

POL10 - Liberty Protection Safeguards in Community Settings Policy and Procedure

Serendipity Healthcare Ltd
Unit 5 Millennium Way, Dunston, Chesterfield, Derbyshire, S41 8ND



1. Purpose

1.1 To protect the rights of people who might lack mental capacity who are aged 16 and above, living in their own homes or community settings such as shared lives schemes, when they may be deprived of their liberty, in their best interests.

1.2 To comply with the requirements of the European Convention Article/Human Rights Act 1998, 5(1)(e): '...No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law' and Article 5(4) 'Everyone who is deprived of his liberty... shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful.'

1.3 To support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and support?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?
SAFE	S2: How are risks to people assessed and their safety monitored and managed, so they are supported to stay safe, and their freedom is respected?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

1.4 To meet the legal requirements of the regulated activities that Serendipity Healthcare Ltd is registered to provide:

- Coroners and Justice Act 2009
- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice

2. Scope

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2.1 The following roles may be affected by this policy:

- Registered Manager
- Other management
- Administrator
- Care staff

2.2 The following Service Users may be affected by this policy:

- All Service Users aged 16 and over who may lack mental capacity to consent to arrangements needed to give them necessary care or treatment in their own home, supported living, or shared lives schemes

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 Before any Service User is deprived of their liberty, all practical efforts are made to avoid deprivation of liberty.

3.2 Service Users are not restrained except where this is necessary and proportionate and are not deprived of their liberty without lawful authority.

3.3 Authorisations by the Court of Protection to deprive Service Users of their liberty, including their duration and any conditions, are incorporated into Care Plans, and full information is given to the Service User and their relatives or friends who are interested in their welfare.

3.4 If a person might lack capacity to consent, all Care interventions are carried out in accordance with the wider Mental Capacity Act (MCA), using the least restrictive options that can be found.

3.5 Serendipity Healthcare Ltd and Serendipity Healthcare Ltd understand the MCA definition of restraint, minimise its use in a person-centred way, and record why it is in the person's best interests, as well as being both:

- Necessary to prevent harm to the person, and
- Proportionate to the likelihood of harm as well as the seriousness of that harm

3.6 Care Workers work within the framework of the Mental Capacity Act 2005, including around restraint and deprivation of liberty.

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4. Policy

4.1 In community services, such as supported living, shared lives schemes, extra-care housing and domiciliary care services, providing services to people aged 16 and over, who lack capacity to consent to arrangements for giving them necessary care or treatment, when those arrangements may amount to a deprivation of liberty:

- The service follows guidance about what amounts to deprivation of liberty given in the 'Cheshire West' Supreme Court judgement **P (by his litigation friend the Official Solicitor) v Cheshire West and Chester Council & Anor [2014] UKSC 19** (See Underpinning Knowledge)

4.2 In community services such as supported living, shared lives schemes, extra-care housing and domiciliary care, or in any service where Service Users are aged 16 or 17:

- The service follows Supreme Court guidance (see 4.1 above) and understands how to support commissioners to seek lawful authority from the Court of Protection, for deprivation of liberty, where no less restrictive option can be found to deliver the required care and support

4.3 Serendipity Healthcare Ltd works within the Mental Capacity Act 2005 and its Code of Practice.

4.4 Serendipity Healthcare Ltd can demonstrate that it uses every practicable means to maximise the mental capacity of Service Users to make their own decisions in accordance with the Mental Capacity Act 2005 and its code of practice.

4.5 Serendipity Healthcare Ltd can demonstrate its commitment to the reduction of restraint and avoidance of deprivation of liberty wherever possible.

5. Procedure

5.1 All service providers working with people aged 16 and above who might lack mental capacity to consent to health or care interventions, work within the Mental Capacity Act.

5.2 If deprivation of liberty is authorised by the Court of Protection:

- Ensure that the Service User and their relatives understand what

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restrictions have been authorised, and how they can challenge any aspect of the authorisation with the help of an IMCA (Independent Mental Capacity Advocate)

- As under DOLs, a deprivation can be for a maximum of one year initially – under LPS, this can be renewed initially for one year, but subsequent to that, up to three years.
- Serendipity Healthcare Ltd will notify the Care Quality Commission

5.3 If deprivation of liberty appears necessary and proportionate, and unavoidable, notify the Commissioners, and request them to amend the Care Plan to avoid deprivation of liberty if possible, and, where this is not possible, ask them to apply appropriately and in a timely way to the Court of Protection for authorisation.

5.4 Keep full records of assessments, applications, discussions with the Service User and their relatives or friends, about deprivation of liberty, and actions taken to minimise its use.

5.5 Under LIPS, the Court of Protection will oversee any disputes or appeals. Be prepared for Court of Protection Appointed Assessors to visit the service. They will interview the person, view records, and may interview staff.

5.6 Provide services within the framework of the MCA statutory principles (see the MCA Code of Practice).

5.7 Know when and how to assess decision-specific and time-specific capacity, and who should carry out the assessment; record capacity assessments including efforts made to enable the Service User to make the decision for themselves.

5.8 Know when and how to make best interests decisions on behalf of Service Users who lack mental capacity at the time a decision needs to be made. Record who was consulted and, in particular, the wishes and feelings of the person.

5.9 Recognise, record, and minimise the use of restraint.

6. Definitions

6.1 Deprivation of Liberty 'Acid Test'

- The Supreme Court 'Acid Test' clarifies that a person is deprived of their liberty if they:
 - Lack capacity to consent to the arrangements needed to give them necessary care or treatment
 - Are not free to leave (they may be allowed to go out with staff, or even alone, with permission, but may not go to live somewhere else, or without staff permission) and

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- Are subject to continuous (or continual) supervision and control. (A way to think about this is, do staff know all the time where someone is and what they are doing, and do staff provide and control their access to other people, activities, and the community?)

6.2 Restraint

- The MCA defines restraint as the use, or threat, of force to make someone lacking mental capacity do something they are resisting, or restricting the freedom of movement of someone lacking mental capacity, whether the person resists this or not
- Restraint is only lawful if it is in the person's best interests: except in an emergency, best interests are worked out in accordance with the statutory checklist in MCA Section 4. (See MCA Code of Practice Chapter 5). But restraint must also meet two extra conditions (see MCA Code of Practice 6.40 and following)
- The restraint must be **necessary** to prevent harm to the person, and a **proportionate response** to the likelihood and seriousness of that harm; its intensity and duration must be as minimal as possible
- Restraint is considered part of a deprivation of liberty, but individual restraints do not themselves constitute a deprivation of liberty, since deprivation of liberty is defined by reference to the entire Care Plan, and how it meets the 'Acid Test' (see 6.1 above)

6.3 IMCA

- The Mental Capacity Act 2005 introduced the role of the Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options, but also including the support of people who are deprived of their liberty. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who can represent the person

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