

WEST MIDLANDS REGIONAL DEVELOPMENT CENTRE

Prison Healthcare

INPATIENT SELF ASSESSMENT

INPATIENT GUIDANCE AND SELF ASSESSMENT FORM

Assessment and Care Planning and Admissions <ul style="list-style-type: none"> ■ The inpatient service may adopt various interventions to treat prisoners with serious mental health problems, which can be biological (see 'Medication' below), psychological, social or environmental... ■ It is best practice to provide the intervention(s) based on a comprehensive assessment of the prisoner; where evidence exists to support the use of such intervention(s). ■ It is important that carers are involved in every appropriate aspect of the patient's care and treatment in order to maximise positive experiences and reduce stigma' and that 'clinicians should be aware of the emotional impact on carers, the value of active carer involvement and any potential difficulties that may result as part of this process. 	A L W A Y S	S O M E T I M E S	N E V E R
Is admission of a prisoner to an inpatient service always subject to assessment and primarily dependent upon symptomatology and identified clinical need?			
Is (with the prisoners consent) any required information routinely retrieved from the prisoner's GP or other relevant service he/she has recently been in contact with?			
Are inpatient facilities never used by default to accommodate prisoners with disabilities or those having difficulty coping with the prison?			
Are planned interventions, treatment and care identified and care planned for inpatients based on a comprehensive assessment of the prisoner?			
Are the planned interventions routinely utilised in the inpatient based on evidence and/or best practice?			
Is there a system in place to ensure that, with the prisoners consent, family and/or carers are informed within 24 hours of the prisoner being admitted to, or discharged from, an inpatient service?			
Do inpatient records clearly identify and provide a description of planned and delivered the care that is offered to the patient?			
Comments			
Medication, Pharmacy and Medications Management <ul style="list-style-type: none"> ■ Systems should be in place to ensure that medicines are handled safely and securely. There should be safe pharmaceutical stock management and use. ■ It is important that prisoners are informed of pharmacological treatments and should, whenever possible, be included in the decision making of their medication treatments. 			
Are prisoners/patients always informed of pharmacological treatments and whenever possible included in the decision making of their medication and treatments?			
Does the local prescribing formulary support prisoners taking medication with the least side effects for the individual such as atypical neuroleptics and newer antidepressants?			
Is the pharmacy available to prisoners equivalent to that available in the community which includes direct access to advice by appropriately trained pharmacy staff, information about the benefits and risks of medications, and the self administration of medication?			
Comments			

Staffing and Resource Management and Training			
<ul style="list-style-type: none"> All those involved in the care of the prisoner, including non-clinical staff receive appropriate training. Training should be focused on a clear philosophy of patient care. 			
Is a system in place that informs and supports non-regular staff and others of what they need to adhere to while in the inpatient unit?			
Does each staff member have an up to date personal development plan, which is reviewed on a regular basis, no less than every six months and contains specific reference to the training needs of the individual and the organisation?			
Do unit staff have access to shared or in-house multidisciplinary training, education, and practice development activities on a routine basis?			
Do all staff working with older people have access to training on how to recognise the signs of mental health problems and how to identify social care needs?			
Do all those involved in the care and security of prisoners on the inpatient unit, including non-clinical staff receive appropriate training (including mental health awareness training)?			
Comments			
Multidisciplinary Planning and Joint Working			
<ul style="list-style-type: none"> An inpatient service should have clear and documented links with other agencies involved in the care of a prisoner. The Prison/PCT partnership should be working with social services (or children's services in the case of YOIs) in prioritising care delivery and is working in a whole systems way to identify and address all obstacles to full continuity of care as offenders move through the criminal justice system. 			
Do unit staff routinely support and contribute to their multidisciplinary roles within the safer custody of prisoners?			
Is an appropriately detailed summary of planned and delivered the care in the healthcare unit provided to supporting agencies involved in the mental health and health care of the prisoner?			
Comments			
Environment			
<ul style="list-style-type: none"> Health services bed spaces should not form part of the prison's certified normal accommodation (CNA) and admission should only be on assessment of clinical need. Patients should be 'cared for in conditions that are accessible to all and that maintain decency, privacy and dignity'. 			
Are the healthcare units inpatient beds counted as part of the prison's certified normal accommodation (CNA)? Yes or No			
Is the healthcare inpatient bed occupancy rate routinely over 85% occupancy? Yes or No			
Is the healthcare unit accessible to all and provide adequate decency, privacy and dignity for prisoners and staff at all times?			
Is there an up to date and validated infection control policy appropriate to the healthcare inpatient environment?			
Is the inpatient unit subject to regular infection control audits?			
Is the level of decoration and cleanliness of all inpatient rooms used for health services consistent with the promotion of health and well being and have appropriate infection control facilities and assessed by the head of health care as being dean to NPSA (Standards for Better Health) standards?			
Comments			

