

B4/SZ/17

117 A



Supported Living Plan

Surname: **D1275** Forename: **D1275** Cid Number: **9912259**

- | | |
|---|---|
| <input type="checkbox"/> Reduced Mobility | <input type="checkbox"/> Reduced Physical Capacity (including difficulty with coordination) |
| <input type="checkbox"/> Adults at Risk | <input type="checkbox"/> Mental Illness |
| <input checked="" type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Severe Disfigurement |
| <input type="checkbox"/> Chronic Condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Chronic Kidney |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Skin Conditions | <input checked="" type="checkbox"/> Other: Safeguards |

SLP Activation

Date	Time	DAT Updated by	Date of initial 7 day review
04-09-2017	14:30	S. [Signature]	11-09-2017

Initial 7 day review (complete at 7 day review)

Date	Time	Grade and Name	Your Signature

Required frequency of observation and conversations including any additional support identified by Healthcare, Case Owner, HOIE Team, the Detainee and DCMs. (Day & Night)

1. observation each AM/PM/EVE with a conversation plus
2. two nightly observation.

Top Bunk

With known conditions and disabilities is this Detainee suitable for a top bunk allocation			
Yes		No	
Print Name			

Planned Reviews

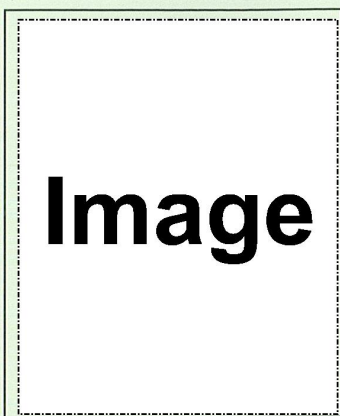
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Room Location (Room changes must meet the individual's needs as per DSO 08/2016)

Room No.	Date	Room No.	Date	Room No.	Date	Room No.	Date	Room No.	Date
A/117	4/9/17								

SLP Closure Date & Reason/s

Date: 15/9/17	Reason: No longer feels vulnerable and scared in the centre.	Time: 10.00
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Detainee Consent

I give permission for healthcare staff at Gatwick IRC to share relevant information relating to my health and wellbeing with operational staff.

I understand that only information that will assist and support me during my stay will be shared ensuring that my needs are met.

Detainee Name:

D1275

Detainee Signature:

David NOT Sign

Your Grade and Name:

Head of Safeguards Strategy Manager

Signature:

Signature

Date:

4/9/17

When permission is withheld, share only information that relates to known risk/s

Adults at Risk

In accordance with the new adult at risk Detention Service Order 08/2016, an adult will be regarded as being at risk: if they declare that they are suffering from a condition, or have experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention; or if a case owner considering or reviewing detention becomes aware of medical or other professional evidence, or observational evidence, which indicates that an individual is suffering from a condition, or has experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention.

Guidance

General

- The SLP is a social model of support and not medical, and a symbiotic approach to appropriate care and support from a multi-disciplinary perspective will be adopted.
- It is the responsibility of the member of staff that has recognised changes to the individual's condition to ensure that the SLP and DAT are updated.
- The Supported Living Plan (SLP), will be reviewed by Gatwick IRC staff in conjunction with the case owner, HOIE team and Healthcare at the initial 7th day after the SLP is activated, following this regular reviews will be schedule and or any significant change in health, vulnerability and mental state, there will be a minimum of 1 review required per month and plan reviews should not exceed six months.
- A multi-agency planning exercise should be considered by the relevant agencies, prior to any detainee deemed as adult at risk coming into the centre.
- At arrival at the centre G4S staff must prioritise, where possible, any individual identified as an Adult at risk, to make the admissions process as short as possible.
- The centre staff and Healthcare staff will conduct a joint centre specific risk assessment of the detainee within 24 hours detailing any medical concerns and risk and on completion sent to Home Office and DEPMU via an IS91RA Part C. To further safeguard the individual, the parties mentioned above will put care plan in place within 24 hours.
- Room sharing risk assessment will be carefully considered based on risk identified.
- Any changes to the physical, mental health and or severity of their identified vulnerability will be notified to Home Office case owner within 24 hours.
- Any member of staff who has concerns themselves or whom vulnerability has been raised to about a detained person by any visitors and or stakeholders including but not limited to independent visitor groups will notify Home Office and Healthcare.
- Gatwick IRC staff will ensure a copy of the document follows the detainee, should they be transferred to another IRC.
- Once release paperwork has been receive from Home Office, Gatwick IRC staff will ensure the individual identified as Adult at risk, is release from custody in the agreed timings and where there are outstanding safeguarding concerns, either by Gatwick IRC staff and or Healthcare staff, before release on onward care plan should be drawn up following a multi-disciplinary meeting or teleconference that agree the plan to safely release the individual. (as a minimum the following should attend; Home Office, Healthcare, Gatwick IRC staff, Case work team and escort supplier)

