

MCA and DoLS Electronic System Guide

For guidance with anything in this Guide please contact Jonathan Hinchliffe jhinchliffe@rhn.org.uk or IT on help@support.rhn.org.uk

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1. What do each of the DoLS forms mean? E.g. Form 1, 2, 3, 4 & 5.

Form 1: standard and urgent request

This is the form that is initially sent when a DoLS request is first sent off.

Form 2: further authorisation request

This is the renewal form that is sent when the old application is coming to an end.

Form 3: Best interests assessments combined assessments

This form is filled in by the best interest's assessor (this may be a social worker), after their assessment of the patient. This will be sent in to us with form 4 and 5, once the application has been approved.

Form 4: mental capacity, mental health and eligibility capacity assessments

This form is filled in by the eligibility assessor (usually a medical doctor), after their assessment of the patient. This will be sent in to us with form 3 and 5, once the application has been approved.

Form 5: standard authorisation granted

This form is filled in by Supervisory Body based on the two assessments. This will be sent in to us with form 3 and 4, once the application has been approved. This is the overall approval for a deprivation of liberty.

Form 6: standard authorisation not granted

This form is sent to us when the authorisation has not been granted, often because the assessor(s) believed the patient does have capacity to consent to being here.

Page | 3

2. Where to find document templates?

Opening page of patients DoLS system > Word Templates > Word Templates are listed below.

Microsoft Dynamics CRM	PAS - Patients	· ·	©		F		٥	?	
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		Create Word Template							1
PATIENT : INFORMATION		Create Word Template							
Patient Name	-=	Word Templates							
Tatient Name	-	Best Interest Decision - Pa							
		Form 1 - New DoLS Applic							
▲ General		Form 12 - DoLS Notificatio						~	
		IMCA Referral Form							i
Full Name		Mental Capacity Assessme							l
Current Bed		Mental Capacity Related S	pation Start Date		-				l
Title	-	Moore Na	mes						
First Name	_	Last Name		<u> </u>					l
NHS Number		MPI Numb	ber						l
Date of Birth		Date of De	ath						l
First Admitted Date	A	DoLS for P	lacement at RHN	Placemer	nt at RHN - Capacity To Consent	:No			

You will be able to find:

- **The 'Best Interest Decision' template** To be filled in to document formal best interest decisions and meetings
- Form 1 DoLS application the request for standard and urgent authorisation
- Form 12 application Notification of Death whilst under DoLS
- **IMCA referral form –** The Voiceability referral form that should be used when applying for an IMCA for a patient/resident who is from the borough of Wandsworth
- **Mental Capacity Assessment template** To be filled in if a capacity assessment has taken place
- **Mental Capacity Related Summary Sheet –** A summary sheet that will automatically be filled in, and should be placed at the front of a patients unified patient record (blue paper) file
- Note: Form 2 is found under word templates when in the patients DoLS record

3. How to upload the Form 1

- Scroll down to the section that states 'Deprivation of Liberty Safeguards'
- Find the appropriate date (usually the latest date) for the application you are completing (a new line will automatically be created one month before the current application runs out).
- If there is no date (as pictured below), choose the blank option as this will be for the new application.
- Double click on the appropriate line

eprivation Of Liberty	Safeguards							+	==
Full Name (Patient)	Description	Has Capacity to Consen	Date sent to Local Auth	Expiry Date 🛧	Result of Local Aut	Local Authority	Conditions of Approval		
, .	Placement at RHN	No	12/09/2014	01/07/2017 A	pproved	Westminster	No conditions		
	Placement at RHN	No				Westminster			

- It will take you to a new page it is likely that there will be no information on the page at this point.
- Click on the notes section, attach the relevant document and clearly title it (e.g. Patient initials Form 101.02.17).
- Update the date the form was sent to the local authority and other details such as the Local Authority (by typing in the first few letters and selecting the magnifying glass).

