

Log Number

BM/167/17



Home Office

ACDT v.1

CARE OF AT RISK DETAINEES

(A204)

ACDT PLAN

(Assessment, Care in Detention and Teamwork)

Forename:

D687

Surname:

DOB:

DPA

Centre: Brook House.

CID/PORT REF 7549784

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. Hourly Initial Assessment
2. 1 observation Every three hours during the day — 1 observation Every two hours at night
3. one observation every three hours with one conversation during the day
4. 4 observations an hour
- 5.
- 6.

Date of next Case Review:

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

Date opened:

5/5/17

Date closed:

Date of Post Closure Interview:

(see inside back cover for guidance)

Signed (chair of closing Case Review):

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	D687				
D.O.B	DPA	Nationality	SOM	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.

<p>D687 left Brook house on open ACDT for the Verne IRC. Force required (spontaneous) to effect the suitable crew move. D687 had placed a ligature round his neck in the discharge waiting room toilet to prevent his move. ACDT reviewed – 4 obs per hour pending review on arrival at the Verne</p>
<p>Will this individual comply with removals directions? If no please provide additional information.</p>

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: _____ Print name: C Donnelly Date: 13.05.17

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)
- Home Office/Unit dealing with case



ACDT Closed Notification Form

Name of Detainee	D687		
CID Ref:	7549784	Log Number	BH 167/17

The ACDT plan has now been closed at Brook House:	No
The above has now left Brook House for the following reason:	Transfer to The Verne IRC

To be completed by the DCM:		
Tasks	Completed	Comments
Post Closure review arranged Post Closure Interview to take place within 7 days of the ACDT plan being closed	No	ACDT opened
Has the Central ACDT log been Updated?	Yes	
Has the relevant information been entered on to DAT? All information should be entered under the safer custody tab on DAT	Yes	
Has the IS91 Part C been completed and sent to DEPMU? A copy should be sent to Safer Community and UKBA	Yes	1010.1

Completed By	
Print Name	C Donnelly
Time and Date	13.05.17 15.45

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

- Duty Director
- Safer Community Coordinator
- Healthcare
- Chaplain
- Security Intelligence
- UKBA
- IMB

The original should be placed in to the detainee ACDT plan

D687

Triggers/warning signs to prompt immediate review and person/department to be called:
(To be considered as part of each Case Review)

1	FRUSTRATION WITH IMMIGRATION
2	
3	
4	
5	

AGREEMENT TO SHARING OF INFORMATION

(Note: 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 best I may be supported.

Person at risk's signature: **signature**

PRINT NAME:

D687

Date:

Member of staff's signature: **signature**

PRINT NAME:

C. FRANKS

Date:

6/5/14

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

Port Ref: A1344320

CID Person ID:
7549784

IS 91 RA Part C
(Revised)

H.O Ref:

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

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

Details of Individual					
Full Name (family name in capitals)		D687			
D.O.B	DPA	Nationality	Somalia	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.

ACDT opened on **D687** as he has made threats to take an overdose to the RAPT Team. Brook House mental health team aware.

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased/decreased* 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: Dave Roffey Date: 05/05/2017

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 (UKBA and Contractors/Prison Service)
- UKBA Office/Unit dealing with case

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 checked="" 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>D687 approached myself whilst I was ^{on} A wing.</p> <p>D687 Stated he has now had enough and is frustrated and will overdose. I gave positive advice to continue fighting his case, and to look at all avenues.</p> <p>D687 did Thank ^{you} you</p> <p>Thank me for talking to him.</p>
2. Self injury or statement of intent to self harm	<input checked="" type="checkbox"/>	
3. Unusual behaviour or talk	<input checked="" type="checkbox"/>	
4. Very low mood (e.g. withdrawn, slowed down)	<input checked="" type="checkbox"/>	
5. Problems related to drug/alcohol withdrawal	<input checked="" type="checkbox"/>	
6. Other concerns, including vulnerability due to age or immaturity	<input checked="" 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: <i>B. Koldube</i>	Signature: <div style="border: 1px dashed black; padding: 5px; display: inline-block;">signature</div>
Date: <i>05-05-2017</i>	Time: <i>14.50</i>

IMMEDIATE ACTION PLAN

The purpose of this Immediate Action Plan is to consider and record the most appropriate environment and regime required to support the person at risk prior to the first Case Review. The Unit Manager will usually be responsible for making these decisions, after consulting with the individual concerned and other staff where appropriate. This action plan should not exceed 24 hours from immediate risk being identified.

