

Assessments

[Expand all](#) [Collapse all](#) [Print](#) [Email](#) [Notify](#) [More actions](#)

▼ Header Details

[More actions](#)

Type	INDIVIDUAL CARE PLAN (MH)		
Date started	<input type="text" value="25/09/2022"/>	End date	<input type="text"/>
Time started	<input type="text"/>	End time	<input type="text"/>
Reason for assess.	<input type="text" value="INITIAL"/>	Outcome	<input type="text"/>
Location	<input type="text" value="SHANNON CLINIC (HS)"/>	Planned comp date.	<input type="text"/>
Team	<input type="text" value="MH REGIONAL MED SECURE UNIT"/>		
Carried out by	<input type="text" value="REDACTED"/>	Reason for delay	<input type="text"/>
Recorded by	<input type="text" value="REDACTED"/>	Link info	<input type="text" value="Ref"/>
		Assessment ID	<input type="text" value="REDACTED"/>
		Referral ID	<input type="text" value="REDACTED"/>
Goal at time of assessment	<input type="text" value="REDACTED"/>		

▼ Identifiers

[View details](#) [Insert a row](#) [Modify row](#) [Remove row](#) [More actions](#)

Type Of Identifier	Alternate ID	From	To
HEALTH & CARE NO	REDACTED		

Row 1 of 1

▼ Languages And Communication

[View details](#) [Insert a row](#) [Modify row](#) [Remove row](#) [More actions](#)

Language	Method	Fluency	Status	Level Of Understanding	Main Language	Interpreter Required
[REDACTED]						

Row 0 of 0

▼ Next Of Kin/contact Person

[More actions](#)

Next of kin [REDACTED] Tel: [REDACTED]
Contact person [REDACTED] Tel: [REDACTED]

▼ GP Details

[More actions](#)

GP Code [REDACTED] Name [REDACTED] Prac [REDACTED]
Address [REDACTED]
Gp postcode [REDACTED]

▼ Care Plan Trust Contacts

[More :](#)

PROFESSION	NAME	IN ATTENDANCE
Consultant	[REDACTED]	[REDACTED]
Specialty Dr	[REDACTED]	[REDACTED]
Social Worker	[REDACTED]	[REDACTED]
Named Nurse	[REDACTED]	[REDACTED]
Patient	[REDACTED]	[REDACTED]
OT	[REDACTED]	[REDACTED]
Psychology	[REDACTED]	[REDACTED]
Outside (LA)	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]
Outside (LA)	[REDACTED]	[REDACTED]
Other 2	[REDACTED]	[REDACTED]
Outside (LA)	[REDACTED]	[REDACTED]
Other 3	[REDACTED]	[REDACTED]

Identified Needs

More actions

1. Mental Health (Symptoms, Insight)

YES

NO

Brief Descriptor Of Problem

[Redacted text]

Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]

KGVM Score

[Redacted text]

Start

BPRS

[Redacted text]

2 Medication (Compliance, Delivery)

YES

NO

Brief Descriptor Of Problem

[Redacted text]

Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]

Lusers Date

[Empty date field]

Hogan Details

[Empty text field]

3 Psychological Functioning

YES

NO

Brief Descriptor Of Problem

[Redacted text]

Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]

4 Physical Health

YES

NO

Brief Descriptor Of Problem

[Redacted text]

Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]

5 Supports (Family, Emotional, Professional, Social)

YES

NO

Brief Descriptor Of Problem

[Redacted text]

Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]

6 Placement (Inpatients, level of security)

YES

NO

Brief Descriptor Of Problem

[Redacted text] ^
v

Assessment Scores

[Redacted text] ^
v

Need

[Redacted text] ^
v

Intervention

[Redacted text] ^
v

By Whom

[Redacted text] ^
v



[More actions](#)

7 Alcohol/Substance Misuse Intervention

YES

NO

Brief Descriptor Of Problem

[Redacted text] ^
v

Need

[Redacted text] ^
v

Intervention

[Redacted text] ^
v

By Whom

[Redacted text] ^
v

8 Child Care/Child Protection/Vulnerable Adults

YES

NO

Brief Descriptor Of Problem

[Redacted text]

Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]

9 Financial (Benefits, Budgeting, Debts)

YES

NO

Brief Descriptor Of Problem

[Redacted text]

Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]

