

Log Number

Bulzha

DoIB

ACDT v.1

Home Office

CARE OF AT RISK DETAINEES

ACDT PLAN

(Assessment, Care in Detention and Teamwork)

Forename(s)

D2054

Surname

DOB

DPA

Centre

Brook

CID/PORT REF

11631272

Turn to inside front cover to see triggers/warning signs that should prompt immediate review

Required frequency (day and night) of conversations and observations, plus the required frequency of recording these in pages 21-22. (see pages 19-20 for guidance)

1	At least every 2 hours
2	At least every 2 hours at night
3	At least every 2 hours at night
4	At least every 2 hours at night
5	At least every 2 hours at night
6	At least every 2 hours at night

Date of next Case Review:

1	26/6/17	2	28/6/17	3		4	
5		6		7		8	
9		10		11		12	
13		14		15		16	

Date opened: 21/6/17

Date closed:

Date of Post Closure Interview:

(see inside back cover for guidance)

Signed (chair of closing Case Review)

Image of D2054

Warning signs to prompt immediate review and person/department to be called.
Should be considered as part of each Case Review

REMOVAL TO NIGERIA

AGREEMENT TO SHARING OF INFORMATION

This form is to be completed by the Assessor and detainee at the beginning of the assessment interview.

I understand that the Immigration Service has a duty of care to me while I am in detention. I agree that information about my needs and situation may be passed on to all relevant staff involved in my care. I understand that only information relevant to my ACDT Plan will be shared, and that detailed information contained within my health records or any other information about me will not normally be disclosed without my consent.

If there is a concern that I may be at risk of significant harm, information about me may be shared between staff within the centre and others concerned with my care and welfare in order to think about how to best support me.

Person at risk's signature

Signature

D2054

PRINT NAME

Date

22/6/17

Member of staff's signature

Signature

PRINT NAME

ANN MURPHY

Date

22/6/17

Where permission is withheld, share only information that relates to the risk and how to reduce the risk.



OFFICIAL - SENSITIVE

ACDT Open Notification Form

Name of Detainee	D2054		
CID Ref:	11671272	Log Number	BH/217/17

The ACDT plan was opened at Brook House:	y
The above has arrived on an open ACDT plan from :	

To be completed by the DCM:

Tasks	Completed	Comments
Has the detainee self harmed If yes, please state the method of self harm	n	
Has an Incident Report been completed and passed to the DD	n	
Is the detainee on a food refusal? An ACDT must be opened after 2 days of refusing food	n	
Has the detainee been assessed by healthcare? The RMN should also be contact for a mental health assessment.	n	
Has the Central ACDT log been Updated? Incidents of Self Harm should be high lighted in Red Ink	y	
Has the relevant information been entered on to DAT? All information should be entered under the Safer Custody tab on DAT	y	
Has the IS91 Part C been completed and sent to DEPMU? A copy should be sent to Safer Community and Home Office	y	

Completed By

Print Name	D Aldis
Time and Date	1600 21/06/2017

This form should be completed when the ACDT opened and distributed without delay to the following

- Duty Director
- Safer Community Manager
- Healthcare
- Chaplain
- Security Intelligence
- Home Office
- IMB

The original should be placed in to the detainee ACDT plan

OFFICIAL - SENSITIVE

HOM002388_0003



Immigration
Enforcement

Port Ref: MET/4964060
H.O Ref:

CID: 11671272

IS 91 RA Part C
(Revised)

IS.91RA Part C: Supplementary Information to IS.91 RA Part A

Details of Port/Unit Responsible For Case					
Port:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name	D2054				
D.O.B	DPA	Nationality	NIGERIA	Sex	M

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

Mr. D2054 has had an ACDT opened on him after receiving RDs this afternoon. Stated he CANNOT go back to Nigeria due to his previous torture he suffered there.

Will this individual comply with removals directions? No
If no please provide additional information.

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: Signature Print name: D ALDIS Date: 21/06/2017

For Completion by DEPMU/MODCU

- This detainee's location does/does not need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: Yes/No

