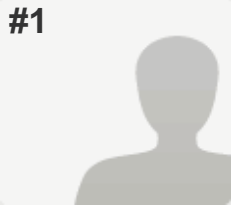


#1

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Saturday, June 18, 2016 9:01:07 AM**Last Modified:** Saturday, June 18, 2016 9:21:47 AM**Time Spent:** 00:20:40**IP Address:** 2.28.114.18

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	piers mcneil
Email Address	piers.mcneil@gmail.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	P had been assessed as lacking capacity when she was in fact making an unwise decision to live at risk in her own home. She was subsequently discharged.
2nd example	The step-daughter of P had been "banned" from visiting as she was disruptive. I made recommended a condition that contact should resume and that if this condition was not imposed i would not agree to DoL.
3rd example	Restraint was being used to deliver personal care to P on a daily basis. This caused agitation and distress. P was continent and I concluded that the level of restraint was not necessary or proportionate and therefore unlawful. I made a safeguarding referral and also imposed a condition that the care home and LA urgently review the frequency of personal care provided (don't know the outcome)

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#2

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Saturday, June 18, 2016 9:56:38 AM**Last Modified:** Saturday, June 18, 2016 10:23:48 AM**Time Spent:** 00:27:09**IP Address:** 86.132.143.67

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

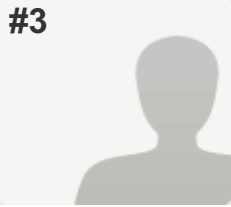
Name	dawn revell
Email Address	dawn.revell@yahoo.co.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Ensuring that the person was involved in social activities
2nd example	Recommending that the case has professional overview
3rd example	Recomending that the person have an Occupational Therapy assessment to explore the availability of equipment to support them instead of being nursed in bed

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#3

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Tuesday, June 21, 2016 6:12:38 PM**Last Modified:** Tuesday, June 21, 2016 6:14:24 PM**Time Spent:** 00:01:46**IP Address:** 212.219.23.1

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

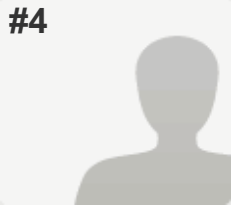
Name	Sue Morris
Email Address	susan.morris@surreycc.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Promoted for person to have a wheelchair to go outside the care home
---------------	--

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#4

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Tuesday, June 21, 2016 6:19:25 PM**Last Modified:** Tuesday, June 21, 2016 6:23:51 PM**Time Spent:** 00:04:25**IP Address:** 212.219.23.1

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Rachel Waters
Email Address	racwaters@hotmail.co.uk

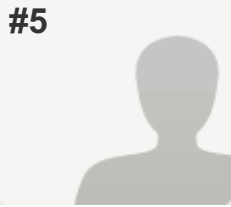
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Requesting medication reviews as person may not need to be on an anti psychotic for management of their behaviour.
2nd example	Short authorisations for new placements where there are significant restrictions and conditions set to review in 3 months so that it forces a review of the care plan.
3rd example	In relation to the above I want to make the point there is no guarantee the persons care will change you can only request reviews

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#5

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Tuesday, June 21, 2016 10:01:05 PM**Last Modified:** Tuesday, June 21, 2016 10:14:27 PM**Time Spent:** 00:13:21**IP Address:** 81.154.148.244

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

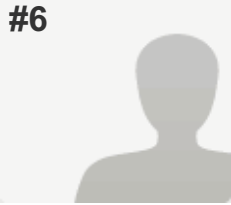
Name	Louise Rowley
Email Address	lou.rowley@btinternet.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Finding people to have the mental capacity to consent to their residency, care and treatment.
2nd example	Setting conditions; particularly in relation to the use of restraint. I have come across multiple situations whereby restraint is being used to deliver care. The care home have advised that "they don't restrain people- but merely hold them". Conditions added in relation to training for staff to ensure that safe / appropriate techniques are used.
3rd example	Raising concerns with commissioning / procurement/ safeguarding around standards of care
4th example	initiating meds reviews, particularly around polypharmacy, increased falls in elderly and use of psychotropic meds.
5th example	Ensuring an expedient / safe move back home for someone who couldn't speak English, had never had access to an interpreter!
6th example	Getting cases to the CoP.

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#6

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 7:00:02 AM**Last Modified:** Wednesday, June 22, 2016 7:02:50 AM**Time Spent:** 00:02:48**IP Address:** 5.69.41.231

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

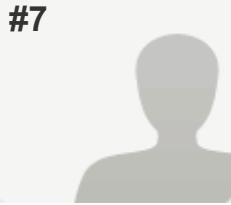
Name	Val
Email Address	valharris@sky.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample	Person suffering from depression which needed investigation.
--------------	--

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	NO
--	----

#7

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 8:34:27 AM**Last Modified:** Wednesday, June 22, 2016 8:40:46 AM**Time Spent:** 00:06:19**IP Address:** 80.195.151.245

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Ozan Fitton-Brown
Email Address	ofitton-brown@hillingdon.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Supporting a person to remove bed rails so they can get out and speak with people at night when they feel lonely.
2nd example	Supporting a person to have access to a private (fire safe) garden area on their own to smoke cigarettes.
3rd example	Supporting a person to move from a tiny box-room into a room with light and air during the final stages of their life and die with dignity.
4th example	Supporting a person to stop being kept in an "annex", which was just a room and allowed full access to a care home.
5th example	Supporting a person to access the local shops independently.
6th example	Finding a person has capacity and lifting all restrictions that the care home placed with no negative consequences for the person.
7th example	Supporting a person to move to another care home to live with their friend.
8th example	Supporting 3 people to be discharged to their home in the community.
9th example	Supporting a person to be discharged from hospital as they had mental capacity, knew the risks and wanted to make an unwise decision.
10th example	Supporting a person to have their medication reviewed and calming medication reduced.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#8

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 8:47:52 AM**Last Modified:** Wednesday, June 22, 2016 8:50:10 AM**Time Spent:** 00:02:18**IP Address:** 194.81.226.175

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	David Proudfoot
Email Address	david.proudfoot@oxfordshire.gov.uk

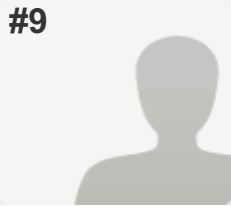
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Working wit a number of service users in supported living. The nature and reasoning behind a lot of institutional and restrictive practices has only be challenged and re-examined as a result of the assessmenst completed by my team
---------------	--

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#9

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 8:53:49 AM**Last Modified:** Wednesday, June 22, 2016 8:57:57 AM**Time Spent:** 00:04:07**IP Address:** 194.81.226.175

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	phillippa sharpe
Email Address	phillippa.sharpe@gmail.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Assessed individual was found to have capacity and as a result was being held unlawfully. He felt listened to and supported by the process and helped to find suitable accommodation elsewhere
2nd example	Individual held to have capacity around making decisions about his care, although he knew he needed to be at the care home he wanted changes made e.g. his door closed when he was in his room rather than being observed all the time, to take risks around his transfers and mobility if he chose to - able to make these changes

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#10

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 9:15:23 AM**Last Modified:** Wednesday, June 22, 2016 9:22:02 AM**Time Spent:** 00:06:39**IP Address:** 194.61.223.51

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	annette todd
Email Address	annette.todd@nottinghamcity.gov.uk

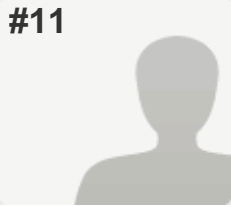
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample	I want to assess a citizen who wa splaced in a Dentia specialist nursing hme. I was able to establish he had regained capacity and had been very isolated in his room as he had no one to converse with. On notifying his family that he had capacity and wanted to move ( self funder) he moved to more appropriate accomodation.
--------------	--

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#11

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 9:18:16 AM**Last Modified:** Wednesday, June 22, 2016 9:22:31 AM**Time Spent:** 00:04:15**IP Address:** 91.224.27.228

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	beth
Email Address	beth.mellor2@hants.gov.uk

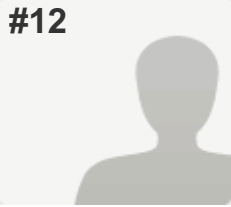
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Prompting a review of the care by the CCG
2nd example	Helping work towards a trial back in their own home
3rd example	Helping prompt a referral to SALT
4th example	Helping care home staff understand the Mental Capacity Act
5th example	Helping family members understand the role of LPA for health and welfare
6th example	Helping care home consider back up plans if a trip outside of the home was cancelled.
7th example	Helping social work staff understand the importance of considering HR article 5 and 8 prior to placing someone in a care setting.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#12

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 9:29:12 AM**Last Modified:** Wednesday, June 22, 2016 9:36:56 AM**Time Spent:** 00:07:44**IP Address:** 195.188.183.124

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Nicolette Barry
Email Address	nicolette.barry@slough.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

As a BIA I went out to a woman who had been in a care home for 18 months she had been moved there due to being hit at home by her husband. It had meant to be a temporary thing but no one had done anything about it and she was crying on a daily basis. Her family and her husband wanted her home. I managed to work with the family and social worker to get her home as the DOLS was not in her best interest. She is now at home with her husband with support.

2nd example

I went to visit a young woman in hospital who wanted to go home to be with her children, everyone thought she should stay in hospital but no one had spent time with her re their concerns. Managed to work with her with a short order and got her the treatment she needed and she went home.

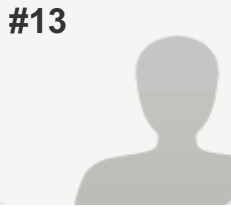
3rd example

Visited an older person in hospital who had a stroke, hospital had put in DOLS for her to have rehab, she wanted to go home and have rehab at home. Family willing to pay for this. Ward not wanting her to go home. She went home and had treatment and was much happier.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#13

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 9:19:51 AM**Last Modified:** Wednesday, June 22, 2016 9:37:26 AM**Time Spent:** 00:17:35**IP Address:** 194.81.226.175

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Rachel BLOODworth-Strong
Email Address	Rachel.BLOODworth-Strong@oxfordshire.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Male client-head injury, in nursing home. BIA referred for Social work re-assessment as placement inappropriate
---------------	---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#14

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 9:36:50 AM**Last Modified:** Wednesday, June 22, 2016 9:43:28 AM**Time Spent:** 00:06:37**IP Address:** 91.216.55.86

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Claire Bland
Email Address	cbland@lambeth.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Referral made to SALT.
2nd example	Referral made for seating assessment and then private funded chair.
3rd example	Ensuring the person was supporting to go outside on a regular basis.
4th example	Review of placement
5th example	LA prioritised review and exploration of alternative placement
6th example	Prompted MA to review it's activity resources
7th example	Numerous 5(4) challenges
8th example	Supported MA to successful gain fee increase to provide one to one at identified times of the day.
9th example	Person found to have capacity
10th example	Person without capacity still supported to return home as "less restrictive" option.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#15

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 9:39:59 AM**Last Modified:** Wednesday, June 22, 2016 9:45:49 AM**Time Spent:** 00:05:50**IP Address:** 212.219.10.158

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Jackaleen kelly
Email Address	jackaleenkelly@yahoo.co.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Highlighted unauthorised deprivation to MA & SB
2nd example	Suggested CoP for person clearly objecting to SB
3rd example	Highlighted/ reported adult safeguarding
4th example	Suggested least restrictive option to MA & SB
5th example	Facilitated least restrictive placement change
6th example	Requested Mental Health Act assessment

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#16



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Wednesday, June 22, 2016 9:26:52 AM

**Last Modified:** Wednesday, June 22, 2016 9:49:46 AM

**Time Spent:** 00:22:54

**IP Address:** 81.144.199.142

---

PAGE 1

---

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Lucy Robbins
Email Address	lucy.robbsins@suffolk.gov.uk

---

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample

P and her husband lived in a care home with her husband. Unsubstantiated allegations had been made by the staff against the husband. Restrictions were in place that they could not spend time alone together. The DOLS assessment clarified to practitioners and the home that if they were to separate the couple then the case would need to be referred to the CoP. Conditions were attached to the DOLS that the couple should be supported to spend time together in a safe environment. This was a self funding couple where the care was not commissioned by a LA and the care home was acting without any legal authority.

2nd example

A couple are living separately in different care homes. Conditions on the DOLS states that they should meet at least once a week and have regular and unrestricted phone calls. Without the DOLS the couple probably wouldn't have met up as this requires commitment and resources from both the homes.

3rd example

An active younger man with dementia was living in a care home. No activities were being provided and he was not supported to participate in appropriate activities. A condition of the DOLS was that appropriate activities should be planned for this man. A short period of authorisation was given. Liaison with Mental Health Services and the LA took place and a review of his care needs and service provision was requested. 39A and paid RPR were appointed and P had an advocate. Both myself as the BIA and the advocate identified that application needed to go to the CoP as P was accommodated in a care home that both P and his wife were objecting to and that wasn't in his best interests. P was reassessed by the allocated worker and moved to a more appropriate setting.

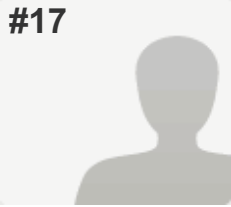
4th example

P had been placed in a care home by his wife after discharge from hospital. This was a private placement. P recovered from experiencing delirium and wanted to return home. His wife did not want him home. On assessment P had mental capacity to decide on accommodation and care arrangements. A referral was made to the LA for an assessment and that social worker supported him to return home.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#17

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 9:46:24 AM**Last Modified:** Wednesday, June 22, 2016 9:55:30 AM**Time Spent:** 00:09:05**IP Address:** 193.35.234.68

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Rachel Hubbard
Email Address	rachel.hubbard@bristol.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

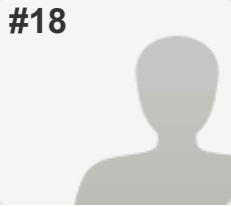
Firstexample

This was a case I was aware of in my work as a DoLS Coordinator. A woman was being severely restricted in the care home where she lived (had to stay in her room on the top floor of the home almost 24 hours a day) as another resident was assaulting her regularly. The care home couldn't think of anything else to do and the social worker raised the issue with the DoLS team as they felt she should be assessed for DoLS as a matter of priority. The BIA assessed and found the restrictions a disproportionate response to a risk of harm that she did not pose to herself. They set conditions that the person who was targetting her should be removed as soon as possible. The condition meant that the person was moved (far quicker than the usual care management process would have addressed this) and the restrictions on the woman were reduced significantly as a result. The person who was moved has in a short period settled significantly and now resides somewhere that is far more able to meet their needs. This situation would have only deteriorated and continued for much longer for both parties involved without DoLS intervening.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#18

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 10:01:06 AM**Last Modified:** Wednesday, June 22, 2016 10:09:37 AM**Time Spent:** 00:08:30**IP Address:** 94.175.229.130

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Emma Hartley
Email Address	ehartley4@hotmail.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Returning home! - Its hard for some to believe but a person that lacks capacity can live in their own home- this is not risk free and causes lots of nail chewing BUT my BIA work has resulted in people being able to return home (not often but it has happened)
2nd example	A person having capacity so therefore should not have restrictions
3rd example	A lady who was frequently sat in her own mess as carers "did not want to lay hands on her"- most undignified for her. I placed a condition about staff being trained and able to use safe handling practices for essential and necessary personal care for this lady.
4th example	I have had a role in a person moving to a more suitable care environment (a young man in his 40s with korsakoffs dementia in a nursing home full of older ladies)
5th example	A case of a young man who lacked capacity but wanted some freedom to go out alone- I worked with the home and a reluctant social worker on a risk/care plan for unescorted leave (after asking an OT to assess road safety skills etc). This leave has worked so well it has been increased and social worker and care home report that this is the happiest and most stable this young man has been for years (he has spent many years detained under MHA and in secure units)
6th example	Conditions to ask the care home to log activity/stimulation/outings/1:1 time - this has helped on short authorisations to see what can be provided to improve someone quality of life.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