	Microsoft Dynamics CRM	PAS - Deprivation Of Liber	r 🗸 Placement at RHN 🗸 🥵		2 🗘 ?
<section-header></section-header>	🕂 NEW 🛛 DEACTIVATE 🛛 EMAIL A LINK	🔅 RUN WORKFLOW 🗈 START DIALOG	WORD TEMPLATES * 🗈 RUN REPORT * 🛱 C	DTHER ACTIVITIES 👻	↑ ↓ ╗ ×
<form></form>	deprivation of liberty safeguard : inform Placement at RHN	чатом V - Capacity To C	Consent:No =		
Patient	- General				^
Local Authority Wetminster Relevant Person's Representative (RPR) Valid From Date Best Interests Assessor Visited Date •	Patient Description	Placement at RHN	Has Capacity to Consent to this Decision	* No	
Relevant Person's Representative (RPR) Result of Local Authority Review Valid from Date 02/07/2017 Best Interests Assessor Visited Date Best Interests Assessor Visited Date Conditions of Approval Evidence (You must save before you can start attaching documents) Note Text ACTIVITIES NOTES The Image: Condition of Approval Conditions of Approval Conditions of Approval Conditions of Approval Dore Dore Note Text Note Text ACTIVITIES NOTES Image: Condition of Con	Local Authority	Westminster	Date sent to Local Authority		
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best interests Assessor Visited Usite Number of Attached Documents Conditions of Approval Evidence (You must save before you can start attaching documents) Note Text ACTIVITIES NOTES Title Interest No Notes found.	Valid From Date	02/07/2017	Expiry Date		
Conditions of Approval	best interests Assessor Visited Date	-	Eligibility Assessor Visited Date	A	
Note Text ACTIVITIES NOTES Title Attach Done No Notes found.	• Evidence (You must save be	efore you can start attachin	g documents)		
Title	Note Text ACTIVITIES NOTES				
Attach Done No Notes found.	Title				
I Attach Done Done No Notes found.					
No Notes found.	() Attach				Done
	No Notes found.				
Active	Active				×

Always save the page before you exit it!

4. a) How to upload form 3, 4 & 5

- Go to the section where it states 'Deprivation of liberty Safeguards'
- Find the appropriate date for the application you are completing (usually the date that was filled in when uploading the form 1).
- Double click the appropriate line

Decisions & Meetings Deprivation Of Liberty	Safeguards					+	
Full Name (Patient)	Description	Has Capacity to Consen	Date sent to Local Auth	Expiry Date 🛧 Result of Local	Aut Local Authority	Conditions of Approval	
	Placement at RHN	No	12/04/2017				
	Placement at RHN	No	03/11/2016	23/04/2017 Approved	Lambeth	Monthly monitoring form	
	Placement at RHN	No	02/03/2016	04/12/2016 Approved	Lambeth	Monthly monitoring form to be con	npleted

- Firstly upload the form 3, 4 and 5 and any covering letters. These should be uploaded separately into the notes section, and clearly labelled in the title as to which form is which. Select 'Approved' under Result of Local Authority Review.
- The 'Valid from date' and 'Expiry Date' should be filled in. These dates can be found on the **first page of the form 5**, and usually on the covering letter.
- The 'Best Interests Assessor Visited Date' should be filled in. This is often mentioned in the **comments section in the form 3**, or may be noted in the patient's notes when the assessor came to visit. If this cannot be found, the date at the end of the form can be used.
- The <u>'Eligibility Assessor Visited Date</u>' should be filled in. This is often mentioned in the **comments section in the form 4**, or may be noted in the patient's notes when the assessor came to visit. If this cannot be found, the date at the end of the form can be used.
- The 'Conditions of approval' section should be filled in. In the first few pages of the form 5, there will be a section detailing any conditions the authorisation is subject to. There will not always be conditions.

Microsoft Dy	mamics CRM \mid \equiv	PAS 🛛 🗸 Deprivation O	Liber 🗸 🗸 Placement at RHN 🗍 🗸		
+ NEW 🔂 DEAC	TIVATE 🗢 EMAIL A LINK 🔇	RUN WORKFLOW 🗈 START DL	LOG 📓 WORD TEMPLATES 👻 🗈 RUN REPORT 👻 🛱 OTHER ACTIV	ITTES 👻	^ ↓ <u>⊐</u> ×
DEPRIVATION OF LI	berty safeguard : informati ent at RHN	∞ - Capacity To	o Consent:No -≡		
Patient*			Has Capacity to Consent to this Decision *	No	~
Description *		Placement at RHN			
Local Authority		Lambeth	Date sent to Local Authority	12/04/2017	
Relevant Person's	Representative (RPR)		Result of Local Authority Review	Approved	
Valid From Date		05/05/2017	Expiry Date	04/08/2017	
Best Interests Asse	essor Visited Date	25/04/2017	Eligibility Assessor Visited Date	17/04/2017	
			Number of Attached Documents	2	
Conditions of App	proval	The managing authority to comple necessary/relevant	e Lambeth DOLS standard authorisation monitoring form on or around the 15	th of each month in order to ascertain w	hether the authorisation remains
• Evidence ()	You must save befo	ore vou can start atta	hing documents)		
- Evidence (Tou must save ben	ore you can start atta	ning documents)		
Note Text	ACTIVITIES NOTES				Co.u.s
	Enter a note				Save
Active	Landard				В