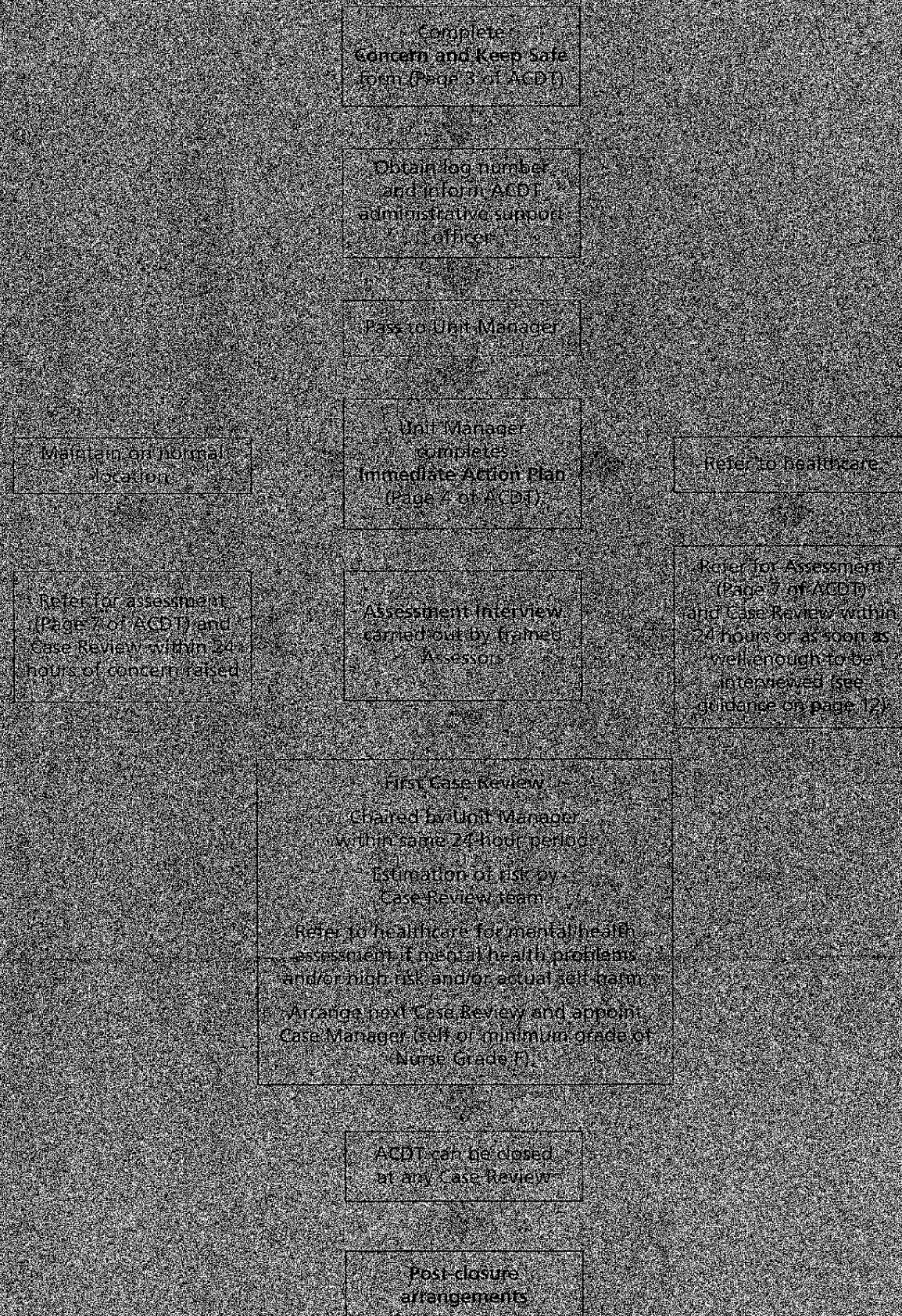
Signed: Print name: Date:

Signature to be at EO level.

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (HO and Contractors/Prison Service)

ACDT Flowchart



CONCERN AND KEEP SAFE FORM

If you consider the risk of a suicide attempt to be imminent, or if the individual is acutely distressed, take action immediately and do not leave the person alone. Continue filling out this form as soon as possible after the emergency has been dealt with.

What are the concerns?

Ask the individual open questions to determine what the main problems are. Then tick all relevant boxes and give details in the open box below.		
1. Suicide attempt or statement of intent to kill self	<input type="checkbox"/>	<p>Please describe <i>why</i> you are concerned. Summarise: any recent events, behaviour or information received that gives cause for concern and what the person themselves said about their situation:</p> <p>Stated he wanted to die after being given RDS. When asked he said he would not harm himself or try to take his own life. low mood and crying uncontrollably.</p>
2. Self injury or statement of intent to self harm	<input type="checkbox"/>	
3. Unusual behaviour or talk	<input type="checkbox"/>	
4. Very low mood (e.g. withdrawn, slowed down)	<input checked="" type="checkbox"/>	
5. Problems related to drug/alcohol withdrawal	<input type="checkbox"/>	
6. Other concerns, including vulnerability due to age or immaturity	<input type="checkbox"/>	

Action required by initiating member of staff:

Now give this report to the person responsible for deciding on the immediate action to be taken to keep the person safe. This will usually be the manager of the unit on which the individual is, or is to be located. Where the ACDT Plan is opened in reception, initial decisions about care might be made by health reception staff, in conjunction with the manager of the receiving unit.

