



AUTHORISING/SUPERVISING OFFICER REVIEW REPORT OF APPOINTED GUARDIAN(S)

Name of Person Subject to Guardianship:	
Date of Birth:	
Type of Guardianship Order Granted:	
Date Guardianship Order Granted:	
Duration of Guardianship:	
Date of this Review:	
Date Next Review Due:	

*** All Guardianships must be reviewed 3 months prior to the date the guardianship is due to expire.**

Name and Address of Guardian:	Relationship to Adult:	Tel Number/Contact Arrangements (including Out of Hours):

	Name and Address:	Telephone Number:
Authorised Officer:		
Supervising Officer:		
Person Managing Financial Affairs i.e. Appointee/Financial Guardianship/Management of Residents Finances/Access to Funds:		
Person(s) for whom Access to the Adult is Restricted:		

Powers of Guardian(s)

Powers:	Yes/No:	Comments:
Decide where the Adult should reside	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If no, the adult may be free to leave. Is there a policy to manage this situation?</i>
Provide social, cultural, or educational activities and holidays	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Access to be given to medical, social work or care staff when required	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Financial Powers of any kind (usually as financial guardian or POA)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If no, add details above of who is managing finances.</i>
Consent to medical treatments, research or supervise medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>*A Section 47 Treatment Certificate to authorise treatment may be necessary. See GP or Psychiatrist.</i>
<i>* The Act requires a Treatment Certificate be completed even when there is a guardian/attorney with this power.</i>		
Take legal action of any kind on behalf of the adult	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Access to any confidential records or data held on the adult.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If Yes, guardian has the same access to Care Home's records as adults</i>
Dress, diet, personal appearance or hygiene	Yes <input type="checkbox"/> No <input type="checkbox"/>	
With whom the adult may consort or restrict or control access to certain people	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If Yes, add details below of any person who has restrictions put on their access to the adult.</i>
Accompany the adult, or monitor or supervise the adult at all times.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If No, is the adult's right to freedom being respected/promoted?</i>
Other, please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If there are more powers attach a separate sheet detailing these.</i>

Note:

If any of the above powers have been delegated to staff, please indicate within the comments box.

Events e.g. Death or admission to hospital must be given to the Supervising/Authorising Officer detailed on page 1 of this form.

Review Summary

Update on the Adults Circumstances

Description of how the powers are being used

Are they in line with the principles?

- | | |
|--|--|
| • Do they benefit the adult? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Are the views of the person on guardianship and the carers known and taken into account? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Are only those decisions made that the adult lacks capacity to make? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Are they offered choices? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Do the decisions take into account less restrictive alternatives? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Is the adult encouraged to use existing skills and, where possible, develop new skills? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If no to any of the above, how is this to be addressed?

Views of the Adult (or reason why views not included)

Views of the Guardian(s)

Views of the Care Manager

Views of any other relevant person (Manager of Care Home, person with delegated powers etc...)

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Are all the powers still required? Yes No

Area of Disagreement (if any)

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Any other relevant information

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Summary of Review including any further action or intervention required

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Signature of Supervising/Authorising Officer:

Designation of Supervising/Authorising Officer:

Date Signed by Supervising/Authorising Officer:

N.B. This document should be retained in the Orange Case File and a copy sent to:

Lisa Brock
Adult Protection Legislative Assistant
Adult Protection Unit
Civic Centre North
John Dickie Street
Kilmarnock
KA1 1HW

Please note that the Mental Welfare Commission does not require to receive a copy of this minute; however should the review highlight concerns regarding the actions of the guardian further consideration should be given to undertaking a Section 10 Inquiry – Adults with Incapacity (Scotland) 2000. Or if concerns are related to a deficiency in care and treatment in a setting other than a hospital then a S33 Inquiry – Mental Health (Care and Treatment) (Scotland) Act 2003 should be considered.

Section 10 Inquiry – Adults with Incapacity (Scotland) 2000

A Local Authority shall have the following general functions under this Act –

- a) To supervise a guardian appointed with functions related to the personal welfare of an adult in the exercise of those functions
- b) To consult the Public Guardian and the Mental Welfare Commission on cases or matters relating to the exercise of functions under this Act in which there is, or appears to be, a common interest
- c) To receive and investigate any complaints relating to the exercise of functions relating to the personal welfare of an adult made:
 - (i) In relation to welfare attorneys
 - (ii) In relation to guardians or persons authorised under intervention orders
- d) To investigate any circumstances made known to them in which the personal welfare of an adult seems to be at risk
- e) To provide a guardian, welfare attorney or person authorised under an intervention order, when requested to do so, with information and advice in connection with the performance of his functions in relation to personal welfare under this Act.

S33 Inquiry – Mental Health (Care and Treatment) (Scotland) Act 2003

Duty to Inquire

- 1) Where it appears to a Local Authority that:
 - (a) A person in their area who is 16 years or over has a mental disorder; and
 - (b) Any of the circumstances mentioned in subsection 2) below apply

The authority shall cause inquiries to be made in the person's case.

- 2) Those circumstances are:
 - (a) That the person may be, or may have been, subject, or exposed at some place other than a hospital to:
 - (i) Ill treatment;
 - (ii) Neglect; or
 - (iii) Some other deficiency in care or treatment
 - (b) That because of the mental disorder, the person's property:
 - (i) May be suffering, or may have suffered, loss or damage; or
 - (ii) may be, or may have been, at risk of suffering loss or damage;
 - (c) That the person may be:
 - (i) Living alone or without care; and
 - (ii) Unable to look after himself or his property or financial affairs;
 - (d) That the person is not in hospital and, because of the mental disorder, the safety of some other person may be at risk.