

# DOLS AUDIT FORM

Resident Name:

.....

Name of person completing this form:

.....

Date: .....

1. Is the resident subject to detention under the Mental Health Act or could they be so detained?

Yes  No

2. Does the resident have capacity to make decisions about their residential arrangements and care plan?

Yes  No

Reason for coming to this assessment:

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.....  
.....  
.....  
.....

3. Is the resident free to leave the unit?

Yes  No

4. Is the resident subject to continuous supervision and control?

Yes  No

Reason for coming to this assessment:

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.....  
.....  
.....

If the answer to 4 is Yes, is there a less restrictive care plan that can be put in place?

Yes  No

**If a less restrictive care plan is not possible, put in place urgent DOLS Authorisation and apply for Standard Authorisation from Local Authority. Notify CQC.**

## Disclaimer

This briefing is for guidance purposes only. RadcliffesLeBrasseur accept no responsibility or liability whatsoever for any action taken or not taken in relation to this note and recommend that appropriate legal advice be taken having regard to a client's own particular circumstances

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