Liberty Protection Safeguards: Client-wide support

Questions for process/procedure documents to answer

Colours cross-reference to the LPS – Overview flowchart.

Which groups of staff will be expected to be able to identify a potential DoL? Therefore, what level of training do they require?

What may constitute a DoL in your organisation's settings?

Are there specific forms that you expect people to use? If so, how will people find these?

'No wrong door' so need to be able to process referrals that come via alternative routes eg email, letter, telephone and a process for referring on to alternative Responsible Body.

How will people identify the 'relevant Responsible Body'?

What happens 'out of hours'?

Will information gathering be led by the administrative resource? (where everything is not sent along with the referral)

What timeframes need to be met?

Which records should be checked? Is there a particular form that should be present?

Given the ECHR Article 5 requirements, it is assumed that the assessment relied on will need to have been completed by a doctor (will be confirmed by the Regulations)

If not in your own records does the team have access to GP records/NHS records?

Where no previous available, who should a request for mental disorder assessment be sent to in the first instance?

The Regulations will spell out if the individual who makes the determination on mental disorder requires any specific qualifications, registrations or experience.

Schedule AA1 paragraph 24 specifically spells out that the pre-authorisation reviewer must not be involved in the day-to-day care or treatment of the cared-for person, which indicates that the assessor and the person who makes the determination (where different) can be.

Which records should be checked? Is there a particular form that should be present?

Is there a stage in the cared-for person's journey that this assessment can/should be routinely completed at?

Are there staff within the organisation who can undertake this assessment?

If not, who should a request for a mental capacity assessment be sent to in the first instance?

The Regulations will spell out if the individual who makes the determinations on mental capacity requires any specific qualifications, registrations or experience.

Schedule AA1 paragraph 24 specifically spells out that the pre-authorisation reviewer must not be involved in the day-to-day care or treatment of the cared-for person, which indicates that the assessor and the person who makes the determination (where different) can be.

Who will be asked to undertake the necessary and proportionate assessment and determination? Will there be a group of staff who do this across the organisation or a couple of individuals per team?

Is there a set form they should capture this on?

Who should a request for assessment be sent to in the first instance?

The Regulations will spell out if the individual who makes the assessment and determination on necessary and proportionate requires any specific qualifications, registrations or experience.

Schedule AA1 paragraph 24 specifically spells out that the pre-authorisation reviewer must not be involved in the day-to-day care or treatment of the cared-for person, which indicates that the person who assesses and determines necessary and proportionate can be.

What might discount someone as acting as an appropriate person?

When might not having an IMCA be in P's best interests?

Who provides the IMCA service?

How should a referral be made (is there a particular form)?

Consultation – when should this be face-to-face? Extent of effort to contact?

Where should efforts made to contact and conversations held be recorded?

Schedule AA1 paragraph 23 lists the required consultation by the Responsible Body.

Who decides that there is evidence of objection?

If any one of a number of specific people involved indicates they believe there is objection should it be taken that there is or is there a 'dispute' process?

What are the most likely indicators of 'objection' in your settings?

Who makes the referral to the AMCP? Is there a specific form?

How do you ensure independence?

Other than objection, in what other circumstances would you refer to an AMCP?

Guidance for determining authorisation period – when 3 months, when 1 year?

What are the expected turnaround times?

If not happy with one of the assessments/determinations what process should be followed?

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Draft authorisation record – what form should be completed?

Schedule AA1 paragraph 27(1) identifies what must be included in the authorisation record.

Who authorises on behalf of Responsible Body?

How quickly are they expected to complete this once notified?

Is there a process for identifying who should authorise in any particular case and allowing for A/L etc?

Who sends out authorisation record? Is there a template letter? Standard information leaflet included?

Can this be sent electronically?

Where should all the LPS information be captured?

Whose responsibility is it to update the records?

How often will reviews be undertaken? Whose responsibility are these?

Schedule AA1 paragraph 38(2) identifies that there should be regular programmed reviews, as well as reactive reviews in certain circumstances.

What reports need pulling for monitoring/reporting/governance purposes? Who will run these reports?

Who will complete central data returns? How is data checked and confirmed prior to submission?

These questions will be updated on an iterative basis and at no stage is this list intended to be 'definitive'. If you believe any of the content to be inaccurate or if you believe there is further information that could enhance its usefulness then please do get in contact: Elaine Dower (elaine.dower@nhs.net, 07342 081522) or Kristina Dickinson (Kristina.dickinson@nhs.net, 07748 622985).