Details of initiating member of staff:

Print Name: DALLIS	Signature: Signature
Date: 21/6/14	Time: 1530

SECTION TWO

Suicide/Self-Harm Risk Guidance

Assessment Interview and First Case Review

ASSESSMENT INTERVIEW

(Complete within 24 hours of concern being raised, unless circumstances are exceptional, e.g. detainee admitted to outside hospital and too ill to be interviewed)

Forename(s):	D2054	Surname:	D2054
		Location:	D/OIS

Before (or if need be after) the interview, gather risk-pertinent information:

- From the core record/unit file/unit staff (received or expecting a long sentence, violent offence especially murder, victim is a family member, recent knock-back, breach, recall, subject to RFA, limited regime can mean increased risk)
- Ask health staff if they are aware of risk factors (e.g. current or recent psychiatric treatment, drug/alcohol dependence, painful or terminal physical illness)

In the interview, gather risk pertinent information in your own style using general interviewing skills. The questions below are a reminder of areas to be covered only. Explain that the information will be made available to the Case Review team to help plan their care.

1. Individual's perception of the problems related to current distress

Ask person to describe in their own words what they believe their problems to be. Once all problems mentioned have been explored, check the following that have not been mentioned: relationship problems and practical problems outside and inside centre, including isolation, bullying, bereavement, other loss, guilt re offence.

D2054	TOLD ME THAT HE WAS FEELING ALOT BETTER TODAY, HE DID NOT FEEL WELL YESTERDAY, HE HAS GENERAL HEATH ISSUE PROBLEMS, HIS SISTER WAS CRYING ON THE PHONE TO HIM AND HE BECAME ALSO VERY UPSET AS THIS IS HIS 2 ND TIME IN DETENTION AND HIS FAMILY ARE VERY UPSET WHICH MADE HIM FEEL VERY LOW YESTERDAY. THIS IS HIS 6 TH DAY AT BROOK HOUSE. IMMIGRATION REMOVAL CENTRE.
--------------	--

2. If recent act of self-harm

Ask person to describe events, thoughts and feelings over 48 hours leading to act. What precipitated incident? Was it an attempt at suicide and how nearly lethal was the attempt? Was it planned and what attempts were made to avoid detection? Did person expect to die? How do they feel about being alive now? If no suicidal intent, what was the act related to? How was the act helpful to them?

D2054	HAS BEEN HAVING 2 YEARS OF HEATH PROBLEMS, YESTERDAY HE JUST HAD SOME THOUGHTS OF SELF-HARMING BUT TODAY HE HAS NONE AND IS OK. D2054 FEELS THAT THE MEDICATION FOR HIS HIGH BLOOD PRESSURE, ARE GIVING HIM HEADACHE'S.
D2054	IS REFUSING TO TAKE THE FOOD FROM THE SERVERY BECAUSE HE IS UNABLE TO EAT IT, AS IT UPSETS HIS STOMACH, HE DOES NOT LIKE THE FOOD.

6. Reasons for living and coping resources

Is there anything that the person feels might prevent them from carrying out plans? How has he or she managed to cope until now? What is it that keeps them going right now? Does he/she have support from friends or family?

D2054 HAS A SISTER & HER FAMILY LIVING IN LONDON.

D2054 HAS 4 BROTHERS ALL LIVING IN NIGERIA, HE IS ONLY IN CONTACT WITH 1 BROTHER.

D2054 TOLD ME THAT HE WAS TORTURED IN NIGERIA AND CAN NOT RETURN BACK TO HIS HOME COUNTRY.

7. Any other areas of discussion

Note down any other relevant issues that have come up in the discussion, or any points not covered above that you wish to ensure are available to the Case Review team.

D2054 HAS AN SOLICITOR BUT HE IS ASKING FOR A LOT OF MONEY SO HE CAN HELP HIS CASE.

D2054 ^{SISTER} ~~SISTER~~ IS TRYING TO RAISE THE MONEY THAT IS NEEDED TO HELP HIS CASE, THAT IS WHY SHE IS VERY UPSET. ON THE PHONE, SHE & HER FAMILY HAVE BEEN TOLD BY **D2054** NOT TO VISIT HIM AT BROOKHOUSE.

D2054 CAME TO THE UK FOR A VISIT AND HAS STAYED ON FOR 12 YEARS NOW.

8. Agree what is to happen now with the interviewee

Discuss with the individual what they think might help them now. Note down possible ideas for the CAREMAP and anything else relevant. Explain what is to happen now. **Note:** Where the Case Review is taking place immediately after the interview, discuss this as part of the Case Review and record in the summary of Case Review (next page). Where this is not the case, discuss and record here. (Be aware that expressions of hopelessness are signs of higher risk.)

