# **MADE Care and Support Plan**



#### **Personal Details** Which pathway has this Care and Support Plan step come from? O OT Assessment O Enablement Final Review Care Needs Assessment **OLD Transitions** O Review O Short Term Pathway Name Andrew Patterson Date of birth Age 25/01/1980 44 Address Current address H M PRISON, ELMLEY **CHURCH ROAD** H M PRISON, ELMLEY **CHURCH ROAD EASTCHURCH EASTCHURCH SHEERNESS SHEERNESS** KENT ME12 4DZ KENT ME12 4DZ

Summary of Telephone Numbers	
Uama 0170F 002 000	

Home 01795 802 000 M_primtel 01795 802 000	
Household Structure	
NHS ID	
Gender	Male

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

O Yes O 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**

O Heterosexual or Straight O Gay or Lesbian O Bisexual O Other sexual orientation not listed

O Person asked and does not know or is not sure	O Not stated (person asked but declined to provide a response)   Not known (not recorded)	
<b>☐ Has the person previously se</b>	erved in the UK Armed Forces?	
O Yes, previously served in Regula Forces	lar Armed O Yes, previously served in Reserve Armed O No Forces	
Employment status	Not in Employment - Imprisonment	
<b>GP Details</b>		
Surgery Name and Address		
Contact number		
O Yes O Not Known	the person's mental capacity in being able to participate fully in this p	rocess?
<b>Does the person have substa</b>	intial difficulty in being fully involved in the assessment process?	
O Yes	No	
<b>Communication Needs</b>		
<b>Does the person have any co</b>	mmunication needs?	
<ul><li>Yes</li></ul>	O No	
O 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 written information in at least 20 point sans serif font

#### ☑ Please confirm that communication needs have been reviewed

#### **Pen Picture**

No image entered

Mr Patterson in 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 had Bariatric surgery in May 2024.

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

Person Name: Andrew Patterson Person ID: 1454658 MADE Care and Support Plai
---

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

Person Name: Andrew Patterson	Person ID: 1454658	MADE Care and Support Plan
erson Name. Andrew ratterson	1 C13011 ID. 1434030	MADE care and Support Har

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)?

O 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

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?	
is this domain a section 117 Mental Health Act engible need:	
O Yes	O No

Person Name: Andrew Patterson MADE Care and Support Plan

<b>Being</b>	able	to	use	the	home	safel	У
--------------	------	----	-----	-----	------	-------	---

☐ 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?

O Yes

ONo

#### 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 pre	vent, reduce and delay developing needs
I am able to prepare my snacks a	nd drinks in my cell.
Is this domain a section 117	Mental Health Act eligible need?
O Yes	○ No
Maintaining a habitable hor	ne 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 I	pe met by Personal Budget (if relevant)
N/A	
Any information and advice to pre	vent, reduce and delay developing needs
I am encouraged to empty my ow	ın bin.
Is this domain a section 117	Mental Health Act eligible need?
O Yes	○ No
If yes, have you completed the	
following?	
	cilities in the local community
□ Include picture?	
melade pictare.	

Person Name: Andrew Patterson MADE Care and Support Plan

P	۵(	rc	۸r	าล	l C	'n	ıŧ	r	Λ	m	es
	_	ıa	w	10		J.	ıL	٠.	u		

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?

O Yes

ONo

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

O Yes

Do you need to add any Day Services?

O 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**

_							_							
Ρ	e	rs	വ	n	a	П	0	П.	ıħ	$\boldsymbol{\cap}$	n	n	n	ρ

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

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

O Yes O No

# Developing and maintaining family and other relationships - Non Eligible

#### Personal Outcome

To maintain contact with important people in my life.

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

O No

#### **About the Carer**

O Yes

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 prison have a duty in this circumstance to source another wing carer.

The care agency will notify Adult Social Care as soon as possible if they have any issues providing this support.

Any inappropriate/unacceptable behaviours exhibited towards carers will not be tolerated and may lead to termination of support.