Concern about cell sharing risk:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	None known <input type="checkbox"/>	
Immediate action required	Action		By whom	Completed
Location: (Discuss with individual where they feel safe. Consider single, double, safer cell, referral to healthcare)	Shares room with friend, feels safe		D. Ruffey	5/5/17
Frequency of staff support: (conversations and/or observations)	Hourly ^{unit} Assessment		Staff & wing Den	Ongoing
Phone access: (state whether Samaritans or phone call to family or other)	Has his own phone and is in contact with Mother & Sisters		Himself	Ongoing
Other immediate interventions: (including actions in respect of any in-possession medication the detainees, or their cell mate may have):				

The four tasks below should be completed before going off duty (within 12 hours if concern is raised during the night)

Referral made for assessment & case review organised: <input checked="" type="checkbox"/>	Staff briefed and entry made in Unit Observation Book: <input checked="" type="checkbox"/>	Log Number obtained & entered on ACDT cover: <input checked="" type="checkbox"/>	Where act of self-harm has led to opening of form, F213SH completed: <input checked="" type="checkbox"/>
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Where individual is under 18, inform the Child Protection Co-ordinator & parents (if appropriate) as soon as possible

Child Protection Co-ordinator informed:

Names of people involved in agreeing immediate action (print all names):

Name	D. Ruffey	Job Title / Role	Den
Unit Manager Name: D. Ruffey		Signature	
Date: 5/5/17		Time: 1830	

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):	D687	Surname:	D687
		Location:	Houn Wn

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, 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. 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 losses, offence.

Frustrated with Immigration Tired and Thinks there's no help for him. Said there are many ways to over in here.

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 were attempts 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?

No recent acts of self harm

3. Previous acts of self harm/suicide attempts

Ask them 'Have you ever tried to harm yourself before?' Explore what they did, when and in what circumstances - what was the intention. Look for similarities between past and present. Ask if they know others (friends, family) who have tried to kill themselves. If self-injury without suicidal intent, explore how the self-injury was helpful to them. Have they sometimes been able to manage those situations/feelings without harming themselves? What helped them to do that?

TRIED TO HARM HIMSELF IN PRISON

4. Current mental state

Ask an open question e.g. 'And how are you feeling now?' Inquire about depression (persistent low mood, loss of interest in work, association etc, increased fatigue, disturbed sleep, loss of appetite, difficulty in concentrating, loss of confidence, feelings of hopelessness and thoughts of death). Explore symptoms of anxiety (worry and physical symptoms of anxiety, panic, unpleasant thoughts going through mind, recurrent nightmares.) How long? How persistent? Ask about unusual experiences and ideas. Look out for unusual behaviours, manner of speech, evidence of hearing voices or evidence of suffering from addictions.

FEEL DEPRESSED, SEEN HIS FATHER SHOT DEAD IN HIS OWN COUNTRY WHEN HE WAS QUITE YOUNG.
FEELS THERE IS NOTHING HE CAN DO TO GET OUT OF DETENTION

5. Current suicidal thoughts and intentions

Ask about current thoughts of taking own life and any plans/ preparation, e.g. 'Do you want to be dead?' 'Have you planned how you will do it?'

STATED THAT THERE ARE MANY WAYS TO OVERDOSE NOT NECESSARILY WITH DRUGS COULD BE CLEANING PRODUCTS OR OTHERS

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?

Has spoken with Smarttans

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.

Spoke about changing his group of friends
going to gym to cut back on

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.)

Speak to RMO and Rapps people
welcome

Interviewer's details:

Print Name: C. Francis	Signature: <div style="border: 1px dashed black; padding: 2px;">signature</div>
Date: 6/5/17	Time: 7

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. Roffey

- * 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.	Frustration with Home office	To get another Bail Hearing	D687 is going to speak with his Solicitor Monday 8/5/17	D687 with help from Staff	ongoing
2.	Needs to see RMO	To arrange RMO Appointment	DR to arrange appointments for session	D. Roffey	Has had appointments next one 8/5/17 16-30
3.	Seeing Samaritans	D687 has made contact with Samaritans	D687 has booked an appointment with the Samaritans	D687 & Samaritans	Completed signature
4.	Needs to see Welfare	To get welfare appointment	DR spoken with O Shutt	D. Roffey	O Shutt is to see him 6/5/17 signature