Therapeutic Activities and Activities of Daily Living			
<ul style="list-style-type: none"> ■ Inpatients should 'have access to day care that provides constructive activity, with access to the same range of activities as other prisoners unless their clinical condition precludes it'. ■ Prisoners should also have access to probation driven courses and other similar courses unless their clinical condition precludes it. 			
Do inpatients have access to 'day care' that provides constructive activity; with access to the same range of activities as other prisoners unless their clinical condition precludes it?			
Do inpatients have access to appropriate probation driven courses and other similar courses unless their clinical condition precludes it?			
Do all prisoners admitted to an inpatient service, including those who are acutely disturbed, have access to fresh air and secure external space and have access to space for regular exercise with appropriate supervision?			
Are all prisoners offered the opportunity to engage in a range of physical exercise programmes appropriate to their health needs operated in consultation with the health care unit and contain a range of interventions which are tailored to support the , cardio vascular, respiratory, physical rehabilitation, weight reduction and mental health well being of prisoners?			
Comments			
Equality and Diversity			
<ul style="list-style-type: none"> ■ The planning and delivery of health care within the prison should meet the need of 'the individual and the diverse prison population, with specific reference the six strands of equality and diversity. ■ An inpatient service has the responsibility to ensure that all patients receive equality of treatment without prejudice to gender, sexuality, disability, religious beliefs, or ethnicity. 			
Where required are assessments and reviews supported by accurate translation from an appropriate service?			
Can all inpatients gain access to faith support appropriate to their religious/cultural requirements?			
Has an appropriate needs assessment been undertaken to identify the ability of the inpatient facility to cater for the needs of the diverse prison population?			
In the case of female establishments, do female inpatients have access as requested to see a female Doctor?			
Comments			
Discharge Planning and Throughcare			
<ul style="list-style-type: none"> ■ Prisoners registered to an inpatient service, those discharged may be receiving care/help from a number of different agencies too. The effective co-ordination between such agencies is key to reducing the likelihood of a prisoner from reoffending. ■ There should be information sharing protocols in place 'to ensure efficient sharing of relevant health and social care information' between different agencies . 			
Is there a formal system for the coordination and planning of post discharge/release planning for existing or required care and support systems for patients who have required inpatient services whilst in prison?			
Are summary reports produced outlining; problems experienced, needs, care and treatment received, progress and recommendations for all prisoners discharged from the inpatient service?			
Are arrangements in place to ensure that the prisoners GP (and any relevant care agencies) have been contacted (with the prisoner's consent) to provide relevant information to ensure continuity of care?			

Once discharged from inpatient facility to 'normal location' is advice and support routinely provided to those areas on the management of that prisoner?			
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Comments

ACTION PLANNING

Assessment and Care Planning and Admissions
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Medication, Pharmacy and Medications Management
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Staffing and Resource Management and Training
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Multidisciplinary Planning and Joint Working

Therapeutic Activities and Activities of Daily Living
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Equality and Diversity

Discharge Planning and Throughcare