SUGGEST TO MAKE AN APPOINTMENT TO SPEAK TO THE MENTAL HEALTH TEAM. ALSO MAKE AN APPOINTMENT TO SEE AN SOLICITOR WHO VISIT BROOK HOUSE EVERY WEEK. PUT HIS NAME DOWN IN THE LIBRARY TO DO SOME COOKING IN THE CULTURAL KITCHEN. SEE HEALTHCARE FOR A SPECIAL DIET MENU REQUEST.

Interviewer's details:

Print Name:	ANN MURREY	Signature:	Signature
Date:	22/6/17	Time:	18.50

ACTION FOLLOWING ASSESSMENT

(Case Review No.1 To be completed within 24 hours of concern being raised)

Details of case review

Date: 22/06/2017	Time: 18:30	Location: Dove Wing Office
------------------	-------------	----------------------------

Names of people attending Case Review or otherwise consulted following Assessment:

Name	Designation
Stephen Pearson	Unit Manager
D2054	Detainee
Ann Murrey	Assessor (if not attending, state in record below how they contributed to the review)
	Case Manager (if different to unit manager)

Record summary of Case Review

D2054 stated that he is not eating the food due to only eating Spinach and Yum Yums which I now know as spinach and potatoes. It was explained to D2054 that if he has a special diet then he needs to speak with Healthcare and they will be able to send the diet down to the kitchen so a food that he will like can be cooked by the kitchen. He also has the opportunity to apply to cook in the cultural kitchen and he will be able to cook it for himself. D2054 stated that he has no thoughts of self harm he just don't like the food. I gave him all the info again about having a special diet and he said thanks. I've told him that he can go to healthcare in the morning and speak with a nurse about it and that he can go to the library to put his name down for the cultural kitchen. He said thanks for the information. I told him that I'm off the weekend and will pick this up with him on Monday.

Observations changed to Meal Time Obs.

Consider if sufficient progress has been made to reduce risk.
Current likelihood of further risk behaviours

LOW



RAISED



HIGH



If evidence of mental health problems, current self-harm and/or high risk, refer for mental health assessment and care

Urgent referral: ☐ Routine referral: ☐ Referral made to: ☒ Brook House RMN

(Note: person referred to should contribute to next Case Review, in writing if attendance not possible)

Now produce CAREMAP and liaise with appropriate staff and support agencies. Note any know triggers/warning signs on the inside front cover.

If ACDT remains open

Next review: (also note on front cover)

Date: 26.06.2017

Time:

If ACDT closed (see guidance on inside back cover)

Post closure interview:

Date:

Time:

(also note on front cover)

Additionally to invited

or of staff who will conduct this
up interview:

Case managers Sign

Signature

Date: 22.06.2017

RECORD OF CASE REVIEW

Case review number: 2

Details of case review

Date: 26/06/2017	Time: 17:30	Location: Dove Wing Office
------------------	-------------	----------------------------

Details of those invited

Name	Role (when case manager cannot attend, they must explain to the detainee who is to take their place at the review)	How contributed (e.g. attended, submitted written report, sent deputy, gave information by telephone) state if no contribution made.
Dave Aldis	Case Manager	Off Duty
D2054	Detainee	Attended
Mike Trott	DCM	Attended
Louis Jaques	DCO	Attended
Heena Patel	Home Office	Consulted
Havva Daines	Healthcare	Consulted

At this review

Level of risk reviewed and is now:	Low <input checked="" type="checkbox"/>	Raised	High
Problems identified reviewed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Frequency of observations, conversations & recording requirements reviewed (if yes, explain reasoning below, and state frequency on front cover)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
WHERE A DETAINEE IS DUE TO BE REALEASED(including temporary admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP(see guidance on inside of back cover)			

I met with **D2054** this afternoon for his review. He was quiet and seemed a little withdrawn throughout the conversation we had. He spoke openly about his concerns returning to Nigeria stating that he had no reason to go back as his family do not have any contact with him. He stated that he has had issues with the food served at Brook House as it led to him suffering with an upset stomach. He has however now been able to eat plain food since. **D2054** says he has been taking his medication (this has been confirmed with healthcare) and is seeing them regarding his health issues. When asked he stated that he has no immediate thoughts of self-harm however, when he is on his own he has had thoughts of harm brought on by his current immigration case and ongoing health issues. I advised him to consider an appointment with the RMN and said that they may be able to offer support and guidance. This has been passed onto healthcare to arrange. **D2054** thanked me for my advice on this matter and ensured me that he would speak to staff if he had any negative thoughts. Due to his demeanour throughout the review and his concerns observations have been changed to offer support.

Observations changed to 1 every 3 hours and maintain mealtime observations.