---

YES

#19



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Wednesday, June 22, 2016 10:07:07 AM

**Last Modified:** Wednesday, June 22, 2016 10:27:51 AM

**Time Spent:** 00:20:43

**IP Address:** 92.232.121.152

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Jo Liveston
Email Address	joanneliveston@ymail.com

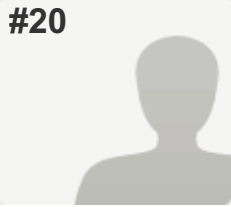
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	man in highly inappropriate care home due to sloped flooring and mobility problems, poor lighting/design for dementia and inadequate personal and room hygiene was moved.
2nd example	lady who never got to go out had authorisation with conditions to take her out at least weekly plus access to garden
3rd example	young man with learning disabilities inappropriately placed in mental health unit moved and general safeguarding concerns for others raised with LA and CQC
4th example	man found able to consent to own arrangements
5th example	lady assisted to make objections and wish to go abroad taken into full consideration
6th example	lady sectioned under mental health act who was struggling with severe agitation, lack of sleep and was in a locked unit without proper authority
7th example	lady assisted by conditions to refer to physical health services which addressed issues with pain and improved her cooperation with care and emotional health as a result
8th example	young lady who was placed on physical treatment which led to physical restraint and inability to go out from room had alternative treatment options considered as a result of conditions and was then able to spend a period of every day out
9th example	man got access to visits from family and ability to make a choice to have a weekly takeaway through conditions
10th example	man assisted to reduce restrictions of 1:1 supervision 24 hours through the use of conditions to require technology rather than a person

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#20

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 10:20:17 AM**Last Modified:** Wednesday, June 22, 2016 10:30:54 AM**Time Spent:** 00:10:36**IP Address:** 86.147.245.177

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Adrian Watts
Email Address	adrian@honeypad.com

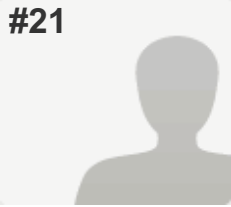
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Person from traveller community in care home, did not want to be there and very distressed. Arranged with Social Worker for that person to return to where they were previously living
2nd example	Person in care home distressed by limited access to family (issue was that family had no transport). Arranged with Social Worker transport as this was important to person's mental wellbeing
3rd example	Person in care home, paperwork did not reflect what was going on and there were some serious SOVA concerns. Raised the issue with Safeguarding team
4th example	Person in care home, wanted family involvement. Person distressed by no visits, family distressed by person in care home. Liaised with care home, family and social worker with suggestions to ease this situation.
5th example	Person in care home, DNACPR was in place which neither the person nor the family were aware of. Reported it to CQC

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#21

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 9:35:31 AM**Last Modified:** Wednesday, June 22, 2016 11:04:06 AM**Time Spent:** 01:28:35**IP Address:** 151.229.54.7

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Katia DOONAN
Email Address	katia.doonan@sky.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	P was estranged from his family however after BIA/DOLS made contact with individual family members and was able to identify a suitable RPR and was then able to re-unite the family with P.
2nd example	BIA/DOLS tend to educate managing authorities and care-staff as well as empowering appointed RPR to monitor progress and be more involved in participating in the care-plan reviews and to have more active role with P
3rd example	BIA/DOLS has made a difference when calling the managing authority to improve the environment in the home setting and providing more inhouse participation for P
4th example	Conditions imposed by BIA/DOLS have improved care-planning for P and this has reflected on other residents there positively
5th example	P with separated parents: BIA was able to improve link between parents in view of both parents taking equal responsibility to monitor care-plan . RPR already met with SW and MA to ensure a review of sleeping arrangements were made.
6th example	P was having contraceptive depot injections without a best interests decision having been taken. BIA empowered RPR to call for a meeting with GP and MA for a decision to be made in P's best interests to continue or not to have the depot injections.

7th example

BIA/DOLS has recommended a very short period of DOLS authorisation to the Hospital MA. In this way it would prioritise the prescribing of a course of anti-dementia medication so to improve the chances of P regaining capacity. BIA also spoke with allocated s12 (2) who also felt the same way and agreed to support the prescribing of anti-dementia medication to support P and " taking all the practicable steps to aid P in making a decision"

8th example

BIA/DOLS was able to highlight to the SB and the Managing authority that P was living in supported accommodation and would have the right of having a litigation friend/solicitor and the case to be heard by the COP.

9th example

BIA was able identify during the DOLS assessment that the LA had not reviewed this resident for the last three years and to identify that this resident would be entitled to a continuing health care assessment.

10th example

BIA/DOLS was able to provide an opportunity to empower older relatives of P who "did not want to rock the boat" by complaining about the care P was receiving. DOLS has given them an extra layer of protection and the means to break away from old conceptions that families should not monitor authorities much less the care-plans.

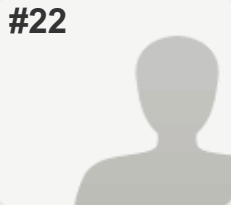
---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---

#22

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 10:29:23 AM**Last Modified:** Wednesday, June 22, 2016 11:07:56 AM**Time Spent:** 00:38:32**IP Address:** 212.219.23.1

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Diane Taylor
Email Address	Dianehidayet.taylor@surreycc.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	The person had mental capacity and was placed in a care home 3 years ago, when at the time to be deemed as lacking capacity. Mrs A, although not objecting to the care and support being provided for her, she still had a strong desire to return to her own home and had been waiting for someone to assist her to return to her own house; which still remained in another county. I was able to share knowledge and give guidance to the MA about their role and responsibilities, working with the law, influence a Care Act Assessment, referral to Community Mental Health Team for Older People, and better inform relatives and LPA about his aunts rights and how they can continue to work with health and social care professionals to ensure that actions taken for their aunt are lawful and she is listened to.
2nd example	I have on several occasions highlighted the very poorly completed DNACPR forms on file, ranging from not being completed and signed off by professionals, or not signed off by Clinical at all, to having DNACPR on case files without the knowledge of a very capacitated patient. DNACPR in need of reviews due to change of patients condition
3rd example	Removal of bedrails, unnecessary equipment, promoting least restrictive option
4th example	Influenced reassessments of care needs, leading to provision of 1:1 support to access the wider community safely, exploring opportunities and promoting well being.
5th example	Influenced a move from a care home totally not suitable to the person, which was placing him at greater risk of harm

6th example	Raised a safeguarding due to the failures of both health and social care professionals due to the lack of assessment and lack of support being provided to self funding service users and their families.
7th example	Protecting the rights of all those assessed, giving them a voice to be heard if they object, ensuring that paid RPR's are appointed when all family members refuse to support an objecting adult
8th example	Provided guidance and information to families about health and social care services, including voluntary organisations, where they can get help, and support in relation to their relative's care and support needs.
9th example	Provided information and guidance to MA, to help them to think about their care practices, to explore alternative ways of providing the support without restricting the adult, exploring all their options, sounding things out, discussing dols eligibility and whether it is appropriate to refer.
10th example	challenged other health professionals when they have assessed the Adult as lacking mental capacity without giving full regard to the principles of the Mental Capacity Act

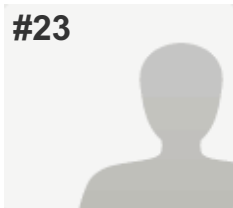
---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---

#23

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 11:01:12 AM**Last Modified:** Wednesday, June 22, 2016 11:20:16 AM**Time Spent:** 00:19:04**IP Address:** 82.33.230.34

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Lorraine Spring
Email Address	lorraine.spring@southglos.gov.uk

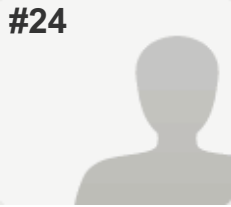
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Male in dementia nursing home - found to have capacity and went home
2nd example	Review of dementia patients medication. She was on 17 tablets a day
3rd example	review of a person's care by learning disabilities provider
4th example	Initiated institutional safeguarding investigation into care and treatment of service users on a dementia unit, including the culture of the institution.
5th example	Male, assessed having capacity, had been catheterised by medics for the convenience of the home, even though he was falling alot. He was able to demonstrate 'valid consent' and then de-catheterised.
6th example	Male with LD, had not been 'allowed' by staff into his own kitchen. Although he lacked capacity in respect of care needs, positive behaviour plan implemented giving him access to his kitchen.
7th example	Numerous assessments have triggered reviews by either CCG or by the local authority.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#24

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 11:16:21 AM**Last Modified:** Wednesday, June 22, 2016 11:20:50 AM**Time Spent:** 00:04:29**IP Address:** 194.61.223.51

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Eleanor Cullen
Email Address	eleanor.cullen@nottinghamcity.gov.uk

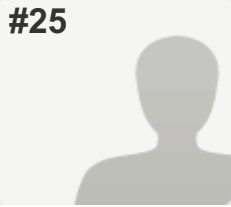
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Improving quality of care plans and MCA/BI paperwork
2nd example	Removing a blanket restriction of checking all residents overnight every hour regardless of need
3rd example	Finding a person has capacity

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#25

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 11:50:15 AM**Last Modified:** Wednesday, June 22, 2016 11:58:14 AM**Time Spent:** 00:07:59**IP Address:** 91.224.27.229

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Philip Stephens
Email Address	Philip.Stephens@hants.gov.uk

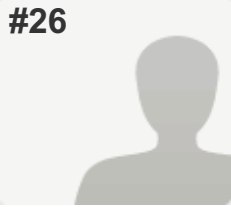
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	For a person in their 40's who needs nursing care 24hrs a day to have a condition that greater access to the community was provided to explore interests that the individual would have had prior to the need for permanent care.
---------------	---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#26

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 12:40:12 PM**Last Modified:** Wednesday, June 22, 2016 12:45:15 PM**Time Spent:** 00:05:03**IP Address:** 85.12.98.1

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Sara-Jayne Williams
Email Address	Sara-Jayne.Wiliams@bedford.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Requested review of care arrangements and involvement of MDT to support P to weigh up risks - identified possibility of P regaining capacity and as P was objecting to residency
2nd example	Attached conditions to improve care provided and to lessen impact on P whilst intimate care interventions were being undertaken

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#27



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Wednesday, June 22, 2016 12:16:51 PM

**Last Modified:** Wednesday, June 22, 2016 12:46:51 PM

**Time Spent:** 00:30:00

**IP Address:** 91.216.55.86

---

PAGE 1

---

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Fay Pinnock
Email Address	fpinnock@lambeth.gov.uk

---

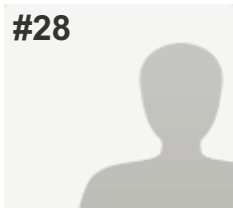
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Liasing with family who felt current placement was not meeting the needs of the service user. Recommending a review of placement to discuss issues raised and plan the way forward.
2nd example	Identified that a full needs assessment was required due to the service user being a self funder and family had arranged the placement independently.
3rd example	Improvement in the homes ensuring that MCA & BI decisions are completed and filed accordingly.
4th example	Sharing knowledge of the DOLs process to staff and expectations from care homes in fulfilling their duties and best practice.
5th example	Being able to explain to family the role of RPR n detail and that it is not just a paper excercise for them to sign but to be able to challenge the DOLs
6th example	Service user requiring a MCA due to his needs changing and a reassessment of placement was required.
7th example	Visiting a home to carryout assessments and as a result has arranged training for all the staff.
8th example	Shadowing colleagues who have benefited from the advise and I have been able to pick-up areas to look at in my practice, when completing assessments.
9th example	Restriction being removed which was no longer required.
10th example	Asking the home to review internally and record changes to better the support of the service user.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#28

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 12:43:12 PM**Last Modified:** Wednesday, June 22, 2016 1:21:04 PM**Time Spent:** 00:37:52**IP Address:** 212.250.170.10

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

*Respondent skipped this question*

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

I assessed a lady who was placed in a nursing home after being discharged from hospital after an acute illness. She had no recollection of her admission and felt her voice was not being heard in respect of her wish to return back to her sheltered accommodation. During her hospital admission she was diagnosed with a terminal illness and she was clear in her wish to return home to die. The BIA assessment established she had mental capacity to make a decision around her accommodation and her care and support needs. The funding authority were asked to conduct an urgent review in light of the findings from the BIA assessment. I am not clear this would have happened had the BIA assessment not gone ahead.

2nd example

I assessed an elderly lady who had been admitted into a residential home following a deterioration in her mental health. I applied the following conditions to the standard authorisation. Staff to support this lady to access the local community so she can choose her own clothes and personal items and to also facilitate her going out for a coffee. These activities she particularly enjoyed at home and it was important for this lady to continue to have some choice and autonomy despite being in care. I also asked that the home facilitate Skype contact with her brother, a person she talked fondly of but had limited contact with. Too often the residents quality of life is forgotten when they enter residential and nursing care and BIA's are in the ideal position to promote a person's emotional wellbeing by reviewing the care plan in place.

3rd example

I assessed a gentleman with a substantial learning disability and autism. During the assessment it was apparent that some of the information recorded on his residential file pertained to another resident. Care plans were reviewed and needed to be update and mental capacity assessments pertaining to the use of restraint were not undertaken and there was no best interest meeting or decision on the use of restraint by staff. The home had failed to implement the requirements of the mental capacity act .I recommended as part of the standard review that his file be updated and inappropriate information removed/ amended. I also recommended mental capacity assessment be undertaken in respect of the use of restraint. These issues had not been picked up in previous reviews.

4th example

I assessed a lady admitted onto an Elderly mental health ward of a local hospital. This lady had a dual diagnosis of dementia and an Schizophrenia. She was assessed as lacking mental capacity to reach a decision around her accomodation and care and support needs however, despite her lack of capacity it was evident that remaining on the ward was not in her best intersts and that the less restrictive option was for her to return home with a jointly funded care package to meet her health and social care needs. I only recommended a minimal aunthoriation with the conditions that a best intersts meeting needed to be convened with a view to returning back to live with her partner. This was in line with her wishes. The case remains contencious as a result of her partners non compliance with facilitating discharge planning. It was also recommended that a IMCA be appointed to her case. The assessment has given this lady a voice and has made professionals carefully consider the less restrictive options available to meet her needs without resorting to residential care as a first option. The case is likely to be presented to the court of protection for a ruling on what is in this client's best interests because a further authorisation is not felt to be in her best interests as there are less restrictive options available to her.

5th example

My most recent assessment is of another elderly lady admitted to a mental health ward of the local hospital. It was determined that she lacked mental capacity to make a decision over her accommodation and care and support needs and a best interest meeting had taken place for her to be moved into a nursing home with an Asian unit. The best interest assessment had established that she was only remaining on the ward because of the difficulties in resourcing a suitable placement that the local authority would fund. I have recommended a short authorisation, so that the local authority can continue to resource suitable accommodation. If no agreement is forthcoming between the local authority and the family then my recommendation is for the case to be presented to the court of protection for a ruling. The hospital setting is not the less restrictive option available.