• The <u>Relevant Persons Representative (RPR</u>) also needs to be detailed online. Details of this can be found towards the end of the form 5 (as pictured below).

The Supervisory Body appoints the person named doing it confirms that they meet the eligibility require provisions of the Mental Capacity Act 2005. This p	below to represent the relevant person, in ments of the Deprivation of Liberty Safeguar erson was identified as representative by:
The Relevant Person	
The Best Interests Assessor	
The Best Interests Assessor indicated that they we as representative. It is therefore necessary for representative for this person.	ere not able to select an eligible person or the Supervisory Body to select a
Full name of Relevant Person's Representative	
Address	POhWER PO Box 14043 Birmingham B6 9BL
Telephone	649.000
Email	@pohwer.net
Relationship to Relevant Person	
This appointment lasts for the same period as the \$	Standard Authorisation to which it relates.

• <u>Save the document before closing the page.</u>

b) Chasing up an outstanding application

	 If you are chasing up an outstanding application, please document this in the
	notes of the application. If any emails are sent, or any correspondence is made,
	please note this down, and conviand paste sections of emails if necessary
	picase note this down, and copy and paste sections of childis in necessary.
Evidence	Nou must save hefere you can start attaching documents)
Evidence	(You must save before you can start attaching documents)
Evidence	(You must save before you can start attaching documents)
Evidence Note Text	(You must save before you can start attaching documents) ACTIVITIES NOTES Enter a note Finter a note
Evidence Note Text	(You must save before you can start attaching documents) ACTIVITIES NOTES Enter a note Image: Content and Content attaching documents
Evidence Note Text	(You must save before you can start attaching documents) ACTIVITIES NOTES Enter a note Telephone call received from I DoLS team. Currently waiting for list of assessors who are used by DoLS team. Plan to instruct local assessors to visit once they have these details.
Evidence Note Text	(You must save before you can start attaching documents) ACTIVITIES NOTES Enter a note Enter a note Telephone call received from a manual DoLS team. Currently waiting for list of assessors who are used by DoLS team. Plan to instruct local assessors to visit once they have these details. • 03/05/2017 14:15:08
Evidence	(You must save before you can start attaching documents) ACTIVITIES NOTES Enter a note Enter a note Telephone call received from form for these details. DoLS team. Currently waiting for list of assessors who are used by DoLS team. Plan to instruct local assessors to visit once they have these details. • 03/05/2017 14:15:08

×

5. Uploading a capacity assessment, best interests assessment or advanced decision.

- Go to the section where there is the subheading 'Formal Capacity Assessments' (or Best interests/Advanced decision as relevant).
- If there is nothing under this section, then a new document should be created by clicking on the '+' sign. This will open up a new window.

S. dr.	Purpose of Capacity Assessment	Outcome of Assessment	Patient	Number of At	
00/04/2	010 Capacity to consent to placement	Lack capacity		1	\smile
104/2	oro capacity to consent to pracement	cack capacity		1	

- Fill in 'Purpose of Capacity Assessment' and the outcome of the assessment
- Add the date the assessment was carried out
- If the assessment had a set review date, note this down here
- Save the document. You can now upload the assessment
- Upload and clearly title the document. For advice on where to find the 'Mental Capacity Assessment' template, see section 2 of this guide (page 3).
- What you type in the 'Purpose of Capacity Assessment' and 'Outcome of Assessment' appears on the Summary sheet that goes in the paper notes. Similarly for best interest decision etc.



6. Court Appointed Deputy /Lasting Power of Attorney / IMCA.

- IMCA Independent Mental Capacity Advocate
- Lasting Power of Attorney (LPA) a legal document that lets the patient appoint one or more people (known as 'attorneys') to help make decisions or to make decisions on their behalf. An LPA is appointed if one has capacity, or if this decision was made before capacity was lost.
- Court Appointed Deputy (CAD) A person, authorised by the Court of Protection to make decisions on someone's behalf, if they lack the mental capacity to be able to do so themselves.

