

FACE Overview Assessment (v7)



Personal Details (\*)

Please Note: If non-mandatory fields that have a bearing on the calculation of the Indicative Budget (e.g. support needed with staying safe, eating healthily, support provided by family/friends etc) are not completed, the calculation will assume responses that equate to 'Not applicable', or zero need/support.

1.1 Responsible LA	RBKC
Name:	BURTON Marie Del - Pilar
Title:	Mrs
Preferred Name:	Pilay
Address	FLAT 165 GRENFELL TOWER GRENFELL ROAD LONDON
Postcode	W11 1TQ
Gender:	Female
Ethnicity and Sub Ethnicity:	Not Stated Not Stated
Date of birth:	10-Aug-1943
Age	73
1.2 Age band at time of assessment:	65 - 74

Consent

1.3 Was there a conversation with the person about what personal information will be stored, how it will be stored and who from the organisation will have access to it?	Yes
If No, give details:	
1.4 Was there a conversation with the person about what information will be shared, with whom and why?	Yes
If No, give details:	
1.5 Was consent given for information to be shared as needed?	Yes

Please record details if the person does not

agree to information sharing arrangements or any limitations:

1.6 Did you give the person an information leaflet explaining how we use, store and share personal data?

No

If No, give details:

## Supporting you in your assessment

First language English ☐ Interpreter required

## 2.1 Do you consider yourself to be Deaf, Blind or Deaf and Blind?

No

2.2 If Yes, state which:

n/a

### 2.3 Do you have communication difficulties?

No difficulties

2.4 Do you have any difficulties with understanding or retaining information?

Yes

2.5 Do you have any difficulties making decisions or understanding their impact?

No

**If you have difficulties in communication, understanding or decision-making, you may need support for your involvement in your assessment, an advocate to represent you and help you explain your views, or a mental capacity assessment.**

2.6 Details of anything that would help you communicate more easily during your assessment (e.g. a family member or friend present, an independent advocate, specialist communication support)

N/A

2.7 Other people involved in your assessment (e.g. advocate, carer, family, friend, other professionals - include names, roles/relationships and contact details)

Family - husband Mr Nicholas Burton

## About you

### 3.1 Describe your personal and family background (including important recent events or changes in your life)

Mrs Burton was born in Spain - lived and worked in the UK for many years. Has one son from a former relationship and has been with Mr Burton for some 34 years. Mrs Burton was very close to her parents, both of whom are now deceased. Mrs Burton made many trips to Spain and has one sister who lives there.

Mrs Burton worked as a Manager for Cleaning/Catering Services company for many years before retiring in 2015.

3.2 Which areas of your life do you most enjoy or value? (including your main interests and where you can most contribute)

Home life - going out in the local area.

Travelling to Spain and other holidays abroad.

### 3.3 What changes would most improve your wellbeing or quality of life?



'I want to go and live in Spain - I don't like it here anymore. I think I will go and stay with my sister and I can do some English translating/teaching work.'

### 3.4 Your family, carer/s or advocate's views:

Mr Burton is very concerned about Mrs Burton's dementia and ongoing excess harmful alcohol use.

He has been Mrs Burton's full time informal carer since 2015.

[REDACTED] Mrs Burton requires 24/7 supervision and assistance to meet her needs and manage her risks.

Mr Burton has not worked during this time and wants to return to his usual work in catering management. [REDACTED]

3.5 Do you have any concerns about how others treat you? (e.g. neglect, abuse, discrimination)

No

### Details:

## Your home and living situation (\*)

(based on a typical week)

**Includes the eligibility outcome:** Maintaining a habitable home environment

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

4.1 Are you currently staying in a hospital or other NHS facility? No

No

4.2 Your current living situation	Living with family/friends (long term)
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Living with family/friends (long term)

Your current tenure:

## Maintaining your home in a sufficiently clean and safe condition

4.3 Are you able to maintain and clean your home independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

No

**If Yes, move on to question 4.7. If No, give details, including what you can manage and how your situation could be improved:**

#### 4.4 Details of your needs

Mr Burton says that she can manage to maintain and clean her home - Mr Burton reports that client requires assistance, she engages in repetitious activities, becomes distracted and is not able to organise the completion of household tasks. Mr Burton says that in fact, he is maintaining and cleaning the flat.

