

BROOK IRC SAFER COMMUNITY MANAGER

1ST AUDIT CHECK ON OPEN ACDT

Detainees Name: **D1527** Number: 10549090
 Book number: BH/120/17 Location: CLYDE

	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	✓		
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	✓		
5	PAGE 7,8 & 9 Assessment interview completed (within 24 hours of initiation) Signed, dated and timed	✓		
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	✓		
9	PAGE 21 On-Going record completed with correct Observations and Conversations Quality, meaningful entries Name and signature included	✓		OFF CONSTANT NOTICE CR10 WRONG DATE CR NUMBERS MISSING THROUGHOUT
10	Appropriate entries made	✓		

Signature and Date Completed..... **Signature** J. BOBB 6/6/17.....

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



OFFICIAL - SENSITIVE

ACDT Open Notification Form

Name of Detainee	D1527		
CID Ref:	10549090	Log Number	BH/120/17

The ACDT plan was opened at Brook House:	No
The above has arrived on an open ACDT plan from :	HMP BELMARSH

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.	Y	Seen on arrival.
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	H.Attwater
Time and Date	1840 04/04/2017

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

CJS001073_0002

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:	D1527				
D.O.B	DPA	Nationality	Egypt	Sex	Male

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>Detainee D1527 ACDT has been closed, currently eating and no thoughts of self harm</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: SD Print name: S Dix Date: 27/05/2017

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



ACDT - Post Closure Review Form

Name of Detainee	D1527		
CID Ref:	10549090	Log Number	BH/120/17

To be completed by the Case Manager

Those attending	Comments
Detainee : <ul style="list-style-type: none">Has the detainee had any further thoughts of self harm or suicide?How is the detainee coping with their current situation?Are they in contact with friends/family?Any other changes in their circumstances?	No thoughts of self harm or suicide, stated that he feels stressed but is coping ok. Sharing a room with someone who he gets on well with.
Case Manager: <ul style="list-style-type: none">Are they in contact with their solicitor?Establish current Immigration status?How is the detainee interacting with staff and other detainees?How is the detainee's sleep pattern?Are they attending the servery for regular meals?	In contact with his solicitor who has advised him to be patient. Interacting well with staff and detainees. Current participating in Ramadan and eating from a hot box which he collects in the evening. Sleep pattern is slightly different due to Ramadan.
Staff Attending: <ul style="list-style-type: none">Is the detainee coping well on the wing?Any issues with room mates or other detainees?Current behaviour/ moodAny evidence of being bullied?	No issues on the wing, just trying to do what he can to get out of detention.

Completed By

Print Name	James Begg
Time and Date	17:10 05/06/2017

If there is any doubt as to the Detainees wellbeing then consideration must be given to re opening the ACDT plan

Please record the details of the post closure review on DAT under the safer custody tab



ACDT Closed Notification Form

Name of Detainee	D1527		
CID Ref:	10549090	Log Number	BH 120/17

The ACDT plan has now been closed at Brook House:	Yes
The above has now left Brook House for the following reason:	

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	Y	04/06/2017
Has the Central ACDT log been Updated?	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 UKBA	Y	

Completed By	
Print Name	S Dix
Time and Date	27/05/2017 16:00

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

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	D1527				
D.O.B	DPA	Nationality	EGYPT	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.

Arrived from HMP Belmarsh on a live ACDT.

Will this individual comply with removals directions? Unknown

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: H.Attwater

Print name: H.Attwater

Date: 04/04/2017

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.

i) DEPMU



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	D1527				
D.O.B	DPA	Nationality	EGYPT	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.

Detainee: **D1527** has now been placed onto a Constant Supervision after attempting to ligature with his bed sheets.

