**Audit tool for Form 3 assessments**

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| **Name of assessed person** |  |
| **Name of assessor** |  |
| **Assessment date** |  |
| **Spelling, grammar and writing***Is the record accurate and readable? Is there any superfluous text e.g. references to law that are not needed for the assessment? Are all necessary boxes completed?*  |  |
| **Assessment/s**  | **Complete?** | **Comments***Including a clear rationale for decisions made and evidence to support* |
| **Age:** *Including evidence if necessary.*  | Y – N |  |
| **Capacity:** *Including compliance with principles 1, 2 and 3. Is information set out clearly? Does the assessment show what the person’s expressed decision was at the time of the capacity assessment? Is evidence supplied to support answers to all four questions?*  | Y – N |  |
| **No refusals:** *Including whether relevant advance decision, Lasting Power of Attorney / Court appointed deputy (Health & Welfare) is in place and evidenced. What are their views? Is a relevant power refusing this deprivation of liberty?* | Y – N |  |
| **Best interests:** *Including evidence for decision on acid test, Storck and Guzzardi regarding deprivation of liberty, best interests checklist, and all relevant options for best interests. Have current circumstances been considered as an option?*  | Y – N |  |
| **Relevant views recorded** | **Complete?**  | **Comments** |
| **Relevant person** |  |  |
| **Relevant Person’s Representative, if DoLS authorisation currently in place**  |  |  |
| **Independent Mental Capacity Advocate, if involved** |  |  |
| **Family / friends?** |  |  |
| **Lasting Power of Attorney / Court appointed deputy (health and welfare)?**  |  |  |
| **Managing authority?** |  |  |
| **Funding / care planning authority?***Are you clear who has been involved in arranging the person’s care? What alternative care options have been or are being tried? Are you sure they are the responsibility of this supervisory body?*  |  |  |
| **Conditions and recommendations**  |
| **Conditions***Are these issues that the managing authority can address? Aimed at reducing restrictions?*  |  |
| **Included as identified in assessments** *e.g. from Form 4, IMCA or less restrictive options identified to explore.*  |  |
| **Are the conditions SMART?***i.e. specific, measurable, achievable, realistic and timely* |  |
| **Comments***Including clear rationale for the conditions made, linked to care and treatment amounting to deprivation of liberty, with evidence to support or previous conditions revised.* |  |
| **Recommendations** *Including ongoing care arrangements, changes to placement, funding or other issues that are the responsibility of those managing the person’s care.*  |  |
| **Length of authorisation** |
| **Comments***Including clear rationale for the recommended length of authorisation, linked to best interests and any potential means by which the deprivation of liberty can be reduced or removed.*  |  |
| **Selection of Relevant Persons Representative** |
| **Comments***Including clear explanation of why decision made, evidence to support, consideration of whether family or paid RPR appropriate.*  |  |
| **Issues with completion** *e.g. is it clear if there have been difficulties completing the assessment, including challenges with assessing the person’s capacity or consulting relevant parties?*  |