

MADE Care and Support Plan



Personal Details

Which pathway has this Care and Support Plan step come from?

- OT Assessment
- Enablement Final Review
- Care Needs Assessment
- Review
- LD Transitions
- Short Term Pathway

Name

Andrew Patterson

Date of birth

25/01/1980

Age

43

Address

H M PRISON, ELMLEY
CHURCH ROAD
EASTCHURCH
SHEERNESS
KENT ME12 4DZ

Current address

H M PRISON, ELMLEY
CHURCH ROAD
EASTCHURCH
SHEERNESS
KENT ME12 4DZ

Summary of Telephone Numbers

Home 01795 802 000
M_printel 01795 802 000

Household Structure

NHS ID

Gender

Male

Is the gender the person identifies with the same as was registered at birth?

Yes

No

Ethnicity

Not Stated

Sub-Ethnicity

Information not yet obtained - not refused

Ethnicity Details (if Other)

Religion

No Religion

Preferred Language

English

Nationality

British

Marital Status

Unknown

Service User Group

Physical Support Access and Mobility Only 18-64

Sexual Orientation

Heterosexual or Straight

Gay or Lesbian

Bisexual

Other sexual orientation not listed

- Person asked and does not know or is not sure Not stated (person asked but declined to provide a response) Not known (not recorded)

Has the person previously served in the UK Armed Forces?

- Yes, previously served in Regular Armed Forces Yes, previously served in Reserve Armed Forces No

Employment status

Not in Employment - Imprisonment

GP Details

Surgery Name and Address

Contact number

Is there any reason to doubt the person's mental capacity in being able to participate fully in this process?

- Yes No
 Not Known

Does the person have substantial difficulty in being fully involved in the assessment process?

- Yes No

Communication Needs

Does the person have any communication needs?

- Yes No
 Not Known

[Additional information - please describe any specific communication needs e.g. 'only contact by text', 'do not call in the morning'.](#)

Mr Patterson requires documents in large font to be able to read them, due to his visual impairment. He also reports that documents on pink paper help him to read. Otherwise, he needs someone to read information out for him.

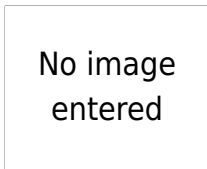
[Interpreter Required?](#)

Communication Needs - Current

From	Category	Sub-category
22/12/2023	Requires specific information format	Requires written information in at least 20 point sans serif font

[Please confirm that communication needs have been reviewed](#)

Pen Picture



Mr Patterson is currently at HMP Elmley, and his parole window is in 2025. Mr Patterson is divorced, he has 2 daughters but only has contact with the eldest. He also has a mother, father, 2 step sisters, and grandchildren.

Mr Patterson's back problems have prevented him from working, and his mobility has deteriorated over the years. He is wheelchair bound and only able to weight bear long enough to transfer from his wheelchair to other places.

Mr Patterson's health diagnoses include: Sleep apnea, Mild asthma, COPD, Partially sighted, Lymphoedema on both legs, Spondylosis on back.

Mr Patterson requires documents in large font to be able to read them, due to his visual impairment. He also reports that documents on pink paper help him to read.

Mr Patterson receives support from commissioned carers (Blossoms) within the prison, with personal care tasks on a daily basis.

Mr Patterson receives support from the wing carers with some other tasks. This includes making his bed as he struggles to bend all the way over, changing bed sheets (he can strip the bed but needs support to put clean sheets on), sweeping and mopping the cell, and collecting meals.

See separate OT assessment for more details about Mr Patterson's functional ability.

Care and Support Needs Identified at Assessment

Maintaining personal hygiene

Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

Being appropriately clothed

Ability to achieve outcome

Able to achieve without assistance but doing so causes the adult significant pain, distress or anxiety

Significant impact on well-being

Yes

Managing toilet needs

Ability to achieve outcome

Able to achieve without assistance or significant impact on well-being

Significant impact on well-being

No

Being able to use the home safely

Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

Managing and maintaining nutrition

Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

Maintaining a habitable home environment

Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

Making use of necessary facilities in the local community

Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

Developing and maintaining family and other relationships

Ability to achieve outcome

Able to achieve without assistance or significant impact on well-being

Significant impact on well-being

No

Accessing and engaging in work, training, education or volunteering

Ability to achieve outcome

Able to achieve without assistance or significant impact on well-being

Significant impact on well-being

No

Eligible Needs

Maintaining Personal Hygiene
Being Appropriately Clothed
Being able to make use of the Home Safely
Managing and Maintaining Nutrition
Maintaining a Habitable Home Environment
Making use of Necessary Facilities in the Local Community

Non-eligible needs

Managing Toilet Needs
Developing and Maintaining Family or Other Personal Relationships
Accessing and Engaging in Work, Training, Education or Volunteering

Non-assessed domain

Carrying out any Caring Responsibilities the Adult has for a Child

Overall eligibility decision

Eligible

My Support Needs Identified and My Personal Outcomes

Are there any other plans for the person that need to be taken into consideration (such as plans of carers or family members, or Education, Health and Care, multi-agency, Section 117 Mental Health Act and other plans)?