Mental Capacity Related

Contacts (Please enter details in patient contact section below)							
Has an Application for an IMCA been made?	No						
Get the appropriate IMCA form by go	ing to this site: <u>http://www.scie.org.uk/mca/imca/find</u>						

 Does the Patient have an IMCA *
 No

 Has the Patient got a Lasting Power of Attorn *
 No

 Has the Patient got a Court Appointed Deput *
 No

- If a patients has any one of the above, ensure you switch the answer to 'yes'.
- To find the appropriate IMCA referral form use the link.
- Upload the appropriate document under the relevant person Scroll to the bottom of the document and you will find the appropriate relative. Double click on the line.
- Add what their 'Mental Capacity Advocation Role' is.
- If the document has multiple people assigned to it, upload it under 'other patient notes' right at the bottom.
- If patient has an IMCA, there will be space to add their details under the above section.
- Always save the page.

- Fatient Cont	lacts	
Emergency Contact	Next of Kin	(+)
Full Name 🛧	Relationship Mental Capacity Advocation Role Address Town Phone	Ŭ
	Father Court Appointed Deputy (Property	
Ms Sam Lewis	Sister	
Admin		
File Path		
• Other Patien	at Notes	
otherruden		
Note Text	ACTIVITIES NOTES	
	Title	
	Attach	Done
	No Notes found.	

7. Court Appointed Deputy /Lasting Power of Attorney / IMCA

a) Viewing previous capacity assessments or best interests assessments

Current Patients ~			Search for records	
system Views	d Data Connet Red 1000 blocker			
Active Patients	rt Date	Ward (Current bed)	Has capacity to consent to this Decision (Docs for Place	Result of Local Authority Review (DoL 1
Current Patients	Chatsworth	Chatsworth	No	
Jurrent Patients (Andrew Reed)	Evitt	Evitt	No	Approved
urrent Patients (Catricart)	Evitt	Evitt	No	
ument Patients (Clifden)	5.00	D. CH	No	Insurant
urrent Patients (Coombs)	CVILL	Evisi	No	Approved
Jurrent Patients (Devonshire)	Giyn	Giyn	No	
Jurrent Patients (DOL Perspective)	Andrew Reed	Andrew Reed	No	
Current Patients (Drapers)	Evitt	Evitt	No	Approved
Current Patients (Évitt)	Cititan	Cittan	No	
Current Patients (Glyn)	Ciridon	Childen		
Current Patients (Hunter)	Clifden	Clifden	No	
Current Patients (Jack Emerson Centre)	- Hunter	Hunter	No	Approved
Current Patients (Wellesley)	Chatsworth	Chatsworth	No	Approved
Current Patients (Wolfson)	1170 - Dramarr	Dranat	Ver	
nactive Patients	itt) - brapers	brepers		
atients with Expired DoLS	- Hunter	Hunter	No	Approved
ireate Personal View	Chatsworth	Chatsworth	Yes	
ave Filters as New View	4 - Devonsh	Devonshire	Not Yet Answered	
	- Wellesley	Wellesley	No	Approved
	- Hunter	Hunter	No	Approved
	Chatsworth	Chatsworth	No	Approved
	Chatsworth	Chatsworth	Yes	
	Chatsworth	Chatsworth	No	Approved
	- Wolfson	Wolfson	No	Approved
	110) - Drapers	Drapers	No	

- Search for the patient either through the search bar on the right, or through the ward name on the left. Click on the patient name.
- Scroll down to the appropriate section either Capacity Assessments/Best Interest decisions.
- Double click on the appropriate line