Will this individual comply with removals directions? **Unknown**
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: **Mr N Ring** Date: **24/04/2017**

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)
- Home Office/Unit dealing with case


ACDT 'ON' CONSTANT SUPERVISION NOTIFICATION

Name of Detainee	D1527		
CID Ref:	10549090	DOB	DPA
Date/Time when placed on to Constant Supervision	24/04/2017 15:20	Nationality	EGYPT
Brief description of events (Self Harm?)	Placed his bed sheet around his neck and attempted to ligature. Was removed by staff.		
Location at time when placed on Constant	E/001		

Completed By	
Print Name	Mr N Ring
Time and Date	15:55 24/04/2017

Distribute copy to,

- Michelle Brown
- JAMES BEGG
- MICHELLE EGGLETON
- Conway Edwards
- Duty Director

SC-2014

CONCERN AND KEEP SAFE FORM

If you consider the risk of a suicide 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 and determine what the main problems are. Tick all relevant boxes and give details in the open box below.	
1. Suicide attempt or statement of intent to take own life	<input checked="" type="checkbox"/> <div style="margin-left: 10px;"> <p>Please describe why you are concerned. Summarise: any recent events, behaviour or information received that gives cause for concern about what the person themselves said about their situation.</p> </div>
2. Self injury or statement to self-harm	<div style="font-family: cursive; font-size: 1.2em;"> <p>IMATE HAS MADE A SIGNIFICANT STATEMENT THAT HE WANTS TO KILL HIMSELF AT ANY POINT IN TIME IF GIVEN AN OPPORTUNITY HE HAS BEEN THINKING ABOUT THIS SINCE LAST NIGHT HE PRESENTED VERY LOW IN MOOD</p> <p style="text-align: center; font-size: 1.5em; margin-top: 20px;">C/S RECOMMENDED W/STET IMMEDIATE EFFECT</p> </div>
3. Unusual behaviour or talk	
4. Very low mood (e.g. withdrawn, slowed down)	
5. Problems related to drug/alcohol withdrawal	
6. Other concerns including vulnerability due to age or immaturity	

Action required by initiating member of staff:

Now give this report to the person responsible for deciding the immediate action to be taken to keep the person safe. This will usually be the manager of the unit/NOO on which the individual is, or is to be located. Where the ACCT 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: <u>MILNE T</u>	Signature: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Signature</div>
Date: <u>20/3/17</u>	Time: <u>11:53</u>

IMMEDIATE ACTION PLAN

This action plan must be completed by the Unit manager/NOO within one hour of the concern and keep safe being raised.

The purpose of the 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.

Immediate action required	Action	Name and Signature	Date Completed
Location: (Discuss with individual where they feel safe. Consider CSRA level when considering location, particularly shared accommodation, safer cell, referral to healthcare)	To be located at H33 in safe cell	<div style="border: 1px solid black; padding: 2px;">Signature</div> Bouker 20/3/17	20/3/17
Frequency of staff support: (conversations and/or observations)	Constant supervision till assessed by H.C.	<div style="border: 1px solid black; padding: 2px;">Signature</div> Bouker 20/3/17	20/3/17
Medical Intervention: Mental health referral, use local systems to refer. In possession medication the prisoner/young person may have, or have access to	Requesting to see mental health team	<div style="border: 1px solid black; padding: 2px;">Signature</div> Bouker 20/3/17	20/3/17
Phone access: (state whether Samaritans or phone call to family or other)	Refused to talk to S/O Bouker	<div style="border: 1px solid black; padding: 2px;">Signature</div> Bouker 20/3/17	20/3/17
Listener access:	Refused to talk	<div style="border: 1px solid black; padding: 2px;">Signature</div> Bouker 20/3/17	20/3/17
Other immediate interventions:	Refused to talk to S/O	<div style="border: 1px solid black; padding: 2px;">Signature</div> Bouker 20/3/17	20/3/17

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

Referral made for assessment & case review organised: <input checked="" type="checkbox"/>	Staff briefed & entry made in Unit Observation Book: <input checked="" type="checkbox"/>	Log number obtained & entered on ACCT cover: <input checked="" type="checkbox"/>	Where act of self-harm has led to opening of form, F213SH completed: <input type="checkbox"/>
Time: 12.45	Time: 12.45	Time: 11.54	Time:
Where individual is under 18 inform the Child Protection Co-ordinator & parents (if appropriate) as soon as possible		Child Protection Co-ordinator informed: ●	
		Time:	
		Name of person informed:	