#### 4.5 What you would like to achieve

Client believes hat she is maintaining and cleaning the home.

#### 4.6 Maintaining your home in a sufficiently clean and safe condition - Your situation:

Unable to manage - needs one other to undertake

If appropriate, you may wish to be referred for financial advice and/or maximising your benefits.

4.10 Are you able to access the internet?

Yes

4.11 Are you using specialist technology to help you manage at home? (e.g. telecare)

No

Details:

Mr Burton can access the internet.

4.12 Do you have any concerns about your current home and living conditions? (e.g. tenure, access/hazards, temperature, need for adaptations, smoke/carbon monoxide alarms)

No

Details:

Eating healthily and safely (\*)

(based on a typical week)

**Includes the eligibility outcome:** Managing and maintaining nutrition

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

5.1 Are you able to shop, prepare meals and eat and drink independently? This means within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

No

**If Yes, move on to section 6. If No, give details, including what you can manage and how your situation could be improved:**

5.2 Details of your needs

5.3 What you would like to achieve

Client believes that she can complete the above tasks.

5.4 Shopping for food/essentials - Your situation:

Unable to manage - needs one other to undertake

5.5 Preparing meals/snacks/drinks - Your situation:

Unable to manage - needs one other to undertake

5.6 How often do you need support?

Four times a day

5.7 Eating and drinking - Your situation:

Significant difficulty/risk (sometimes needs help)

5.8 If you need someone else to feed you, are you able to have food and drink by mouth?

n/a

5.9 If you need someone else to feed you, how long does this usually take?

Not applicable

5.10 Do you have any dietary or eating difficulties that put you at risk or require skilled support?

No

Details:

Your personal care (\*)



(based on a typical week)

**Includes the eligibility outcomes:** Managing toilet needs; Maintaining personal hygiene; Being appropriately clothed

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

6.1 Are you able to manage your toileting needs independently? This means within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

**If Yes, move on to question 6.7. If No, give details, including what you can manage and how your situation could be improved:**

## 6.2 Details of your needs

### 6.3 What you would like to achieve

#### 6.4 Using the toilet/managing continence - Your situation:

### 6.5 How often do you need support?

### 6.6 Nature of support:

6.7 Are you able to maintain your personal hygiene independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

**If Yes, move on to question 6.13. If No, give details, including what you can manage and how your situation could be improved:**

## 6.8 Details of your needs

## 6.9 What you would like to achieve

6.10 Maintaining personal hygiene (e.g. wash hands/face, hair, nails, shave) - Your situation:

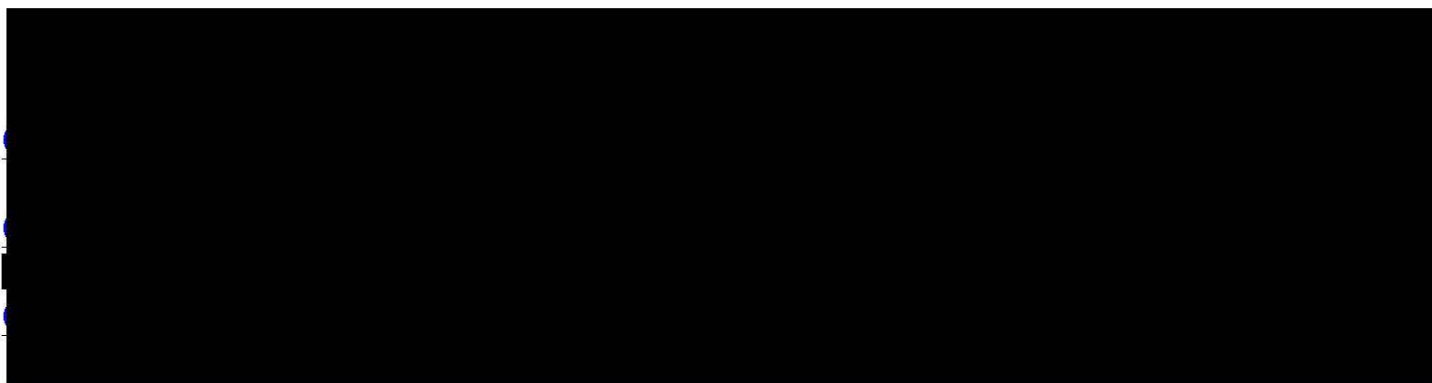
### 6.11 Washing whole body (e.g. bath, shower, strip wash) - Your situation:

### 6.12 Washing whole body How often do you need support?

6.13 Are you able to get dressed for the day and undressed at the end of the day independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

**If Yes, move on to section 7. If No, give details, including what you can manage and how your situation could be improved:**

### 6.14 Details of your needs



## Your mobility

(based on a typical week)

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

### 7.1 Moving around the home - Your situation:

Little or no difficulty/risk (can manage alone)

## 7.2 Transfers - Your situation:

Little or no difficulty/risk (can manage alone)

7.3 To what extent does your weight impact on your mobility? (e.g. if overweight or underweight/frail)

No impact

7.4 Is there a risk of harm to others when assisting you with your mobility/transfers?

No

### 7.5 Details of your needs (moving around the home, transfers):

N/A

### 7.6 Staying comfortable/repositioning - Your situation:

Little or no difficulty/risk (can manage alone)

### 7.7 Details of your needs (staying comfortable/repositioning):

N/A

7.8 Do you require regular support for a skin condition or to prevent one developing?

No support required

7.9 Do you have any pressure ulcers?

No current pressure ulcers

7.10 If pressure ulcer/s are present, is treatment currently working?

n/a

### 7.11 Details of your needs (managing skin conditions):

N/A

## Social relationships and activities (\*)

(based on a typical week)

**Includes the eligibility outcomes:** Developing and maintaining family or other personal relationships; Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

8.1 Are you able to develop and maintain family or other personal relationships independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?



Yes

8.2 Details of your needs including what you can manage

Client lives with husband - the couple spend most of their time together now due to client's cognitive impairment and harmful drinking.

Family relationships can be variable - [REDACTED] Telephone contact with sister occasionally. Has social contact with Mr Burton's family and social contacts in the local community.

8.3 What you would like to achieve including how your situation could be improved

Client likes to go out - this is now related to seeking alcohol and shopping.

8.4 Are you able to access and make use of services in the local community independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

No

If Yes to both questions 8.1 and 8.4 move on to section 9. If No to either, complete remaining questions in this section:

8.5 Details of your needs including what you can manage

Incident of disorientation in client's local area when out alone (February 2017)- client was formerly very familiar - unable to find her home. Client located by neighbours outside her tower block in a distressed state.

8.6 What you would like to achieve including how your situation could be improved

Client recalls with prompting but minimises this concern.

8.7 Are you able to access the community?

Yes, if accompanied

8.8 The support you need to stay safe out in the community:

Supervision of one person

8.9 Details of your needs (staying safe in the community):

This is an emerging concern - client has accessed the community on only one occasion at time of writing.  
Second community outing unaccompanied - telephone contact arranged.  
Mr Burton generally accompanies the client.

Additional information to follow.