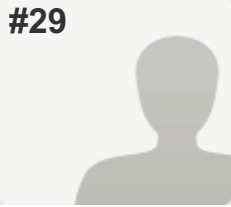
---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---

#29

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 1:28:26 PM**Last Modified:** Wednesday, June 22, 2016 1:40:21 PM**Time Spent:** 00:11:55**IP Address:** 91.216.55.86

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	krish Ramdhony
Email Address	kramdhony2@lambeth.gov.uk

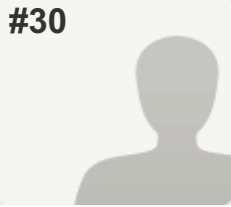
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Person is in a care home placement; born and grew up in France; NOK/brother lives in France but due to old age frailty cannot visit sister in the UK. Absence of communication with brother by Person was causing a restriction on her social world, which was reduced to just interaction with care staffs at the care home. One of the recommendations in the DOLS assessment was for the care home to explore / facilitate communication of the Person with her brother in France via social media such as Viber / WhatsApp / Skype, etc. This measure would have placed no additional cost to the Managing Authority / Care Home as these are free.
---------------	---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#30

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 1:24:16 PM**Last Modified:** Wednesday, June 22, 2016 1:41:14 PM**Time Spent:** 00:16:57**IP Address:** 62.255.118.6

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Anita Balmer
Email Address	anita.balmer@wokingham.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample	I am a new BIA, and have only completed 4 assessments. Of these all restrictions in place were felt to be appropriate in terms of restrictions to risk's. One case there was conflict between section 12 doctor and GP regarding care and treatment, and these were addressed (GP felt cusotmer was "end of life" so had withdrawn medication, Section 12 doctor disagreed and meds were subsequently re-started.
--------------	---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#31

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 1:52:58 PM**Last Modified:** Wednesday, June 22, 2016 2:03:13 PM**Time Spent:** 00:10:14**IP Address:** 85.12.98.1

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	jeremy cassidy
Email Address	jeremy.cassidy@bedford.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample

I have discussed the reason an application was made for a Deprivation of Liberty Safeguard (DoLS) by %%% Hospital with \*\*\*\*\*'s family. This application was made as \*\*\*\*\* is unable to give informed consent for her treatment and care options due to her Dementia, cognitive impairment and disorientation. \*\*\*\*\* was awarded fast track Continuing Health Care (CHC) funding on the ^^^^^ and has been assessed as needing end of life care. I am of the professional opinion that a DoLS authorisation is not needed at present. Objectively \*\*\*\*\* is not resisting any care or making requests to leave. She is often accompanied in the side room she currently occupies by her family and staff are providing care when needed. A package of care is being arranged for a safe discharge home. It is therefore appropriate for the Hospital to provide continued support under Section 5 of the Mental Capacity Act 2005 through completing a Mental Capacity Assessment and best interest decision with \*\*\*\*\*'s family. Having a Deprivation of Liberty authorised would not provide any additional safeguards and cause further concern and stress to the family at an already difficult time. Following Department of Health guidance published 22.10.2015, points 24 to 27 (outlined below) state when it is not in the individuals best interest to have a DoLS in place. It is more appropriate for \*\*\*\*\* to continue to receive treatment at %%% Hospital with a Mental Capacity Assessment and Best Interest Decision in relation to her treatment and care arrangements. End-of-life and palliative care settings : 24. End-of-life and palliative care settings are another area where the Supreme Court judgment has led to particular difficulties. Individuals in these settings have as much right to least restrictive, best interests care as in any other health and care setting. However, handled inappropriately, the DoLS process can cause unnecessary distress for the individual and their family and friends. 25. We must remember that the reality on the ground is that in the great majority of palliative care cases, the family and loved ones of the individual concerned do not recognise any "deprivation of liberty" in a conventional sense. Rather, they see a normal care situation. 26. It is important that those professionals working in palliative care and end-of-life settings understand where it is not appropriate to make a DoLS application. Professionals should feel confident of their position if they are following good MCA principles, this guidance and are keeping good records of decisions made.

---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

---

YES

#32

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 2:04:07 PM**Last Modified:** Wednesday, June 22, 2016 2:05:47 PM**Time Spent:** 00:01:40**IP Address:** 91.216.55.86

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

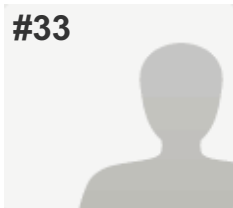
Name	Janna Kay
Email Address	jkay@lambeth.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample	Managed to track down overseas relative for info and input
--------------	--

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#33

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 2:17:47 PM**Last Modified:** Wednesday, June 22, 2016 2:25:25 PM**Time Spent:** 00:07:38**IP Address:** 87.115.213.153

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Sarah Giles
Email Address	sarahmgiles@hotmail.co.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

1. Promotion of Principle 5. Care home for elderly people informed the assessor that it did not, as part of its care delivery, escort people out in order to access the community for leisure time. A condition was placed on the home to enable P to have reasonable access to the community. A recommendation was made to the service commissioners to scrutinise its contract with the service as the practice of not enabling P to go out was unreasonably restrictive. The care home began to escort the person out into the community on a regular basis to the person's great enjoyment, and in line with her wishes and previous habits (even before the commissioner's scrutiny).

2nd example

2. Empowering Family. Family representative commented that the DoLS form 3 empowered him to negotiate care arrangements with the care home such that his elderly parent was enabled by staff to get up and walk at least six times a day rather than sitting in a chair all day. This included ensuring staff were provided with necessary training to enable the person to mobilise safely. This was to the person's benefit and in line with their wishes as communicated by their behaviour and previous habits.

3rd example

3. Promotion of Lawful Practice. At a rate of approximately 90% the form 3 conditions include requiring where necessary the care home to ensure assessments of capacity and best interests decisions are carried out and recorded in order to authorise care and treatment plans. This process encourages the care home thoroughly to consider less restrictive options, and to ensure the person, and their significant others, are consulted (including deputies for health and welfare decisions from whom consent is required). Many managing authorities believe that a DoLS itself authorises care and treatment.

4th example

4. Promotion of Principle 5. The form 3 conditions included requiring the care home to carry out a best interests decision in relation to the feasibility of lifting the total ban it had imposed on the person consuming alcohol. This ban was very much not in line with P's wishes and appeared unnecessarily restrictive. This was done, and arrangements were made for the P to have safe access to alcohol.

5th example

5. Timely promotion of P's rights. The form 3 recommended that the person's representative apply to the COP immediately as the person was clearly objecting to his care home placement.

6th example

6. Promotion of Principle 5 and Equality and Diversity. The form 3 may require cultural needs to be taken into account. For example ... care home provider to, within a time limit, implement an activities care plan for P who was of Chinese heritage by drawing up a life history document to be read by all staff. For this document to include a holistic record of P's individual cultural and religious needs/preferences/choices in relation to for example; food/drink, music books/pictures/DVDs, activities, accessing the community, church services/religious observations, feast days/celebrations. Also to include due consideration as how P's room may be personalised to their taste, and how it may be equipped to promote P's interests/identity for example: a music system, DVD system books, photograph album, pictures, room scent, decorations/ornaments. For due consideration to be given as to how these preferences may effectively be met and further incorporated into all the care plans. The form 3 included a recommendation for the managing authority to make contact with local Chinese organisations to which P had previously belonged and a copy of the activities plan to be sent to the DoLS team at the supervisory body for scrutiny.

7th example

7. Enabling the Representative. The form 3 conditions required specific record keeping and sharing of information in order to assist the representative in promoting the person's rights. For example... the managing authority to ensure that staff record on a daily basis any occasion when P indicates they want to leave, also to describe the interventions staff use in response, and P's mood and responses after the event. And to ensure that P's Representative is provided with these records.

8th example

8. Prevention of Inappropriate use of DoLS. In my experience, at a rate of approximately 3%, P has had capacity to consent to their care and accommodation arrangements.

9th example

9. Promotion of Principle 4 and Wellbeing and Safety. Form 3 recommendation/conditions frequently require managing authorities to enable P to access other services for example: medical, psychiatric, occupational therapy and physiotherapy assessments. This includes reviews of medication. Form 3 recommendations frequently include actions for the supervisory body to P's potential benefit. For example, application for (non means tested) CHC funding when indicated, or taking steps to ensure proper management of P's finances and property. Often a DoLS assessment uncovers that appropriate financial arrangements are not in place leaving P vulnerable to abuse and unnecessary financial outlay. At a rate of over 50% I find DNACPR forms for people who lack capacity are unlawful. The form 3 often address the issue of improperly completed DNACPR forms including challenging incidents of the care home staff making the best interest decision which underpins P's DNACPR. E.g. The assessor noted that xxx care home had completed its own best interest decision record, using its own template and signed by a member of xx care home staff, to underpin a 'do not attempt cardiopulmonary resuscitation' (DNACPR) decision for P. The assessor is of the view that a DNACPR decision is a medical decision which falls out of the remit of the member of staff who signed the best interest decision record. Therefore the xxx care home DNACPR best interest decision record on file does not meet the legal requirements of the MCA. The assessor recommends the service seeks appropriate legal advice on this matter.

10th example

10. Promotion of the MCA and lawful less restrictive practice. At a rate of 90 % I find myself explaining the MCA and its Codes of Practice and informing providers about learning resources, how to obtain copies of the Codes and the Act. In this way lawful, less restrictive practice is promoted. Sometime discussions are a very basic level. For example P was not being taken outside into the community because they needed a wheelchair including a wheelchair lap belt. The care home staff thought using a lap belt was a restraint and that restraint is not permitted. So P did not go out. I was able to show how restraint is defined and can be authorised by the MCA and the person was enabled to go out. Very often services do not know when and how to carry out an assessment of capacity and nor how it should be recorded. In my view being a proponent of the Act is a really important part of the BIA role. In my experience, a properly conducted BIA assessment followed by a well written report can serve to model good practice which demonstrably upholds the principles of the MCA, and has a positive impact on providers' practice and service delivery.

---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---

#34



**COMPLETE**

**Collector:** Web Link 1 (Web Link)

**Started:** Wednesday, June 22, 2016 2:31:07 PM

**Last Modified:** Wednesday, June 22, 2016 2:41:00 PM

**Time Spent:** 00:09:53

**IP Address:** 77.96.240.103

---

PAGE 1

---

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name

marilyn kitchenham

Email Address

marilyn.kitchenham@outlook.com

---

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

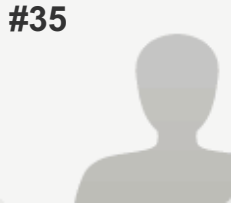
First example	Person had mental capacity but was sharing room with someone who had severe dementia!! No-one to talk to. Needed change of room and more access to social environment
2nd example	Person unlawfully deprived. Placed at care home for respite and left there. Application made to Cof P as person had a sense that she had been duped
3rd example	Expedited discharge from hospital where P had been for 7 months because of arguments between husband and hospital (acute) She had been treated as lacking capacity! When I saw her she was able to reason very precisely why she needed to get out of hospital to a care home.
4th example	2 care managers had assessed P who has mild learning disability and behaviour which challenge the service as having capacity and had told him he could live where he liked. This led to a highly risky situation. My assessment led to a reversal of this decision and a sensible and safe care plan was authorised. He is doing well and has not had to return to secure unit
5th example	Liaised with family members who live around the world re dols for their mother who had lost the power of speech. Got involvement of speech therapist again who had withdrawn following P's stroke and safeguarding investigation led to more appropriate visits from her partner who did not bring his new partner to visit her too as this was inappropriate. Consequently she is happier
6th example	Helped family members to understand dols process and during consultation was able to explain about discharge procedures about which they were completely naive having never met this before.
7th example	Had numerous positive comments from family members about my helpfulness in the discussion about their family member and what led up to current care arrangements and why dols is necessary
8th example	Assessments in care homes have led to MA's becoming much more aware of MCA and the law and the need for compliance
9th example	As a result of consultation with social workers and others, they have become acutely aware when their practice has fallen short ie no mental capacity assessment or best interests decision made or recorded prior to P being admitted to care home

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

---

YES

#35

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 3:05:15 PM**Last Modified:** Wednesday, June 22, 2016 3:08:01 PM**Time Spent:** 00:02:46**IP Address:** 193.35.234.68

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Matt Nichol
Email Address	matt.nichol@bristol.gov.uk

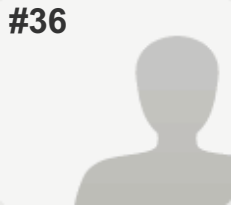
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Influenced review of sedating medication
2nd example	recommending IMCA 39D for appeals support
3rd example	influenced care review to increase external agencies visits to reduce isolation and restrictions

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#36

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 2:56:03 PM**Last Modified:** Wednesday, June 22, 2016 3:20:03 PM**Time Spent:** 00:23:59**IP Address:** 62.255.118.6

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Liz Tait
Email Address	liz.tait@wokingham.gov. uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

One gentleman used a wheelchair as he was worried about falling, the care home he lived in was not wheelchair accessible so he could not independently make drinks, close the toilet door etc and staff felt he should be encouraged to walk. The gentleman did not realise that he had a choice of where he lived and I found him to have capacity regarding where he lived and his care. Following my intervention he has now moved into an adapted supported living flat.

2nd example

A young man with a learning disability was not able to leave the shared supported living house at the weekend as there was only one member of staff between all the residents, he access to his family was also unreasonably restricted. Amendments have now been made to the care package and the case is waiting to go to the CoP for authorisation of the DoL.

3rd example

An older gentleman with a learning disability, living in a residential setting for adults with LD, wanted to go out into the community for cups of tea, to the shops with a member of staff, but his 1:1 support hours were fully taken up providing personal care as his support needs with this had deteriorated over the years. This had not been picked up at his annual review. The DoLs process meant that he now has additional 1:1 hours and can go out into a town every day and as a result his behavioural issues have improved.

4th example

One gentleman with autism and a learning disability living in a supported living setting, was prevented from accessing the kitchen as the door was locked for the safety of another resident, as a result the gentleman made it his challenge to break into the kitchen (he would take the door off its hinges) and eat all the food from the fridge. This was another one for the CoP but changes in the care plan and reviewing the suitability of the placement meant that the behavioural issues were better addressed and he was no longer unnecessarily restricted.

5th example

An elderly man with dementia who had a previous brain injury in his 40s and as a result walked with an unsteady gait. The care home staff had prevented him from going out for walks along the river which he always had done due to the risk of falls. The DoLS process meant that he was enabled to go out for walks every day with a staff member and whilst there was a risk of falling into the river, this is a risk he had always taken when he had capacity to do so (previous wishes) and the benefit of going out outweighed the risks in this case.

6th example

A gentleman with a learning disability in a supported living setting (again CoP) had a physical disability and following surgery on his hips he was not able to go upstairs for a while, outside the home he used a wheelchair so going upstairs was something he could do for himself and he enjoyed looking out of the window upstairs. After he recovered from the surgery the staff did not review the decision about going upstairs and there was a gate in place which other residents could open. We reviewed this and the best interests decision was for him to be able to go upstairs independently again. His bathroom door was also locked to prevent him from emptying the bin in there and again this was unnecessarily restrictive and we came up with a plan for the bin to be emptied/kept elsewhere.

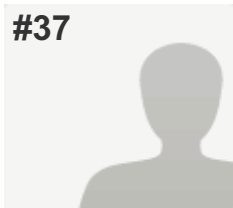
---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---

#37

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 5:27:55 PM**Last Modified:** Wednesday, June 22, 2016 5:45:43 PM**Time Spent:** 00:17:48**IP Address:** 85.115.54.202

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Alison Strang
Email Address	Alison.strang@croydon.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample

I had the opportunity to assess a gentleman who had been placed by his LPA into a care home because he felt it was in his best interests. On further investigation it transpired that this gentleman's son had told him that he was going for supper and simply moved him into the care home. He then informed the manager that his father was not to see relatives or take phone calls for 6 months. In the meantime his son took a 2 month holiday abroad with a new wife. The gentleman himself asked frequently to leave and why he was not allowed to go home. He had sufficient resources to pay for 24 hour care at home. There was an extensive period of consultation and as a BIA I recommended a short 3 week deprivation in order that the local social services could work with the family/extended family and arrange care at home. The LPA would have been referred to the Court of Protection for consideration about whether he was working in his father's best interests. (clearly he was not) . An IMCA was appointed. Before it could go before the Court the LPA recinded his powers . Of course its a lot more complicated but it demonstrates the value of a 'spotlight' on the restrictions and deprivations.