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Patient N	lame 📲										
ecisions & Meetings											
eprivation Of Liberty	Safeguards								+	- 1	
Full Name (Patient)	Description	Has Capacity to Consen	Date sent to Local Auth	Expiry Date 🛧	Result of Local Aut	Local Autho	ority Co	onditions of Approval	1		
	Placement at RHN	No	19/10/2016								
,											
<										>	*
Canacity Assess	ments							-	+	>	>
<pre></pre>	ments Purpose of Capacity Asses	isment Outcome of Assessm	not Patient	Number	of At				+)	>
く rmal Capacity Assess Date か	ments Purpose of Capacity Asses To assess view ther	isment Outcome of Assessment has t	ent Patient	Number	of At				+	- [>
rmal Capacity Assess Date ↑ T	ments Purpose of Capacity Asses To assess vertices	sment Outcome of Assessment does not have	Patient re capacity f	Number	of At				+	- [
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く Date か T est Interest Decisions	ments Purpose of Capacity Asses To assess view ther	isment Outcome of Assessme has t does not have	e capacity f	Number	of At				+) - [
Capacity Assess Date ↑ T est Interest Decisions Date ↑	ments Purpose of Capacity Asses To assess view ther Review Date P	ssment Outcome of Assessme has t does not hav Patient Outcom	ne of Best Interes_ Descrip	Number	of At 1				+) - [

- You will be taken to a new page that describes the appropriate Capacity Assessment/Best Interests Decision.
- There will be a description of the Capacity Assessment/Best Interests Decision at the top of the page, and the outcome summary below.
- The <u>appropriate document</u> will be saved at the bottom of the page, and any further notes should be added on the same page.

+ NEW LS DEA	activate 🗢 email a link 👶 run workflow 🗈 start dialog 📳 word templates 👻 🗈 run report 👻	र ज़ v ने
FORMAL CAPACITY	ormal Capacity Assessment =	
✓ General		,
Purpose of Capa	pacity Assessment To assess whether to a seatbelt be apacity to decide whether to sit in his chair without a seatbelt	
Outcome of Asse	does not have capacity for the above decision	
Patient *		
Date	28/11/2016	
Review Date		
e :	(You must save before you can start attaching documents)	
Note Text	NOTES	
	Enter a note	
	Best interest documentation re: seatbelt complete - awaiting doctors signature	
	. supplement these as	
	Capacity assessment for whether	
	Capacity assessment for whether able to understand the risks involved with choosing not to wear a seatbelt when in wheelchair	
	Capacity assessment for whether able to understand the risks involved with choosing not to wear a seatbelt when in wheekhair Mental Capacity Assessment Seatbelt 28.11.16.docx - 03/01/2017 10:56:22	

b) Viewing any of the DoLS authorisation forms

• To view any DoLS authorisation forms, scroll down to the 'Deprivation of Liberty Safeguards' section, and double click this line. There may be more than one line, which would suggest multiple applications have been made. Choose the most appropriate line for the date you are looking for.

Decisions & Meetings									
Deprivation Of Liberty	Safeguards							+	
Full Name (Patient)	Description	Has Capacity to Consen	Date sent to Local Auth	Expiry Date 🛧	Result of Local Aut	Local Authority	Conditions of Approval		
	Placement at RHN	No	19/10/2016						ŵ

• It will open up a new page where all the authorisation forms and any notes will be displayed at the bottom.

DI	LIBERTY SAFEGUARD : INFORM	MATION			
Placem	ent at RHI	V - Capacity To	Consent:No -≡		
General					
					^
Patient			Has Capacity to Consent to this Decision*	No	
Description *		Placement at RHN			
Local Authority		Lewisham	Date sent to Local Authority		
Relevant Person'	's Representative (RPR)		Result of Local Authority Review	Approved	
Valid From Date		13/12/2016	Expiry Date	14/12/2017	
Best Interests As	sessor Visited Date		Eligibility Assessor Visited Date		
			Number of Attached Documents	a 3	
Conditions of Ap	oproval	Form 2 to be submitted 4 weeks prior	to DoLS expiry date		
• Evidence ((You must save b	efore you can start attach	ing documents)		
 Evidence Note Text 	(You must save b	efore you can start attach	ing documents)		
Evidence Note Text	(You must save b ACTIVITIES NOTES Form 2	efore you can start attach	ing documents)		
Evidence Note Text	(You must save b ACTIVITIES NOTES Form 2 @ Form 2.pdf	efore you can start attach	ing documents)		
Evidence Note Text	(You must save b ACTIVITIES NOTES Form 2 I Form 2.pdf Form 3 and 4	efore you can start attach	ing documents)		
Evidence Note Text	(You must save b ACTIVITIES NOTES Form 2 If Form 2.pdf Form 3 and 4 If FORM 4 - DOLS -	efore you can start attach 07/02/2017 11:18:46 - 13122016.pdf	ing documents)		
Evidence	(You must save b ACTIVITIES NOTES Form 2 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	efore you can start attach 07/02/2017 11:18:46 - 13122016.pdf 1/2017 10:36:49	ing documents)		
Evidence	(You must save b ACTIVITIES NOTES Form 2 II Form 2.pdf Form 3 and 4 II FORM 4 - DOLS - 17/0 Form 5 approval.	efore you can start attach 07/02/2017 11:18:46 - 13122016.pdf 1/2017 10:36:49 15.12.16 - 14.12.17	ing documents)		
Evidence	(You must save b ACTIVITIES NOTES Form 2 II Form 2.pdf Form 3 and 4 II FORM 4 - DOLS - 17/0 Form 5 approval. II FORM 5 - DOLS -	efore you can start attach 07/02/2017 11:18:46 - 13122016.pdf 1/2017 10:36:49 15.12.16 - 14.12.17 - 15122016.pdf	ing documents)		
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8. Completing Capacity to Consent Assessments

