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| **DOCUMENT TITLE:** | **Case Management Protocol – HMP Garth** |
| **CATEGORY:** | Operational |
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| **RELATED DOCUMENTS:** | Syncora Case Management Policy |

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| **OUR PRINCIPLES:** | With passion and excellence, Delphi makes a difference to people’s lives by providing innovative and specialist addiction services that lead the way from dependence to freedom. |
| **OUR VALUES:** | We all commit to and care about: going one step further with our clients; our wellbeing as individuals and as teams; and improving and strengthening ourselves and our organisation. |

**Introduction**

One definition of Case Management is ‘*Case Management is a collaborative process which: assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual’s health, social care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes’* (CMSUK Standards of Practice 2005).

This protocol sets out our approach to Case Management at HMP Garth and is to be read with the *Syncora Case Management Policy*. This protocol sets out the expectations relating to a client’s experience, from the point of referral, through to the development of a person- centred care plan, the regular review of a care plan, transition from service, including prison transfers, release and positive exits, and the escalation process for cases of concern.

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| **Clean In**  The conditions that need to be in place, or the things that need to be done BEFORE the process can run effectively | |
| Referral | Referrals are managed appropriately from a range of sources. The DARS service is voluntary, and individuals have the choice of engagement following referral. Multiple referral routes are available and at any point during sentence at HMP Garth.    All prisoners who transfer into HMP Garth are visited by a DARS team member or recovery peer where the service is offered, and harm reduction advice given. This is recorded on own induction record and SystmOne record. If the individual accepts a referral into service they are added to the SystmOne waiting list for a triage assessment by a Support Worker. If they decline, all individuals are to be made aware of self-referral pathways.    Self-referrals are accepted at anytime regardless of whether there has been a previous service decline. Individuals are able to self- refer via Laptops, unilink, paper application, through a DARS Recovery Peer or by asking a staff member to make a referral on their behalf. Referrals are also accepted from staff/agencies within the prison such as OMU, Safer Custody, HMP wing staff via paper application, email to DARS mailbox or via phone call. All self- referrals are added to the SystmOne waiting list for assessment.    **Illicit use pathway:** All individuals presenting under the influence or reported to be involved with substances are automatically referred to DARS and visited within 72 hours, ideally 24 hours where possible. If they are not currently on caseload, they are offered a referral and added to SystmOne waiting list for  assessment. |

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| Assessment | All referrals will be seen within 5 working days for an initial triage assessment and initiation of care plan.    Each client will be seen by a member of the DARS team to complete their triage assessment. This is usually a support worker (where there are staff absences this will be done by the team duty worker who is a Recovery Practitioner). The triage assessment covers discussions around need and suitability for service. This includes:   * Consent to Share * NDTMS * Alcohol audit if required     Each client is provided with harm reduction advice at the point of assessment. The client has the option to decline service at any  point, at this point it would be client would be recorded as ‘declined service’.    An initial care plan will be commenced which is edited according to individual need to ensure person-centred care.    Full assessment will be documented on SystmOne using the relevant templates and case notes added. NDTMS paperwork handed to administrator for inputting into the NDTMS system. Signed consent documents also shared with admin for inputting onto system.    The client will then get allocated by the Admin to a Recovery Practitioner for their full assessment to be completed.    The client will then be seen for their full assessment by the staff member who will hold their care whilst open to service – Recovery Practitioner. They will be seen within 10 working days of their triage being completed for this assessment.  The assessment carried out will cover a range of areas to allow the provision of holistic support.  This includes:   * Asset Based assessment * WEMWBS * Readiness Ruler * Family engagement |





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|  | * Full objectives to be added to care plan * Harm reduction discussion.     Full assessment will be documented on SystmOne using the relevant templates and case notes added. Any mapping documents or signed forms are handed to administrator for scanning onto the system. |
| Care planning, implementation, monitoring and reviews. | Care plan goals will be initiated, reviewed and care plan performed through SystmOne. All care planning takes place in collaboration with the individual using a personalised approach, ensuring the client is placed at the centre of care, reflects their levels of need, and is consulted with throughout the planning, implementation, and review processes. All clients are to be offered a copy of their care plan. It will be agreed between client and worker how often reviews will happen. All Care plan objective will be SMART ensuring that the pathway to achieving these is recorded along with review dates. |
|  | Reviews are completed in line of need ranging from every 2 week to 12 weekly. These levels are flexible and may change at any time in line with client need. |
|  | *‘High risk clients’* – as deemed suitable usually around every 2 weeks.  Dependence clients – 4-6 weeks.  *‘Low risk clients’* Freedom clients – reviewed at a maximum date of 12 weeks. |
|  | At each review a clients care plan is reviewed with the client and discussions around movement forward with objectives or setting of new objectives. |
|  | Clients who are requiring 1:1’s and group work will be seen in  addition to these reviews and will be specific to the individual client. |
|  | Clients who are accessing the clinical service with GMMH will be seen additionally at their 13-week review alongside GMMH and Delphi. |
|  | A range of PSI options are available to all client’s, ensuring treatment is centred around individual need.   * Structured 1:1s * Structured Group work * Social Prescribing sessions * Drug Recovery Unit (DRU) * Motivational Interviewing * ITEP Mapping * Motivational drug testing |







