Critical Review of Learning Disability & or Autism Admissions Route Case Analysis

For completion for all cases admitted without a CTR/CETR. For children only it will be completed in all cases of admission

Section one: Individual Details

Individual Reference	
Age at time of admission	
Gender	Male ☐ Female ☐
Diagnosis *Please indicate all that apply*	Learning Disability ☐ Autism ☐ Learning disability and Autism ☐

Section Two : Pre-Admission avoidance/ Hospital Avoidance Pathway

	Yes	No		
Was the individual on the At Risk Register?	☐	☐		
If so, for how long?				

		Yes	No	Date of referral
If YES, what was the risk category prior to admission?	Person at risk of admission (all ages) including CYP in residential school	☐	☐	
	Person receiving enhanced/intensive and/or community forensic support (specialist services)	☐	☐	
	Person receiving support for behaviour that challenges from other specialist teams (e.g. CLDTs and CAMHS)	☐	☐	
	Person known to specialist services who is not receiving support for specialist behaviour that challenges	☐	☐	
	Person known to non-specialist teams or services (e.g. Youth offending team, police, health visitors, school nurses, GPs, mental health teams)	☐	☐	
Was the individual already known learning disability services prior to this admission?		☐	☐	
Was individual open to Community Mental Health Services or CAMHS?		☐	☐	
Known to broader health services only?		☐	☐	
Known to social care services only?		☐	☐	
Known to health, social care services and specialist educational support?		☐	☐	

Professionals involved in the care and treatment package:

	Yes	No	Name	Comments/Issues
Social worker	☐	☐		
Community Nurse	☐	☐		
Psychiatrist	☐	☐		
Intensive Support Team	☐	☐		
SALT	☐	☐		
Advocate	☐	☐		

Education	☐	☐		
Other	☐	☐		
Other	☐	☐		

If Other please state role……

	Date	
When was the last individual's appointment with their RC/lead professional?		
	Yes	No
At this appointment was the risk of relapse / deterioration identified?	☐	☐
If YES, what additional support was put into place to reduce the risks of further deterioration?		

	Date	
When was the last CPA / Review meeting?		
	Yes	No
At this meeting was the risk of relapse / deterioration identified?	☐	☐
If YES, what additional support was put into place to reduce the risks of further deterioration?		

Section Three: Assessment, Care Planning and Risk Management

	Yes	No
Did the individual have regular community based multidisciplinary treatment plan in place?	☐	☐
Is there evidence to indicate that professionals were working to this plan?	☐	☐
When was the last assessment of needs?		

	Yes	No
Did the individual have a relapse/crisis prevention plan /contingency plan in place?	☐	☐
If YES, was this followed?	☐	☐
If YES, why was it not effective?		
	Date	
What date was the risk management plan last reviewed?		

	Yes	No
Was a Positive Behavioural Support Plan in place?	☐	☐
Was the PBSP appropriate to meet needs?	☐	☐
If no, detail what additional needs were required		
Were recommended Physical Intervention Strategies used?	☐	☐

	Yes	No
Has a recent review of medication been carried out?	☐	☐
	Date	
When was this completed?		
Has a recent Health Check taken place?	☐	☐
Any physical health concerns / related issues?	☐	☐
If yes please state		

	Yes	No
Were there any safeguarding issues raised?	☐	☐
If YES, please give brief details		

Section Four: Skills of Care Providers

	Yes	No
Was the care provider (including family/carers) considered to be appropriately skilled to meet the individuals support needs?	☐	☐
If no, what were the deficits?		
If in placement, how long have they been there?		
	Yes	No
Does the care provider have a sufficient staffing and skill mix in place to meet the individuals support needs?	☐	☐
If NO, what were the deficits?		

Section Five: Brief Timeline of significant events

Date/Time	Event	Comments

Section Six: Intervention / Support

Summary of present issues?

Section Seven: Reflection

What actions could have prevented this admission?

Are there any other learning points?

Are there any other points that need to be escalated to the TCP Delivery Group or at regional level?

Summary	Yes	No	Comments
Clinical issues / concern			
Commissioning issues / gaps			

Name	
Title	
Contact Number	
Email Address	
Date	