10 Occupation/Leisure/ Education

YES

NO

Brief Descriptor Of Problem

--	--

Need

--	--

Intervention

--	--

By Whom

--	--

11. Activity of Daily Living (ADLs)

YES

NO

Brief Descriptor Of Problem

--	--

Needs

--	--

Intervention

--	--

By Whom

--	--

12. Cultural/Spiritual Needs
Brief Descriptor Of Problem

YES

NO

[Redacted text]

Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]



[More actions](#)

13. Criminogenic Needs
Brief descriptor of problem

YES

NO

[Redacted text]

Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]

14. Legal (inc. MHO/Human Rights Issues/DoJ)

YES

NO

Brief descriptor of problem

[Redacted text]

MHO

[Redacted text]

DOJ Leave Permission Granted
Need

[Redacted text]

Intervention

[Redacted text]

By Whom

[Redacted text]

Risk Status

[Redacted text]

Comprehensive Risk Assessment (CRA) reviewed and updated

[Redacted text]

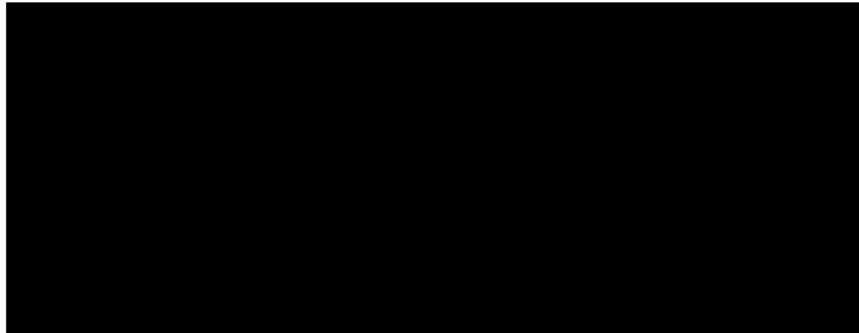
▼ Individual Risk Management Plans

1. Individual MVA
2. leave Risk Management Plan plus hyperlinks
3. Sharps Risk Assessment
4. WRAP/DREEM/Recovery Start



▼ Carers Needs/expectations/plan

- Family Support
- Family work and psycho education to be made available
- Carers assessment to be offered
- Carers Advocate
- Access to Services and Information
- To be kept regularly informed and invited to care planning reviews
- Appropriate and detailed information provided at relevant times
- Copies of minutes of care planning reviews with patients consent
- Involvement in all Discharge Review Meetings and Community Management Meetings
- To be invited to attend all meetings with patient consent
- Early Intervention and Quick Response
- Early assessment of mental state with particular reference to triggers and early warning signs



▼ Unmet Needs

[View details](#) [Copy current row](#) [Insert a row](#) [Modify row](#) [Remove row](#) [More actions](#)

🔍 ⚠️ Unmet Need	Comments
<No data to display>	
Row 0 of 0	

▼ Patient Contribution Including Personal Goals

[More actions](#)

--	--

Frequency Of Review Of Care Plan 🔍

Date of next Promoting Quality Care Review (PQC) meeting

Patient Signature

On Behalf Of MDT

▼ Access To Personal Rest Items

[View details](#) [Copy current row](#) [Insert a row](#) [Modify row](#) [Remove row](#) [More actions](#)

	Date	Comments
Row	[REDACTED]	[REDACTED]

▼ Access Within Shannon Clinic

[View details](#) [Copy current row](#) [Insert a row](#) [Modify row](#) [Remove row](#) [More actions](#)

	Date	Comments
Row	[REDACTED]	[REDACTED]

▼ Shannon Visitors List

[View details](#) [Copy current row](#) [Insert a row](#) [Modify row](#) [Remove row](#) [More actions](#)

	Visitors Name	Date	Shannon Area Of Visit	
1	[REDACTED]	[REDACTED]	[REDACTED]	
2	[REDACTED]	[REDACTED]	[REDACTED]	
3	[REDACTED]	[REDACTED]	[REDACTED]	
4	[REDACTED]	[REDACTED]	[REDACTED]	
5	[REDACTED]	[REDACTED]	[REDACTED]	
6	[REDACTED]	[REDACTED]	[REDACTED]	

Row 1 of 6

▼ Shannon Leave Form

[View details](#) [Copy current row](#) [Insert a row](#) [Modify row](#) [Remove row](#) [More actions](#)

	Date
Row	<No data to display>

Row 0 of 0

Type MH COMP. SAFETY ASSESSMENT

Date started [Redacted]

End date []

Time started []

End time []

Reason for assess. INITIAL

Outcome []