Immediate Action Plan (IAP) Agreed

Unit Manager/NOO Name: S/O	Name of Prisoner: D1527
Date: 20/3/17	Date: 20/3/17
Signature: <div style="border: 1px solid black; padding: 2px;">Signature</div> S/O Bouker	Signature: Refused to sign
Others:	
Signature:	

ASSESSMENT INTERVIEW

(Complete within 24 hours of concern and keep safe form being raised, unless circumstances are exceptional, e.g. prisoner/young person admitted to outside hospital and too ill to be interviewed)

Before the interview, gather risk-pertinent information:

- From the core record/wing file/wing staff/OASys/NOMIS/etc.
- 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)

Forename(s):	D1527	Surname:	D1527
Prison Number:	A7556DW	Location:	HCC

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 have been mentioned: relationship problems and practical problems outside and inside prison, including isolation, violence, bereavement, other loss, guilt re offence.

was being moved from houseblock 4 to 3
but has issues on houseblock 3.
was restrained and thought an officer was
killing him and is still in a bit of
pain by his ear.

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 lethal was the attempt? Was it planned and what attempts were made to avoid detection? Did person expect to die? Did they write/leave a note and will they share it with you? 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?

Refused to answer.

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.

Is sleeping alright, not very talkative about how he's feeling.

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?'

No thoughts of plans to harm or kill himself, say would not tell anyone but just do it.

Section Three

Care and Management Plan (CAREMAP) and Case Reviews
Pre-discharge from Healthcare/CASU 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 ACCT Plan. Where more writing space is required in the Case Review 'Summary of review' box, use a blank sheet and insert in the ACCT 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 those needs is to be delivered.

Ideas to help defuse a crisis and address problems

Has suicide plan	→	Disable the plan
Practical problem triggering plan	→	Neutralise pain/help solve problem
Mental health or withdrawal problems	→	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 injury	→	Distraction, comfort, alternatives
Known factors that indicate higher risk	→	Note in triggers box & monitor for these occurring

AGREE ACTION WITH PERSON AT RISK

An effective CAREMAP

- Engages the person at risk
- Identifies the most urgent and pressing issues

'Issues' means:

Problems that are causing the person at risk most pain.
Resources or strengths that have most potential to support the person at risk.
Level of risk, including suicidal intent or plan

- Sets a small number of realistic, achievable goals
- States clearly who will do which action
- Is put into action
- Is reviewed and changed over time

To identify problems/issues:

- Start from the person at risk's perspective
- Describe problems; don't prescribe solutions

An effective Case Review:

- Involves the person at risk
- Has the same Case Manager present, wherever possible
- Is quiet and calm – no phone interruptions
- Uses first names

Involves the key people who know the person at risk or are involved in his/her care (ensuring inclusion of those 'off' the wing who may also be in contact with the prisoner/young person, such as the chaplain, IMB, Samaritan, Instructional Officer or teacher)

- Introduces self and others to the person at risk

- Explains the purpose of the review

Considers asking the individual if he/she wishes a relative/friend/Listener to attend the Case Review. If so, you must ensure that the individual (if an adult) has signed a consent form for the relative/friend/Listener to attend. For the under 18, it is good practice to involve the Child Protection Co-ordinator and YOT worker, and if appropriate, the parents/carer. Listeners are not used in the Juvenile Estate.

- Where a key member of staff is making a written or telephone report, ask them: 'Is the individual receiving some help/treatment, has it started to have an impact yet, if 'yes' how has it affected risk/need?

When the person at risk is an in-patient in healthcare:

- The Healthcare Manager becomes the responsible ACCT Case Manager
- The ACCT Assessment should take place within 24 hours, or as soon as the individual is well enough to be interviewed
- The CAREMAP should be actioned and, where required, reviewed and up-dated
- The on-going record of significant events and support should be maintained
- ACCT Plans may only be closed in the healthcare centre when the individual is a long term patient whose return to the wing is not imminent and when risk is judged to have reduced sufficiently to allow closure
- A pre-discharge Case Review involving a representative of the receiving unit or establishment should take place before the person at risk is returned to ordinary location

NOTE:

Identified actions noted on the CAREMAP must be assigned to named individuals and not groups/units

FIRST CASE REVIEW FOLLOWING ASSESSMENT

Guidance

The first Case Review must be held within 24 hours of the concern and keep safe form being opened, ideally immediately after the Assessment interview.