Residential

- A review of the Detainees needs must be planned and completed within 7 days, chaired by the DCM, any amendments or additions to the Care plan must be documented and DAT updated. Follow on reviews must not exceed six months.
- When moving a Detainee to a different wing/room, staff must ensure that a complete handover is given to the receiving unit staff that will allocate an appropriate room for their needs, and document in the events page.
- Reviews conducted, chaired by the DCM, will draw on information contributed from various departments, but not limited to, Case owner, Healthcare, Safer Community etc.
- Residential DCMs are to ensure that support mechanisms detailed in the Care plan are in place within a reasonable timeframe. This includes appropriate room location.
- Put a Personal Emergency Evacuation Plan (PEEP) in place if required.

Healthcare

- On activation, nursing staff must ensure that the individual's conditions are recorded on the front cover, consent is completed and immediate actions noted in the SLP Care plan. Nursing staff must document on the Care plan; recommended room occupancy based on condition and/ or disability. I.e. Single, Double, Ground Floor etc.
- Changes in the health and well-being of the individual must be communicated to the relevant DCM, Home Office, Case Owner and DEPMU within 24 hours to ensure an appropriate review of the individuals needs can be conducted.
- Healthcare will ensure all detainees highlighted or suspected as Adults at risk will have a medical screening within 2 hours of their arrivals except for persons who arrive late evening in which case, this should be done at the earliest opportunity and Healthcare will ensure that all Adult at risk are given an appointment with a GP within 24 hours, while taking all necessary steps to ensure the detainee understand their appointment.
- If request for further information regarding any Adult at risk Part Cs sent to case owners, Healthcare will respond to this request with the information within 24 hours.
- Where a risk has been identified Healthcare staff, with support from Gatwick IRC staff, must complete an initial assessment to ascertain if a supported living plan document is required to help provide support for the detainee while at Gatwick IRC.
- Occasions where detainees identified as Adult at risk, are being release back into the local community, Gatwick IRC Healthcare provider will the local Healthcare provider and later forward medical notes on release.
- A detainee should be provided with a copy of their medical notes.

Removal

- All removals involving an adult at risk should be treated as a complex removal. In order to plan a safe and successful removal, Gatwick IRC will hold a multi-disciplinary meeting to agree the removal plan and risk assessment. As a minimum attendees will include, the onsite HOIE Manager/Deputy Manager, Gatwick IRC and escort supplier representatives, Healthcare representative and case owner. Gatwick IRC will follow the normal discharge process once this has been completed.
- Where ever possible Gatwick IRC with the express help of Home Office, will facilitate releases during daytime, unless this avoidable due to circumstances.
- On completion Residential DCM will update the Home Office and DEPMU via an IS91RA Part C, prefix with Adult at risk.

The guidance list is not exhaustive and if required, seek advice from key departments i.e. Healthcare, Race Relations & Diversity Manager and the Senior Management Team.