Location []

Planned comp date. []

Team MH REGIONAL MED SECURE UNIT

Reason for delay

Carried out by [Redacted]

Link info Ref

Recorded by [Redacted]

Assessment ID

Referral ID

[Redacted]

Goal at time of assessment []

▼ Status More actions

Status []

▼ Those Contributing To Risk Assessment & Management Plan View details Copy current row Insert a row Modify row Remove row More actions

Name	Organisation/relationship	Copy Supplied
<No data to display>		

Row 0 of 0

▼ H&C No And Current Address More actions

Health & Care No [Redacted]
Address [Redacted]

▼ Self-Harm/suicide

[More actions](#)

Current Suicidal Thoughts, Plans

YES

NO

Previous History of Suicide Attempts/ Self Harm

YES

NO

Other Self Injurious Behaviour

YES

NO

Description of Difficulties/ Needs

Problem Areas

Interventions to Date

Alcohol & Substance Misuse

More actions

Known History of Abusing Stimulants

YES

NO

Currently Misusing Alcohol/ Substances

YES

NO

Known History of Alcohol/ Substance Abuse

YES

NO

Previous History of Overdose

YES

NO

Consumption of Alcohol, Non-Prescribed Drugs, Prescribed Drugs/ Non Concordance

YES

NO

Injecting Drug Use

YES

NO

Description of Difficulties/ Needs

[Redacted text]

Problem Areas

[Redacted text]

Interventions to Date

[Redacted text]

▼ Neglect & Vulnerability

[More actions](#)

Previous History of Self Neglect, Inadequate Housing, Poor Nutrition, Poor Hygiene

YES

NO

Current Risk of Self Neglect (Personal Care)

YES

NO

Risk of Being Exploited by Others

YES

NO

At Risk of Purposeful/ Accidental Wandering

YES

NO

History of Exploitation of Others

YES

NO

Risk of Falls

YES

NO

Traffic Awareness

YES

NO

Risk of Unintentional Self Harm

YES

NO

Risk of Over Eating

YES

NO

Going Out Alone

YES

NO

Description of Difficulties/ Needs

Problem Areas

Interventions to Date

[More actions](#)

Vulnerable Adult Issues

YES

NO

Child Protection Issues

YES

NO

Involvement of Other Services, e.g. Family and Childcare Team, CAMHS, Health Visiting

YES

NO

Threats of Violence to any Child(ren)/Vulnerable Adult(s)

YES

NO

Emotional Abuse or Neglect of any Child(ren)/ Vulnerable Adult(s)

YES

NO

History of Domestic Violence

YES

NO

Description of Difficulties/Needs

Problem Areas

Interventions to Date

▼ Physical

[More actions](#)

Medical Condition	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Sensory - Hearing, Vision	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Epilepsy	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Dysphasia	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Risk of Choking	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Communication - Receptive/ Expressive	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Description of Difficulties/ Needs

Problem Areas

Interventions to Date

▼ Dissocial Offending Behaviour

[More actions](#)

Criminal History, Including Exclusion Orders, Bail

YES

NO

Conviction for Violent Offences

YES

NO

Conviction for Sexual Offences

YES

NO

Description of Difficulties/Needs




Problem Areas




Interventions to Date




▼ Violence Or Aggression

More actions

Previous Violence, Aggression, or Assault Towards Others Including Other Patients/ Staff/ Family/ Carers/ General Public

YES

NO

Talking of or Planning to Harm Others

YES

NO

Displays High Anger, Hostility, Threatening Behaviour

YES

NO

Threats Against a Particular Individual

YES

NO

History of Owning, Carrying, Using Weapons

YES

NO

History of Property Damage

YES

NO

Arson (Deliberate Fire Setting)

YES

NO

Sexual Exposure (Includes Touching/ Exposure)

YES

NO

Description of Difficulties/Needs

[Redacted text area]

Problem Areas

[Redacted text area]

Intervention

[Redacted text area]

▼ Potential Disengagement/ Loss

More actions

Risk of Non-compliance with Medication

YES

NO

Previous History of Disengagement from Services e.g. Headway, Reconnect, Ravenhill

YES

NO

Description of Difficulties / Needs

Problem Areas

Intervention

▼ Mental State & Cognitive Difficulties

More actions

- Mood YES NO
- Perception e.g. Hallucinations YES NO
- Cognition, e.g. Memory YES NO
- Insight and Awareness YES NO
- Previous History of Serious Mental Illness YES NO
- Thought Content (Over Valued Ideas/ Delusions) YES NO