Every Patient that is admitted to the RHN has their capacity to consent to their placement assessed. To complete this assessment please follow the steps below. Open Internet Explorer and select MCA/DoLS (bottom left hand box).

1. From the Current Patients dropdown select your ward



2. This will bring up the current list of patients on the ward.

Current F	atients (Andre	w R	eed) ~	6	learch for records	
Full Name 1	Red Occupation Start I	de.	Current Berl	wit trunder	Ward (Current Berl)	Hel Cap Y
Yeres Yes	18.00	2015	OE - Andrew Navd	1,059	Andrew Reed	No
00000.000	11,01	/2016	H - Andrew Rend	3.560	Andrew Rend	No
XXXXX XXX	XXX 27/68	/2016	16 - Andrew Reed	2,428	Andrew Reed	NO
XXXXXX XX	XXX 22/91	/2014	17 - Andrew Reed	5,352	Andrew Revel	NO
Variate Variate	12/01	/2016	EL - Andrew Reed	1.509	Andrew Tend	145
AXXX AXXX	07/09	(2018	04 - Andrew Rand	1,926	Andrew Rentl	the
XXXX XXXX	22/14	(2214	E2 - Andrew Reed	3,238	Acutres Annol	No
XXXX XXXX	16/01	/0016	14 - Andrew Rend	4,190	Andrew Nord	No
Contract of the second	22/%	(2014	E1 - Andrew Reed	1.929	Andrew Send	540
XXXXXXX	13/90	0015	13 - Andrew Reed	1.309	Andrew Rend	140
~~~~~	22/90	(2014	12 - Andrew Raed	1,029	Andrew Reed	No
XXXXX XXX	XXXX 22/14	2014	11 - Andrew Rend	1.900	Andrew Reed	No
XXXXX XXX	23/04	/2018	11 - Arabine Roell	1,380	Andrew Road	No
	14/0	(2013	03 - Andrew Roed	3,434	Andrew Reed	54
XXXXXX XX	XXX BI/12	/0015	Di - Andrew Rend	5.709	Andrew Rend	Not Yet Answere

Figure 1

Figure 2

 Click on patient name to select the patient and click on Start Dialogue from the toolbar



 In the Look Up Record window select Add to launch the Capacity to Consent form Figure 3



Figure 4

 Complete the Capacity to Consent form answering Yes/No prompts

Does the individual have an impairment of, or a disturbance in the	Тір	3
functioning of the mind or brain?		
Slick to add comments		

Click on Next to continue

Click on **Cancel** at any point to exit without making changes

Figure 5

6. For more information on an item see the **Tip** section

Click on **Previous** to return to the previous page

Click on Next to continue

7. You can add additional



Figure

Capacity Io Consent - Int comments in the Click to add **Capacity To Consent Comments** section at the bottom of the form. Tip Is the i Can the in • Yes ON Can the Can the i Click on Previous to return to Yes
 No the previous page Tick to add Click on Next to continue Summary Previous Next Cancel Figure 7 Click on Finish to save and exit Capacity To Consent the form is is the end of the dialog. Click Finish to close it Click on Cancel at any point to exit without making changes lick to add a Summary Previous Enish Gancel

Figure 8

Once you have clicked on Finish the capacity to consent will update automatically the next time you enter the record. Or you can do this immediately by pressing the F5 button.

For those who lack the capacity to consent to placement a DoLS form 1 is necessary.

You will be reminded to update this document on an annual basis (i.e. yearly). If a patient's capacity changes please recomplete the form.

To view the history of these forms being completed, click on Run Report and select Capacity to Consent History.

# 9. Completing Formal Capacity and Best Interest Documents

Many patients and residents here at the RHN require formal mental capacity assessments and best interests decisions. There may be other formal documents that also need to be uploaded that come under the Mental Capacity Act (e.g. to do with Advanced Decisions or a Lasting Power of Attorney). To access templates, and/or upload documents, please follow the steps below. Open Internet Explorer and select MCA/DoLS (bottom left hand box).