Initial assessment to ascertain if SLP is required**How the condition/issue affects the Individual**

It is vital that we know as much as possible in order for us to provide the right care for any individual who has declared a condition. This section is to be completed by the staff the declaration is made to.

Detainee Name:	D1275	Location & Room Number:	A/201
Nationality:	IRANIAN	CID Number:	9912259

Please be mindful some individuals may find it difficult to talk about their issues so please be mindful of their body language and expression.

A. Has the detainee stated that they are, been identified as and or is suspected of being an Adults at Risk? (if yes; please state what the issue is that constitutes the resident being an Adult at Risk)

No - concerns over Safeguarding of him due to allegations made by BBC Panorama.

B. On a daily basis how does the condition affect the detainee?

No condition - Safeguarding concern

C. What kind of support does the detainee need to carry out normal day to day activities? (e.g. access to the lift, Hearing Loop, etc.)

Detainee requires support from staff in light of BBC Panorama program.

D. Will the condition exclude the detainee from any activities? (Including education)

No but requires support from within

Please consider if the detainee can enjoy the same benefits as their fellow detainees without support

Does the detainee require additional support to fully engage with the regime at Gatwick, which will require us making a reasonable adjustment?

Yes

No

If Yes, please open a Supported Living Plan and place a copy of this page in the document.

If the detainee is considered an Adult at Risk and requires additional support, you must open a Supported Living Plan.

If the detainee does not require a Support Living Plan please give details below; noting any disability.

Your signature:

Signature

Print Grade & Name:

S. Parry-Moist - Head of Safeguarding

Time & Date:

14:30 4/9/17

Restricted when Completed

Epilepsy Disclaimer

(This form must be filled in by a nurse)

Please complete this form if you do not wish to share a room, be located in a ground floor room, or receive treatment for Epilepsy.

PLEASE NOTE: Signing a disclaimer does not prevent allocation to a ground floor room or shared accommodation.

Date	
Name	
Nationality	

ACCOMODATION

I _____ do not wish to be accommodated in a shared room due to Epilepsy and I have been made aware of the possible consequences.

Signed: _____ Print
 Witnessed: _____ Print

LANDING

I _____ do not wish to be accommodated in a ground floor room due to Epilepsy and I have been made aware of the possible consequences.

Signed: _____ Print
 Witnessed: _____ Print

TREATMENT

I _____ do not wish to be treated for Epilepsy and I have been made aware of the possible consequences.

Signed: _____ Print
 Witnessed: _____ Print

Home Office have decided the three levels individuals will be placed on when considered to be Adults at Risk, these are as follows;

<p>Evidence-based risk level 1</p> <p>Yellow</p>	<p>Self-declaration of vulnerability or trauma without supporting professional evidence.</p> <p>The individual will be suitable for consideration for detention if:</p> <ul style="list-style-type: none"> the date of removal can be forecast with some certainty and if this date is within a reasonable timescale given the logistics involved; OR any public protection issues are identified – for example, someone whose presence in the UK is not conducive to the public good; OR <p>There are any indicators of <u>non-compliance</u> with immigration law which suggest that the individual will not be removable unless detained</p>
<p>Evidence-based risk level 2</p> <p>Orange</p>	<p>Relevant professional evidence (eg medical report, social worker report) confirms that the individual falls into one of the protected categories of 'at risk'.</p> <p>Should be considered for detention only if:</p> <ul style="list-style-type: none"> the date of removal is fixed, or can be fixed quickly, and is within a reasonable timescale and the individual has failed to comply with reasonable voluntary return opportunities, or if the individual is being detained at the border pending removal having been refused entry to the UK; OR they present a higher level of public protection concerns than would justify an individual considered to be at level 1 of risk (on the basis of the evidence available) – for example, if they meet the criteria of foreign criminal as defined in IA 2014 (see below) or there is a relevant national security or other public protection concern; OR there are negative indicators of <u>non-compliance</u> which suggest that the individual is highly likely not to be removable unless detained. <p>Less compelling evidence of non-compliance should be taken into account if there are also public protection issues. The combination of such non-compliance and public protection issues may justify detention in these cases.</p>
<p>Evidence-based risk level 3</p> <p>Red</p>	<p>Detention is likely to lead to a risk of significant harm or detriment to the individual as corroborated by relevant professional evidence (eg medical report, social worker report).</p> <p>Should be considered for detention only if:</p> <ul style="list-style-type: none"> removal has been set for a date in the immediate future, there are no barriers to removal, and escorts and any other appropriate arrangements are (or will be) in place to ensure the safe management of the individual's return and the individual has not complied with voluntary or ensured return; OR the individual presents a significant public protection concern, or if they have been subject to a 4 year plus custodial sentence, or there is a serious relevant national security issue or the individual presents a current public protection concern <p>Compliance issues, on their own, would not warrant detention of individuals falling into this risk category – though non-compliance should be taken into account if there are also public protection issues or if the individual can be removed quickly.</p>