Has the carer received a carers assessment?

N/A

# **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

No known statements.

# **Budget Monitoring and Funding Arrangements**

Are you drafting or finalising this support plan?

O Draft

Final

## Personal budget based on your needs assessment

Weekly budget £

163.52

Annual budget £

8526.39

My contribution £:per week

0

Person Name: Andrew Patterson		Person ID: 1454658	MADE Care and Support Plan
Direct payment amount (if relevant) £:per week			
Frequency of payments	4 weeks		
How the personal budget m	noney will be paid		
□ Direct Payment			
☐ Client Financial A	ffairs		
NHS continuing healthcare	e funding		
Has NHS checklist been cor	npleted?		
O Yes		No     No	
O Not applicable			
Reason not completed			
Not applicable.			
Is the person eligible for Ch	HC funding		
O Yes	O No		lot known
NHS funded nursing care			
Does the person need cons	idering for funded nursi	ng care?	
O Yes	No	ON	lot known

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			
O Included within the Care and Support plan	O Considered, but declined by person	Considered, but not appropriate	O Considered, but not available
O Not considered			
Enablement			
O Included within the Care and Support plan	O Considered, but declined by person	O Considered, but not appropriate	
O Not considered			
Occupational Therapy			
• Included within the Care and Support plan	O Considered, but declined by person	O Considered, but not appropriate	O Considered, but not available
O Not considered			

Voluntary/ Community Service	es		
O Included within the Care and Support plan	O Considered, but declined by person	O Considered, but not appropriate	
O Not considered			
Micro Enterprises			
O Included within the Care and Support plan	O Considered, but declined by person	O Considered, but not appropriate	
O Not considered			
Family and Carers			
<ul><li>Included within the Care and Support plan</li></ul>	O Considered, but declined by person	O Considered, but not appropriate	O Considered, but not available
O Not considered			
Other creative solutions			
O Included within the Care and Support plan O Not considered	O Considered, but declined by person	O Considered, but not appropriate	

# **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. 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?

O Yes

No

# Support Plan Approval

Support	Plan /	Approval
---------	--------	----------

Name	AMANDA SAVILL							
Job role	Community Team Manager							
Team	Sheppey							
Date of approval	19/08/2024							
Please provide details of any wo	orker(s) consulted in order to reach this decision	า						
<b>Completion Details</b>								
Why the event has not been completed								
This care and support plan	n was completed							
□ By Phone	☑ Face to Face	☐ A mixture of phone and face to face						
Reviewing my care and su	ipport plan							
Date of next review	04/06/2025							

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

Name	Relationship	Job Title (if applicable)	Telephone

<b>Completion details</b>	
Name	SOPHIE RADLEY
Job role	Social Worker
Team	SI SWALE - PRISONS
Date	08/08/2024
Agreement	
☐ I agree with my care and sup	port plan:
O Yes	O No
My Signature	
My Name	Andrew Patterson
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:	

Person Name: Andrew Patterson	Person	ID: 1454658	MADE Care and Support Plan
Name of decision-maker:			
Date			
Has been specifically authorised by	order to the Court of Protection	the purpose of this document), Hold	
Matrix Summary and Purch	ase Information		
Information about the care package or breakdown of costings (if applicable)			
Purchasing a Care Package			
Is this a new package or a pac	kage change?		
O New package	O Change to existing package	No changes required - current services continue	O No package required
Required start date for package			
Is this package to be joint fund	ded with another team/health?		
O Yes		O No	
Support Needed			
Remaining day time hours			

Day Services (H	Hours)	
How many hours of additional support?		
Ratio (:1)		
_ Informal		
Informal		
3:1		
3.1		
2:1		
1:1		
1:1		
- Chamad		
Shared		
Calculations		
Night time hou	urs	

# **Next Actions**

# **Selected Next Actions**

Person Name: Andrew Patterson

Next Action	Assigned to	Reason
MADE Ongoing Review of Care and Support Plan	Future SI Swale - Prison Virtual Worker	