2nd example

A lady who had been 'near to death' and admitted into hospital because of an allegation of neglect by her son - was in a nursing home, made progress over 6 months but was assessed not to have mental capacity to make her own decisions. She repeatedly asked to be allowed to go home but there were 12 outstanding safeguardings, her two sons did not agree on the plans for her future . A DOIs was requested by the MA - the S12 and BIA assessed her three times and the lady did have mental capacity to decide regardless of risks that she wanted to go home. A care plan was arranged and she eventually went home.

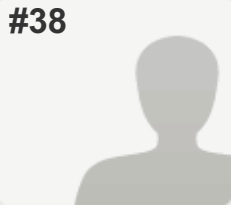
3rd example

Mr. X was in hospital having had a stroke. He lived alone in the community. On discharge planning doctors considered he did not have mental capacity to make his own decisions. He had previously left the ward looking for his dog. The ward reported that he did not have a dog and therefore he was delusional and needed protection - and to be stopped from leaving the ward. The BIA spent time with him on three occasions and it was possible to find out that he did in deed have a dog although neighbours were looking after it. He was under restrictions on the ward but he knew where he was, he understood the need for staff to be aware that his safety was maintained. The ward doctor reported that this gentleman needed all the restrictions in place - that he had meals at a particular time, that the medicine round was schedule for specific times and that all this amounted to the deprivation. It was possible to consider what was in the gentleman's best interest and to review the restrictions to a less restrictive nature - that as he understood where he was , was happy to remain but to go home on discharge etc - the BIA recommended that a best interest meeting be convened to manage the restriction of not leaving the ward without explaining where and for how long he was going (to have a coffee in the restaurant or look at the bookstall etc - or just to talk to other patients). This avoided the other restrictive measures. without the BIA assessment this would not have convinced the medical staff that a DoLS was not warranted.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#38

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 7:38:44 PM**Last Modified:** Wednesday, June 22, 2016 7:42:39 PM**Time Spent:** 00:03:54**IP Address:** 2.121.185.211

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Julie phillips
Email Address	glennandjulieann@hotmail.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	1:1 reduced recommended, sensor mats, door alarms
2nd example	Someone with behaviours that challenge kept in their room 24 hours, suggested 1:1 support, sensory items and move to a specialist care home for people
3rd example	Review of medication been on for years but not needed.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#39

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 9:03:57 PM**Last Modified:** Wednesday, June 22, 2016 9:08:42 PM**Time Spent:** 00:04:44**IP Address:** 62.255.118.6

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Kathy Jones
Email Address	kathy.jones@wokingham.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Increase in 1-2-1 time
2nd example	Review of how to meet an indivs sexual needs
3rd example	Review of suitability of placement & whether less restrictive environment appropriate
4th example	Ability to smoke
5th example	Support to facilitate on line communication with family
6th example	Request for medication review to reduce inappropriate medication
7th example	Access to wider physical environment
8th example	Change in management of finances to increase individuals control
9th example	Highlighted need for use of different communication system
10th example	Increased budget to allow access to vehicle so access to community possible

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#40

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 7:53:47 PM**Last Modified:** Wednesday, June 22, 2016 9:16:24 PM**Time Spent:** 01:22:36**IP Address:** 81.158.1.235

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Ann Hanson
Email Address	annhanson2010@gmail.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample

X was accommodated in a Care Home, had advanced cancer and advanced Alzheimer's.dementia. Care needs not being met required nursing home care with palliative care plan. BIA triggered care management review, X's needs were poorly understood by care manager and care home. BIA made recommendations for immediate review and placed specific conditions on the care home as an interim measure to address end of life care needs. Short authorisation suggested to support review and improve outcomes. Family supported and BIA 's discussion with X's son provided the information and connections to enable him to support X (he did not know that X may die very soon).. X received appropriate end of life care and was moved to a more appropriate nursing home where X died 3 months later.

## 2nd example

Y had a history of alcohol misuse, chronic enduring mental health problems, strokes and a recent diagnosis of a serious neurological condition. Spent 3 years in Mental Health settings and 2 months in hospital due to deteriorating physical and cognitive functioning. Diagnosed with dementia. Challenging aggressive angry behaviour. Was admitted to nursing home for dementia. Regarded as very difficult with poorly understood needs. Nursing home ignoring the views of the only family member still supporting him. BIA assessment allowed Y's needs to be reviewed and his behaviour understood within the new care setting. Y's daughter and staff agreed goals and support measures to involve Y who had fluctuating capacity in his care plans. Behaviour improved and outcomes for Y, the advocate and staff improved dramatically. Feedback via email to BIA about the difference made to quality of life.

## 3rd example

Z in a nursing home with advanced Alzheimer's dementia. BIA assessment and review of the records raised questions about how the nursing home were managing Z's care. Detailed review of records showed Z was remaining in bed for long periods in a room with someone who had capacity. Condition placed on nursing home to get Z up (she loved being in the lounge and the home found it easier to manage her by keeping her bed bound. BIA talked to Manager and agreed to a care plan to improve the care and quality of life for Z. Condition for staff training applied. Short authorisation and recommendation for review.

## 4th example

BIA assessment for A in a care home. BIA observed attitude of staff to other resident who lacked capacity. Staff were laughing and allowed the client to slap the BIA thinking it was funny. BIA was able to raise concerns and Safeguarding. CQC put home requires improvement. BIA was in a strong position to influence change around poor practise.

## 5th example

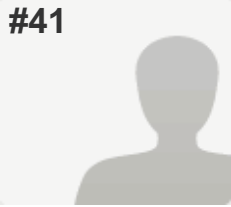
BIA assessed C in Care Home. Identified poor record keeping in relation to C. Raised with Manager of home. Conditions placed. No evidence of mental capacity assessments or cognitive reviews. Short authorisation and conditions improved outcomes for C by adapting record keeping and carrying out regular MCA decision specific assessments. Improved involvement of care staff with C and attention to choice and preferences.

6th example	Assessment on D in care home for 16 years. Moderate dementia. Living upstairs in care home. One son visits bi monthly and lives 300 miles away. Feeling dis empowered and unable to influence the care. D at risk as living upstairs in home. BIA puts condition on home. Dols process enables son to positively advocate. D is moved downstairs and restrictions are reduced
7th example	E is living with dementia in a care home and from Sweden No famiy in UK. Care home and care manager had perception of needs (inaccurate). BIA assessment and identified needs for interpreter and befriender to speak in Swedish. Improved mental state for E, staff understanding of cultural needs and E was much more settled in the environment and anti depressants reviewed and reduced.
8th example	BIA made repeated requests to visit G in a Care Home. to consent to care. BIA able to speak to staff and put conditions on authorisation about regular MCA decision specific. Dols Manager consulted with home. Training put in to support staff in identifying and improving outcomes for people who lack capacity. Care has improved in this setting.
9th example	Assessment of M. (advanced dementia). Family member concerned about lack of care and stimulation for M. Daughter alienated and unable to express her views about M's care. BIA assessment and consultations with staff and family opened up the communication and the home were given conditions to consult and involve family specifically in relation to the particular needs and preferences for M. BIA encouraged a more empathic and person centred approach to the care of M.
10th example	BIA assessment reduced restrictions for N (in care for 14 years/dementia). Assessment and consultation with family indicated that N had devoted her life to the care of animals and was a talented gardener. Home included lesser restrictive options in car plans, involving N in a project that improved her mental well being and quality of life. Care Manager viewed involvement as a technical tick box assessment.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#41

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 22, 2016 10:20:21 PM**Last Modified:** Wednesday, June 22, 2016 10:30:17 PM**Time Spent:** 00:09:55**IP Address:** 91.224.27.227

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Debbie Mills
Email Address	debbie.mills@hants.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

I attached recommendations and conditions to a recent assessment of a client being cared for in residential care however her care needs were not being met and she had developed pressure sores, hence health had raised Safeguarding alert and BIA determined that Adult services care manager was required to co ordinate a best interests meeting to determine best placement or need for potential transfer to nursing care may be required so to safeguard client.

2nd example

BI Assessment evidenced clients views that she felt isolated in her res care placement, she had no view from her room, a long corridor to her room away from main lounges and she was clearly able to communicate this was contributing to her low mood hence this was increasing her sense of restriction, condition was set to ensure a care review was conducted to consider interaction, stimulation and mental health needs of client due to sense of isolation in setting.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#42



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 22, 2016 11:31:22 PM  
**Last Modified:** Wednesday, June 22, 2016 11:47:11 PM  
**Time Spent:** 00:15:49  
**IP Address:** 82.42.97.58

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Joanne Allott
Email Address	joanne.allott@virginmedia.com

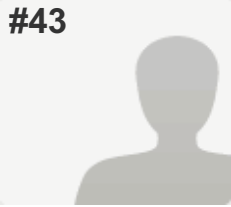
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	As BIA I was instrumental in a case where a patient obtains support with communication which showed he had mental capacity re accommodation and care
2nd example	Imposing conditions to ensure that protocol in place and pharmacy involved in covert meds
3rd example	Refused to recommend a DoL for more than a couple of weeks for a client whose grandmother had been forbidden to take him home for an overnight stay. This was on the basis that an authorisation under a DoL can not restrict Article 8 rights. Said that home would need to go to Ct of P for that.
4th example	Found that a client wanted to leave a care home and had capacity to make decision so she social worker assessed for to return home
5th example	Found that a patient lacked capacity but was not taking anti depressant meds because of her psychotic beliefs. She was almost catatonic. Set out conditions that best interests decision re meds needs to be taken.
6th example	Identified that one client was deprived of liberty as he lacked capacity but was being allowed to refuse and medical decisions and no best interests assessments in situ
7th example	Identified that a service user with an ABI lacked capacity. His sister was controlling all of his decisions without legal authority. Ensured the home, through conditions did risk assessments to establish a
8th example	Finding that a care home could not manage risks posed and therefore stipulating a review of placement. Several examples of this. Resulted in more suitable placements
9th example	Stipulating on conditions that there needed to be a care plan where there wasn't one. Only authorise DoL for a couple of weeks
10th example	Long running case with many BIAS where person was being financially exploited by their partner. BIA using independent representation. Person charged of theft.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#43

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 1:56:19 AM**Last Modified:** Thursday, June 23, 2016 1:59:21 AM**Time Spent:** 00:03:02**IP Address:** 194.187.32.1

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	k thomas
Email Address	kristy.thomas@cheshirewestandchester.gov.uk

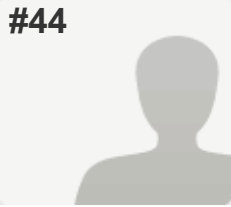
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	review of health care and organisation of dental care
2nd example	decisive plan on situation allowing person to settle into placement
3rd example	adding conditions to improve independence
4th example	consolidating information for lost reviews
5th example	providing reassurance to families concerned with the process
6th example	requesting independent RPR
7th example	changing the rpr due to lack of engagement of listed rpr

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#44

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 2:12:59 AM**Last Modified:** Thursday, June 23, 2016 2:33:21 AM**Time Spent:** 00:20:22**IP Address:** 97.104.195.17

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Helga Stiborski
Email Address	helgastiborski@sky.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	I have found that several of the people I have assessed for DoLS pass the Mental Capacity Assessment
2nd example	I have often made conditions that recommend carrying out risk assessments to provide evidence for restrictions such as overnight checks
3rd example	A lady who wanted to return to her own home even though her grandson did not think this was in her best interest
4th example	A condition was added that a lady from the south west was assessed under the care act, as she wanted to stay in her own home in the south west rather than central England

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#45

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 7:41:30 AM**Last Modified:** Thursday, June 23, 2016 7:47:51 AM**Time Spent:** 00:06:20**IP Address:** 109.148.148.198

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Julie Hunn
Email Address	iswjulie@btinternet.com

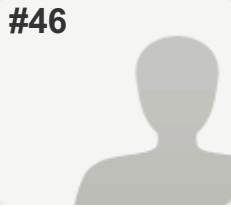
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Arranged urgent medication review for person over medicated
2nd example	requested input from CMHT for lady who was not being proactively supported by care home to have regular shower.
3rd example	Supported a lady to prove she had capacity to make decision about where she lives, despite view of care home staff.
4th example	Assisted a lady to have an advocate even though family and care home felt she did not need one.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#46

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 8:07:29 AM**Last Modified:** Thursday, June 23, 2016 8:14:33 AM**Time Spent:** 00:07:04**IP Address:** 193.35.158.39

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

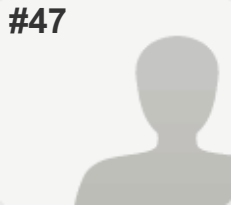
Name	Mick Byrne
Email Address	mbyrne1@cornwall.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	1) determining that someone had mental capacity to decide and challenge the s.12 doctor's assessment. Undertook and joint assessment and he agreed.
2nd example	Refused to Authorise a DoLS on the grounds that there were less restrictive options and the CPN was delaying a return home for further assessments which could have been done from his home
3rd example	Used a short authorisation as a way of emphasising the need for a SW to prioritise the case.

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#47

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 8:38:13 AM**Last Modified:** Thursday, June 23, 2016 8:44:18 AM**Time Spent:** 00:06:05**IP Address:** 109.147.152.46

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Susan Toole
Email Address	toolebags@hotmail.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	shared room without proper consent- moved to own room
2nd example	more 1-1 attention and specified activities of the person's choice
3rd example	contact with relatives that had been lacking
4th example	review of diet- person did not want to eat pureed food- more choice
5th example	for a person who liked reading but could not do this alone, making talking books available
6th example	personalisation of own room
7th example	activities related to own culture and language
8th example	having a RPR
9th example	clearer recording in care plans
10th example	going to local football match for a fan

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#48

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 9:29:52 AM**Last Modified:** Thursday, June 23, 2016 9:43:25 AM**Time Spent:** 00:13:32**IP Address:** 194.176.105.170

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Brian Smith
Email Address	brian.smith16@nhs.net

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

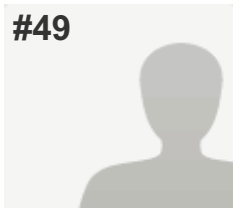
First example

Older adult with diagnosis of vascular dementia residing in a residential care home. Staff had expressed concerns about aspects of this person's complex and distress behaviours. Specifically, they were concerned about this person at times becoming verbally and physically aggressive towards other residents and care staff. When listening to the concerns of this person, we ascertained that she retained traumatic memories of being abused as a child, and became very upset if she perceived that she was being treated in a child-like way. She was treated in this way, she said, at the time of heated exchanges with other residents. At these times, she said, staff would 'march' her in her wheelchair to her bedroom, with minimal verbal contact, place her in her room and shut the door. We discussed the unhelpfulness of this approach with staff, and placed a condition of the DoL that skilled interventions for responding to this person's complex and distress behaviours needs to include a person-centred engagement with the person, to include knowing how to address her, use of non-verbal communication to reduce levels of distress, and more effective strategies to manage in vivo distress behaviours, including negotiating with this person to go outside to smoke a cigarette and have a few minutes time out from the difficult situation, with staff member available with whom to talk through distress feelings.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#49

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 8:52:16 AM**Last Modified:** Thursday, June 23, 2016 9:51:17 AM**Time Spent:** 00:59:01**IP Address:** 91.224.27.226

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Claire Trehella
Email Address	claire.trehella@hants.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Supported P to return home to be with her husband rather than remain in placement funded by the CCG. She now has a live in carer to support her.
2nd example	Requested on behalf of P that the placement should be putting in more provisions to support them to access the community. This was P's wishes and the home have now been facilitating this.
3rd example	Assessed P who had suffered a stroke, however they had recovered significantly since DoLS referral made to us. Although they suffered communication difficulties I deemed P to have mental capacity.
4th example	Requested that P who had been deaf since she was a child to have a regular sign language interpreter to maintain or improve her communication skills
5th example	Asked hospital staff if it would still be possible for P to go on a booked cruise that was prearranged before admission. This was followed through.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#50

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 9:45:47 AM**Last Modified:** Thursday, June 23, 2016 9:56:24 AM**Time Spent:** 00:10:36**IP Address:** 91.224.27.228

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Julie Richards
Email Address	julie.richards@hants.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Simply having it noted information about the person's past TV viewing preferences. Relative advised afterwards that this had made a massive difference to P's quality of life and enjoyment of their time.
2nd example	Assessing P has capacity and putting in motion support for P to return to live with partner in own home
3rd example	Assessing that less restrictive care options had not been exhausted and enabling P to go home (self funder - family made decision to place as more convenient for them but not P's wishes)
4th example	Over a period of several years P has gone from living in a nursing home with no other options being considered to moving into a rehab environment to returning to a different care home but with a much less restrictive care plan which now does not constitute a DOL and supports him to come and go as he pleases.
5th example	P living in a care home where alcohol was restricted to living in a care home where there is access to alcohol and regular trips to pub as per his past habits and present wishes.
6th example	Arbitrary use of PRN sedatives at night reassessed as a result of the DOLS assessment process.
7th example	Stopping the views of "difficult" family member from being disregarded by local authority.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#51



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 23, 2016 9:39:58 AM  
**Last Modified:** Thursday, June 23, 2016 10:09:16 AM  
**Time Spent:** 00:29:18  
**IP Address:** 195.89.201.254

---

PAGE 1

---

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Alison Langford
Email Address	alison.langford@sheffield.gov.uk

---

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

Reflecting on weight loss, observing female, living with dementia, struggling with mechanics of eating meal due to not using left hand post arm fracture, and her 'giving up' on the meal while still hungry. Discussed with staff. Condition to monitor, refer to SALT, and discuss any further wt loss with GP

2nd example

Residential Home having to apply overly restrictive measures to manage female, living with dementia's behaviour. Case already in COP. Differing views from professionals including RPR. Conditions to improve situation while decision to move to EMI nursing assisted, including additional paid hours for 1:1 care.

