

SECTION THREE

Care and Management Plan (CAREMAP) and Case Reviews

Pre-discharge from Healthcare Case Review

File CAREMAP and most recent Case Review on top

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

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

Ideas to help defuse a crisis and address problems

Has suicide plan	➡	Disable the plan
Practical problem triggering pain	➡	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 these in triggers box and monitor for these occurring

AGREE ACTION WITH PERSON AT RISK

QUALITY CONTROL

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

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:

- 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 detainee, 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 if appropriate, the parents/carer.
- 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 ACDT Case Manager
- The ACDT 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
- ACDT 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 centre should take place before the person at risk returns to ordinary location

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 *P. Page*

- * 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.	Frustrated with not getting his medication.	To see Healthcare to discuss needs.	Appointment to be arranged with doctor.	Detainee Bhealthcare	8th saw doctor and medication prescribed. PCM Signature
2.	Wants a job.	To see activities staff and put name down for work in the library	D1732 to attend the library.	Detainee	letter from Home office refusing Paid work. will appeal Signature 12/4/17
3.					
4.					

Detainees Signature:

Case Manager / CAREMAP author signature:

Signature:	Signature: <i>PP</i> Signature	Date:
Print name: D1732	Print name: <i>P. Page</i>	<i>9/4/17</i>

No.	Issues (problems, resources, risk)	Goals	Action required	By whom and when	Status of action e.g. awaiting appointment (always date entry)
5.					
6.					
7.					
8.					
9.					

Detainees Signature:

Signature:	Signature:
Print name:	Print name:

Case Manager/CAREMAP author signature:

Signature:	Date:
Print name:	

RECORD OF CASE REVIEWCase review number: 2**Details of case review**

Date: 12/04/2017	Time 15.50	Location: C Wing Office
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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.
Phil Page	Case Manager	Attended
<u>D1732</u>	Detainee	Attended
Aaron Stokes	Member of staff	Attended

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)

D1732 has been very cheery over the last 2 days he has been polite and respectful and always made a point of saying hello. When he came to the office he appeared in a good mood and said he was fine, he said he had one small problem and that was money for tobacco, he wanted to get a job so that he could buy tobacco. D1732 says that he has been turned down due to being on rule 40 at The Verne. I have told him that he needs to speak with the home office about this and he said he would. D1732 stated that he had no intention or thoughts of hurting himself at present and said you know it was because of my meds. He confirmed he is now getting his medication.

In light of above ACDT to be closed

CAREMAP update

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: 19/04/2016 Time: (also note on front cover) Member of staff who will conduct this Follow up interview:
Case managers Signature <u>Signature</u>	Date: 12/04/2017

RECORD OF CASE REVIEW

Case review number: _____

Details of case review

Date:	Time:	Location:
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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.
	Case Manager	
	Detainee	
	Member of staff (from the detainees unit)	

At this review

Level of risk reviewed and is now:	Low <input type="checkbox"/>	Raised <input type="checkbox"/>	High <input type="checkbox"/>
Problems identified reviewed	Yes <input 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 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)

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

If ACDT remains open Next review: (also note on front cover) Date: _____ 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: _____	Date: _____
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RECORD OF CASE REVIEW

Case review number: _____

Details of case review

Date:	Time:	Location:
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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.
	Case Manager	
	Detainee	
	Member of staff (from the detainees unit)	

At this review

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

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

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

If ACDT remains open Next review: (also note on front cover) Date: _____ 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: _____	Date: _____
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RECORD OF CASE REVIEW

Case review number: _____

Details of case review

Date:	Time:	Location:
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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.
	Case Manager	
	Detainee	
	Member of staff (from the detainees unit)	

At this review

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

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

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

If ACDT remains open Next review: (also note on front cover) Date: _____ 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: _____

Date: _____

REVIEW PRIOR TO DISCHARGE FROM HEALTHCARE

Case review number: _____

Details of case review

Date:	Time:	Location:
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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.
	Case Manager	
	Detainee	
	Member of staff (from the detainees unit)	
	Member of staff from the HCC	

At this review

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

Summary of review, including significant, risk pertinent events during in-patient stay

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

Arrange follow up healthcare appointment within agreed time-span:

Date of appointment:

Staff responsible:

Next ACDT Case Review (also note on front cover):

Date:

Time:

Case Manager's Signature:	Date:
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SECTION FOUR

ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

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

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

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

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

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

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

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

Recording significant events, conversations with the person-at-risk and your observations of them

It is important that you provide meaningful comments on what has happened with the detainee during your time with them. This allows others who also care for this person to better understand the situation and how to care for them, and informs the discussions at the Case Review. Think about how what you write can contribute to the care of the person at risk. In particular record:

- **Mood check** - Is he/ she happy, sad, withdrawn, excitable etc.
- **Conversations** - Have you spoken to the detainee?
What has he/ she said about his/ her situation?
- **Activities** - Is he/ she engaging socially with others, participating in the regime etc.
- **Sudden changes** - Has he/ she been doing anything out of the ordinary?
- **Self harm** - Has he/ she self-injured?

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.
8/4/17	14.00	SAT with D1732 in reception waiting room had a conversation with D1732 he told me he had an issue with healthcare → DCO <div>Signature</div>
8/4/17	14.05	D1732 said his arm was hurting said it was a deep cut → DCO <div>Signature</div>
8/4/17	14.13	Sitting watching TV in reception waiting room. → DCO <div>Signature</div>
8/4/17	14.17	Michelle Brown came and spoke to D1732 → DCO <div>Signature</div>
8/4/17	14.18	Spoke to D1732 about getting a job in Brook House → DCO <div>Signature</div>
8/4/17	14.25	Was talking to D1732 to see if he has a solicitor he told me he hasn't explained to him how he could get one. → DCO <div>Signature</div>

ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

Date dd.mm.yy	Time 24hr clock	Comments Please write in black ink. At end of comments, sign and write name and designation.
8/4/17	14:52	spoke to D1732 about his job when he wasn't in detention <u>DCO</u> Signature
08/04/17	14:40	DCO B. Kilbey taken over constant. D1732 is calm at reception Signature
08/04/17	14:50	to DCO B Fagbo awaiting escort. D1732 is sat in the escort car in the back with myself and DCO B Fagbo, asked if he was "ok" and he replied 'yes' Signature
08/04/17	15:00	Same as previous entry. D1732 is calm and reserved Signature
08/04/17	15:10	Arrived with Mr D1732 at East Surrey A and E department, he is calm sat with myself, DCO Fagbo and DCO K Kane in the waiting area Signature
08/04/17	15:20	still sat with Mr D1732 in the waiting area Signature
08/07/17	15:30	still sat in the waiting area with Mr D1732 , speaking about hospital Signature
08/07/17	15:40	still sat in the waiting area with Mr D1732 , appears in better spirits Signature
08/07/17	15:50	still sat in the waiting area with Mr D1732 , has expressed his anno