Detainees Signature:

Signature: **Signature**
Print name: **D687**

Case Manager / CAREMAP author signature:

Signature: **signature**
Print name: **Koffey**

Date:

8/5/17

ACTION FOLLOWING ASSESSMENT

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

Details of case review

06/05/2017	Time 1415	Location E wing Office
Names of people attending Case Review or otherwise consulted following Assessment:		
ne	Designation	
Roffey	Unit Manager	
D687	Detainee	
Francis	Assessor (Attended)	
B Gabriel	Chaplaincy	
C Dance Jones	Duty Director	
S Webb	Detainee Custody Manager	
K Churcher	Healthcare Information prior	

Record summary of Case Review

D687 came in to the review and appeared to be under the influence of a substance, he did manage to hold a conversation which got better during the course of the review. D687 was very down about his current situation with the Home office and said that he had twice been for bail but failed. He was spoken to about his situation and told that he was in with the wrong crowd and needed to change his life if he wanted to get results with his case. D687 has not been in any trouble in the centre but runs the risk of getting caught up with the drug culture. He was given clear and precise information and told the ways in which we can support him in his goal of leaving detention. He has been to see the RMN and has another appointment on Monday 8th may. Welfare has also been contacted and DCO Stratt is going to see him today to see how we can assist him. D687 has also contacted the samaratans of his own accord and is talking to them. Asked if he had any thoughts of overdosing he said he did not at this time. D687 has also been referred to the RAPt team for further consultations. D687 left the review in a much better place than when he came in. Basima was very pleased with the way the review was conducted and by the professionalism shown by the staff in the review. After discussions it was decided that his observations should be 1 every three hours during the day and 1 every two hours at night.

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

LOW
☒

RAISED

HIGH
☐

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: ☐ RMN & Welfare & RAPt

(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: 08/05/2017 Time: PM

Additionally to invited

Healthcare

Case manager

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:

Date: 06/05/2017

signature

RECORD OF CASE REVIEW

Case review number: _ 02

Details of case review

Date: 08/05/2017	Time 09:15 hrs	Location: Arun Wing
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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.
Stewart Povey-Meier	Case Manager	Attended – reviewed case
D687	Detainee	Attended
Gus Olyae	Wing staff	Attended
Luke Ennis	Home Office	Provided Information
Ben Shadbolt	Activities Manager	Attended
Karen Churcher	RMN	Provided information
Brogan Kosa-Rule	RAPT team	Provided information

At this review

Level of risk reviewed and is now:	Low <input checked="" type="checkbox"/> Raised <input type="checkbox"/> High <input type="checkbox"/>
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 RELEASED (including temporary admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP (see guidance on inside of back cover)	

Summary of review (if ACDT plan is closed, state why)

D687 was saying that he feels lost in the system and does have thoughts to hurt himself but he wouldn't do it. Certainly when he is being watched. He says he feels like he's a robot and just in a routine because he has been in the system for so long. He says he sleeps to a point and does eat and enjoys his working, and with his room mate Redacted here he feels able to speak to people, as he is really comfortable with him. D687 said that he hasn't contacted solicitor yet and would do that today to go for bail as there is not much else going on. Luke from onsite Home office also confirmed that there really isn't anything going on in his case only that detention is looked at monthly and continues to be maintained despite no fresh movement on his case. Brogan from the RAPT team has notice a change in his mood and appears able to speak with her openly and stated to her he wouldn't do anything especially when he's on a watch. All of D687's family are London based and doesn't get many visits but said he is happy to stay at Brook House but wants to be release. He sees hope in what happened to another Somali national who had been detained longer and was recently released.

Observation levels to remain the same.

CAREMAP update

YES ☐

No, as no new actions ☒

<p>If ACDT remains open</p> <p>Next review: (also note on front cover)</p> <p>Date: 12.05.2017 Time:</p> <p>Additionally to invited</p>	<p>If ACDT closed (see guidance on inside back cover)</p> <p>Post closure interview:</p> <p>Date: Time:</p> <p>(also note on front cover)</p> <p>Member of staff who will conduct this</p> <p>Follow up interview:</p> <p>Date: 08.05.2017</p>
<p>Case managers Signature: <u>signature</u></p>	