Gatwick IRC Personal Emergency Evacuation Plans (PEEP) For Detainees.

Part 1 General Information - to be completed by Welfare at Tinsley/Wing staff at Brook

Name of Detainee:	
Nationality:	
Wing & Room Number:	
Daily Timetable	Give details of times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Location and floor level of activity area's	
Location of Catering facility	
Location of toilet facilities	

Part 2 Personal Information – DCO to ask the person requiring PEEP the following:

	Yes	No
Can you see visual alarm signals?		
Can you hear audible alarm signals?		
Can you use stairs safely in an emergency?		
Would you use the stairs without assistance?		
Can you follow exit signage without assistance?		
Do you use a walking aid or any other device to aid your mobility?		
Is there any further information we are required to know? i.e. other medical conditions. If yes, please give reason below		

Part 3 Fire Safety Management – (To be completed by Fire or Health & Safety Manager)

Name:	Mick Glennard	Signature:	
Position:	Health and Safety Manager	Date:	

Agreed completion and approval of Personal Emergency Evacuation Plan

	Signature	Date:
Individual:		
DCO:		

SLP Careplan

No.	Issues (Mobility, functionality, self-care etc.)	Action Required (what support mechanisms are required)	By whom	Status of action e.g. awaiting appointment	Action completed	Signature and date
1	Possible learning difficulties with reading.	Sebastian to visit	Sebastian Cangelieri		Appointment 18/9/17	Signature SL
2	As above	RMN to review of appointments in case ready use	K. Churcher		Appointment 18/9/17	Signature 15/9/17
3	Requires Shelter	Welfare to book appointment for Shit	Terisha (welfare)		Saw Welfare 13/9/17	Signature 15/9/17
4	Deto deto ^{SPM} BBC Programme welfare check - Safeguards	OSCR 1 to do check on him after Programme end.	OSCR 1. 4/9/17.		No issues any more 15/9/17	Signature 15/9/17

Copy: Detainee

DCM

Stacy She

Print name

Signature

Sign

SLP Careplan

No.	Issues (Mobility, functionality, self-care etc.)	Action Required (what support mechanisms are required)	By whom	Status of action e.g. awaiting appointment	Action completed	Signature and date
5						
6						
7						
8						

Copy: Detainee

DCM — **Signature** —

Print name

S. Jay Me

Sign

SUPPORTED LIVING PLAN

Review of support no. 01

Details of Support Review

Date: <u>15/09</u>	Time: <u>10.00</u>	Location: <u>Arrival Wing office</u>
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Details of those invited

Name	Role	How contributed (e.g. attended, written report, gave information etc.)
<u>Steve Harrison</u>	DCM Reviewing Support Plan	<u>Attended</u>
<u>D1275</u>	Detainee	<u>Attended</u>
<u>Karen Churchev</u>	Healthcare	<u>Attended</u>
<u>Angus Albert</u>	Wing Officer	<u>Attended</u>
	Home Office	

Please take the following points into consideration when conducting a Support Review.