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|  | * Holistic therapies (such as creative therapy, acupuncture) * Recovery Peers * Mutual Aid (SMART, where available AA/NA) * In-cell workbooks   Throughout the engagement with service, DARS Recovery Practitioners will work collaboratively with partners within HMP to ensure client-led care. This includes:   * OMU/Parole board * HMP Staff (such as DRU officers/HMP keyworkers) * Safer Custody/ACCT * Chaplaincy * IMHT * Primary Healthcare * Education and workshops * Programmes |
| Closure | There is no desired or expected timescale for working with the service.  Clients can close at any time they wish. This could be due to: Transfer, Release, Positive exit (completing all outcomes and got their desired result) or Service withdrawal (no longer wishing to engage with the service).  **Transfer**  Where a client is aware they will be transferring to another establishment they will be supported by their recovery practitioner to ensure smooth transition. There are some clients that are transferred without prior knowledge, and these would be identified by the administrator in their daily duties.  When a client is transferred, their Recovery Practitioner must complete a NDTMS form and give to the administrator to add to the NDTMS System.  Administrator would then send a transfer email to the receiving prison to alert client worked with our service before transferring. Where no known email is available this will be sent via the post. Any more detailed handovers would be completed via the Recovery Practitioner to the receiving prisons SMS team.  **Release**  Clients within HMP Garth are all on different sentences, some have a sentence release date and others don’t. The administrator every month provide a 12 weekly discharge list to the staff team,  highlighting those clients due for release. |

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|  | This instigates if not already started release preparations. All support is aimed around clients need and want.  It may involve:   * TTG support * Referral to CDT (mandatory for clinical clients) * Referral and assessment for rehab or supported accommodation * Harm reduction 1:1 information session (Mandatory for all) * Referral to non-structure community support (such as mutual aid, other community service)     When a client is released, he will be closed to service and a NDTMS form will need to be completed and given to the administrator for input onto the NDTMS system.  For those clients who are released without the service knowing (Shouldn’t happen) will be identified on the admins daily checks and the worker would be alerted for processes to happen.  *For clients going through the parole process this will be done in collaboration with OMU and may involve the DARS keyworker completing parole report and attending parole hearing. In this case staff member will refer to parole report process guidance.*  **Positive Exits**  This would be identified between the client and Recovery practitioner when doing care plan reviews. Positive affirmations and overview of their journey would be discussed.    Discuss with client harm reduction/tolerance awareness advise and advise that if anything changes, they can always re-engage.  Discussion around Recovery Peer opportunities would be had if they  hadn’t already accessed this pathway.    Staff member would give administrator completed NDTMS with exit information on and this would be inputted onto the NDTMS system. SystmOne record would be update and open referral would be closed.  **Service Withdrawals**  Client would instigate a closure to service and discuss their reasonings around this. Client would be reminded around re- engagement if they required this at a later stage and harm reduction/tolerance levels would be discussed. |







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|  | Feedback would be taken and shared with the service to make any amendments that were necessary.    SystmOne record would be updated, and open referral closed. Completed NDTMS form would be given to Administrator so NDTMS System could be updated. |
| Record Keeping | Record keeping is an essential and integral part of the process. The system that is used is ‘SystmOne’ and this is also used by the healthcare service within the establishment. The purpose of the records is to give a comprehensive, accurate and justifiable account of the support, advise and interventions offered as a service. A record should be kept of all contact with client or around the care of the client. The record should be kept in a timely manner – on the same day as the contact. Where this cannot be followed an entry needs to be made stating ‘late entry’. All entries should be objective, and should clearly evidence the interaction and next steps required. Case notes to be completed through the care plan template (Where applicable).  All contact with or around a client should be added to client’s record  (SystmOne):   * Consent to share information. * Any communications sent/received (e.g., parole reports are scanned to individual file) * All sessions/interactions with client documented using appropriate read codes * All assessment and care plan templates * Emails/phone calls/appointments made and received * SystmOne record of all tasks sent/received.   *Where a client does not give consent to share, this will be clearly stated on SystmOne record.*  Management team complete regular audits on case records and case management duties – which include live observations. |
| Process for Escalation | Where cases of concern are identified, preventative actions must be taken. The following concerns must be reported in the first instance to a line manager:   * safeguarding concerns * accidents * complaints * incidents |