Description of Difficulties/ Needs

Problem Areas

Interventions to Date

▼ Challenging Behaviour

[More actions](#)

- Verbal Abuse YES NO
- Threatening Behaviour YES NO
- Innapropriate Sexual Behaviour YES NO
- Exploitation of Others YES NO
- Description of Difficulties/ Needs

Problem Areas

Intervention

▼ Service Users Perspective

More actions

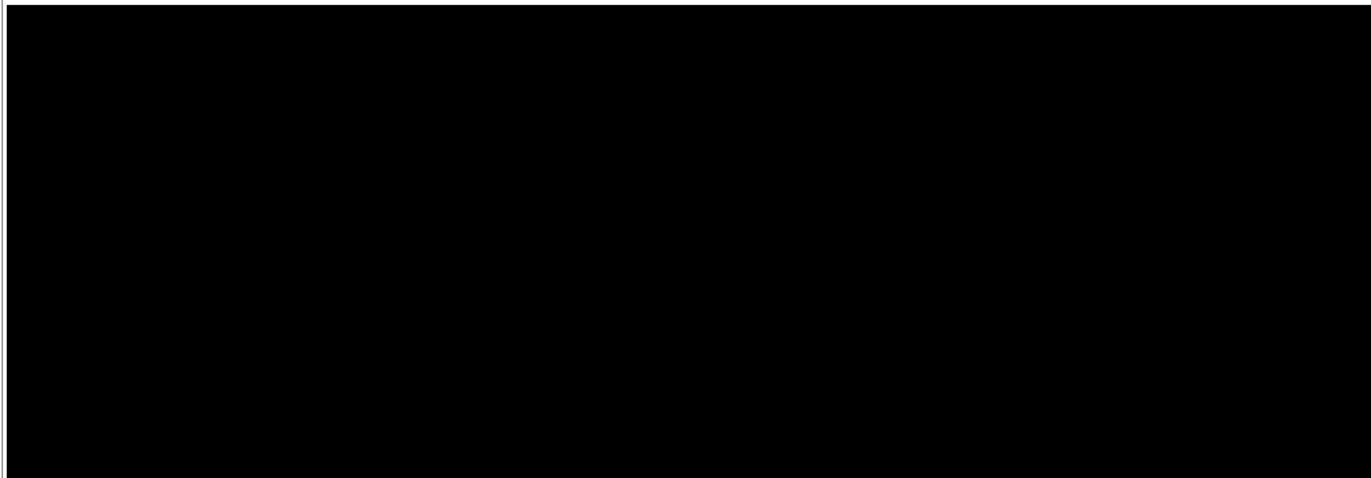
Service Users Perspective

A large rectangular area that is mostly blacked out, with a vertical scrollbar on the right side. The blacked-out area covers the top two-thirds of the container, while the bottom third is white. The scrollbar is located on the right edge of the container.

Overall Risk Summary

More actions

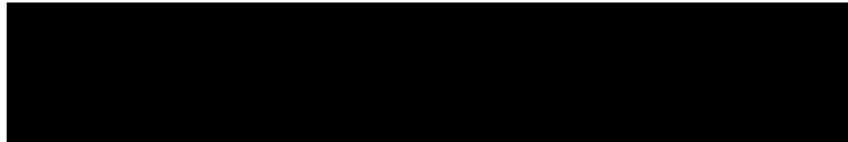
Overall Risk Summary



▼ Consideration Of Human Rights


[More actions](#)

- Article 2. Right to life
 - Article 3. Right to freedom from torture, inhuman or degrading treatment
 - Article 4. Right to be free from slavery
 - Article 5. Right to liberty and security
 - Article 6. Right to a fair trial or fair hearing
 - Article 7. Right to not be punished without law
 - Article 8. Right to private life, family life and home
 - Article 9. Right to respect for freedom of thought, conscience and religion
 - Article 10. Freedom of expression
 - Article 11. Right to freedom of association and assembly
 - Article 12. Right to marry and found a family
 - Article 13. Right to freedom from discrimination in these rights
- Human Rights Issues Resulting from Risk Interventions



▼ Record Of Reviews

[View details](#) [Copy current row](#) [Insert a row](#) [Modify row](#) [Remove row](#) [More actions](#)

 	Date	Time	Update/change In Risk	Alteration To Risk Management Plan	Lead Responsibility
					

Row 1 of 1

