Mrs J wanted to return home. This was not the wish that her family had for her as they felt that she was safer living in the care home than in her own home but they recognised as she had the mental capacity to make the decision then this was her decision to make – and they would support her.

As Mrs J wished to leave the care home, her daughter agreed to look after her mother for two weeks until a care package was made available via a care provider. This care package was set-up and Mrs J was assisted to return home with the provision of a care package.

The DOLS process supported Mrs J to make her own decisions regarding her care and accommodation.
Customer Number Three – Mr P

Mr P – The DOLS maintained and supported the customer’s right to liberty and security in accordance with Article 5 of the Human Rights Act.

Mr P is 89 years of age and he has a diagnosis of dementia.

Mr P meets the test for what constitutes a deprivation of liberty - in that he is not free to leave the care home and to ensure he is appropriately supported, he is under continuous supervision monitoring and control and this is in his best interests to ensure he receives the level of care that he needs.

Mr P was not making any significant attempts to leave the care home and was settled within the placement; never-the-less he was still deprived of his liberty in his best interests, although this was provided in the least restrictive way possible.

Although the authorisation of DOLS did not mean any changes to his provision it did ensure that his Human Rights under Article 5 were maintained and in addition he was provided with a Representative to monitor the placement for him on his behalf. Should a challenge be required to the care and the placement in the future, the Representative would be able to advocate for him.
Customer Number Four – Mrs G

Mrs G has advanced dementia and because of this did not understand her significant level of care needs and expressed great indignation at being placed in a care home. The decision regarding the placement into the care home had been made through the best interests framework of the Mental Capacity Act.

The staff at the care home and her family had all repeatedly tried to respond to Mrs G’s complaints by exploring various options which might reassure her as to why the placement was necessary and to clarify to her why returning to live elsewhere was unrealistic.

Through the DOLS assessment Mrs G was provided with a Paid Representative who supported her through the authorisation and provided regular and consistent clarity as to how the placement was in her best interests and why alternative arrangements would be detrimental to her physical and mental health.

The DOLS process allowed Mrs G’s complaints to be heard, for a response to be provided and for her to be supported by the provision of a Representative who visited her each fortnight to listen, explain and provide her with reassurance as well as assisting her with a right to appeal or challenge the decision, where this would be appropriate.
Mr D was looked after in a care home for people with dementia with customers who had high dependency needs. Mr D required less support than others in the care home and therefore he required less restrictive care. During the DOLS Assessment it was identified that this was no longer an appropriate setting for him as he was unable to interact with the other residents.

He was frequently asking to go out on trips but due to the high support required for the majority of the residents the care home did not have many outings from the home. They did have an activities coordinator, however the activities that were arranged were more suited to the other residents living within the home.

Prior to going into the care home Mr D attended a day centre twice a week and really enjoyed socializing with a childhood friend with whom he went to the day centre.

During the DOLS Assessment it was recognized that the current placement was no longer in Mr D’s best interests. Following discussion with the family members and the social work practitioner, a review of Mr D’s placement was felt to be required. The conclusion of this review was that a less restrictive environment was felt to be in Mr D’s best interests and should be provided for him in his best interests.

Following work undertaken by the social work practitioner in the cluster team an alternative care home was made available into which Mr D has settled. He now attends the in-house day centre twice a week. His childhood friend also attends the day centre and this has also had a positive impact on Mr D’s health and well-being.
Mrs T – The DOLS supported the care provider to make improvements to their processes by identifying gaps that existed within their recording and care plans.

Mrs T lives in a care home. The care home made a DOLS referral for Mrs T as they recognised that she met the threshold for a deprivation of liberty – in that she did not have the mental capacity to understand the care that she needed and that she was not free to leave and was under continuous supervision; in her best interests.

In addition, Mrs T didn’t understand the risks that existed for her should she leave the environment.

When the BIA visited to complete their assessment they identified that Mrs T had made multiple attempts to leave the care home however the recording by the care home hadn’t captured the frequency of these instances. The risks that existed to Mrs T and to the other vulnerable residents within the home’s recording had not been emphasised.

Following discussion with staff on the MASH (Multi Agency Safeguarding Hub) Consultation Line, the BIA made an Adult Safeguarding referral. Through the MASH, the Provider Support Team have started to assist the care home to capture the issues around the quality of record keeping that is required, as well as discussing other services that they offer for providers.
Mr H lives in a care home. He has dementia and has also had a stroke. During the DOLS Assessment, the BIA identified that some of Mr H’s medication was being administered to him in his best interests as part of an agreed care plan. In addition, concern existed about his limited access to the garden and surrounding areas and that walking had always been an important part of his weekly routine.

These were included as conditions to the authorisation to reduce the impact on him of the deprivation of liberty that was occurring. The BIA stated that:

- Bi-Monthly Medication reviews regarding Mr H’s covert medication plan must take place with the prescribing GP, RPR and Managing Authority - as the medication that is prescribed is being used to manage his challenging behavior. This is in accordance with the NICE Guidance and the AG v BMBC 2016 Judgement

- Staff should offer and take Mr. H outside for walks regularly as is his request

In addition, the BIA added some recommendations which they identified would be of benefit to Mr H. These were that:

- The care home staff find or replace Mr H’s hearing aid and ensure he is supported to wear these each day

- The care home should offer Mr H with more varied options for meals

- The care home should make a referral for a Physiotherapy Assessment for Mr H to improve his mobility; because he was walking independently before recent admission to hospital and now requires support and assistance.

- The care home should encourage Mr H’s wife to bring in familiar items from home for him.

The introduction of conditions and recommendations to the DOLS authorisation, reduced the impact of the deprivation of liberty on Mr H and enabled the placement to continue to support him in his best interests.
Mr W was staying, temporarily in a nursing home. He had recently had a stroke and following a breakdown of his health and care arrangements at home, he had been admitted to hospital and then to nursing care for a period of recovery. Several months on from the move he was still a resident in the nursing home.

During the DOLS Assessment, the BIA identified that Mr W’s communication was deteriorating because of his dementia. Following the stroke, Mr W could use board as a means of communication but was no longer able to do so. The BIA felt Mr W understood the questions put to him but because of his communication difficulties, she found it difficult to explore this further and to be certain of the details that he was trying to communicate.

The BIA contacted the Speech and Language Team and made a second visit with a speech therapist who gave advice to the BIA regarding some of his non-verbal cues. Within this visit the BIA found that Mr W recalled the previous visit and the details that they had discussed.

The BIA was able to establish Mr W’s understanding of both his current situation and his needs. In addition, Mr W could recall and understand that his wife had found providing care for him difficult. The BIA and Mr W talked about the need to explore all options with him; as the current placement was not suitable for his needs, as he no longer required the nursing care provided within the home.

Mr W could listen to the other possibilities and indicated that he did not feel able to make a choice as he hadn’t seen the other options and could not imagine how they could meet his needs.

The BIA and Mr W agreed that this was a reasonable conclusion and that as he had the mental capacity to make the decision regarding his future care needs it would be the role of his allocated worker to explore these options with him.

As Mr W had the mental capacity to make the decision regarding the placement, the DOLS assessment was not authorised. A review was arranged with his allocated worker who is currently working with him to facilitate his discharge from the nursing home to an alternative care provider which is more appropriately suited to his individual requirements.