RECORD OF CASE REVIEW

Case review number: _____

Details of case review

Date: 13/5/17	Time: 1400	Location: Reception
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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.
S. Poved	Case Manager	Unavailable
D687	Detainee	attended
C. Denny	Member of staff (from the detainees unit)	attended
S. Turner	Urm	attended

At this review

Level of risk reviewed and is now:	Low <input type="checkbox"/>	Raised <input checked="" type="checkbox"/>	High <input type="checkbox"/>
Problems identified reviewed	Yes <input type="checkbox"/>	No <input checked="" 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 DETAINEE IS DUE TO BE RELEASED (including temporary admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP (see guidance on inside back cover)			

Summary of review (if ACDT plan is closed, state why)

D687 tied his T-Shirt around his neck and attached it to the disabled rail. IT was cut off the rail when he was sitting on the toilet. Force was then used to relocate him to reception and handed over to Jascor. **D687** stated he did not want to transfer as he is settled here at Brook House. He has been seen by health care and cleared fit to travel. Observations are now set at 4 observations an hour.

CAREMAP updated: Yes ☐ No, as no new actions ☒

If ACDT remains open Next review: (also note on front cover) Date: 14/5/17 Time: _____ Additionally to invite: _____	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: _____
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Case Manager's Signature **signature**

Date: 13/5/17

ON-GOING RECORD SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS

DATE	TIME	COMMENTS
10/05/17	17:00	D687 was in his room speaking with his roommate at dinner time roll count — D687 signature
10/05/17	17:30	D687 went to living to work — D687 signature
10-5-17	18:35	D687 is in his room eating pasta and salad from a large food container and something from the shop. I asked D687 why he isn't eating much at the moment and he replied he is stressed. I encouraged him to eat proper as it can help him feel better. He appeared in good spirits when I was talking to him and was eating well. signature
10/05/17	19:10	D687 left the wing to go to association — signature
10/05/17	21:00	D687 had a shower and went to his room for Night time roll count — signature
<p>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.</p> <p>Date: 10/05/17 Time: 21:00 Signature of briefing Staff Member: signature</p> <p>Signature of oncoming Staff member: signature</p>		
10/5	21:15	Night State observation watching TV. D687 signature
10/5/16	23:07	D687 has been briefed on nighty chs. signature
11/5	01:06	D687 is keeping awake in his bed. signature
		Night State observation sleeping under the direct movements noted. No concern D687 signature
11/5	03:00	Night State observation talking with Roommate — D687 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.		
11/5/17	04:50	D687 was lying in his bed on his right side. Breathing movement observed. signature
11/5	08:23	Night Shift Observation D687 is sleeping. No concern as movement noted. signature
<p><u>Handover</u></p> <p>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: 11/05/17 @ 08:00</p> <p>Time: signature</p> <p>Signature of briefing Staff Member: signature</p> <p>Signature of oncoming Staff member: signature</p>		
11/05/17	08:10	D687 WAS awake and went to work on Bwing Severy. signature
11/05/17	09:20	D687 is sitting on the sofa on the 1st floor landing speaking on the phone with parents by his side. signature
11/5/17	10:14	SARF COMMUNITY DOCUMENT CHECK. AGREEMENT TO SIGNING INFORMATION TO BE SIGNED. DCM J. BOOB. signature
11/5	11:58	DD Doc check. signature
11/5	17:00	In line room for Rollcount. signature
11/05/17	14:55	D687 came to the wing office to post a letter. signature
11/5/17	16:43	IMP RTA visit - Rest extra note. signature
11/5/17	17:00	In his room for Rollcount. signature
11/5	18:20	Was in Room ALOS under the influence. signature
11/5/17	21:00	Observed D687 in the room 005 just before lock up. signature
		In line room for Rollcount. 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.
		<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: 11.5 - 2017 Time: 21:15 Signature of briefing Staff Member: signature</p> <p>Signature of oncoming Staff member: signature</p>
11/5	21:40	Night State Observation watching TV. No issues - D687 signature
11/5/17	22:45	D687 has been briefed on night obs, is sitting on his bed talking with his room mate. signature
12/5	00:12	Night obs D687 is sleeping. Concern as movements noted - signature
* 12/5	03:05	Night state obs D687 is sleeping. No issues - signature
* 12/5	06:05	Night State obs D687 is awake and gave me thumbs up no issues - signature
12/5	07:10	Night State obs, D687 is sleeping. No concern as movements noted - signature
		<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: 12/05/17 @ 08.00 Time: Signature of briefing Staff Member: signature</p> <p>Signature of oncoming Staff member: signature</p>