3rd example

Older LD male recently losing confidence, and 'wobbly' on feet. noticed long-term use of Stellazine. Asked MHA to consider this factor on her assessment. Her concern re possibility of parkinson's features secondary to drug use prompted condition for MA to follow this up asap with GP/LD Psyches.

4th example

Finding capacity with elderly female 18 months on from subdural haematoma, whose impairment had improved markedly, though not wholly. Use of bed-sides discussed with female and with Home and family. Advice given. Also requested MA to discuss with GP/Health why female not getting copies of clinic letters from hospital consultants to her GP. This was not helping her understand her health problems, or to keep track of them.

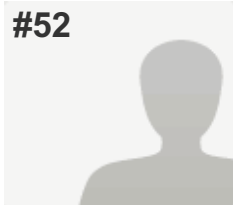
5th example

Male with LD + Autism + sensory problems - lacking capacity but restrictions and care not in his best interests. DoLS not authorised. Prompted decision, in the pipeline but being 'dragged out' for months, to move him to own bungalow with substantial 24 hr package. Safeguarding issues due to circumstances while in specialist care home prompted COP.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#52

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 10:02:29 AM**Last Modified:** Thursday, June 23, 2016 10:21:36 AM**Time Spent:** 00:19:06**IP Address:** 86.145.255.170

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

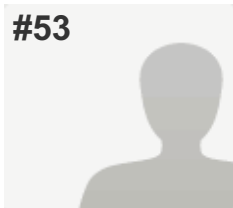
Name	Maurice Lawlor
Email Address	maurice@cbtconsulting.co.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Instructing Care Homes to carry out & record formal 'best interest' meetings
2nd example	Making it a condition that individuals are not moved from Local Authority Homes (Assessment/rehab) to temporary facilities before a permanent placement is found
3rd example	Finding that individuals have capacity and are being unlawfully detained
4th example	Referring to the CoP
5th example	Insisting that Care homes check and record details of LPOAs and do not simply accept being told at face value
6th example	Adding specific conditions to improve care e.g. church attendance, being taken out for walks, to local parks etc.
7th example	Insisting that Care Homes test and record capacity
8th example	Insisting that Care homes understand and follow the Acid Test
9th example	Insisting that Social Workers act in a timely manner in respect of clients under authorisation
10th example	Advising relatives of their rights

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#53

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 10:58:59 AM**Last Modified:** Thursday, June 23, 2016 11:06:18 AM**Time Spent:** 00:07:19**IP Address:** 85.115.54.202

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

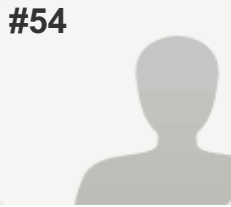
Name	Jen Ansell
Email Address	jen.ansell@bournemouth.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Ensuring person had access to a specialist wheelchair to allow her to get out of bed and go outside (removing unnecessary restriction).
2nd example	Ensuring person had access to personal monies and supported to spend this.
3rd example	Arranging for person to have access to a rabbi to meet religious needs when she could not express her needs herself.
4th example	Finding the person had capacity and this allowed for a quick placement change.
5th example	Facilitated contact with a relative in a safe environment.

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#54

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 12:21:23 PM**Last Modified:** Thursday, June 23, 2016 12:28:43 PM**Time Spent:** 00:07:19**IP Address:** 213.205.192.145

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Heather Crozier
Email Address	westwoodheather@hotmail.com

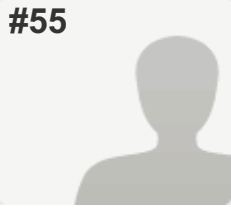
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Conditions put in including greater choice of community activity and occupation instead of building based activities.
2nd example	Ensuring more diversion techniques are used to deescalate behaviours.
3rd example	Another placement to be sought as not appropriately placed.
4th example	PPR used to ensure person has additional visits and advocates on their behalf.
5th example	Speech and language assessments initiated for both eating and drinking and communication.
6th example	Improved record keeping within care home.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#55

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 12:35:41 PM**Last Modified:** Thursday, June 23, 2016 12:48:28 PM**Time Spent:** 00:12:46**IP Address:** 5.158.88.104

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Kelly Kaiser
Email Address	kelly.kaiser@leics.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	I found an older gentleman who was being kept from going home had the requisite capacity to make decisions about his care and treatment, and started the process of him being supported to return home.
2nd example	I enabled a young woman to have reduced restrictions on her relationships with others, which had been put in place without a thorough best interests decision having been made.
3rd example	I challenged the DOL of a woman in inpatient mental health hospital (who was objecting) to enable her to instead be detained under the Mental Health Act- this led to her having a quicker access to a Tribunal hearing as well as enabling her to rightfully receive s.117 aftercare entitlement (she would have had to sell her home to pay for ongoing nursing care otherwise).
4th example	I recognised that a young man with significant drug misuse issues had the requisite capacity to make decisions about his care and treatment, which led to him being able to have full autonomy over his movements and reduce the "protection imperative" of those who felt they were doing what was best for him.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#56



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 23, 2016 12:39:19 PM  
**Last Modified:** Thursday, June 23, 2016 12:56:26 PM  
**Time Spent:** 00:17:06  
**IP Address:** 10.196.17.67

---

PAGE 1

---

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Carol Wilkinson
Email Address	carol.wilkinson@eastsussex.gov.uk

---

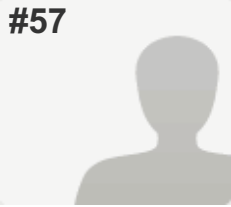
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	I cant use this! it keeps deleting my examples!!
2nd example	Client GB, assessed as having regained capacity and ward requested to immediately return glasses, money, clean clothes and shoes and phone charger as even a criminal prisoner has access to these
3rd example	Client J assessed as lacking capacity and conditions made to ensure he gets access to his family and family made RPR
4th example	Client AR , DOLS, and conditons made to ensure her caseworker plans care at home and assistive technology to enable he rto live back in her falt where she lived independently until family went on holiday/ bacame exhausted caring for her with no help at all.
5th example	Mr and Mrs JY, taken from hospitla to a care home and husband stopped from taking wife home with hiom on discharge from care home. DOLS enabled SW to arrange carers at home and both now reunited and living as they wish . Both 93, married in WW2 and like to lie in bed holding hands and drinking champagne. Good luck to them!
6th example	Mr and Mrs YY Wife kept in care home awting DOLS , low on out pririty list but joint assessed with me and trainee BIA. Husband distraught,as was wife, at not being allowed to live together and wife being kept in care home, for 6 months. Wife's capacity had returned and DOLS Not Granted instructed home and case holding team to urgently reveiw and enable a return to family life for this long married couple.
7th example	Client Xho was prevented from accessing the homes garden . Conditon requeried falls assessment, carers to arrange duties to spend time in garden and client to be encouraged to sit out in sun with them . Less restrictive and better quality of life.
8th example	Client Z enabled to have an evening glass of sherry a sles restrctive recommemndation, as they always used to enjoy this.
9th example	Sister S ex Nun enabled by condition to have a priest say Mass with her.
10th example	Mr and Mrs M case taken to Cof P and now reunited at home together by Judge as DOLS could not be justified to keep them apart

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#57

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 1:20:56 PM**Last Modified:** Thursday, June 23, 2016 1:32:50 PM**Time Spent:** 00:11:54**IP Address:** 5.158.88.104

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Susan Callis
Email Address	susan.callis@leics.gov.uk

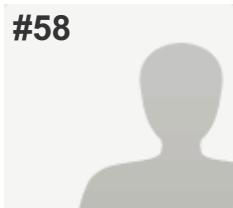
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	individual where MCA hadn't been applied appropriately, he had capacity and wanted to go home so this was arranged
2nd example	individual where restrictions including seclusion where being used inappropriately, very quick review and resolution for the individual
3rd example	situations where weight hasn't been given to family members' views, issues highlighted to commissioner and article 8 rights considered
4th example	less restrictive options assessed for but not put in place, conditions and recommendations added to the authorisation has meant these have then been put into place
5th example	individual remaining in an inappropriate setting such as an acute hospital setting due to funding issues, dols assessment process ensured the individual was transferred to a more appropriate care setting

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#58

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 1:31:08 PM**Last Modified:** Thursday, June 23, 2016 1:40:00 PM**Time Spent:** 00:08:52**IP Address:** 212.250.169.17

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Andy Morris
Email Address	a.morris2@poole.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Client in hospital and wanted to leave. I assessed his capacity and found that he had capacity.
2nd example	A lady who was deaf was in a care home and staff said she wasn't taking part in activities and she didn't watch television. I attached a condition asking the home to make sure and evidence that they were making allowances for her hearing loss and enabling her to participate in activities and watch television without her hearing loss preventing her from doing so.
3rd example	A Mum of a client in a specialist medical unit often had 'problems' with the home and she felt they were being obstructive and not letting her see him as much. I put conditions on the DOLS asking the home to promote contact between Mum and son and to make sure staff are available to support Mum to take him out when she visits [the placement was a long way away from home]
4th example	A self-funding lady was in a home. The care home was very poor with few staff on the floor. I spoke with our Contracts team who quickly inspected the home and arranged for them to make a number of changes to the way it was run.

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#59

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 1:39:04 PM**Last Modified:** Thursday, June 23, 2016 1:55:34 PM**Time Spent:** 00:16:30**IP Address:** 109.73.121.1

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Sharon Hopkins
Email Address	assessment@rosekel.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	P was deprived of her liberty in a care home. Placed following concerns raised by family of home circumstances. P was found to have full mental capacity and understanding regarding her situation and care and treatment needs. Placed against her will. P returned to live in her own home with care and support in place.
2nd example	P was in hospital and due to funding disagreement had been there for 12 weeks following deemed fit for discharge. CCG informed she was deprived of her liberty and right to family life. Funding agreement reached with 4 days and P discharged to appropriate care home placement.
3rd example	P 28 years old. Cared for at home, in short term placement whilst main carer had knee operation. LA held MDT which recommended P remained in care placement. P found to have capacity and wishing to return home. Both he and carer aware of risks and care and treatment needs. Recommendation that care home worked with LA and P to ensure return home facilitated.
4th example	I have on many occasions experienced assessing a person who is self funding and has dementia. I have found many occasions of P and family being poorly advised by LA and unaware of the options available to them to facilitate P's return home with support. I have been able to give this advice and signpost to where care and support could be accessed. Conditions in place for care home to work with P and family to support return home.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

---

YES

#60



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 23, 2016 2:26:01 PM  
**Last Modified:** Thursday, June 23, 2016 2:45:17 PM  
**Time Spent:** 00:19:16  
**IP Address:** 91.212.105.19

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Jane Watson
Email Address	jane_watson@bathnes.gov.uk

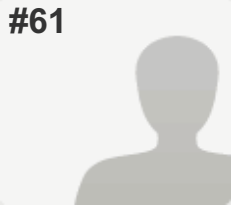
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Person had capacity. With rp permission shared my Form 3 with new care home who agreed to accept him. Family very grateful for my intervention as he had no regular social worker due to being self funding.
2nd example	Woman was on highest dose possible of sedative but senior nurse at care home did not know why. I requested a review of meds, as a result dose of sedative greatly reduced.
3rd example	Woman near end of life had had all medication withdrawn, except she lived on for over 8 months. I perceived she was in pain and requested review of her medical management. Family and care home staff now closely monitor her for signs of pain and know to refer to GP if necessary.
4th example	Young man with LD, very unhappy with placement and strongly objecting. BI assessment recommended professionals work together and set SMART objectives with social worker to co-ordinate. Quality of care improved for young man and no longer objected.
5th example	Woman accommodate in care home on respite, close to capacity asking to go home. Not until DOLS process did BI meeting re her return home happen. S/wkr was not going to include RP in the BI meeting but as BIA I encouraged RPs inclusion.
6th example	Following BI assessment, I found RP to have funds that her son was not using for her. Dental bill had not been settled from previous year so she had not received dental treatment, much needed as her dentures no longer fitted. Also, care home thought husband had died but he was living in another care home. Visited him to as part of BI assessment.
7th example	RP had very poor sitting position, crushing her internal organs. My BI assessment revealed she had ample funds to pay for specialist wheeled armchair.
8th example	EPA's living at a distance from RP did not realise she was not having routine hearing aid checks etc. EPAs agreed to fund twice weekly befriender to escort RP on outings. Reduced the restrictions and improved the quality of her life.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#61

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 23, 2016 4:04:22 PM**Last Modified:** Thursday, June 23, 2016 4:14:59 PM**Time Spent:** 00:10:36**IP Address:** 212.250.152.37

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Kat Millward
Email Address	kat.millward@nhs.net

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

I made a recommendation that the nursing home investigated whether he could get headphones for his television or radio so that he does not get asked to turn them off or down at night due to disturbing other residents (and then restricting his freedoms). When I undertook a renewal of his DoLS 2 months later, I noted that this had not been investigated. I was then able to put it in as a condition to ensure that action was taken

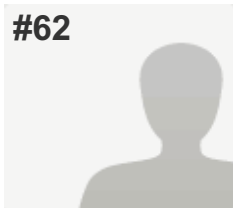
2nd example

During a renewal for a resident that had moved from one home to another, I was able to provide staff with additional information about the resident's background and preferences that had not been handed over from his previous home. This gave staff added insight into his behaviours based on his previous lifestyle and employment. This meant they were able to tailor some activities in the home around his preferences.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#62

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Friday, June 24, 2016 11:33:09 AM**Last Modified:** Friday, June 24, 2016 11:47:20 AM**Time Spent:** 00:14:11**IP Address:** 159.15.129.65

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Jen Brooks
Email Address	jennifer.brooks@devon.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

Due process not followed in making the decision to move into a care home. All family members were not consulted and the persons views were not represented. DoLS process ensured persons views and wishes were considered. My Assessment lead to review and the case went to to the Court who ordered she was moved to an alternative care home in another area as was her previous wish and that of one family member.

