

CASE
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 22

SUPERVISORY BODY'S DECISION

FOLLOWING REVIEW ASSESSMENT(S) UNDER PART 8 OF SCHEDULE A1 TO THE MENTAL CAPACITY ACT 2005

PART A — BASIC INFORMATION

Full name of the person being deprived of their liberty	Name	
Their date of birth (or estimated age if unknown)	DOB	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
	Est. age	<input type="text"/> Years
Name and address of the relevant hospital or care home	Name	
	Address	
Name and address of the supervisory body	Name	
	Address	
Person to contact at the supervisory body	Name	
	Telephone	
	Email	

PART B — OUTCOME OF THE REVIEW ASSESSMENTS

Complete EITHER B1 or B2. Do NOT complete both.

Complete B1 if one or more review assessments concluded that the person does not meet a qualifying requirement. The effect of such a finding is that the standard authorisation is terminated.

Complete B2 if all of the review assessments concluded that the person does meet the qualifying requirements. The effect is that the standard authorisation continues in force.

Place a cross in Box B1 or Box B2 ↓

B1	<p>One or more of the review assessments concluded that the person does not meet the qualifying requirement to which it relates. <input type="checkbox"/></p> <p>The following qualifying requirement(s) were not met:</p>
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Place a cross in the relevant box[es] below ↓

A	Age <input type="checkbox"/>
B	Mental health <input type="checkbox"/>
C	Mental capacity <input type="checkbox"/>
D	No refusals <input type="checkbox"/>
E	Eligibility <input type="checkbox"/>
F	Best interests <input type="checkbox"/>

The supervisory body has therefore terminated this standard authorisation.

If you placed a cross in box B1, please now sign and date the form. You DO NOT need to complete any other part of this form. You DO need to complete Form 23.

B2	<p>All of the review assessments carried out concluded that the person does meet the qualifying requirement to which they relate.</p> <p>The standard authorisation therefore continues in force, subject to any variations and modifications stated below.</p> <p>If you placed a cross in box B2, please complete the rest of the form.</p>
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PART C — CHANGE OF REASONS

So far as stated below in this part of the form (Part C), the reasons given in the standard authorisation as to why the person meets the qualifying requirements are hereby varied.

C1 MENTAL HEALTH REQUIREMENT

Place a cross in box A, B or C. Where C applies, give the new reason immediately below ↓

A	A mental health review assessment was not carried out. <input type="checkbox"/>
B	The reason(s) why the person meets the mental health requirement IS/ARE the reason(s) stated in the standard authorisation. <input type="checkbox"/>
C	The reason(s) why the person meets the mental health requirement IS NOT/ARE NOT the reason(s) stated in the standard authorisation. <input type="checkbox"/>

New Reason

The standard authorisation is hereby varied so that the reason(s) given in it as to why the person meets the mental health requirement is/are now that the person suffers from the form(s) of mental disorder specified below.

By reference to the mental health review assessment, list the relevant diagnosis/diagnoses or descriptive terms (e.g. depression, dementia), using boxes D–G below:

D	
E	
F	
G	

C2 MENTAL CAPACITY REQUIREMENT

Place a cross in box A, B or C. Where C applies, give the new reason immediately below ↓

A	A mental capacity review assessment was not carried out. <input style="float: right;" type="checkbox"/>
B	The reason(s) why the person meets the mental capacity requirement IS/ARE the reason(s) stated in the standard authorisation. <input style="float: right;" type="checkbox"/>
C	The reason(s) why the person meets the mental capacity requirement IS NOT/ARE NOT the reason(s) stated in the standard authorisation. <input style="float: right;" type="checkbox"/>

New Reason

The standard authorisation is hereby varied so that the reason(s) given in it as to why the person meets the mental capacity requirement is/are now as stated below.

By reference to the mental capacity review assessment, state the new reason(s) by placing a cross or crosses in one or more of boxes D–G below ↓

D	The person is unable to understand the information relevant to the decision. <input style="float: right;" type="checkbox"/>
E	The person is unable to retain the information relevant to the decision. <input style="float: right;" type="checkbox"/>
F	The person is unable to use or weigh that information as part of the process of making the decision. <input style="float: right;" type="checkbox"/>
G	The person is unable to communicate their decision (whether by talking, using sign language or any other means). <input style="float: right;" type="checkbox"/>

C3 NO REFUSALS REQUIREMENT

Place a cross in box A, B or C. Where C applies, give the new reason immediately below ↓

A	A no refusals review assessment was not carried out.	<input type="checkbox"/>
B	The reason(s) why the person meets the no refusals requirement IS/ARE the reason(s) stated in the standard authorisation.	<input type="checkbox"/>
C	The reason(s) why the person meets the no refusals requirement IS NOT/ARE NOT the reason(s) stated in the standard authorisation.	<input type="checkbox"/>

New Reason

The standard authorisation is hereby varied so that the reason(s) given in it as to why the person meets the no refusals requirement is/are now as stated below.

