

Hampshire Mental Capacity Toolkit – Care Specific – DoLS

Tool to assess whether an individual lacks mental capacity in relation to a specific decision around their care in relation to consent to care in their residential care environment.

Person's Name _____
Name of establishment _____

Decision to be made:
Can the person named above consent to their accommodation in this setting for the purpose of receiving care and treatment?

Assessment Questions

1) Is there an impairment or disturbance in the functioning of mind or brain? (Permanent or temporary.)	
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If the answer to Q1 was yes, proceed to Q.2

2a) With all practicable help given, is the person able to understand the information relevant to the decision?	Yes – able Record evidence.	No – Unable. Record help given and evidence.
<p>Below are examples of areas of relevant information.</p> <ul style="list-style-type: none"> • Where I live • Who do I live with • What help do I need. • Difference between living somewhere and just visiting it • What activities can I do here • What restrictions are there • What would happen if I wanted to leave 	<p><i>What you record should relate to the decision. Direct quotes from the questions you ask the person can be a useful way of demonstrating why you have answered 'yes' or 'no.'</i></p>	
<p>2b) Are they able to retain the information long enough to make the decision? <i>This is not a memory test, and it is perfectly acceptable to use other methods, such as a notebook or picture chart, to support memory. What is important is that the person can remember how the information relates to the decision.</i></p>		
<p>2c) Are they able to weigh the information as part of the decision making process? <i>Is the person able to express the pros and cons of living in this place.</i></p>		
<p>2d) Are they able to communicate their decision in any way? <i>The question here is only are they able to communicate? You cannot enter a 'no' answer because someone refuses to or is reluctant to decide.</i></p>		

Please complete all sides

Date of Assessment		
How was the assessment completed? Who was present, where did it happen, how did you enable the person to make their own decision?		

Conclusion – If the answer to Q1 is yes and the answer to any of Q2 a) – d) is No then the person lacks capacity under the Mental Capacity Act 2005	Fluctuating capacity: Always consider whether the person has fluctuating capacity and whether the decision can wait until capacity returns. If this is the case, explain and enter reassessment date in outcomes below.
	Outcome:
	Decision maker / assessor signature:

What is the next step?

If the person **lacks** capacity, consider now if they also meet the acid test:

Is the person under continuous supervision and control?

If they tried to leave (temporarily or permanently) would they be prevented?

If the answer is Yes, you must make a DOLS referral and inform interested parties.

Best Interest Consultation about the detention - Person who lacks capacity

Consultation with the person lacking capacity	Supporting evidence (record here or note here where the information is recorded)
Specify their past and present wishes, feelings and concerns in relation to this decision.	
Does the person have any previously held instructions (eg. advance decisions) relevant to this decision? Give details	

Please complete all sides

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**Best Interest Consultation about detaining the person who lacks capacity–
Who else did you talk to about making a DoLS referral?**

List the names and role – eg. LPA for Health and Welfare, IMCA, family?

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Best Interest Decision

To accommodate the person in this setting with restrictions that may amount to a Deprivation of Liberty. (A referral to the relevant DOLS team will be necessary.)

If your decision is at odds with anybody who was consulted please give details. Please include details of any interim decision(s) and what action will be taken to try and resolve the dispute.

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Decision maker		Date:
Manager (if appropriate)		Date:

Please complete all sides

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