2nd example

Several occasions were people were found to have capacity and were enabled to take positive risks in returning home

3rd example

As a BIA I have been able to inform and advise Supervisory bodies and care managers about the MCA and DoLS case law - in turn this has improved practice in the locality in which I work

4th example

My assessment was able to improve access to meaningful activity for the individual. The person was very unhappy in the care home and when re-assessing after 4 months her quality of life and acceptance of care had improved due to her more active and stimulating activities programme instigated by recommendations and support from a 39D IMCA

5th example

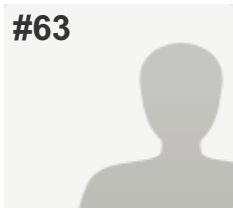
Clearly identifying that a DoLS in the particular care home was not in the persons Best Interests this forced the commissioners to act in identifying a more suitable care home where the persons needs could be better met and the restrictions on them greatly reduced.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

---

YES

#63

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Friday, June 24, 2016 12:54:04 PM**Last Modified:** Friday, June 24, 2016 12:59:43 PM**Time Spent:** 00:05:38**IP Address:** 194.176.105.169

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

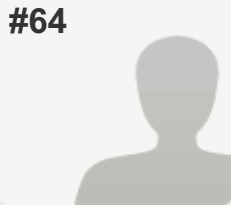
Name	Anne Cameron
Email Address	anne.cameron@nsft.nhs.co.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Identifying someone who clearly had capacity and insight who should not have been in a care home and who recognised she would need help to return to the community - Area Team where then able to arrange care at home
2nd example	Identifying someone who was in a care home to far from where he had lived an was no longer able to watch the horses riding out - this was very important to him as an ex-jokey - area team requested to review and identify a more appropriate placement, is initial placement was mean't to be temporary and he had not been reviewed
3rd example	identifying restrictive care plans that were then reviewed

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#64

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Friday, June 24, 2016 1:14:53 PM**Last Modified:** Friday, June 24, 2016 1:35:14 PM**Time Spent:** 00:20:21**IP Address:** 5.158.88.104

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Lucy Sasse
Email Address	lucy.sasse@leics.gov.uk

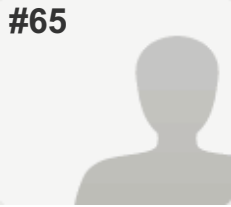
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Had capacity. The home did not alert us to person's capacity and their strong objection to being held. Health Authority very slow in releasing into the community despite no package needed..
2nd example	No Capacity. LPA Welfare wanted person home. Person very strongly objecting to care. Health Authority not responding in a timely manner. Encouraging positive risk taking in Best Interests
3rd example	Had capacity. Person given choices re future care best Interests upheld
4th example	No Capacity. Kept in bed as no suitable chair-chair sourced reduction in social isolation.
5th example	Many cases identifying the need for specialist in behavioural management. Without BIA involvement no action was identified or taken
6th example	Ensuring scrutiny of care plans and reality of care provided match.
7th example	Ensuring Supervisory bodies do assessments and consider Best Interests not convenience as Person is given a voice
8th example	Giving person and family a voice and supporting family to look at person's interest not just their own.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#65

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Friday, June 24, 2016 8:29:45 PM**Last Modified:** Friday, June 24, 2016 8:31:40 PM**Time Spent:** 00:01:55**IP Address:** 94.6.176.37

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

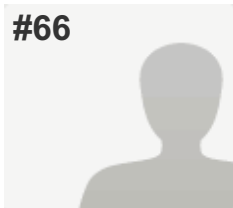
Name	a wheatley
Email Address	amandawheatley@hotmail.co.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Since this form is written in such a way as to pre-empt the conclusion I will not fill it in.
---------------	---

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#66

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Saturday, June 25, 2016 10:19:49 AM**Last Modified:** Saturday, June 25, 2016 10:36:06 AM**Time Spent:** 00:16:16**IP Address:** 80.189.21.178

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Neeta Tanna
Email Address	neetatanna@yahoo.co.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

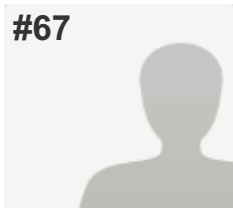
First example	Reduction in medication someone was on epileptic medication for years , without any evidence of seizures.
2nd example	Client in residential home arranged by local authority , but privately funded care package. More support was arranged that he can continue to enjoy the community as he was before coming into residential care.
3rd example	A lady had lived at home and has had a cat since she was 28, she was 84 been in residential care and a cat was brought in to stroke , I had a letter from her son thanking me.
4th example	a client with speech impairment , he carried a pad and pen with him all the time to make his known better
5th example	A lady who did not have any family , she was taken to coffee morning at a local church. The RPR was able to get a volunteer.
6th example	A lady was a professional baker, the home involved her in making cakes
7th example	A gentleman liked playing piano and he was able to go the church and use a piano
8th example	A lady had just moved into placement and after speaking to the family i was informed that she had injections to alleviate her artheristis , but the home had not managed to communicate to the go and I put a condition
9th example	A lady was taken to meet her daughter for lunch

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES



#67

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Sunday, June 26, 2016 4:55:36 PM**Last Modified:** Sunday, June 26, 2016 5:13:09 PM**Time Spent:** 00:17:32**IP Address:** 87.112.84.137

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Sacha Ikeme
Email Address	ikemes@aol.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

Identifying completely inappropriate placements. This is of particular relevance when P is unfriended -though I have seen this even when there is family and friend involvement.

2nd example

I have raised successful cases where care is wholly inadequate with a better outcome for P

3rd example

I have identified 2 out of borough placements where P had had their property sold to finance a placement they have made clear they do not wish to be in. Having not been informed of their home being sold by a family member RPR who believed they had P's interests at heart - whereas it was not in P's best interests. P had fallen through the net and it is a great shame that this occurs in out of area placements where LAs do not have the resource to provide support and advocacy to these type placements

4th example

Similar to point 3. Self funders where P has been placed in a care following on respite and is asking to go home. I have raised a safeguarding on one of these type occasions to ensure that P is supported.

5th example

Sadly, conditions are not always adhered to. However, I believe I have made some difference to one particular nursing home due to the No of assessments I carried out. My condition was to ensure social interaction to minimise restrictions which was not happening before.

6th example

Raising concerns to CQC around standards in a private residential care home which otherwise would have been of the LA radar

7th example

I successfully was able to demonstrate on 2 occasions that P had capacity and with the right Support could live in the community as per their expressed wish

8th example

Improving the restrictions of a LD client whose self harming behaviour was as a direct result of being put in a bedroom far away from the communal areas and other bedrooms. Considering he was non verbal and unable to raise help. The care home did not appear to think they were doing anything wrong. Extra training was included as a condition which I understand is in the pipeline for the care home

9th example

There are certain large nursing care homes who are much more wary around taking residents in (self funders) without having more consideration of P over their profit margin. Closer admission scrutiny is being explored

10th example

Raising queries with care homes around DNARS and Advanced Plans and family not being consulted about. The role of the BIA is supporting thos work.

---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---

#68



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 27, 2016 9:30:12 AM  
**Last Modified:** Monday, June 27, 2016 9:59:58 AM  
**Time Spent:** 00:29:45  
**IP Address:** 94.72.252.34

---

PAGE 1

---

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Lynda Boden
Email Address	lynda.boden@derbyshire.gov.uk

---

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

'A' a 19 year old young man who had right lobal brain surgery and who had completed Rehabilitation. He was being detained in hospital while a placement was being found. He was asking to go home and I considered that he had mental capacity, which proved to be the case. Medical Professionals were concerned about the risks of him returning home due to him displaying inappropriate sexualised behaviour, and the fact he had younger siblings at home. I ensured that a referral was made to Childrens Social Worker for assessment, and Mr A was discharged home in the care of his mother.

2nd example

Mr B had lived on a farm in the countryside but due to him having PDA (Pathological Demand Avoidance Syndrome) his family were unable to cope with him at home. He moved to a care home for emergency respite in an urban area. Due to him not being able to cope with his new environment, restrictions were placed upon him where he had 1:1 to access the community (which he does not need in his familiar rural setting). I recommended a short DOLS Authorisation with a recommendation to social worker to explore suitable living settings in the locality in which he is familiar, or in a different rural setting where he can cope more independently with his environment. The DOLS ensured that the social worker was working within limited time frame to ensure a less restrictive option could be found.

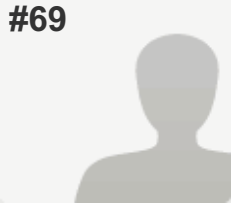
3rd example

Mrs C, Mr D, Mr E are elderly and have dementia. The Care Home had not completed mental capacity assessments and best interest decisions. I placed a condition on all three authorisations; Where appropriate the Managing Authority should ensure care plans reflect the outcomes of capacity assessments and best interests decisions to ensure care plans fall within the legal framework of the Mental Capacity Act 2005.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#69

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Monday, June 27, 2016 9:12:19 AM**Last Modified:** Monday, June 27, 2016 10:09:02 AM**Time Spent:** 00:56:42**IP Address:** 86.162.112.77

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Carol Marley
Email Address	carol.marley@springboard-da.co.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

87 year old man in Nursing Home for 5 years; recorded as having a Learning Disability but no evidence/diagnosis to explain what this meant or how affected gentleman. Home manager thought he lacked capacity to consent to care. I found he was deaf and his lack of communication was due to hearing loss not mental impairment - understood all his needs and why he resided there. With s.12 doctor, found he had mental capacity. My involvement meant a placement review was urgently requested from local authority. Also provided 'education' regarding mental capacity and DoLS to care home. Gentleman's care plan was amended to show he had capacity and also was given door codes so was able to access/exit without need to ask staff if he wished to.

2nd example

92 year old gentleman with Alzheimer's Disease. Resided in care home for 20 months; religious gentleman who had attended church throughout adult life but had been given no opportunity to worship since residing in home. Applied condition that he should have monthly access to Christian worship and to take communion. Care home arranged a local church to visit monthly and facilitate this. Also was able to educate care home manager that it was his responsibility to facilitate this condition and not something he could abdicate responsibility to family members.

3rd example

54 year old male with moderate learning disabilities and autistic spectrum disorder residing in current care home for over 11 years. Care plan recorded 20 hours 1:1 care (or 10 hours 2:1) provided by local authority in addition to 24 hour care to ensure gentleman went out daily. Found this was not happening due to staff shortage. Staff were using PRN medication to chemically sedate him due to his frequent agitation and anxiety (at time of assessment, had been used 6 days out of 10). There were also family contact issues as his brother wished to visit but had been halted by other family members; care home manager had also backed up this decision but no court order existed. I was able to add condition that gentleman was taken up daily (as per his care plan); requested medication be reviewed by Psychiatric team (I was able to advise psychiatrist during consultation that gentleman's care plan in regards to socialisation/going out was not being adhered to). I raised Article 8 issues regarding right to family life with both home and supervisory body in assessment, recommending involvement of Court of Protection. I also recommended urgent placement review. In addition, I was really concerned at poor level of care and accommodation and raised this with local DoLS lead in writing. As an outcome, he took my concern to commissioning team and in turn they raised concern with CQC.

4th example

54 year old female with severe learning disabilities, recently moved to care home having living most of her life in residential care. Staff had limited medical history; anti-psychotic was prescribed twice daily with no knowledge of when last reviewed or purpose it was prescribed. I added a condition to request medication review within 2 weeks of standard authorisation.

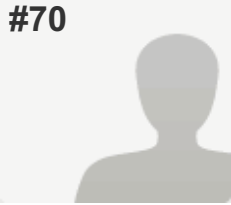
---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

---

YES

#70

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Tuesday, June 28, 2016 8:47:21 AM**Last Modified:** Tuesday, June 28, 2016 8:52:21 AM**Time Spent:** 00:05:00**IP Address:** 86.185.9.47

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Elizabeth Wilson
Email Address	dorsethealthcareservices@outlook.com

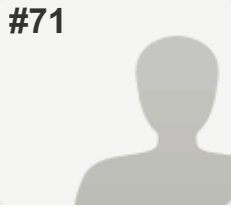
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	improved care planning
2nd example	more outside/activities eg trips out
3rd example	review by CHC for 1-1 care
4th example	move to more appropriate care setting with less restrictions
5th example	full social services review
6th example	actually had capacity when given time to respond to assessment questions

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#71

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Tuesday, June 28, 2016 10:09:22 AM**Last Modified:** Tuesday, June 28, 2016 10:22:26 AM**Time Spent:** 00:13:04**IP Address:** 2.27.186.55

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Gillian Dale Jefferies
Email Address	gillian_jefferies@hotmail.com

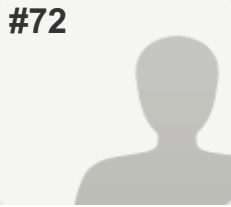
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	The gentleman was 6ft 4inches and at my assessment had not been out of the home for some 6 months. I liased with the finance manager and LA and as part of the conditions managed to get him an extra carer large enough to take him out of the home 3 times a week; a special wheelchair to accommodate his height and size and greatly improved his quality of life.
2nd example	This lady has fluctuating capacity and after much liason work i managed as part of the conditions to get her re assessed; and a full health and social care assessment with a view to returning her to her home.
3rd example	There are many incidents that the BIA process has added quality of life; awereness for the staff to take extra care; for carers to achieve greater understanding and ability for them to be listened to. I feel extremaly strongly that this safeguard has and continues to raise the standard of care for individuals who lack capacity.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#72

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Tuesday, June 28, 2016 11:06:17 AM**Last Modified:** Tuesday, June 28, 2016 11:09:07 AM**Time Spent:** 00:02:50**IP Address:** 212.219.23.97

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Petra Oldekamp
Email Address	petra.oldekamp@surreycc.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Prompting change of placement
2nd example	suggesting less restrictive care options
3rd example	empowering RPR in their role to challenge
4th example	identifying sufficient mental capacity
5th example	informing families of the persons rights under MCA
6th example	empowering service users.

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#73

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Tuesday, June 28, 2016 11:56:46 AM**Last Modified:** Tuesday, June 28, 2016 12:10:11 PM**Time Spent:** 00:13:24**IP Address:** 62.254.173.13

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Lisa Petts
Email Address	lisa.petts@kirklees.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

I prompted a change of placement to allow the person more freedom of movement within a care home. A care home was not sufficient (through no fault of their own) to meet the person's needs. The person was being deprived of their liberty, and restrictive practice was intense to maintain the persons safety. However, by moving the person to a more secure environment, the person was able to have more freedom within the care home, and the levels of supervision were less. The restrictive practices were reduced, and the person had access both in and out of a care home without intense levels of supervision

2nd example

I added conditions to ensure the care plan was re-evaluated. The family did not agree with a decision regarding a do not resuscitate document. The person lacked capacity, however a GP and the home had signed to say the person had capacity to make end of life decisions. A condition was placed upon the DOL to re visit this document as there was conflicting information within the support plan

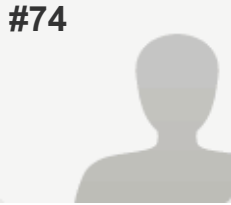
3rd example

Care plans have not always been detailed enough, and actions about care and treatment have not been recorded in care plans as best interests. Therefore, this has been recommended as a condition to ensure the care plans evidence best interest decisions

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#74

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Tuesday, June 28, 2016 10:17:13 PM**Last Modified:** Tuesday, June 28, 2016 10:23:11 PM**Time Spent:** 00:05:58**IP Address:** 91.224.27.226

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

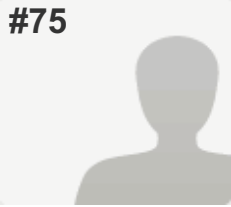
Name	Paul Tavender
Email Address	paul.tavender@hants.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Client MS, called out regularly. Room was at the end of a corridor off another corridor as far from nurses station as it could be. Condition of authorisation was home considered offering a more appropriate room so that she could be heard and get a quicker response
2nd example	Client asking to leave provider and return home. Found to have full capacity. Urgent referral to commissioner instructing they support client to return home
3rd example	Client had dysphasia following a CVA. Could only speak in numbers. Clearly had insight but could not communicate verbally. Condition requesting SALT referral. Client provided with lightwriter and support to use it.

