

RECORD OF CASE REVIEW

Case review number: 1

Details of case review

| | | |
|-----------------|------------|-----------------------------------|
| Date 06.07.2017 | Time 11.45 | Location : Reception Medical room |
|-----------------|------------|-----------------------------------|

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. |
|------------|---|---|
| C Donnelly | Case Manager | Attended |
| D1914 | Detainee | Attended |
| M Brown | Duty Director - chair | Attended |
| K Churcher | RMN | Attended |
| DJ Pesard | RGN | 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 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"/> | |

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

Mr D1914 returned to Brook House after bedwatch at ESH after self harming by cutting with a razor yesterday, and also ingesting large quantities of in possession medication. He had had a bail application refused yesterday, and he was particularly upset that he feels the Judge had some incorrect information about his medical history. He was very upset and frustrated at the time, having been in detention a long time.

On returning he feels much more in control of himself, and having spoken to both his wife and his solicitor, he knows what he needs to do for his next bail application, which he intends to make as soon as possible (one month) – he was very apologetic about yesterday, and his body language, eye contact etc were very encouraging. He wants to return to C wing with his old room mate, D1987 but as his room is being bio cleaned today, and also to closely monitor him for a day on e wing. He was happy with that. When asked if he has any thoughts of self harm or suicide, he said absolutely not, he regrets what he did, it was done in the heat of the moment, and he wants to live, fight his case and be released on bail so he can be with his wife in Gillingham.

All present agreed the risk of self harm has significantly reduced, and that Constant Supervision is no longer necessary or appropriate. Hourly observations pending further review 07.07.17

HOURLY OBSERVATIONS

CAREMAP update

YES ☐

No, as no new actions ☒

If ACDT remains open

Next review: (also note on front cover)

Date: 07.07.17

Time:

Additionally to invited

If ACDT closed (see guidance on inside back cover)

Post closure interview:

Date: Time:

(also note on front cover)

Member of staff who will conduct this

Follow up interview:

Case managers Signature:

Date 06.07.17

Signature

RECORD OF CASE REVIEW

Case review number: 2

Details of case review

| | | |
|---------------|------------|--------------------------|
| Date 07.07.17 | Time 11.35 | Location : E wing office |
|---------------|------------|--------------------------|

Details of those invited

| Name | Role (when case manager cannot attend, they must explain to the detainee who is to take their place at the review) | How contributed (e.g. attended, submitted written report, sent deputy, gave information by telephone) state if no contribution made. |
|------------|---|---|
| C Donnelly | Case Manager | Attended |
| D1914 | Detainee | Attended |
| K Churcher | RMN | Attended |
| N Ring | DCM | Attended |
| A O'Connor | Wing DCO | Attended |
| J begg | Safer community manager | Gave advice |

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 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"/> | |

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

D1914 very calm and relaxed at interview. He was making good eye contact, speaking freely. He stated he feels very embarrassed and foolish for his overreaction to his bail refusal on Wednesday. He is in contact with his wife, and he fully intends to make a further bail application when the regulation one month has passed between applications. He intends also to change his solicitor, as he believes it is because of his solicitors incompetence that his bail was refused. He was very pragmatic and resolved to keep persuing bail. He stated he has absolutely no thoughts, plans or intentions to harm himself or take his own life. The issue of showering with his bandages was discussed, and resolved.

All present agreed that the risk of self harm had reduced so significantly that the ACDT document was no longer necessary. This is the fourth ACDT that D1914 has been on, and the pattern seems to be that he self harms immediately after a setback, regrets it, and then there is no further issue until the next setback comes along.

ACDT CLOSED

CAREMAP update

YES ☐

No, as no new actions ☒

| | |
|---|---|
| If ACDT remains open Next review: (also note on front cover) Date: Time: Additionally to invited | If ACDT closed (see guidance on inside back cover) Post closure interview: Date: 14.07.17 Time: (also note on front cover) Member of staff who will conduct this Follow up interview: |
| Case managers Signature: | Signature Date 07.07.17 |

ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

The purpose of this section is to record:

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

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

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

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

| Date dd.mm.yy | Time 24hr clock | Comments Please write in black ink. At end of comments, sign and write name and designation. |
|------------------|-----------------------|---|
| 05.07.17 | 18:10 | AEDT constant supervision opened - D1914 found in room with laceration to neck by razor. Also stated he had taken many of his in possession meds (for blood pressure, stomach problems + heart problems) empty packs on floor. Stated he wants to die. Officer L. Carr informed that D1914 had had bail refused today. Healthcare attended to treat - Ambulance called — Signature |
| 05.07.17 | 18:25 | Ambulance arrive in room — Signature |
| 05-07-17 | 18:55 | D1914 is being seen by paramedic's, talking about holidays to Transylvania — A. Stokes Signature |
| 5.07.2017 | 19:12 | WE LEFT BROOK GOING TO HOSPITAL, D1914 is lying in AMBULANCE'S BED, SEEMS TO BE RELAXED. — JCO O. STRAT Signature |
| 5.07.2017 | 19:15 | D1914 COMPLAINT HAVING PAIN ON HIS RIGHT SIDE OF HIS ABDOMEN. — JCO O. STRAT Signature |
| 5.07.2017 | 19:28 | WE'VE ARRIVED AT HOSPITAL. D1914 seems relaxed. — JCO O. STRAT Signature |