**Appendix 6 Evidence of legal Authority to admit an Informal patient checklist**

**Evidence of legal Authority to admit an Informal patient**

**(where MHA not applicable)**

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| **Patient’s Name** |  | **Ward Ward****Ward** |  |
| **Date**  |  | **Date of Admission or MHA rescinded**  |  |
| **Staff should ensure that the relevant information has been given to the patient prior to coming on to the ward or if applicable following the discussion with the appropriate consultant about the patient remaining on the ward as an Informal patient following the rescinding of the MHA.**  |
|  | **Checklist for admission**  | **Y/N or NA** | **Comments** |
| 1 | Is the patient aware of the blanket restrictions on the ward as outlined in the Information Leaflet – **Informal Admission?**   |  | **Show patient the list of blanket restrictions, leaflet, poster. Record discussion in patients notes**  |
| 2 | Are there any concerns about the patient’s presenting level of capacity to consent to the restrictions?  |  | If **Yes discuss with patient’s consultant** |
| 3 | Where there are concerns about a patient’s capacity, has an assessment of capacity to consent to informal admission been undertaken and a record made on the MCA1 in systmOne?  |  | **If No an assessment of the patient’s capacity is required be undertaken and recorded on MCA1 immediately**  |
| 4 | Where the patient has been assessed as lacking capacity to consent to Informal Admission has a Best Interest decision been made under the MCA and a record made on the MCA2 in systmOne?  |  | **If No a BI Decision needs to be completed immediately involving the views of interested parties and recorded on MCA2****If Yes, follow DoLS process**  |
| 5 | If it was agreed that it is in the persons best interests to be admitted to, or remain on, the ward under the MCA 2005, has a DoLS Form 1 been completed and sent to the correct Supervisory body? (copy to MCA Office)” |  | **If No a DoLS Form 1 request for Standard Authorisation needs to be completed immediately and the DoLS process followed**  |
| 6 | Has the patient been made aware that they are subject to the MCA Deprivation of Liberty Safeguards – and has the DoLS Easy Read leaflet been given to them? |  | **This should be done within 72 hours**  |
| 7 | Please record any additional factors discussed below  |
|  |

**Signed: Date:**

**Designation:**