CAREMAP updated

If ACDT remains open Next review:(also note on front cover) Date: 28/06/2017 Time: When suitable for all Additionally to invited: Healthcare, Home Office	If ACDT closed (see guidance on inside back cover) Post closure interview: Date: Time: (also note on front cover) Member of staff who will conduct this Follow up interview:
---	--

Case managers Signature:	Date: 26 th June 2017
--------------------------	----------------------------------

SECTION THREE

Care and Management Plan (CAREMAP) and Case Reviews

Pre-discharge from Healthcare Case Review

File CAREMAP and most recent Case Review on top

Additional blank Case Review forms should be copied locally as needed and inserted in the ACDT Plan. Where more writing space is required in the Case Review Summary of review box, use a blank sheet and insert in the ACDT Plan.

The Case Review brings together the multi-disciplinary team in order to consider the needs of the individual and the care required. The Care and Management Plan (CAREMAP) sets out how the support and care to address these needs is to be delivered.

Ideas to help defuse a crisis and address problems

Has suicide plan	Disable the plan
Practical problem triggering pain	Nap/analise pain/help solve problem
Mental health or withdrawal problem	Refer to health worker
Alone	Link to social support (e.g. family, friend, listener staff)
Feels low	Help get more active, involve in regime
Pattern of self-harm	Distraction, comfort, alternatives
Known factors that indicate higher risk	Note these in triggers box and monitor for these occurring

AGREE ACTION WITH PERSON AT RISK

QUALITY CONTROL

PSD 2700 requires that there have been periodic checks on the quality of care planning in respect of those at risk and that follow-up actions have occurred. Senior Managers should initial or sign (and date) each page they check.

CAREMAP

You should consider the following areas when preparing this CAREMAP:

- * Action to disable any suicide plan
- * Action to link the person to people who can provide support
- * Action to build on any strengths or interests the person may have
- * Action to encourage alternatives to self-injury.

CASE MANAGER D. Alder

- * Action to reduce emotional pain caused by practical problems
- * Action to reduce vulnerability because of mental health problems
- * Action to reduce vulnerability because of drug/alcohol problems

You must note: Known factors that indicate higher risk in triggers/warnings box on inside front cover
Required frequency of conversations, observations and recording on the front cover

No.	Issues (problems, resources, risk)	Goals	Action required	By whom and when	Status of action e.g. awaiting appointment (always date entry)
1.	Cancel Rd's. Removal Directions	To remain in England.	Cancel Rd's in Solicitor	Detaine	On-going
2.	Not taking Break. Hse Food.	To get H/C to issue a special Diet.	See Healthcare.	Detaine	On-going complete 26/6/17 1750 HEALTHCARE STAFF CAN ORDER MEATLESS RAW FOOD.
3.					
4.	IRREGULAR EATING HABITS.	TO EAT REGULAR MEALS.	WING STAFF TO ENCOURAGE REGULAR MEAL	D WING STAFF	

Detainees Signature:

Signature:	
Print name:	

Signature

Date:	7
	2.

SECTION FOUR

ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

Providing on-going support to the person at risk - 'Conversations' and 'Observations'

The primary purpose of requiring that staff talk more frequently to distressed detainees is to demonstrate concern for them and provide companionship. Another purpose is to check that the CAREMAP is working and to see if anything has occurred to make the person more or less distressed. To do this, you need to talk and listen to the person at risk. This is referred to as 'conversations'. In ACDT, Conversations may take place once a day, once a shift or more often.

What to say: It is not usually necessary or appropriate to ask about suicidal intentions during regular conversations with an at risk detainee. Ideas for things to say include: saying 'hello', explaining that you've just come on shift (if you have), asking for an opinion/question, such as 'How are things going?' or 'What's been happening with you while I've been off?'. Often people who are very low or who self-harm find it hard to say how they feel and may be hard to engage in conversation. If something is happening on the wing/unit, you may be able to use that as a topic of conversation. You can also check the individual's CAREMAP and ask how progress on actions is going. Observe how they seem in themselves as you converse with them.

Where a person is at very high risk of killing themselves and constant observation has been ordered, it is even more important that the staff doing the 'observing' understand that the purpose is to engage with the individual as much as they will allow, explaining what is happening and providing companionship, as well as observing and intervening to prevent suicidal acts. Where possible and safe, the person at risk can take part in activities, such as education, accompanied by the observer.

The Case Review Team may also specify a number of 'observations', which are checks to make sure the individual is all right. This will typically be when the individual is asleep or when the required frequency of conversations/observations is high. For example, if you are checking that the individual is all right 5 times an hour, you might be required to engage them in conversation on only one of those occasions. Although you may not be talking to the person every time you observe them, ensure that he or she understands why the checks are being made. In this way, they are more likely to experience the checks as caring.

The Unit Manager is responsible for ensuring that the specified conversations and observations take place.

Read the front cover, as that is where the frequency of conversations and observations (day and night) will be specified in accordance with the need of the individual detainee. The reasoning behind setting this frequency of conversations and observations will be explained in the Case Review.

ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

The purpose of this section is to record:

- Relevant information on the person's mood, behaviour and situation (e.g. changes in behaviour or mood, information about how he/she is coping with the actions in the CAREMAP, visit details, failure to receive a visit, receiving prescribed medication late or not at all)
- On-going conversations with the person at risk to support them or evaluate their progress and care (related to the CAREMAP).

The frequency of recording conversations and observations (day or night) will be specified on the front page.

All entries must be meaningful. Recording of "no change" etc is not acceptable.

If person at risk actually self-harms, make an entry giving information about circumstances of incident, method used, what the detainee said etc. Entry to be timed and dated. Highlight entry in some way – for example, using highlighter

Date dd.mm.yy	Time 24hr clock	Comments Please write in black ink. At end of comments, sign and write name and designation.
21/6/17	16:00	After speaking with D2054 he made it clear he would not Not take his own life but he wants the 'pain' to stop. D2054 Spoke with Abi from the Chaplaincy and helped him pray. I then left him with welfare to see if there was any thing he could do with them regarding his RDA. DCM DARRIS Signature
21/6/17	17:55	D2054 WAS ASLEEP IN HIS ROOM Signature
21/6/17	19:15	D2054 WAS LYING IN HIS BED AWAKE, I ASKED IF HE WAS OK AND HE SMILED AND NODDED Signature
21/6/17	21:05	D2054 I have shown to the detainee at risk, satisfied themselves that they are breathing and that they are the correct detainee as per the ACDT document. Oncoming Staff have been briefed on the frequency of conversations and observations required for this detainee, now the detainee is coping, care map and triggers have been explained and the ACDT plan handed over. e: 21/6/17 e: 21/6/10 ature of briefing Staff Mem Signature

ON-GOING RECORD		
SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS		
DATE	TIME	COMMENTS Please write in BLACK ink. At end of comments sign and write your name and designation.
25/6/17	08:04	DD document check - still requires detainee Signature on caremap. S. Lang-Morris Signature
25/6/17	08:00	laying in bed at unlock, again sleep - Signature
25/6/17	08:45	Safes custody doc check, Review due tomorrow care map to be signed & dated and reviewed — DCM Ferguson Signature
25/6/17	13:20	collected a meal from the servery Signature
25/6/17	17:40	D2054 came to collect feed from servery. Signature
25/6/17	21:00	was observed at lock up with no issues — DCO Signature
		<u>Handover</u> Oncoming staff have been shown to the whereabouts of the detainee at risk, satisfied themselves that they are breathing and that they are the correct detainee as per the ACDT document. Oncoming Staff have been briefed on the frequency of conversations and observations required for this detainee, how the detainee is coping, care map and triggers have been explained and the ACDT plan handed over.
		Date: 25/06/17 Time: 21:15 Signature of briefing Staff Member: Signature Signature of oncoming Staff member:
25/6/17	22:15	Dco Eden has been briefed on nightly obs, D2054 is sitting at the desk talking on his mobile phone. S. Lang-Morris Signature
26-06-17	01:30	DURING OBSERVATION, D2054 WAS LYING IN BED ON HIS R/H/T HANDSIDE. APPEARING NO SLEEP, BREATHING WAS NOTED "DOWNED".
26/06/17	04:20	D2054 is CURRENTLY LYING ON HIS R/H/S. MOVEMENT NOTED IN ARM. NO VISIBLE CONCERNS. — DCO M. H. Signature
		<u>Handover</u> Oncoming staff have been shown to the whereabouts of the detainee at risk, satisfied themselves that they are breathing and that they are the correct detainee as per the ACDT document. Oncoming Staff have been briefed on the frequency of conversations and observations required for this detainee, how the detainee is coping, care map and triggers have been explained and the ACDT plan handed over.
		Date: 26-6-17 Time: 08:00 Signature of briefing Staff Member: Signature Signature of oncoming Staff member: Signature