The individual, including Adults at risk, is able to cope, participate fully in the centre activities and enjoy the same benefits as fellow detainees without support and are there any issues from fellow detainees or staff that the individuals feel need to be noted and addressed in regards to their treatment. (Good & Bad, we can use these as learning points) And are the reasonable adjustments made sufficient and are there new issues identified that we can help with.

In regards to closing the document;

Consider if the Individual feel that they have achieved all that the Support Plan can give and ask them how they feel we can help them to live an independent life while they are here in our care.

Are there any outstanding actions on the individuals Care Plan and are you satisfied that given the current information you have, that the individual can maintain the same standard of living without the Supported Living Plan?

Summary of Review

D1275	<u>came to the office and I asked him how he feels as he felt affected and vulnerable after the events shown in the Panorama documentary. He now feels more settled and safer in the centre. He has no issues with any detainees or staff in the centre and will let us know if he has any issues therefore the document is now closed.</u>
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Outcome of Review

tick as appropriate	
SLP document to remain Open <input type="checkbox"/>	SLP document to be Closed <input checked="" type="checkbox"/>
Reason Closed: <u>D1275 feels OK now after Panorama and feels a lot more safer and settled.</u>	
Update DAT <input checked="" type="checkbox"/>	Update front cover <input checked="" type="checkbox"/>
Update SLP Log <input checked="" type="checkbox"/>	Diversity Manager <input checked="" type="checkbox"/>
Sign: <u>Signature</u>	Your Grade & Name: <u>DCM Steve Harrison</u> Date: <u>15/6/17</u>

SUPPORTED LIVING PLAN

Review of support no. _____

Details of Support Review

Date:	Time:	Location:
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Details of those invited

Name	Role	How contributed (e.g. attended, written report, gave information etc.
	DCM Reviewing Support Plan	
	Detainee	
	Healthcare	
	Wing Officer (if available)	
	Home Office	

Please take the following points into consideration when conducting a Support Review.

The individual, including Adults at risk, is able to cope, participate fully in the centre activities and enjoy the same benefits as fellow detainees without support and are there any issues from fellow detainees or staff that the individuals feel need to be noted and addressed in regards to their treatment. (Good & Bad, we can use these as learning points) And are the reasonable adjustments made sufficient and are there new issues identified that we can help with.

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Are there any outstanding actions on the individuals Care Plan and are you satisfied that given the current information you have, that the individual can maintain the same standard of living without the Supported Living Plan?

Summary of Review			
Outcome of Review			
SLP document to remain Open <input type="checkbox"/>		SLP document to be Closed <input type="checkbox"/>	
Reason Closed; _____			

Update DAT <input type="checkbox"/>	Update front cover <input type="checkbox"/>	Update SLP Log <input type="checkbox"/>	Diversity Manager <input type="checkbox"/>
Sign: _____ Your Grade & Name: _____ Date: _____			