It will be attended and chaired by the Unit Manager/NOO, or equivalent and/or the Case Manager (if different), the Assessor, whenever possible, a member of staff who knows the prisoner e.g. wing officer, the person who raised the initial concern, Healthcare, and any other member of staff who has or will have contact with the at-risk prisoner and who can contribute to their support and care e.g. staff from Probation, Education, CARATS, Psychology, etc.

The review should be timely and not unduly delayed to ensure full attendance. If invited participants cannot attend in person, exceptionally, they can provide a written account of their input.

The review should be attended by the prisoner unless there are specific reasons why this would not be possible or appropriate. The reason for non-attendance must be documented in the summary of the case review. When the prisoner does attend, they must be encouraged to participate in the review process.

Appoint a Case Manager of minimum grade of Senior Officer or Band 5 Nurse.

Identify the prisoner's most pressing needs and level of risk to themselves and identify appropriate actions to address these needs.

Agree how the prisoner will be supported and complete the CAREMAP giving detailed and time-bound actions aimed at reducing the risk posed by the prisoner.

Agree the frequency of, and recording of, conversations, observations and support day and night as the night requirements may be different. These decisions must be set out in clear, plain language on the front of the ACCT document.

PSI 64/2011, chapters 3 & 5 give more information about the identification of risk and requirements of the first case review.

NOTE:

The case review team can decide to close the Plan at the first case review if they believe it is safe to do so and where all issues identified during the assessment interview have been resolved and the results of any referrals are known.

The reason for closure at this time must be clearly documented in the ACCT Plan.

A post closure interview must take place.

SUICIDE/SELF-HARM RISK GUIDANCE

RISK IS LOW	<p>When</p> <ul style="list-style-type: none"> • Suicidal thoughts are fleeting and soon dismissed • No plan • No/few symptoms of depression • No psychotic mental illness • No self-harming behaviour • Situation experienced as painful but not unbearable <p>Action</p> <ul style="list-style-type: none"> • Ease emotional distress as far as possible (allow expression of emotion) • CAREMAP addressing identified social/custodial problems • Link to resources (friends, family, listeners) • Review care at agreed intervals
RISK IS RAISED	<p>When</p> <ul style="list-style-type: none"> • Suicidal ideas are frequent but generally fleeting • No specific plan/immediate intent • Evidence of mental disorder (e.g. depression, psychosis, panic attacks) acute or ongoing • Situation experienced as painful but no impending crisis • Previous, especially recent suicide attempts • Current, self-harming behaviour <p>Action</p> <ul style="list-style-type: none"> • Ease emotional distress as far as possible (allow expressions of emotion) • CAREMAP addressing identified social/custodial problems • Ensure safety - consider location, frequency of conversation and observation and occupation
RISK IS HIGH	<p>When</p> <ul style="list-style-type: none"> • Frequent suicidal ideas not easily dismissed • Specific plan with likely access to lethal methods • Evidence of mental illness, acute or ongoing • Significant alcohol or drug abuse • Situation experienced as causing unbearable pain • Escalating pattern of self-harm - increased frequency and/or lethality of methods <p>Action</p> <ul style="list-style-type: none"> • Ease emotional distress as far as possible (allow expression of emotion) • Ensure safety - consider admission to healthcare centre • Increase levels of support and therapeutic interventions • CAREMAP addressing identified social/custodial problems • Refer urgently for mental health assessment • Review immediately after assessment and at agreed intervals thereafter

Note: This is a guide only. Decisions will be made on an individual basis by the multi-disciplinary team depending on the combination of risk factors that the individual-at-risk is displaying.

6. Reasons for living and coping resources

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

Has a friend who is being supportive.

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 immigration and says he can't go back to Egypt.

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 Case review and anything else relevant. Explain what is to happen now.

Case review with SO.

Summary / bullet points of key issues

No plans to kill himself says will just do it.
Has immigration issues.
Feels an officer tried to kill him during a restraint.
Sleeping okay but not very communicative.

Interviewer's details

Print name: EDWARDS	Signature: Signature
Date: 21/03/17	Time: 09:41