Yes

No

Eligible Needs

Managing Personal Hygiene

Include picture?

Personal Outcomes

To always be clean and comfortable

To be as independent in this area as possible.

How the eligible care and support need is being met informally

Need met formally

How the unmet eligible need will be met by Personal Budget (if relevant)

30 minutes AM care package seven days a week

To support to have a full shower at least twice per week

To support with washing hair and strip washing daily as a minimum

To apply cream as necessary

To support with brushing hair as necessary

Any information and advice to prevent, reduce and delay developing needs

Is this domain a section 117 Mental Health Act eligible need?

Yes

No

Being appropriately clothed

Include picture?

Personal Outcomes

To be able to change in to clean clothes.

How the eligible care and support need is being met informally

Need met formally

How the unmet eligible need will be met by Personal Budget (if relevant)

30 minutes AM support seven times a week to support with putting on my compression stockings, leg wrap, trousers and my shoes and socks.

Any information and advice to prevent, reduce and delay developing needs

I am able to dress the upper part of my body. I struggle to dress the lower part of my body.

Is this domain a section 117 Mental Health Act eligible need?

Yes

No

Being able to use the home safely

Include picture?

Personal Outcomes

To have the correct aids and equipment to support my independence.

To be able to move around as independently and safely as possible.

How the eligible care and support need is being met informally

I am able to operate my electric wheelchair and self propel in my manual wheelchair. When I am in pain, my friends support me to push manual wheelchair. I am able to weight bear long enough to transfer from surfaces.

How the unmet eligible need will be met by Personal Budget (if relevant)

N/A

Any information and advice to prevent, reduce and delay developing needs

See OT assessment for more detail.

Is this domain a section 117 Mental Health Act eligible need?

Yes

No

Managing and maintaining nutrition

Include picture?

Personal Outcomes

To have support to order the food that I want to eat, and to have support to collect my meals.

How the eligible care and support need is being met informally

Wing carers to collect my meals from the servery, and support me to read my meal and canteen sheets to place my order.
Wing carers to support me to fill my water bottles frequently.

How the unmet eligible need will be met by Personal Budget (if relevant)

N/A

Any information and advice to prevent, reduce and delay developing needs

I am able to prepare my snacks and drinks in my cell.

Is this domain a section 117 Mental Health Act eligible need?

Yes

No

Maintaining a habitable home environment

Include picture?

Personal Outcomes

To live in a clean environment.

How the eligible care and support need is being met informally

Wing carer to support me to mop my cell, to change my bedding, and to collect laundry.

How the unmet eligible need will be met by Personal Budget (if relevant)

N/A

Any information and advice to prevent, reduce and delay developing needs

I am encouraged to empty my own bin.

Is this domain a section 117 Mental Health Act eligible need?

Yes

No

If yes, have you completed the following?

Making use of necessary facilities in the local community

Include picture?

Personal Outcomes

To be able to access all necessary parts of the prison, for my physical health and to maintain my wellbeing.

How the eligible care and support need is being met informally

Prison officers support to arrange transport and provide escort when I need to attend appointments in the community.
Wing carers to support me to access other parts of the prison away from the wing, such as healthcare.

How the unmet eligible need will be met by Personal Budget (if relevant)

N/A

Any information and advice to prevent, reduce and delay developing needs

Is this domain a section 117 Mental Health Act eligible need?

Yes

No

Do you need to record additional information relating to Keeping Safe and Well?

Yes

No

Do you need to add any Day Services?

Yes

No

Needs Matrix

Need	Non-Social Care funded support hours per week (Informal)	Social Care Funded support hours per week	Support Type	Your Rationale and detail for Providers/Purchasing
Maintaining personal hygiene		3.5	2:1	Prison - block contract with Blossoms

Managing toilet needs - Non Eligible

Personal Outcome

Any information and advice to prevent, reduce and delay developing needs

Is this domain a section 117 Mental Health Act eligible need?

- Yes
 No

Developing and maintaining family and other relationships - Non Eligible

Personal Outcome

Any information and advice to prevent, reduce and delay developing needs

Is this domain a section 117 Mental Health Act eligible need?

Yes

No

Accessing and engaging in work, training, education or volunteering - Non Eligible

Personal Outcome

Any information and advice to prevent, reduce and delay developing needs

Is this domain a section 117 Mental Health Act eligible need?

Yes

No

About the Carer

What eligible and non eligible needs is the carer going to be meeting?

Wing carers and care agency to meet needs according to this plan.

To what extent is the carer/s both willing and able to provide this support?

The wing carer will speak to prison staff if they have any difficulty fulfilling their role or if they are unable to fulfill this role anymore.
The care agency will notify Adult Social Care as soon as possible if they have any issues providing this support.

Has the carer received a carers assessment?

Contingency Planning

If there are difficulties, how will they stay safe and well?

Referral to Adult Social Care if Mr Patterson experiences any deterioration in his care and support needs which requires reassessment.

What will happen if there is an emergency or sudden change in their circumstances?

Prison staff to summons emergency support if needed.