Supported Living Plan Toolkit

Condition & Disability	Indicators and or Risk:	Intervention:	Contact:
Reduced Mobility/ Reduced Physical Capacity	<ul style="list-style-type: none"> • Risk of Falls • Risk of COPD • Risk of incontinence • Deficits in addressing personal hygiene • Risk of burns/scolds • Risk of poor diet/fluid intake 	Falls Prevention Equipment for easy access to toilets Equipment to support showering Assessment of need Weight/fluid monitoring	In all instances; Activities Staff Diversity Manager, Healthcare, Residential Manager
Learning Disabilities	<ul style="list-style-type: none"> • Deficits in Social functioning & Poor coping skills • Deficits understanding rules/requirements • Immature emotional responses • Challenging Behaviour/non-compliance • Susceptible to Mental Health issues • Processing difficulties • Vulnerability • Takes information literally • Sensory sensitivity • Hyper-activity 	Access to easy read information Access to education/paid work (specific to individual need) Access to Orderlies; Befrienders, Safer community and Diversity.	In all instances; Residential DCM, Learning & Skills Team, Healthcare
Speech Impairment	<ul style="list-style-type: none"> • Difficulty producing specific speech sounds • Apraxia, Stutter or Dysarthria 	Allow time to get message across Access to paper and pen/pencil. Access to Learning & Skills.	All staff Healthcare
Hearing Impairment	<ul style="list-style-type: none"> • Isolation • Not hearing requests 	Access to written information Access to paper and pen/ pencil.	All staff
Dyslexia	<ul style="list-style-type: none"> • Trying to avoid reading and writing whenever possible • Conceal difficulties that you have with reading and writing from other people • Poor spelling • Poor time management and organisational skills • Relying on memory and verbal skills, rather than reading or writing 	Allowing extra time for tasks that they find particularly difficult. Access to easy read information	In all instances; All staff Learning & Skills Team
Severe Disfigurement	<ul style="list-style-type: none"> • Isolation, low mood/ depression or low self-esteem. Unwanted attention teasing/bullying. • Requires specific equipment or requires specific foods/fluids 	Support engagement in association. Referral to mental health services Referral to disability nurse Referral to GP	In all instances; Residential Staff and Manager, Diversity Manager Chaplaincy All Staff & Kitchen

Supported Living Plan Toolkit

Condition & Disability	Indicators and or Risk:	Intervention:	Contact:
Asthma	<ul style="list-style-type: none"> • Risk of viral and bacterial chest infections. • Affected by changes in the weather, fumes from floor cleaners, room fresheners and tobacco smoke. • Affected by worry and stress. • May be affected by foods such as nuts and shellfish, or food additives such as tartrazine 	Referral to GP Information awareness and adherence to COSHH Referral to RMN/GP Information on all dietary options	In all instances; Residential staff/Healthcare. Health and Safety, Residential DCM, Kitchen.
Heart Condition	<ul style="list-style-type: none"> • Smoker & Sleep Apnoea • Overweight & Poor diet • Lack of exercise • High blood pressure • High Cholesterol 	Smoking cessation Food monitoring Referral to GP	In all instances; All staff, Healthcare, Activities staff
Diabetes	<ul style="list-style-type: none"> • Risk of stroke • High blood pressure • Hypoglycaemia • Hyperglycaemia • Poor diet 	Attendance at clinic BM recording / Diary to self-record BM's / Talking equipment for visually impaired Food/Fluid monitoring	In all instances; Residential staff, Healthcare
Chronic Kidney Disease	<ul style="list-style-type: none"> • Urine/bladder infections • Urinary retention • Dialysis • Catheter care • Pain/discomfort • Poor fluid intake 	Referral to GP	In all instances; Healthcare
Epilepsy	<ul style="list-style-type: none"> • Risk of seizures • Risk of injury to self and others • Non-compliant with medication 	Room share (where appropriate) Ground floor room allocation Appropriate work allocation Epilepsy monitoring (reviews/medication)	All Residential staff Paid work coordinator Healthcare
Hypertension	<ul style="list-style-type: none"> • Dizzy spells 		Healthcare and All Staff
Mental Health	<ul style="list-style-type: none"> • Social withdrawal • Poor dietary intake • Lack of personal care • Risk of suicide/self-harm • Bizarre behaviour • Aggression to others 	Encourage social interaction Food/fluid monitoring Open ACDT? Case conference / referral to secondary service	In all instances; All Residential staff, Residential DCM, Healthcare
Adults at Risk	<ul style="list-style-type: none"> • Victim of Torture, sexual or gender based violence, modern slavery or Human trafficking, being pregnant • Suffering from a disability; Mental or Physical; PTSD • Age 70 or over • Being a Trans* person 	Appointment with GP within 24hrs of being in center	In all instances; All Residential staff, Healthcare, Activities staff Diversity & Safer Community Chaplaincy Learning & Skills

ON-GOING EVENTS

Please ensure that entries are meaningful and conversations are relevant to the individual's condition.