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#75

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 29, 2016 8:15:12 AM**Last Modified:** Wednesday, June 29, 2016 8:26:12 AM**Time Spent:** 00:11:00**IP Address:** 62.254.173.13

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Richard Parker
Email Address	richard.parker@kirklees.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

One assessment was for a lady placed in EMI Nursing. I feel she was placed on recent passed evidence when she has a severe infection which exacerbated her dementia and she became very aggressive. When I assessed it was clear she was very settled and that she was isolating herself as she did not like to environment of EMI nursing. I advised that a further best interest meeting was required and that she could possibly be cared for less restrictively in normal residential care or even at home.

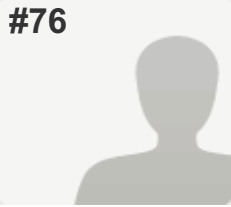
2nd example

one assessment was a gent who was very violent when staff tried personal cares interventions. I advise they only did this weekly instead of daily and that they should attempt to prompt him on other days. He didn't do as great a job when prompted but he was continent so it didn't have so much impact on his physical health. This helped staff get the gent more settled and treat him in a less restrictive manner.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#76

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 29, 2016 6:35:52 PM**Last Modified:** Wednesday, June 29, 2016 8:24:45 PM**Time Spent:** 01:48:53**IP Address:** 82.31.113.179

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Kerry Friel
Email Address	kerry@coastsocialwork.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

Assessed P who had self-admitted to residential care for recovery following an operation. Dementia diagnosis but able to make decisions. Care home had felt she lacked capacity to return home after recovery and instead of being there for 6 weeks she had been there 2 years, objecting and fully self-funding a nursing care placement she did not require. My assessment generated urgent social work re-assessment, a solicitor, advocate and were able to support her home with a care package initially until she got on her feet. P is self-caring and required minimal assistance.

2nd example

P was admitted to nursing care after section under the MHA. Always had lived alone, outdoors type and young. No mental health diagnosis, merely making unwise decisions as she had done her whole life (had always been a quirky character). My assessment found her to have capacity after several visits and long discussions. She was discharged back to the community and is now living independently.

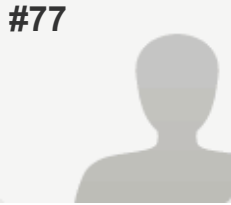
3rd example	P has dementia and was admitted to res care due to becoming violent towards her husband. Lacks awareness of risks and would be unsafe at home. But very unsettled and was over medicated. Home were proactive and after best interest meeting, steps taken to improve her experience. P given a small 'job' in the home, assisting with cleaning, clearing away (she used to be a cleaner and believed she the home was her work). Due to her independence she massively benefited from running small errands with staff members to post office etc and as a result settled well after we set several short authorisations in order to monitor her objections.
4th example	Self-funded P was fairly independent with cognitive impairment. Wandering a lot throughout home, said she was bored. Worked with family and the home to have care agency pop in twice weekly and take P out when her family were unable to visit.
5th example	P was an elderly gentleman in a care home which was in special measures due to poor CQC reports. Basement room, dark, no socialisation and so sleepy could not talk. Worked closely with GP and MHA to review. Unnecessary meds stopped, room moved to first floor. P has much improved, sitting in lounge daily, participating as he can in activities, much less sleepy due to less medication and now no requirement to move him at this time. Close monitoring with short authorisations and paid representative ensure best interests supported.
6th example	P's care home placement had not been reviewed by LA as self-funded. BIA noted several issues in regards to the appointed LPA not fulfilling his duties, not paying fees etc. Also P's needs were increasing, would be more suited in nursing placement. Instructed LA to complete review and support family who were trying to manage from Australia.
7th example	P only been in res care for 3 weeks. Definately did not meet criteria. Family felt 'should' be there as they could not provide any support. P was independent and admitted after UTI and admission to hospital. No previous care at home and no other options explored prior. Have referred back to social worker as not in P's best interests to be there.
8th example	Visit to one home and several safeguarding concerns picked up from observation and via care paperwork. Able to report to LA and safeguarding team for further investigation.
9th example	MANY cases have not been reviewed for a long time, even years. LA informed to ensure that SU and families have up to date LA paperwork and reviews completed.
10th example	Often care home paperwork not up to date, certain care plans missing. Recommendations then made to home to update files in order that the person's needs are correctly met.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

---

YES

#77

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, June 29, 2016 5:31:08 PM**Last Modified:** Wednesday, June 29, 2016 8:59:16 PM**Time Spent:** 03:28:08**IP Address:** 194.150.177.249

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Cath Hayden
Email Address	cath.hayden@lancashire.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	P not accessing the community at all. Felt sense of confinement acutely resulting in challenging behaviours and more restrictions including 1:1 support. Home agreed to meet condition of authorisation to take P out every day for short walk and for outing once a week. Behaviour improved and 1:1 hours significantly reduced.
2nd example	P had been in care home 20 years but became unhappy and wanted to move to another home after ownership and management changes adversely affected the food, care, activity levels and atmosphere of the home. Home did not ask for a care review but when DOLS renewal assessment was carried out the BIA picked up on the unhappiness and recommended the local authority undertake a care review. Result was P was helped to select alternative home and moved.

3rd example

P was on 24 hrs 1:1 and subject to DOLS authorisation. Review requested by the RPR due to concerns over care plans being outdated/inaccurate but supposedly reviewed, PRN sedating medication given without record of justification or what less restrictive measures tried first, no guidance as to what staff should do to prevent challenging/aggressive behaviour, poor record keeping of what the 1:1 staff did. Attempts to address these through conditions had failed and conditions were not met. DOLS review updated and tightened up conditions and BIA requests continuing health care review and reported issues to CQC. Both have resulted in improvements in all areas and in the overall performance of the nursing home.

4th example

Free contact had been stopped between P and son by the care home and local authority as a result of safeguarding concerns but no measure put in to ensure contact could take place safely. BIA authorised the DOL but stated there was a less restrictive way of ensuring P was cared for and kept safe. The BIA stated the contact issue should be looked at and consideration given to supervised contact and as it was an Article 8 matter the local authority should make application to the Court of Protection for authorisation of that particular restriction.

5th example

P admitted to the care home from own home where they had been self neglecting but free to go out when they wanted to shops/cafe/church/visit friends. P wanted to go out from care home and when prevented would then ask to be allowed home. When prevented P became angry, distressed and would try to leave by any exit and demand to be allowed home. Care home were worried about letting P out alone for fear of accident and not returning but no capacity assessment or best interests decision, no risk assessments done and no attempts to assess whether P would return or not and no measures to escort P out as not enough staff. As a result of DOLS the home followed MCA process, did risk assessments and made gradual steps towards P going out alone. After a few weeks P started going to local shop alone every day, going to church with a friend and staff took P to cafe each week. P settled into the home and after 3 months professed it was 'wonderful here'.

6th example

P strongly objecting to being in a care home, wanted to return to own home and displayed many disruptive and challenging behaviours which P hoped would 'Make them get so fed up of me they throw me out'. As result of a DOLS authorisation and the appointment of an RPR a 21a challenge was made to the Court of Protection. P understood the judge was going to decide where they lived and said 'If the judge say I should stay then so be it'. The judge interviewed P but decided they needed to remain in the home. P accepted this and became more settled.

7th example

P funded by CCG in nursing home amid fears she would die if living at home as had multiple admission to hospital, including intensive care as a result of severe neglect, inparticular diet and medication.

8th example

P had been moved 2 years earlier to a care home 200+ miles away from own area to be closer to family. The BIA picked p that P was not settled at the home and had always asked to return to 'home' meaning to own area rather than to own proerty. Referral had never been made to funding local authority to consider the move as family wanted P to remain close to them. A short authorisation was granted during which time the local authority was expected to look at best interests in relation to area of residence. An alternative care home was arranged as it was in P's home town, was on the sea front which she had often enjoyed visiting, and it was known that one of her former friends also lived at the home. As a result of the move P became more settled and the minister from her former church was informed of her being back in the area. The pastoral care team commenced twice weekly visits and taking her to church socials. Family visits were much reduced but P had lived away from family for so many years previously that this did not appear to be of much importance to her.

9th example

P was not allowed any alcohol in the nursing home as a result of a decision by the mental health team. This caused him significant distress and his behaviour became increasingly agitated, belligerent and verbally aggressive. Whilst the DOL was authorised a condition was added stating the home should have this decision reviewed by the mental health team. At a resultant MDT it was agreed P could have one can of beer each evening and as much non-alcoholic beer in a mini fridge in his bedroom. This had the effect of reducing negative behaviours and feelings.

10th example

P was adamantly opposed to living in a care home where he was moved from hospital following a decision under MCA. His case was closed by the local authority within 2 weeks of moving and no review had taken place in the previous 7 months. The home had not requested such a review and they applied for DOL authorisation as P was packing his bags and trying to leave on a daily basis. The BIA evidenced P's abilities had improved significantly in all areas since admission and felt P had also regained capacity regarding where to live and his care. The DOLS doctor came to the same conclusion so a DOL authorisation could not be given but P was referred back to the local authority for urgent assessment. 3 months later community accommodation was found, a care package arranged and P left the care home.

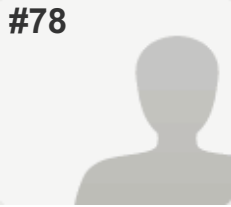
---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---

#78

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 30, 2016 8:25:29 AM**Last Modified:** Thursday, June 30, 2016 8:33:22 AM**Time Spent:** 00:07:53**IP Address:** 91.224.27.230

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Mel Tomkings
Email Address	mel.tomkings@hotmail.com

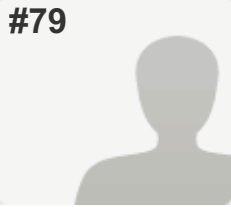
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	During assessment it transpired that service user was overdue for medication review. My interest in this prompted the review to take place and I formally recommended that medication reviews should take place in a timely manner. i believe that the assessment had a positive impact as a result of this.
2nd example	Service user has elderly parents and "not so young" brother who were concerned about being able to carry out their responsibilities to her. I requested appointment of RPR for her which will ensure that her situation is effectively monitored in a way that would have been unlikely without this appointment. The need for appointing an RPR was directly as a result of BI Assessment
3rd example	My training "shadow" BI assessment indicated that the service user has capacity to make decisions regarding her placement. This was reflected in how she was subsequently consulted and her views taken into account.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#79

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 30, 2016 9:09:10 AM**Last Modified:** Thursday, June 30, 2016 9:15:51 AM**Time Spent:** 00:06:40**IP Address:** 194.150.177.249

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Anita Lindon
Email Address	anita.lindon@lancashire.gov.uk

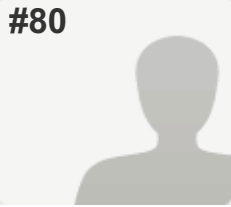
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Assessment process led to 'uncovering' poor practice in the care home that led to CQC and Quality Improvement Team involvement. Resulted in improving standards of care not just for P but for other residents.
2nd example	Application said that P not objecting to residence, care and support but during my assessment P said all they wanted to do was go home. I found that no other options had been explored with and for P: dols process galvanised professionals into looking at best interests properly and clearly explaining to P what the options were. Resulted in extra sheltered accommodation being commissioned for P.
3rd example	Several examples recently of P being found to have capacity which would not have been determined if Dols not involved.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#80

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 30, 2016 9:18:15 AM**Last Modified:** Thursday, June 30, 2016 9:29:01 AM**Time Spent:** 00:10:45**IP Address:** 194.150.177.249

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	linda webb
Email Address	linda.webb@lancashire.gov.uk

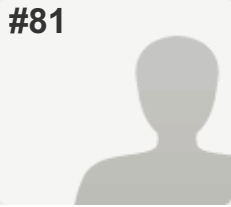
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Enabled P to have access to an interpreter every two weeks as someone to talk to in their own language and helped them to express their wishes
2nd example	Enabled P to visit their home on a regular basis which reduced their anxieties
3rd example	P wished to live in the area they originally came from and be nearer to family. With help from paid RPR this is on the way to happening
4th example	P wished to go out everyday and was able to use the bus and travel around - does still get confused with time and place but on the whole this works well. previously when not 'allowed' P at times needed restraint and has been sectioned in the past

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#81

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 30, 2016 4:02:30 PM**Last Modified:** Thursday, June 30, 2016 4:40:28 PM**Time Spent:** 00:37:58**IP Address:** 62.254.173.13

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Karen Stone
Email Address	karen.stone@kirklees.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

A, a 90+ female resident in care home X- EMI placement. It had been identified that going outside /walking had always been crucial to A's mental wellbeing. A condition was attached to the DOLS that the M.A. should accompany her outdoors on at least 6 days per week. A recommendation was made the the SW team would monitor and review this. Outcome; A started being taken out daily which benefitted her physical and mental health.

2nd example

B, 80+ female in EMI Placement , initially on respite and then placement made long term. Daughter initially agreed to long term care but then wanted mum home. Struggling to understand assessment and care planning processes. B initially objecting. Recommendations made to S.B; Full reassessment to be completed of B's needs to be completed , followed by best interests meeting within 4 week period. Daughter to be offered carers assessment and advocate. Paid RPR requested due to potential conflict of interests. 3 months DOLS requested. Outcome; B returned home with package of care.

3rd example

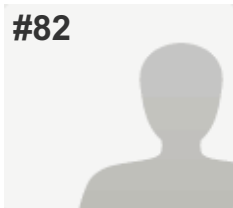
C; 30 + Year female with mild LD. Request made by respite facility for DOLS ; they assessed C as lacking capacity. Section 12 doctor and BIA assessment indicated that C had capacity. Advice given to M.A. re lowering threshold for capacity (i.e. C needS only to understand salient points) and emphasis being on assisting C to make decisions rather than proving incapacity. Evidence of role of BIA as educating M.A. re MCA principles.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

---

YES

#82

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 30, 2016 12:10:05 PM**Last Modified:** Thursday, June 30, 2016 4:53:18 PM**Time Spent:** 04:43:12**IP Address:** 195.89.201.254

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name

Elizabeth Howard

Email Address

elizabeth.howard@sheffield.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

Being asked to assess a person living in a care home and successfully using a communication aid to promote their ability to make their own decision and providing clear evidence of their ability to make their own decision and supporting them to express their views about where they wanted to live, effecting positive change.

2nd example

Setting conditions that led to a person who had not been out of a care home for many years to be supported to access their local community once per week.

3rd example

Prompting a review of a person's care arrangements which led to the introduction of a befriending service meaning that they had someone visiting them regularly and spending time with them in the care setting encouraging others to get to know the person and providing useful information about the person and their life to enable person centred care to be delivered.

4th example

Recommending a DOLS authorisation for a short period of time to enable the person to challenge their arrangements with the support of an RPR which resulted in the person being able to return to live in their own home.