1. From the Current Patients dropdown select your ward



Figure 9

2. This will bring up the current list of patients on the ward.

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- (	Current Patie	ents (Andrew F	Reed) -	30	learth for more th	
2.1	ul tane 🕈	Bed Occupation Start Data	Carvet Bed	MPI Number	Ward (Durrent Bed)	Harce 🕈
	Xxxxx Xxxxxx	18/68/2015	05 - Anitres Reed	1,219	Andrew Reed	No
		03/03/2016	16 - Andrew Rend	1.560	Andrew Rend	No.
	XXXXX XXXXXX	27,455,2016	15 - Andrew Rend	2.428	Andrew Rand	No
	Xxxxxx Xxxxx	23/90/2014	LT - Andrew Rend	5,252	Andrew Rend	ho.
	Vous Vous	12/08/2016	III - Andrew Reed	5,509	Andrew fixed	Yes
	0000 0000	07/08/2018	GA - Arabera Kanti	1,826	Andrew Ford	No
	XXXX XXXX	22/10/2014	E2 - Andrew Rand	1,238	Andrew Rend	Rel:
	Xxxx Xxxx	16/01/2016	14 - Archeve Famil	4,190	Ardren Reed	NO.
	North Contract	22/10/2014	II - Andrew Famil	1.829	Andrew Rend	NO
	XXXXXX	13/10/2015	13 - Andrew Rand	3,309	Andrew Rand	NO
		22/10/2014	12 - Andrew Rend	1,025	Andrew Rend	No
	XXXXX XXXXXX	22/16/2014	13 - Andrew Rend	1900	Andrew Rend	No
	XXXXX XXXXXX	05/04/2018	11 - Andrew Reed	8,280	Andrew Reed	Part -
		14/06/2215	03 - Andrew Tarel	3,434	Andrew Reed	No
	AXXXXX AXXXX	00/32/0015	16 - Andrew Rand	1.769	Andrew Ramil	Not Yet Accuered

Figure 10

Save • Gancel

Ope

 Click on the patient's name to select the patient and click on WORD TEMPLATES drop down list from the toolbar



- 4. From the list select Best Interest Decision or Mental Capacity Assessment
- 5. Click on **Open** from the prompt

		Create Wood Template		
PATIENT : INFORMATION		Create Word Template		
		Word Templates		
Mr Harry Hill	-	Best Interest Decision -	Pa	
General		Form 1 - New DoLS Applic		
		Form 12 - DoLS Notific	atio	
Full Name	Mr Harry Hill	Mental Capacity Assess	me	
Current Bed	03 - Andrew Reed	Mental Capacity Related 5		
	Figure	12		
	ligure	12		

6. The Template will launch.

Complete the form and save <u>temporarily</u> to the Patient record in the relevant Groups folder.

- Scroll done to the correct section (Formal Capacity Assessments, Best Interest Decisions, Advanced Decisions) and click on the + button on the right hand side of the screen (as described in section 5)
- Complete all the relevant fields. Note that the information in the 'Purpose/Description' and 'Outcome' fields will be the information that is

Figure 13

Do you want to open or save Form 1 - New DoLS Application.docx from crml

automatically transferred onto the Mental Capacity Summary Sheet. This Summary Sheet goes in the front of every patient folder for all members of staff to see so should contain the relevant information that others need to see.

- 9. Click on the 'Save' button on the top left of the screen.
- 10. You can now upload the relevant document(s) as evidence.
- 11. Under the Evidence section Notes click on the Attach and Browse go to the file location and select the DoLS form and click on Open to attach the form. Add a title for the note if required.

Click on **Done** 

12. Now delete the original document that you saved in the patient folder (Groups, Hospital etc.)

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For guidance with anything in this Guide please contact Jonathan Hinchliffe <u>jhinchliffe@rhn.org.uk</u> or IT on <u>help@support.rhn.org.uk</u>