Guide: at least one purposeful entry must be made by unit staff per session daily and night.

Date	Time	Event Type	Summary	Print Name
4/9/17	14:30	/	Placed onto a supported living plan concerns with safeguarding over possible content in a BBC programme due to be shown tonight.	S. P. M. Signature
4/9/17	14:55	C	Had a lengthy conversation with him. He has asked if he can move in with friend Stuart on my advice. He had no other crew.	S. P. M. Signature
04.9.17	1847	C	Came to the wing office to move rooms. Seemed happy that he was able to and left smiling.	A. ALBERT Signature
04/9/17	2100	O	sitting on bed watching TV.	A. ALBERT Signature
4/9/17	2200	O	observed sitting on his bed watching TV at time of check.	Signature
4/9/17	2207	O	observed lying in bed on his left side. at time of check breathing and movement observed.	Signature
5/9/17	0855	O	Deano is observed lying in bed on his left side. at time of check breathing and movement observed.	Signature
5/9/17	06:50	O	log checked by D. J. Williams	Signature
5/9/17	0837	O	collected his breakfast from the Servery no issues.	Signature

Event	I	= Incident
	C	= Conversation
	O	= Observation

ON-GOING EVENTS

Please ensure that entries are meaningful and conversations are relevant to the individual's condition.
Guide: at least one purposeful entry must be made by unit staff per session daily and night.

Date	Time	Event Type	Summary	Print Name
5/9/17	0840	O	came in to the wing office in good spirit said Good morning lovely can you check his balance —	Oro Lum
05/9/17	11:18	C	Approached me on first floor, whilst I was doing LBB's asked if he could have a job cleaning.	A. ALBERT
05/9/17	1208	O	Went into room at lock up no issues	A. ALBERT
5/9/17	1716	/	SAFER COMMUNITY DOCUMENT CHECK.	Signature
5/9/17	1720	/C	SPOKE TO D1275 IN HIS ROOM WHICH HE WELCOMED ME INTO. HE STATED THAT HE MISSED THE PANAMA DOCUMENTARY LAST NIGHT AS HE WAS STRUGGLING TO OPERATE THE REMOTE WHICH I HAVE NOW GIVEN HIM SOME GUIDANCE OF HOW TO USE IT. D1275 DID NOT APPEAR TO INTERESTED IN THE PROGRAMME AND KEEP BUSY BY PLAYING FOOTBALL AND TALKING TO HIS MUM.	Boce
05.9.17	1803	O	Collected dinner seemed happy.	A. ALBERT
05.9.17	2100	O	Locked up okay no issues —	A. ALBERT
5/9/17	2139	O	D1275 is lying in bed on his back awake facing the door. Breathing and movement observed	Signature
6/9/17	0148	O	D1275 is lying in bed on his left side. Eyes closed. Breathing and movement observed.	Signature

Event	I	= Incident
	C	= Conversation
	O	= Observation

ON-GOING EVENTS

Please ensure that entries are meaningful and conversations are relevant to the individual's condition.

Guide: at least one purposeful entry must be made by unit staff per session daily and night.

Date	Time	Event Type	Summary	Print Name
6/9/17	08:45	O	CAME TO THE OFFICE ASKING FOR A CUP OF MILK FOR HIS BREAKFAST WHICH WAS GIVEN	A. Nurey
				Signature
6/9/17	10:20		DD Doc Check - Eon/ins	Signature
6/9/17	13:05	✓	Diverpity document attached	Signature
	17:09	✓	Ate dinner and seemed ok when collecting his food. CB	Signature
6/9	20:10	O	Activity playing table tennis with his friends no issues	BOPUKH
				Signature
6/9/17	21:30	O	Debbie is lying in bed on his back awake. Breathing and movement observed.	Abdo
				Signature
7/9/17	00:04	O	Debbie is lying in bed on his right side. Eyes closed. Breathing and leg movement observed	
				Signature
7/9/17	08:06	✓	DD CAS check continue no support.	Signature
7/9	09:00	O	Collected his Breakfast no issues	BOPUKH
				Signature
7/9	13:00	O	Collected his Lunch. Very helpful on the wings. no issues	BOPUKH
				Signature
7/9/17	18:00	O	D1275 WAS COLLECTED WAS FOOD FROM SERVED	T. Evans
				Signature
7/9/17	24:37	O	D1275 is lying in bed facing the door. Awake Breathing and movement observed.	Abdo
				Signature