Is there an Advance Statement or Advance Decision in place? Please provide details

Budget Monitoring and Funding Arrangements

Are you drafting or finalising this support plan?

Draft

Final

Personal budget based on your needs assessment

Weekly budget £

163.52

Annual budget £

8526.39

My contribution £:per week

Direct payment amount (if relevant) £:per week

Frequency of payments

4 weeks

How the personal budget money will be paid

- Direct Payment
- Managed Service
- Client Financial Affairs

NHS continuing healthcare funding

Has NHS checklist been completed?

- Yes
- No
- Not applicable

Reason not completed

Not applicable.

Is the person eligible for CHC funding

- Yes
- No
- Not known

NHS funded nursing care

Does the person need considering for funded nursing care?

- Yes
- No
- Not known

Please provide further information

Not applicable.

Support/ Service/ Provisions to be provided

The person's care preferences

Please identify which of the following have been considered and included within the development of the Care and Support Plan

Technology enabled care

- | | | | |
|-----------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> Included within the Care and Support plan | <input type="radio"/> Considered, but declined by person | <input checked="" type="radio"/> Considered, but not appropriate | <input type="radio"/> Considered, but not available |
| <input type="radio"/> Not considered | | | |

Enablement

- | | | | |
|-----------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|
| <input type="radio"/> Included within the Care and Support plan | <input type="radio"/> Considered, but declined by person | <input type="radio"/> Considered, but not appropriate | <input checked="" type="radio"/> Considered, but not available |
| <input type="radio"/> Not considered | | | |

Occupational Therapy

- | | | | |
|----------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="radio"/> Included within the Care and Support plan | <input type="radio"/> Considered, but declined by person | <input type="radio"/> Considered, but not appropriate | <input type="radio"/> Considered, but not available |
| <input type="radio"/> Not considered | | | |

Voluntary/ Community Services

- | | | | |
|-----------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|
| <input type="radio"/> Included within the Care and Support plan | <input type="radio"/> Considered, but declined by person | <input type="radio"/> Considered, but not appropriate | <input checked="" type="radio"/> Considered, but not available |
| <input type="radio"/> Not considered | | | |

Micro Enterprises

- Included within the Care and Support plan
- Not considered
- Considered, but declined by person
- Considered, but not appropriate
- Considered, but not available

Family and Carers

- Included within the Care and Support plan
- Not considered
- Considered, but declined by person
- Considered, but not appropriate
- Considered, but not available

Other creative solutions

- Included within the Care and Support plan
- Not considered
- Considered, but declined by person
- Considered, but not appropriate
- Considered, but not available

Existing services and change required

Please ensure you record All Service Types that will need to be commissioned. Please also provide any additional information/specific requirements for each service type that may assist in the process of purchasing these services.

All Services Required (existing services and changes)

Service Type	Required Service Start Date	Requested Service Change Date (if appl.)	Comments
Homecare	16/05/2022		Mr Patterson needs 30 minutes AM support four days a week with washing his legs, creaming it. Support to put on his compression stockings and leg wrap.

Service Type	Required Service Start Date	Requested Service Change Date (if appl.)	Comments
			Support to put on his shoes and to brush his hair when he is unable raise his hands above his head.
Homecare	22/08/2022	18/08/2022	30 minutes AM support seven times a week to support with washing his legs, putting on my compression stockings, leg wrap, trousers and my shoes.

Homecare

Schedule of Care and Support

Task Requirements	Day of week	Specific day(s)	Part of day	Time Sensitive Need (if applicable*)

Does the client require any double-handed care for moving and handling rather than for behaviour need only?

Yes

No

Support Plan Approval

Support Plan Approval

Name

Job role

Team

Date of approval

Please provide details of any worker(s) consulted in order to reach this decision

Completion Details

This care and support plan was completed

By Phone

Face to Face

A mixture of phone and face to face

Reviewing my care and support plan

Date of next review

Details of all parties involved in completing this care and support plan

Name	Relationship	Job Title (if applicable)	Telephone

Completion details

Name

Job role

Team

Date

Agreement

I agree with my care and support plan:

Yes

No

My Signature

My Name

Date

Or: Signature, name & status of legal representative*:

Representatives Name

Date

Or: If the person does not have a legal representative: Signature of decision-maker:

Name of decision-maker:

Date

*A legal representative is someone who: Has LPA (Personal Welfare for the purpose of this document), Holds a Personal Welfare deputyship **or** Has been specifically authorised by order to the Court of Protection

The original signed plan to be retained by the practitioner and a copy of the signed plan to be given to the adult

Matrix Summary and Purchase Information

Information about the care package or breakdown of costings (if applicable)

Purchasing a Care Package

Is this a new package or a package change?

- New package Change to existing package No changes required - current services continue No package required

Required start date for package

Is this package to be joint funded with another team/health?

- Yes No

Support Needed

Remaining day time hours

Day Services (Hours)

How many hours of additional support?

Ratio (:1)

Informal

3:1

2:1

1:1

Shared

Calculations

Night time hours

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
MADE Ongoing Review of Care and Support Plan	SOPHIE RADLEY	