5th example

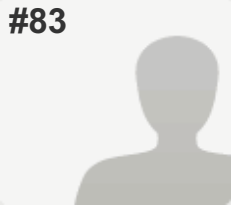
Not recommending a standard authorisation when it was clear the care arrangements were not culturally appropriate for the person. This resulted in an immediate care review by the Local Authority and a change to how the person's care was provided enabling access to culturally appropriate food, support and services in the local community as well as support with communication.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

---

YES

#83

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, June 30, 2016 5:49:30 PM**Last Modified:** Thursday, June 30, 2016 6:00:58 PM**Time Spent:** 00:11:27**IP Address:** 212.250.169.17

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Sarah Gaggini
Email Address	s.gaggini@poole.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample

I can only comment on my own experience of completing DoLS assessments. I have been trained as a BIA for approximately twenty month and have completed about fourteen assessments in that time. On one of the assessments the person was clearly objecting and trying to leave. I believe the case was referred to the court of protection. This process can and does provide protection for people who lack capacity to make certain decisions. However in my experience the majority of assessments are a waste of money and resources and inconvenient and confusing for the people we see. I would suggest a two tier system to screen the assessments put the money into something else.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

*Respondent skipped this question*

#84



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 01, 2016 2:49:25 PM  
**Last Modified:** Friday, July 01, 2016 3:08:54 PM  
**Time Spent:** 00:19:28  
**IP Address:** 5.158.88.104

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Emma Weselby
Email Address	emma.weselby@leics.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

An individual was discharged from hospital into an assessment bed. He wanted to return home. He had been there for 4 months. He had made attempts to leave. He had an allocated social worker who had neither completed his assessment nor found a package of care. He had high care needs. The DOL's assessor concluded he had capacity to make the decision regarding where he should live in regards to his care accommodation and treatment needs. Within 4 days the care act assessment had been completed, a package of care found and the person returned home. Without DOL's he would have stayed at the home there a great deal longer or become institutionalised and ended up staying.

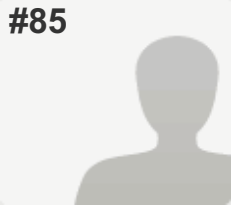
2nd example

A person placed into nursing care was the perpetrator in safeguarding incidents on 2 occasions in regard to other residents. On one occasion he put his hands around the neck of another resident and on a second he had a knife used for eating and put it to the face of another resident. Neither resident sustained injuries but the risks were high. Following the first incident the supervisory body refused to put in additional resources to support the managing authority. Following the second incident and the support of the BIA. The mental health assessor concluded that sectioning should be avoided if possible due to the age and poor physical health of the relevant person as the journey (the only available bed was 30 plus miles away) and time on a ward would possibly have been detrimental to him. The BIA would only agree to the authorisation of the placement with additional support to the managing authority, immediately 1.1 support for 12 hours a day was agreed as well as immediate support by the community mental health team. The placement was maintained

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#85

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Sunday, July 03, 2016 8:34:03 PM**Last Modified:** Sunday, July 03, 2016 10:08:32 PM**Time Spent:** 01:34:28**IP Address:** 87.112.65.120

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Steve Chamberlain
Email Address	steve@oxberry.plus.com

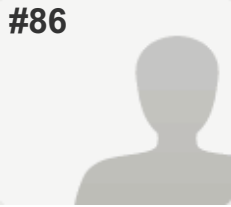
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Assessed person who had recently moved into a care home as self-funder. DoLS authorisation requested as care home felt resident lacked capacity. Doctor had assessed as lacking capacity previous afternoon. I assessed as BIA next day and felt strongly that person had capacity for the decision. After discussion with doctor and SB, doctor returned to reassess and found person had capacity.
2nd example	I have made a very large number of conditions, but do not know what happens after the assessment is signed off.

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#86

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Monday, July 04, 2016 11:54:52 AM**Last Modified:** Monday, July 04, 2016 12:08:41 PM**Time Spent:** 00:13:48**IP Address:** 195.89.201.254

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Louise Chambers
Email Address	louise.chambers@sheffield.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

One BIA assessment led to the immediate change of placement for a man with learning disabilities and autism where inappropriate and highly restrictive physical restraints were being used which could have put him in danger - a condition recommending an immediate change in placement was acted on with the man being moved to a unit which could more appropriately manage his challenging behaviour.

2nd example

Simple things - like conditions recommending the purchase of a TV and radio for the room of an elderly woman with dementia to enable her to watch/listen from the comfort of her own room as she disliked the noise and disruption from other residents in the communal lounge

3rd example

Adding a condition to a DoLS authorisation about promoting contact with relatives after finding their contact details and speaking to them - the home had lost these and the family had not been in touch for several months

4th example

Conditions frequently added about supporting the person to access the community - sometimes via a reassessment by LA/CCG if funding not otherwise available

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#87

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Monday, July 04, 2016 10:03:34 PM**Last Modified:** Monday, July 04, 2016 10:08:38 PM**Time Spent:** 00:05:04**IP Address:** 86.191.239.89

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Rosie Goy
Email Address	midlandsot@gmail.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Did not recommend the continued and unnecessary use of a wheelchair for community use
2nd example	Recommended staff training to better understand a person's needs e.g. sensory processing to manage challenging behaviour in a less restrictive manner
3rd example	Recommended reduction in staffing at specific times and to use assistive technology to enable the person to have more freedom

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

#88



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 05, 2016 12:28:37 PM  
**Last Modified:** Tuesday, July 05, 2016 12:46:02 PM  
**Time Spent:** 00:17:24  
**IP Address:** 194.75.236.71

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	eve campbell
Email Address	evcampbellis@gmail.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

My older service user found to not to have dementia. not allowed out of home, her tears and anger pathologised as a symptom of poor mental health with it was in fact frustration as she was able to make her own decisions. she said to me when I went to assess her 'welcome to my prison' frustration assessed as dementia. ex school teacher who was low mood after sudden death of her husband. daughter sold her mothers house.

2nd example

older woman having frequent falls, being prescribed co-codamol x 3 times daily. she was trying to decline that medication as she was aware of the strong effect it was having on her. staff began giving it to her covertly in liquid and wondered why she was half unconscious and falling which they assessed was a part of her dementia.

3rd example

older man with a dementia physically fit and likes to walk a lot staff using medication to limit his need to walk as he lived in a domestic setting. needed two staff to escort because they were short of staff and could not let him have two staff he was kept in the domestic setting for months and actually formed a path in the carpet through his repetitive pacing in a confined area.

4th example

man from muslim background with dementia communication problems unable to attend mosque, lost contact with his family, care home turning family away and family were unable to visit him as staff were unclear as to their motives, he is now quickly deceased.

5th example

woman with a learning disability in a care home whose mother has lived USA and not visited her for many years, SU lived over one hundred miles from nearest relative her sister who she was very close to. sister was given information that her sister could not live with her by the home. when I spoke to sister I was able to support her to take initial steps to have her live with her. wrong information given by home staff over a number of years to sister.

6th example

loads more but i dont have time.

7th example

current man with dementia, being stopped from his current wife visiting him as his son and she disagree over finances, he has instructed home to not allow her access to him.

8th example

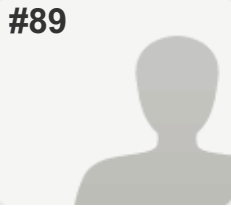
etc

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES



#89

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, July 06, 2016 7:24:27 AM**Last Modified:** Wednesday, July 06, 2016 7:31:26 AM**Time Spent:** 00:06:58**IP Address:** 62.254.173.13

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Shelley Brook
Email Address	shelley.brook@kirklees.gov.uk

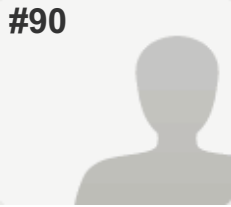
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Include life history summary/hobbies/interests so that activity person can coordinate things the person would enjoy
2nd example	Asking for reviews of placement to look at extra care housing/returning to the community
3rd example	Conditions- involving local church/volunteer groups to do activities in the care home
4th example	Condition- contact local animal charity to ask them to visit with dogs
5th example	Condition- refer to doctor for medication review
6th example	Condition- refer to mental health team for support

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

#90

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Wednesday, July 06, 2016 6:35:44 PM**Last Modified:** Wednesday, July 06, 2016 6:38:13 PM**Time Spent:** 00:02:29**IP Address:** 194.150.177.249

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Nick Clifton
Email Address	nick.clifton@lancashire.gov.uk

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample

I assessed a gentleman 'P' in a care home who had been removed from home under a MHA section and subsequently discharged from hospital into 24 hr care. 'P' has a delusional disorder and was at significant risk of harm in his own home and did not accept any support. Although his mental health was deteriorating at home and he was neglecting himself and his environment he nevertheless was capable of going out on a regular basis to visit family, local shops and the market. There were no records of him being at risk in the community. When I visited the care home to commence assessment I found that the care home would not permit him to leave the premises without an escort. I immediately challenged this restriction and asked to see the risk assessment, capacity assessment and Best interests assessment that should be associated with such a major restriction. There was no documentation associated with the restriction and seemingly no consideration of the Mental Capacity Act. I discussed with the care home the need to ensure that all restrictions are proportionate and necessary to prevent harm. In this case there was no evidence to indicate that he would be likely to come to any significant harm if he went out into the community alone. Furthermore he was distraught at the restriction. It was clearly not a proportionate response. I discussed the alternatives with the care home manager which included drawing up a contract with the home in which he would notify them where he was going and when he would return. The care home were concerned that he would return to his home and refuse to come back. I

pointed out that there was no evidence to back this up and if he did there would not be an immediate risk of significant harm (rather a slow deterioration in his mental health and well-being and inevitable return to hospital if support was not accepted). There was evidence to suggest that he had a good relationship with the care home manager and that with more freedom he may accept that it was currently in his best interests to remain in the care home. I gave the care home a Restrictive Practice Template which would help them document the steps that would need to be considered prior to enforcing any restrictions. I also pointed out that a DOLS authorisation would permit the managing authority to deprive 'P' of his liberty at the care home. However it would not provide authorisation for the specific elements of care and treatment that are provided. Decisions regarding care and treatment must still be made under the framework of the Mental Capacity Act best interest's process, if he lacks the capacity to make the particular decision himself. The care home did the requested assessments and lifted the restrictions on going out into the community. A standard authorisation was granted and independent RPR appointed. He has really appreciated the support of the RPR and this ensured that the conditions of the authorisation have been implemented. One of the conditions ensured that the care home worked with the local authority and 'P' in looking at alternative accommodation closer to his home. He has however chosen to remain in the care home and has become relatively well settled. He goes out every day on his bike and returns every day.

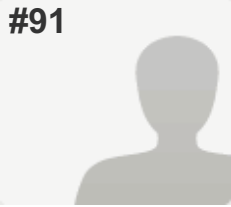
---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---

#91

**COMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, July 07, 2016 4:52:35 PM**Last Modified:** Thursday, July 07, 2016 5:16:58 PM**Time Spent:** 00:24:22**IP Address:** 86.155.232.155

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Natalie Lee
Email Address	natalie.melling@gmail.com

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

Firstexample

I assessed an older woman with long standing mental health needs and behavioural issues in a nursing home where she ordinarily had respite. I was told by staff that the CMHT had said she could not go home because of safeguarding concerns expressed by agency home care workers (NB it wasnt the usual care workers who had reported the concern and it was acknowledged they might have over-reacted). I was responding to a long standing request for an authorisation re the regular respite. Both I and the mhasessor agreed she had capacity to choose whether to stay there or nor. She was requesting to go home constantly. I consulted with the care coordinator who was admanant that she should not go home and who said it was a very complicated situation at home, family had had enough etc. He seemed to think SA conferred some legal powers. I discussed this with the mhasessor and dols team, we all agreed she had capacity and that the CMHT were behaving understandably but illegally in telling the care home she wasnt allowed to leave. We informed the MA she had capacity and they sent her home in a taxi! If there hadnt been a dols assessment coinciding with her enforced period of respite she might still be there even now!

2nd example

I assessed a young man whose new placement (ASD) had broken down due to inadequate placement planning (which was due to SA in former home) and who had been placed in a place of safety room in a hospital as an emergency measure. He had been there for 2 weeks when i saw him. Shocking situation with professionals not sure what to do. He had been assessed under MHAct by 2 x LD s12 Drs and AMHP and deemed not in need of assessment or treatment in hospital as his only issues were due to placement breakdown. Petty politics between funding authority and authority where he was very recently placed. i reluctantly authorised for only 5 more days and insisted he be found a more suitable place: hospital, specialist unit etc as he was being locked in a room constantly with no access to outside world! I refused to reauthorise it and he was eventually detained by professionals from his own local authority (presumably once his behaviour had deteriorated to the degree where he became eligible under MHAct.) i dread to think how much longer that situation would have been dragged out without the input of the dols team.

3rd example

i assessed a man in an acute hospital, LD and ASD, who had been admitted for physical health reasons but whose support package had also broken down. he could not return to his flat as there was insufficient support despite being medically fit for d/c he was being kept in a small and very hot room with 2 paid agency nurses 24 hours a day and was only allowed out of his tiny room for short periods of time. i authorised for a very short period and contacted a local unit for people whose behaviour was challenging (local authority, not nhs) and found out there was a vacancy. i put this in my report as a reasonable and realistic option (the unit already knew this man from a previous stay). it caused some ruffled feathers but i am glad to say he did move there from the hospital while his longer term care package was sorted out.

4th example

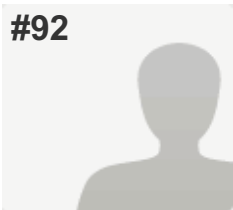
i have loads more examples but this format is impossible to type in - it is a single line, not even a box! i can send you anonymised reports if you are interested.

---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 14, 2016 9:31:22 AM  
**Last Modified:** Thursday, July 14, 2016 9:33:07 AM  
**Time Spent:** 00:01:45  
**IP Address:** 193.109.254.20

PAGE 1

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Joanna Shepherd
Email Address	joanna.shepherd@towerhamlets.gov.uk

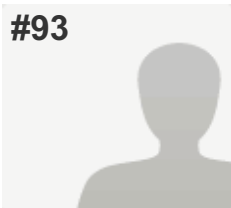
**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example	Finding person had capacity
---------------	-----------------------------

<b>Q3: Please confirm you are a qualified DoLS Best Interests assessor</b>	YES
--	-----

---

#93



**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Saturday, July 16, 2016 2:20:15 PM  
**Last Modified:** Saturday, July 16, 2016 2:27:34 PM  
**Time Spent:** 00:07:19  
**IP Address:** 217.155.200.61

---

PAGE 1

---

**Q1: Personal details**Note: we will NOT disclose your name or email to anyone without first asking for your permission.

Name	Laura Hauer
Email Address	lhauer_bia@yahoo.co.uk

---

**Q2: Please detail below brief specific example(s) of how you were able to bring about an improvement in a person's care plan as a result of your assessment as a BIA. Put another way, how the care/placement for the person was not appropriate and your assessment led to an improvement. Examples could include - removing certain restrictions, finding a person has mental capacity, adding conditions to improve care, prompting a change of placement or a review of the person's care by the local authority or CCG. The text boxes expand so there is no limit on words. If you can give several different examples that would be helpful. Please do NOT include: the name of the person you assessed; names of relatives or staff; name of the managing authority or supervisory body.**

First example

Woman in her sixties with learning difficulties/mental health issues. Had been living in institutions for many years. She presented as chatty but it was difficult to understand what she was saying. She had no teeth and no dentures. Staff didn't know the history of this and hadn't questioned it as she had come to the home with no dentures. It wasn't clear how much her not having dentures or teeth was impacting on her being understood. It was made a condition of the DOLS authorisation that a visit to the dentist be arranged to discuss and explore dentures and to offer her the opportunity of having them.

2nd example

A woman was in a home for predominantly older people but was not particularly old herself. There were limited opportunities for trips out. She didn't engage much with activities in the home and was non verbal but seemed to really enjoy going to the cafe down the road with staff and was identified as her favourite thing to do. Outings out to the cafe reportedly took place once a week but were cancelled if the weather was 'bad'. It was made a condition of the DOLS authorisation that she have the opportunity to go out to the cafe at least three times a week and that this is not cancelled in the event of rain but only in severe weather that would present a risk e.g. icy.

---

**Q3: Please confirm you are a qualified DoLS Best Interests assessor**

YES

---