Event I = Incident
C = Conversation
O = Observation

ON-GOING EVENTS

Please ensure that entries are meaningful and conversations are relevant to the individual's condition.

Guide: at least one purposeful entry must be made by unit staff per session daily and night.

Date	Time	Event Type	Summary	Print Name
8/8/17	0155	O	D1275 is lying in bed on his back facing the door. Appears asleep. Breathing and movement observed.	Also Signature
8/8/17	0750	✓	SAFER COMMUNITY DOCUMENT CHECK	Baze Signature
8/9/17	11:30	✓	DD document check	Stays Signature
8/9/17	13:00	O	collected lunch from the servery.	L. MOERS
8/9	17:45	O	Collected dinner from the servery.	L. MOERS
8/9	2041	O	D1275 is laying in bed on his back facing the door. Breathing and movement observed.	Also Signature
8/9/17	0135	O	D1275 is lying in bed on his back. Eyes closed. Breathing and movement observed.	Also Signature
9/9/17	07:51	✓	DD document check	Stays Mo Signature
9/9/17	08:10	O	checked for breakfast, laying in bed movement noted.	Also
9/9/17	15:00	C	Went to H room to speak to officer.	Also
9/9/17	1738	✓	SAFER COMMUNITY DOC CHECK.	Baze
9/9/17	2135	O	D1275 is laying in bed on his back. Eyes closed. Breathing and movement observed.	Signature
10/9/17	0250	O	D1275 is laying in bed on his right side. Eyes closed. Breathing and movement observed.	Signature
10/9/17	07:35	✓	DD doc check	S. Jay Signature

Event	I	= Incident
	C	= Conversation
	O	= Observation

A/117

G4S
Gatwick IRC's – Equality, Diversity & Inclusion

Events

Date	Time	Event Type	Summary	Print Name
13/9	18:00	O	Collected His Dinner -	BOPOK
13/9	22:25	O	Asked for some toilet roll	H. Whelan
14/9	08:15	O	unlocked for breakfast went to laundry room	
14/9/17	9:45	C	Came to the office to collect cleaning products. said he really wants a job -	A. ALBERT
14/9/17	11:03	-	Diversity document about	e-samir
14/9/17	11:05		Do doc cur - Edwards -	
14/9	13:00		get food from Serres	RDOSON
14/9/17	21:00	O	in room at lock no issues	A. ALBERT
14/9/17	08:00	O	unlocked for breakfast	A. ALBERT
15/9/17	10:00	R	Review carried out in Ann Wms of the Wm Keen Charles and Anais Albert, Document is now closed.	Ann Haghen

Event	R	Target Record	Review
	I	Initial Record	Incident
	O	Open Record	Observation

DCM Check List	Signature	Date
Log Number	Signature	04/09/17
Detainee Details & Photo	Signature	04/09/17
PEEP completed (when required)		
Front Cover & pages 1, 4, 5 & 7	Signature	04/09/17
Care Plan been implemented	Signature	04/09/17
DAT has been updated	Signature	04/09/17
SLP Central Log Updated	Signature	04/09/17
Copy of Initial Assessment included/attached to document?	Signature	04/09/17
Has Part C been completed and sent to relevant departments	Signature	04/09/17
Multi Agency assessment done?		
Audit		
Reviews set and done on time		
Healthcare Manager Check		
SMT 10% Check		
Diversity Manager Check		