ON-GOING RECORD		
SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS		
DATE	TIME	COMMENTS Please write in BLACK ink. At end of comments sign and write your name and designation.
26/6/17	0835	D2054 is lying on his bed asked him if he's coming to collect his breakfast he said no he's not hungry. <u>L Jaques</u> Signature
26/6/17	1141	SAPER COMMUNITY DOCUMENT CHECK. CASE REVIEW DUE TODAY. CARE MAP TO BE TIME BOUND AND SIGNED. DCM J. ROBB <u>Signature</u>
26/6/17	1305	D2054 came to ask for his special dietary food which is boiled potatoes Glen didn't know anything about it & said he can have the potatoes as they are steamed but have a tomato sauce. D2054 said anything like that upsets his stomach so didn't eat. Told DCO Mawdsley to speak to kitchen to ensure they make dinner arrangements for him. <u>Signature</u>
26/6/17	1730	CASE Review No: 2 CARRIED OUT. LEVEL OF OBSERVATIONS CHANGED TO 1 OB EVERY THREE HOURS AND NIGHT TIME OBS <u>Don</u> <u>Signature</u>
26/6/17	20:00	D2054 is sitting on his bed in his room. <u>Signature</u>
26/6/17	21:00	D2054 is lying in bed body movement. Sean <u>L Jaques</u> Signature DCO.
<p><u>Handover</u> Oncoming staff have been shown to the whereabouts of the detainee at risk, satisfied themselves that they are breathing and that they are the correct detainee as per the ACDT document. Oncoming Staff have been briefed on the frequency of conversations and observations required for this detainee, how the detainee is coping, care map and triggers have been explained and the ACDT plan handed over.</p> <p>Date: 26/6/17 Time: 21:00 Signature of briefing Staff Member: <u>L Jaques</u> Signature</p> <p>Signature of oncoming Staff member: <u>Signature</u></p>		
2130		Laying on he's back watching tv no concerns. Staff aware of observations. D2054 is laying on his bed watching TV DCM M. Fildes <u>Signature</u>

ON-GOING RECORD		
SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS		
DATE	TIME	COMMENTS Please write in BLACK ink. At end of comments sign and write your name and designation.
27/6/17	00:25	Appears to be asleep Laying on he's back Signature
27/6/17	03:20	Appears to be asleep Laying on he left hand Side
		no issues Signature
27/6/17	06:00	Appears to be asleep Facing the wall
		Handover
		Oncoming staff have been shown to the whereabouts of the detainee at risk, satisfied themselves that they are breathing and that they are the correct detainee as per the ACDT document. Oncoming Staff have been briefed on the frequency of conversations and observations required for this detainee, how the detainee is coping, care map and triggers have been explained and the ACDT plan handed over.
		Date: 27/6/17
		Time: 08:00
		Signature of briefing Staff Member Signature
		Signature of oncoming Staff member Signature
27/6/17	08:05	Laying on right side under covers. Appears asleep Signature
27/6/17	08:17	DD cannot check Spg. Meter Signature
27/6/17	10:16	D2054 is standing outside the library chatting with another detainee Signature
27/6/17	13:00	D2054 came to pick up his potatoes from the servery Signature
27/6/17	13:31	D2054 came to the office to complain that there was no boiled fish provided at lunch. I told him that I would talk to the Kitchen before dinner Signature
27/6/17	14:39	Told D2054 that I had talked to the kitchen staff as well as healthcare and that as far as they were concerned they only had to provide boiled potatoes as his special diet requirement. I told D2054 that he needs to talk to healthcare in order to try and change this Signature
27/6/17	17:00	Sitting in bed not cook up. 200 hours sleep Signature

ON-GOING RECORD		
SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS		
DATE	TIME	COMMENTS Please write in BLACK ink. At end of comments sign and write your name and designation.
27/6/17	18:10	D2054 come to the servery to collect his food Signature
27/6/17	18:42	SARER COMMUNITY DOCUMENT CHECKED. CARE MAP TO BE SIGNED ALSO NEEDS TO BE TIME BOUND. DCM BOBB Signature
27/6/17	21:30	D2054 appears to be asleep in his bed, legs moved, breathing Signature
27-6-17	22:50	DCM NIGHT CHECK D2054 APPEARS TO BE SLEEPING BREATHING AND HEAD MOVEMENT WAS NOTED. DCM WARRILLOW Signature
28/6/17	00:25	Appears to be asleep laying on he's left Signature
28/6/17	03:20	Appears to be asleep on he's right hand side facing the wall no concerns Signature
28/6/17	06:00	Appears to be asleep laying on he's back no issues Signature
28/6/17	07:25	SARER COMMUNITY DOCUMENT CHECKED. REVIEW DUE TODAY. DCM J. BOBB Signature
28/6/17		
		Handover Oncoming staff have been shown to the whereabouts of the detainee at risk, satisfied themselves that they are breathing and that they are the correct detainee as per the ACDT document. Oncoming staff have been briefed on the frequency of conversations and observations required for this detainee, how the detainee is coping, care map and triggers have been explained and the ACDT plan handed over. Date: 28/6/17 Time: 05:00 Signature of briefing Staff Member: Signature Signature of oncoming Staff member: Signature
28/6/17	09:11	saw on unlock, he was sleeping and movement noted Signature
28/6/17	11:28	D2054 came onto the wing, I asked him how he was and he said he was fine and thanked me for asking. Signature
28/6/17	13:00	Present for lunch (no issues) Eaten. Signature
28/6/17	13:00	Duty Director saw of Quabam