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.			
12/05/17	05:00	D687 WAS awake and went to work on B-wing servery, asked if he was ok, he said yes. then left the wing	signature
12/5/17	10:10	Safer currently does check - 2 late observations overnight - Please can all staff read the front corner at start of shift to familiarise themselves with level of observations to prevent recurrence of this - DCM EGGETT	signature
12/05/17	10:25	D687 was on the 1st floor laundry speaking with other detainees by room A1107	signature
12/5/17	10:55	Case review conducted DCM S. Breyer	signature
12/5/17	11:41	DD Quality Review please caution the chase from safer community D. Havens	signature
12/5/17	12:00	D687 was lying in bed in his room, morning observed as I closed the door for lunch time roll call	signature
12/5/17	12:45	D687 seems to be under the influence of NPS spoken to wing staff about it, D687 is still cooperative	signature
12.5.17	15:35	D687 is still under the influence but is able to communicate more, He's currently lying on his bed trying to recover	signature
12.5.17	17:40	D687 has gone to work in b-wing	signature
12.5.17	18:40	Spoke to D687, seems under influence of Spice, told him to stop using it, he had lunch in his hands was on his way to his room to eat it	signature
12/5/17	20:00	D687 was in this room as last obs. - 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.	signature signature
Date: 12/5/17		signature	
Time: 21:00			
Signature of briefing Staff Member:		signature	
Signature of oncoming Staff member:			

ON-GOING RECORD
SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS

		COMMENTS	
DATE	TIME	Please write in BLACK Ink. At end of comments sign and write your name and designation.	
12-5-17	2126	Laying on bed, still averts Doc B. signature	
12/5/17	2252	Sat up in bed watching television no visible issues. Gave a thumbs up on observing Night staff. signature	
13-5-17	01:47	Laying in bed on left side facing the wall, head averted, monitoring movement noted. Doc B. Williams	
13-5-17	04:40	Appears to be asleep on his back under the duvet, stirred when I turned the lights on - Doc B. signature	
13-5-17	06:34	D687	is laying on his left side in bed under his duvet quiet, head is still averted, monitoring movement observed. Doc B. signature
<p>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.</p> <p>Date: 13-5-17 Time: 0758 Signature of briefing Staff Member: signature</p> <p>Signature of oncoming Staff member: signature</p>			
13-5-17	0805	D687	was laying on his bed, appears asleep. signature
13/5/17	0810	D687	is up for his SEVEREY WORK - M. FIELDING
13/5/17	0934	DD	quality check D. Hovatt signature
13/5/17	09:36	Sater	curbly doc check - DCM KACER signature
13/5/17	10:50	D687	collected mp's from office
13/5/17	1205		was smoking in the corner of A-wing 1st floor with a group of people signature

BROOK IRC SAFER COMMUNITY MANAGER

1ST AUDIT CHECK ON OPEN ACCT

Detainees Name: **D687** Number: **75LM784**
 Book number: **BH/16.7/1.7** Location: **ARUN**

CHECKLIST		YES	NO	REMARKS
1	FRONT COVER COMPLETED Book number Has each box been completed Number of conversations/observations Date of next review completed	✓		
2	INSIDE FRONT COVER Photograph attached Trigger Points Sharing of information signed IS91 Part C inserted			ATSI NOT SIGNED BY D687
3	PAGE 3 COMPLETED Signed, dated and timed	✓		
4	PAGE 4 All sections completed (within 1 hour of opening) Names of those involved completed Signed, dated and timed			COMPLETED BY 1 STAFF MEMBER
5	PAGE 7,8 & 9 Assessment interview completed (within 24 hours of initiation) Signed, dated and timed			NO TIME OF COMPLETION?
6	PAGE 10 Case Review No 1 held (within 24 hours of initiation)	✓		
7	PAGE 10 All sections completed Case Manager named	✓		
8	CAREMAP All columns completed Is relevant to assessment and concerns Case Manager named Signed and dated by Case Manager and Detainee			NOT TIME BOUND
9	PAGE 21 On-Going record completed with correct Observations and Conversations Quality, meaningful entries Name and signature included			
10	Appropriate entries made			

Signature and Date Completed..... **signature** **16/5/17**

Deficiency Notice No.....and Deficiency Log Update.