Place a cross in box D or E below ↓

D	The person has not made an advance decision or a lasting power of attorney under the Mental Capacity Act 2005 and no deputy has been appointed by the Court of Protection.	<input type="checkbox"/>
E	Any advance decision they have made does not prevent them from being given the treatment proposed, and any decisions made by their donee of a lasting power of attorney or deputy do not conflict with these proposals for their accommodation, treatment and care.	<input type="checkbox"/>

C4 ELIGIBILITY REQUIREMENT

Place a cross in box A, B or C. Where C applies, take action as in the 'New Reason' note below ↓

A	An eligibility review assessment was not carried out.	<input type="checkbox"/>
B	The reason(s) why the person meets the eligibility requirement IS/ARE the reason(s) stated in the standard authorisation.	<input type="checkbox"/>
C	The reason(s) why the person meets the eligibility requirement IS NOT/ARE NOT the reason(s) stated in the standard authorisation.	<input type="checkbox"/>

New Reason

The standard authorisation is hereby varied so that the reason(s) given in it as to why the person meets the eligibility requirement is/are now as stated in the eligibility review assessment attached to this form.

C5 BEST INTERESTS REQUIREMENT	
Place a cross in box A, B or C. Where C applies, complete the rest of this section (C5) ↓	
A	A best interests review assessment was not carried out. <input type="checkbox"/>
B	The reason(s) why the person meets the best interests requirement IS/ARE the reason(s) stated in the standard authorisation. <input type="checkbox"/>
C	The reason(s) why the person meets the best interests requirement IS NOT/ARE NOT the reason(s) stated in the standard authorisation. <input type="checkbox"/>
If you placed a cross in box C above, indicate which of the reasons have changed by placing a cross or crosses in one or more of boxes D–F below:	
D	The reason(s) why the arrangements authorised by the standard authorisation are in the person’s best interests HAS/HAVE changed. <input type="checkbox"/>
E	The reason(s) why the arrangements authorised by the standard authorisation are necessary in order to prevent harm to the person HAS/HAVE changed. <input type="checkbox"/>
F	The reason(s) why the arrangements authorised by the standard authorisation are a proportionate response to the likelihood of the person otherwise suffering harm, and the seriousness of that harm, HAS/HAVE changed. <input type="checkbox"/>
<p>New Reason</p> <p>Where one or more reasons has/have changed (see rows D–F immediately above), the standard authorisation is hereby varied so that the reason(s) given in it as to why the person meets the best interests requirement is/are now as stated in the best interests review assessment attached to this form.</p>	
<p>PART D — VARYING THE CONDITIONS OF THE STANDARD AUTHORISATION</p> <p>Note: Part F4 of the bests interests review assessment form (Form10) sets out the assessor’s opinion as to whether or not the existing conditions should be varied. If the assessor has recommended their variation, they will have set out there the new recommended conditions.</p> <p style="text-align: right;">Place a cross in box A or B or C ↓</p>	
A	<p>There HAS BEEN a significant change in the person’s circumstances. The supervisory body MUST therefore vary the conditions to which the standard authorisation is subject. In the circumstances it is appropriate to vary the conditions in the way shown in Part E.</p> <p>Now complete Part E of this form. <input type="checkbox"/></p>

B	<p>There HAS NOT BEEN a significant change in the person's circumstances. However, the supervisory body has decided that in the circumstances it is appropriate to vary the conditions to which the standard authorisation is subject. <input type="checkbox"/></p> <p>Now complete Part E of this form.</p>
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C	<p>There HAS NOT BEEN a significant change in the person's circumstances. Having regard to any changes there have been, the supervisory body has decided that in the circumstances it is not appropriate to vary the conditions to which the standard authorisation is subject. The existing conditions therefore remain in force. <input type="checkbox"/></p>
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The supervisory body's reasons for not varying any conditions that it was asked to vary are as follows:

Do not complete Part E of this form. Proceed to Part F instead.

PART E — THE NEW VARIED CONDITIONS

Only complete Part E if you placed a cross in box A or B of Part D of this form.

The conditions to which the standard authorisation is subject are hereby varied. The person is now subject to the following conditions and to no others:

1	
2	
3	
4	
5	
6	

PART F — PROVIDING COPIES OF THIS DECISION AND THE REVIEW ASSESSMENTS

The supervisory body has completed its review of this standard authorisation.

Any review assessments that were carried out are attached to this form.

If you have received copies of this notice, and copies of the review assessments that were carried out, it is because the supervisory body is required to give them to the following persons:

- (a) the managing authority of the hospital or care home
- (b) the person who is the subject of the standard authorisation
- (c) the person's representative
- (d) any section 39D IMCA.

Signed (on behalf of the supervisory body)	Signature	
	Print name	
	Position	
Dated	Date	