ON-GOING RECORD
SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS

DATE	TIME	COMMENTS
Please write in BLACK ink. At end of comments sign and write your name and designation.		
28/6/17	13:45	D2054 has been relocated onto Ewing due to self harm by way of razor blade. He cut himself top left arm. Signature DCO Murphy
28/6/17	1355	TAKEN OVER CONSTANT SUPERVISION DUTIES
		D2054 BEING ATTENDED TO BY HEALTHCARE DCO JENNINGS
28/6/17	14:00	Healthcare observations completed. No concerns Signature
28/6/17	1410	D2054 LYING ON HIS BED - BREATHING SEEN DCO JENNINGS
28/6/17	1430	STILL LYING ON HIS BACK ON HIS BED - BREATHING SEEN DCO JENNINGS
28/6/17	14:40	D2054 went to the toilet and is now back lying on his right side Signature
28/6/17	1441	ASKED FOR THE DOOR TO BE PULLED TO AS THE LOUNG WAS TOO NOISY DCO JENNINGS
28/6/17	1455	LYING ON HIS BED NOW FULLY COVERED BY HIS BLANKET - BREATHING SEEN DCO JENNINGS
28/6/17	15:02	DCO D. O'Leary taking over constant. D2054 is lying on his bed under the duvet - DCO O'Leary Signature
28/6/17	15:17	I have been told D2054 has a visit so I will take him up to the visits hall - DCO O'Leary Signature
28/6/17	15:23	D2054 is now in the visits hall speaking to his visitor, he looks a bit down - DCO O'Leary Signature
28/6/17	15:39	D2054 is still in the hall with visitor, sitting in silence - DCO O'Leary Signature
28/6/17	15:53	D2054 is still in the visit hall, sitting in silence - DCO O'Leary Signature
28/6/17	15:57	D2054 has ended the visit and I have brought him back to Ewing DCO O'Leary Signature
28/6/17	16:02	D2054 is sitting on his bed, texting on his phone - DCO O'Leary Signature
28/6/17	16:10	D2054 is sitting on his bed talking to someone on the phone. DCO Christopher Brown taking over on Constant. C. Brown Signature
	16:15	D2054 has finished his phone call and is now lying in bed

ON-GOING RECORD
SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS

DATE	TIME	COMMENTS Please write in BLACK ink. At end of comments sign and write your name and designation.
28/6/17	16:35	D2054's phone has just rung, he is now sitting up in bed talking to someone on the phone. C. Brown Signature
	16:40	He is now on the phone to someone else.
28/6/17	16:45	D2054 has now finished on the phone and is now laying on his back. C. Brown Signature
	16:55	D2054 is now laying on his side, as he turned he placed his phone on the side. Signature
	17:00	D2054 has now picked his phone up and started texting while laying in bed (on his back) Signature
	17:01	D2054 has now got up to go to the toilet.
	17:07	D2054 is now back in bed facing the ceiling. C. Brown Signature
28/6/17	17:12	DCO Dikella taking over constant, D2054 is on his bed laying under the duvet - D2054 Signature
28/6/17	17:21	D2054 still under duvet, movement noted — DCO Dikella Signature
28/6/17	17:36	is still under the duvet — DCO Dikella Signature
28/6/17	17:43	TAKEN OVER CONSTANT SUPERVISION DUTIES D2054 Laying on his back in bed - BREATHING SEEN — DCO JENNINGS
28/6/17	17:45	UNLOCK FOR DINNER - STATED HE ONLY ATE BOILED POTATOES + FISH WHICH HE FULLY IS ON 'DI' WING. TRYING TO CONTACT 'DI' WING TO SEE IF THEY HAVE IT — DCO JENNINGS
28/6/17	17:55	FOOD BROUGHT TO 'E' WING FROM 'DI' WING TROLLEY AND GIVEN TO D2054. HE ASKED ABOUT HIS MEDICATION THAT HE STATED HE HAS WITH HIS FOOD — H/CARE BEING CONTACTED DCO JENNINGS
28/6/17	18:08	WENT DOWN TO KITCHEN TO COLLECT A CUP FOR A DRINK — DCO JENNINGS
28/6/17	18:35	SITTING AWAKE ON HIS BED — DCO JENNINGS
28/6/17	18:50	STILL SITTING ON HIS BED AWAKE — DCO JENNINGS

BUYER INFORMATION PAGE (BAPTIST)	
NAME	
ADDRESS	
CITY/STATE/ZIP	
PHONE	
DATE	
SIGNATURE	Signature
PRINT NAME	
PRINT ADDRESS	
PRINT CITY/STATE/ZIP	
PRINT PHONE	
PRINT DATE	
PRINT SIGNATURE	Signature
PRINT NAME	
PRINT ADDRESS	
PRINT CITY/STATE/ZIP	
PRINT PHONE	
PRINT DATE	
PRINT SIGNATURE	