

## 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

Nigel Clayton

#### Date of birth

18/06/1948

#### Age

75

#### Address

Swaleside H M Prison  
Church Road  
Eastchurch  
Sheerness  
ME12 4AX

#### Current address

Swaleside H M Prison  
Church Road  
Eastchurch  
Sheerness  
ME12 4AX

### Summary of Telephone Numbers

M_ntel 0
Home 00000

Household Structure	
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Tenure Type	Unsettled - prison/Young Offenders institution/detention centre
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NHS ID	7133738724
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Gender	Male
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**Is the gender the person identifies with the same as was registered at birth?**

Yes  No

Ethnicity	White
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Sub-Ethnicity	British
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Ethnicity Details (if Other)	
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Religion	Not Stated
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Preferred Language	English
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Nationality	British
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Marital Status	Unknown
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Service User Group	Physical Support Access and Mobility Only 65+
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### 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'.

- Interpreter Required?  
 Please confirm that communication needs have been reviewed

## 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 endangers or is likely to endanger the health or safety of the person, or of others

Significant impact on well-being

Yes

## Being able to use the home safely

### Ability to achieve outcome

Able to achieve without assistance but doing so endangers or is likely to endanger the health or safety of the person, or of others

### 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

Able to achieve without assistance but doing so endangers or is likely to endanger the health or safety of the person, or of others

### 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

Unable to achieve without assistance

### Significant impact on well-being

Yes

### 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  
Developing and Maintaining Family or Other Personal Relationships

### Non-eligible needs

### Non-assessed domain

Managing Toilet Needs  
Accessing and Engaging in Work, Training, Education or Volunteering  
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

Please provide details

**Eligible Needs**

## Managing Personal Hygiene

Include picture?

Personal Outcomes

To have support to have a regular shower.

How the eligible care and support need is being met informally

shower seat in place

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

Care staff to support for 30 mins AM every other day with showering and changing pyjamas.

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 wear clean pyjamas

### How the eligible care and support need is being met informally

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

30 mins AM every other day to support with changing pyjamas after having a shower.

### 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 able to use the home safely

Include picture?

### Personal Outcomes

To be able to do as much as possible independently.

### How the eligible care and support need is being met informally

I furniture walk in my cell or use the wheelchair to mobilise long distances. I use a wheelchair to scoot about with as it does not have foot plates.

An inflatable mattress in on my bed provided by OT.

I have a falls detector incase I need to summons help urgently.

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



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

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

Yes

No

### Managing and maintaining nutrition

Include picture?

Personal Outcomes

How the eligible care and support need is being met informally

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

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

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

Yes

No

### Maintaining a habitable home environment

Include picture?

Personal Outcomes

To be as independent as possible keeping the cell clean.

How the eligible care and support need is being met informally

I make use of the wheelchair to move around my cell to clean it as much as possible, empty the bins and to make the bed.

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

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

**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 have access to the library to get books to read.

How the eligible care and support need is being met informally

Prison staff will arrange transport and escort when I need to attend appointment in the community. To make use of the library trolley to change my reading books regularly.

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

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**

Include picture?

**Personal Outcomes**

To be able to call his wife daily.

**How the eligible care and support need is being met informally**

I call my wife and daughter regularly over the phone daily.

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

Not applicable.

**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

### About the Carer

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

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

Has the carer received a carers assessment?

### Contingency Planning

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

Engage with Healthcare professionals, social care professionals and also prison staff.

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

Attend medical appointment or hospital as needed.  
Request contact with Adult Social Care if there is a change in care and support needs.

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

### Estimated budget based on assessment of needs

Weekly estimated budget £

101.95

Annual estimated budget £

5315.96

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**

**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**

30 mins call every other day to support with transferring to the showers, showering, dressing and undressing and transferring back to the cell.

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

**Technology enabled care**

- |                                                                            |                                                          |                                                       |                                                     |
|----------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|
| <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                                       |                                                          |                                                       |                                                     |

**Enablement**

- |                                                                 |                                                          |                                                                  |                                                     |
|-----------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| <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                            |                                                          |                                                                  |                                                     |

**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 checked="" type="radio"/> Considered, but not appropriate | <input type="radio"/> Considered, but not available |
| <input type="radio"/> Not considered                            |                                                          |                                                                  |                                                     |

**Micro Enterprises**

- |                                                                 |                                                          |                                                                  |                                                     |
|-----------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| <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 |
|-----------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|

Not considered

**Family and Carers**

Included within the Care and Support plan

Considered, but declined by person

Considered, but not appropriate

Considered, but not available

Not considered

**Other creative solutions**

Included within the Care and Support plan

Considered, but declined by person

Considered, but not appropriate

Considered, but not available

Not considered

**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			30 mins care call every other day to support with transferring to the showers, showering, dressing and undressing and transferring back to the cell.



## Homecare

### Schedule of Care and Support

Task Requirements	Day of week	Specific day(s)	Part of day	Time Sensitive Need (if applicable*)
30 mins care call every other day to support with transferring to the showers, showering, dressing and undressing and transferring back to the cell.	Specific days (please specify)	Monday, Wednesday, Friday and Sunday	Morning	

**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	AMANDA SAVILL
Job role	Community Team Manager
Team	Sheppey
Date of approval	05/09/2023

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

## Completion Details

Why the event has not been completed

### 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
Nicky Simpson (SI Prison)		Social Worker	
Nigel Clayton			M_ntel 0 Home 00000

### Completion details

Name

Nicky Simpson (SI Prison)

Job role

Social Worker

Team

SI SWALE - PRISONS

Date

29/08/2023

## 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 Arranging Services	Nicky Simpson (SI Prison)	