

The Older prisoner Health and Social Care Assessment and Plan (OHSCAP):

Fidelity of implementation and quality audit

1. Researcher's initials			
2. Participant ID			
3. Establishment			
4. Date audit complete			
5. Date initial OHSCAP completed			
6. Who completed the OHSCAP	Healthcare staff	Prison staff	Both
7. Name of individual completing OHSCAP			

8. Components (compliance fidelity) – process									
8a. How many days after prison entry was the OHSCAP conducted?									
8b. Was it signed by a member of staff?								Yes	No
8c. Was it signed by the prisoner?								Yes	No
8d. Was a copy of the care plan reportedly given to the prisoner? (verify)								Yes	No
8e. Was a copy of the care plan uploaded on to the clinical computer system? (verify)								Yes	No
8f. Was a summary of the care plan made on C-NOMIS? (verify)								Yes	No
8g. Was a summary of the care plan made on Probation computer system? (verify)								Yes	No
8h. Was a full copy of the OHSCAP put in the core record? (verify)								Yes	No
8i. Has a care plan been completed?								Yes	No
8j. Has the 1st review been completed?							N/A	Yes	No
8k. Was the 1st review completed on time?							N/A	Yes	No
8l. When was the 1st review set (after initial OHSCAP)?	Up to 1 week	1-2 weeks	3-4 weeks	5-12 weeks	13-24 weeks	25- 52 weeks	More than 1 year	Not set	
8m. Has the 2nd review been completed?							N/A	Yes	No
8n. Was the 2 nd review completed on time?							N/A	Yes	No
8o. When was the 2 nd review set (after initial OHSCAP)?	N/A	Up to 1 week	1-2 weeks	3-4 weeks	5-12 weeks	13-24 weeks	25- 52 weeks	More than 1 year	Not set
8p. Has the 3rd review been completed?							N/A	Yes	No
8q. Was the 3rd review completed on time?							N/A	Yes	No
8r. When was the 3 rd review set (after initial OHSCAP)?	N/A	Up to 1 week	1-2 weeks	3-4 weeks	5-12 weeks	13-24 weeks	25- 52 weeks	More than 1 year	Not set

Key for question 9				
Not completed 0	Poor 1	Adequate 2	Good 3	No problem
Section not completed	Very brief notes made (e.g. majority of sub questions not answered)	Sufficient notes made (e.g. the majority of sub questions answered sufficiently)	Detailed notes made (e.g. all sub questions answered in detail)	Prisoner indicated that there was no problem in this area

Structure (context fidelity)						
9. To what extent were the following sections completed?		Not complete	Poor	Adequate	Good	No problem
9a. Relationships		0	1	2	3	4
9b. Activities		0	1	2	3	4
9c. Mobility		0	1	2	3	4
9d. Emotional well-being		0	1	2	3	4
9e. Physical well-being		0	1	2	3	4
9f. Medication and treatment		0	1	2	3	4
9g. Any other issues		0	1	2	3	4
9h. Discharge planning		0	1	2	3	4
9i. Care plan		0	1	2	3	4
9j. Review(s)	N/A	0	1	2	3	4

10. What needs have been identified?			
10a. Relationships			
10a1. Social/family relationships	YES	NO	
10a2. Social/family relationship needs added to care plan	YES	NO	N/A
10a3. Other prisoners	YES	NO	
10a4. Other prisoner needs added to care plan	YES	NO	N/A
10a5. Other relationship needs (please state)	YES	NO	
10a6. Other relationship needs identified added to care plan	YES	NO	N/A
10b. Activities			
10b1. Work	YES	NO	
10b2. Work needs added to care plan	YES	NO	N/A
10b3. Education	YES	NO	
10b4. Education needs added to care plan	YES	NO	N/A
10b5. Library	YES	NO	
10b6. Library needs added to care plan	YES	NO	N/A
10b7. Older prisoners club	YES	NO	
10b8. Older prisoners club needs added to care plan	YES	NO	N/A
10b9. Exercise/gym	YES	NO	
10b10. Exercise/gym needs added to care plan	YES	NO	N/A
10b11. Other activity needs (please state)	YES	NO	
10b12. Other activity needs added to care plan	YES	NO	N/A
10c. Mobility			
10c1. Bed	YES	NO	
10c2. Bed needs added to care plan	YES	NO	N/A
10c3. Collecting meals	YES	NO	
10c4. Collecting meal needs added to care plan	YES	NO	N/A
10c5. Showers	YES	NO	
10c6. Shower needs added to care plan	YES	NO	N/A
10c7. Getting around the prison	YES	NO	
10c8. Getting around the prison needs added to care plan	YES	NO	N/A
10c9. Other mobility needs (please state)	YES	NO	
10c10. Other mobility needs added to care plan	YES	NO	N/A
10d. Emotional well-being			
10d1. Coping	YES	NO	
10d2. Coping needs added to care plan	YES	NO	N/A

