

# Mental Capacity Act / Deprivation of Liberty Safeguards Audit

Audit to test compliance with Mental Capacity Act 2005

Care facility name:

Date:

Name of person completing this audit:

DoLS applications	Yes	No	Action required	Timeframe
Has every person had a mental health capacity assessment?				
Has a DoLS application with specific decisions been made on behalf of everyone who is deemed to lack the mental capacity to make those decisions?				
Where possible, are families aware of this?				
Is the local authority aware of this?				
DoLS conditions	Yes	No	Action required	Timeframe
Have all confirmed DoLS applications been notified to CQC?				
Are everyone's conditions being met?				
Is the Allergies, Respect Form/Advanced Care Plan & DoLS sheet up to date?				

Have all actions been completed?	Yes	No	Manager's name:
Date:	Manager's signature:		