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|  | Client risk information must be reviewed and updated on SystmOne client page, along with appropriate notes to support other looking at this record.  *Safeguarding* – where safeguarding concerns are identified, staff are to refer to the Syncora HMP Garth Safeguarding protocol which clearly sets out the steps to follow.    The relevant agencies in the prison will be contacted and next steps taken, such as Safer Custody, OMU and Police Liaison. Where necessary, ACCT processes will be followed.    Safeguarding concerns must be reported to the Safeguarding lead –  details can be found in the safeguarding protocol and on QUIP.    Care record on SystmOne will be updated and incident reporting processes will be followed including Syncora, HMP and datix reporting systems.  *Incident/accident* - Where an incident/accident occurs, the staff member will inform line manager and act as appropriate. All incidents to be reporting using the Syncora information reporting paperwork and sent to corporate services. All accidents are recorded on an accident form and send to health and safety for review.    SLT informed of all incidents and will monitor. Concerns are also reported to the Care Governance Group for an extra layer of support.    *Complaints –* Where a client expresses dissatisfaction with the service, staff are to refer to company complaints policy for next steps. Manager to be informed and where possible aim to resolve informally.  Where complaints cannot be resolved informally, client advised to make a formal complaint which will be investigated by a manager as per complaints policy and outcome communicated to client. |
| Training | All staff receive a robust induction upon commencing role which covers all aspects of Delphi/GMMH/HMP processes and responsibilities.  All staff complete a full prison induction which covers all aspects of prison safety including Security, Corruption, Prevent, Safeguarding, ACCT process and personal safety.    A local service induction is completed which covers all aspects of service delivery. This includes Shadowing, record-keeping, |

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|  | boundaries, group facilitation, incidents and information reporting (including Delphi/prison mercury intelligence reports/datix)    All staff are required to complete RCGP Level 1 Certificate in the Management of Drug Misuse as mandatory following successful probation period.    Mandatory training is completed annually by all staff including Basic life Support, Safeguarding Adults and Children, Mental Capacity, Medicines management, Information Governance and GDPR    All staff receive regular supervision and ‘My Time’ where individual training needs can be identified  *Regular refresher training will be given through handovers/team meetings or specifically delivered training.* |
| Systems | The record keeping system used by Delphi and HMP Garth is SystmOne. All staff receive SystmOne training a part of induction. All staff require individual logons which requires an NHS smartcard. GMMH support the process of SystmOne, and Windows account set up. This also enables access to datix reporting.    All staff require and have access to the relevant prison systems, including quantum account, P-NOMIS and mercury intelligence reporting.    All staff at HMP Garth have access to Calico IT account which can be accessed both inside and outside of the prison. This provides access to all policies and protocols and information reporting paperwork.    Where IT systems fail, there is a local Emergency protocol which the team reverts to. This is available in hard copy on site in the staff office, alongside copies of key policies and protocols. |

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| **Clean Through**  The things that need to be done DURING the process so that is runs without friction | |
| Regular audit cycles | Audits take place as per Delphi Governence schedule to ensure high standards of service. It is the responsibility of the service manager to ensure audits are completed in a timely manner. |



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|  | Corporate Services, in conjunction with the Service Manager, must complete regular (announced and unannounced) audits, in line with Delphi’s audit schedule.    The outcome of audits must be discussed at supervision, team, and management meetings. This will be checked by the Senior Leadership Team. |
| Feedback is gained proactively. | Feedback policy available on notice boards.    Clients are asked for feedback through numerous ways: surveys, feedback cards, via conversation and focus groups.    Delphi staff record feedback using the online system. |
| Staff discuss and/or escalate concerns appropriately. | All concerns must be discussed with the Care Coordinator or Service Manager.  Where these members of staff are unavailable staff must contact a manager, or a member of the Delphi Senior Leadership Team.    Where appropriate the complaint policy will be shared with clients. |
| Staff are adequately supported | All staff receive regular supervision and ‘My Time’ where concerns can be discussed, and support identified. All managers have an open-door policy. |
| Cases of best practice are shared and discussed. | Best practice examples must be discussed at the monthly managers meeting and cascaded to all staff via the team meeting/handovers.    Discussions must be facilitated and encouraged by the management team. |
| The Senior Leadership Team is advised of issues/ concerns. | Best practice is shared at monthly managers meeting.    Additionally, at the monthly managers Meeting, the managers must prepare any items to escalate to the monthly Senior Leadership Team meeting. |

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| **Clean Out**  The conditions that must apply AFTER the process is finished, for us to deliver the required outcomes |
| Delphi service output measures are strong leading to a positive reputation. |
| Evidence of client service input and outcomes. Collated through monthly reporting and case studies. |
| Strong governance processes in place to ensure regular audit and review of service pathways. |

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| Celebrate client success across services (Recovery peers and recovery events) |
| We empower our clients, wider community, and staff to achieve real change. |
| The service is effective and responsive to need and individuals. |
| Clients feel valued members of the service in a collaborative approach. |

Appendix 1:



Delphi 1.pdf