10d3. Safety	YES	NO	
10d4. Safety needs added to care plan	YES	NO	N/A
10d5. Sleep	YES	NO	
10d6. Sleep needs added to care plan	YES	NO	N/A
10d7. Other emotional well-being needs (please state)	YES	NO	
10d8. Other emotional well-being needs added to care plan	YES	NO	N/A
10e. Physical well-being			
10e1. Access to healthcare	YES	NO	
10e2. Access to healthcare needs added to care plan	YES	NO	N/A
10e3. Glasses/contact lenses	YES	NO	
10e4. Glasses/contact lenses needs added to care plan	YES	NO	N/A
10e5. Personal hygiene	YES	NO	
10e6. Personal hygiene needs added to care plan	YES	NO	N/A
10e7. Other physical well-being needs(please state)	YES	NO	
10e8. Other physical well-being needs added to care plan	YES	NO	N/A
10f. Medication and treatment			
10f1. Medication timing	YES	NO	
10f2. Medication timing needs added to care plan	YES	NO	N/A
10f3. Medication appropriateness	YES	NO	
10f4. Medication appropriateness needs added to care plan	YES	NO	N/A
10f5. Medication processes	YES	NO	
10f6. Medication processes needs added to the care plan	YES	NO	N/A
10f7. Other medication & treatment needs (please state)	YES	NO	
10f8. Other medication & treatment needs added to care plan	YES	NO	N/A
10g. Any other needs (please state)			
	YES	NO	
10g1. Other needs added to care plan	YES	NO	N/A
	YES	NO	
10g2. Other needs added to care plan	YES	NO	N/A
	YES	NO	
10g3. Other needs added to care plan	YES	NO	N/A
	YES	NO	
10g4. Other needs added to care plan	YES	NO	N/A
	YES	NO	
10g5. Other needs added to care plan	YES	NO	N/A
10h. Discharge planning			
10h1. Accommodation	YES	NO	
10h2. Accommodation needs added to care plan	YES	NO	N/A
10h3. Finances	YES	NO	
10h4. Finances needs added to care plan	YES	NO	N/A
10h5. Health services	YES	NO	
10h6. Health services needs added to care plan	YES	NO	N/A
10h7. Other discharge planning needs (please state)	YES	NO	
10h8. Other discharge planning needs added to care plan	YES	NO	N/A

11. What type of referrals have been made?		
11a. External		
11a1. Samaritans or Listeners	YES	NO
11a2. Citizen's Advice Bureau	YES	NO
11a3. Solicitor	YES	NO
11a4. Barrister	YES	NO
11a5. Legal advocate	YES	NO
11a6. Social worker	YES	NO
11a7. Care worker	YES	NO
11a8. Organised Prison Visitors (NAPV)	YES	NO
11a9. Older Prisoner organisation	YES	NO
11a10. Probation Officer	YES	NO
11a11. Police Officer	YES	NO
11a12. other external (please state)	YES	NO
11b. Internal		
11b1. General practitioner / Prison doctor	YES	NO
11b2. Older prisoner lead nurse	YES	NO
11b3. Practice nurse / Prison nurse	YES	NO
11b4. Psychiatric nurse	YES	NO
11b5. Psychiatrist	YES	NO
11b6. Psychologist	YES	NO
11b7. Counsellor / Therapist	YES	NO
11b8. Drug and alcohol treatment staff / CARAT staff	YES	NO
11b9. Dentist	YES	NO
11b10. Optician	YES	NO
11b11. Chiropodist	YES	NO
11b12. Physiotherapist	YES	NO
11b13. Chaplain	YES	NO
11b14. other internal (please state)	YES	NO

Quality (competence fidelity)

Key for question 12				
Not complete 0	Poor 1	Adequate 2	Good 3	No problem 4
Need raised not included in care plan but need had arisen during assessment	Need raised dealt with to some extent but detail lacking (e.g. aim, action or review date not set)	Need raised dealt with in detail (e.g. all sections complete)	Need raised appropriately dealt with in detail (e.g. all sections complete with specific details provided)	Prisoner stated that there were no needs that need to be addressed

12. To what extent were the specified actions in the care plan appropriate?					
	Not complete	Poor	Adequate	Good	No problem
12a. Relationships	0	1	2	3	4
12b. Activities	0	1	2	3	4
12c. Mobility	0	1	2	3	4
12d. Emotional well-being	0	1	2	3	4
12e. Physical well-being	0	1	2	3	4
12f. Medication and treatment	0	1	2	3	4
12g. Any other issues	0	1	2	3	4
12h. Discharge planning	0	1	2	3	4
12i. How many needs were identified in the care plan?					
12j. How many needs had an allocated member of staff?					
12k. How many needs had an allocated date to be completed by?					
12l. How many needs had a date to be reviewed?					
12m. How many needs had a rationale for the date to be reviewed?					
12n. Could someone who had not interviewed the prisoner continue their care effectively with the information provided on the basis of information present?	YES	NO	UNSURE		
12o. Is reference made to the prisoner being involved in the development of the care plan?	YES	NO	UNSURE		
Any further comments?					