8.10 The support you need to maintain personal relationships and engage in social activities (including leisure, cultural and spiritual activities):

One-to-one support

8.11 How often do you need support?

Weekly support needed with an activity

Work, training, education and volunteering (\*)

(based on a typical week)

Includes the eligibility outcome: Accessing and engaging in work, training, education or volunteering

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

9.1 Are you able to access and engage in work, training, education or volunteering independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

No

If Yes, move on to section 10. If No, give details, including what you can manage and how your situation could be improved:



## 9.2 Details of your needs

N/A

### 9.3 What you would like to achieve

N/A

9.4 Current paid employment, voluntary work, education/training situation:

Retired

### 9.5 The support you need to participate in work, training, education and volunteering:

Unable to participate

### 9.6 How often do you need support?

No support required

## Caring for others (\*)

(based on a typical week)

**Includes the eligibility outcome:** Carrying out any caring responsibilities for a child

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

10.1 Are you able to carry out child care responsibilities independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

N/A

**If N/A or Yes, move on to section 11. If No, give details, including what you can manage and how your situation could be improved:**

## 10.2 Details of your needs

### 10.3 What you would like to achieve

#### 10.4 Do you need support with your parenting/caring responsibilities?

n/a

### 10.5 Do you have any other caring responsibilities?

No

### 10.6 Details of your needs (caring for other adults):

**If you are providing care or support to other adults, you should be offered a carer's assessment to discuss your caring role.**

## Staying safe at home (\*)

(based on a typical week)

**Includes the eligibility outcome:** Being able to make use of your home safely

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

11.1 Are you able to stay safe within your home during the day and night independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

No

**If Yes, move on to section 12. If No, give details, including what you can manage and how your situation could be improved:**

## 11.2 Details of your needs

Needs to be identified, should Mr Burton return to work as planned.

Initially carer visits 2-3x daily to assist with meal preparation, assist with cleaning/housework. Day Hospital attendance has been discussed - client not willing at this point.



11.3 What you would like to achieve

Client believes that she can support herself and meet her needs independently. Would consider carer visits.  
Client is currently drinking alcohol daily - seeks a supply and this may pose a difficulty in managing care provision in the home.  
Risk of disorientation in the community is being assessed at the time of writing.

11.4 The support you need to stay safe at home during the day (consider risk of falls and/or wandering, and responding to emergencies)

Daily visit/s to check safety

11.5 The support you need to stay safe at home during the night (consider risk of falls and/or wandering, and responding to emergencies)

No safety concerns

Risks

(based on a typical week)  
**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

12.1 Current risk of falls	No apparent risk
12.2 Current risk of self-neglect causing deterioration to health/safety	Significant risk
12.3 Current risk of harm to self (e.g. self-injury)	No apparent risk
12.4 Current risk of harm/injury to your carer	No apparent risk
12.5 Current risk of harm to others/property	Low apparent risk

12.6 Details of risks:  
Self neglect - due to dementia and alcohol dependence syndrome. Currently alcohol consumption daily - increasing number of units per week.

Risk of self neglect mitigated by care and support of Mr Burton 24/7 for past 18months.

Risk of carer breakdown - Mr Burton has stopped working to care for his partner. [REDACTED]

**If there are concerns about your safety, a risk assessment may be needed (we will follow local Safeguarding Adults guidelines)**

Your mental health and wellbeing

(including mental wellbeing issues arising from physical conditions)  
**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

13.1 Do you or have you ever suffered from a serious mental health issue?

Yes

13.2 Have you had contact with mental health services in the past year?

Yes

13.3 Details:



Recent admission for assessment and treatment under Section 2 MHA. Treatment included alcohol detoxification regime in an acute hospital environment. Assessment for cognitive impairment commenced - has a provisional diagnosis of dementia - unspecified.

13.4 Emotional wellbeing:

Low/anxious most days; impacts behaviour

13.5 Details of your needs (emotional wellbeing)

Mood - assessment of same adversely affected by resumption of alcohol use.  
Emotional lability reported. Irritability evident

13.6 Memory/orientation:

Marked forgetfulness; some disruption

13.7 Planning and decision making:

Unable to assess/appreciate basic risks

13.8 Details of your needs (memory/orientation, planning and decision-making)

Assessment to date is indicating - marked short term memory impairment, impaired recall, delayed recall. Confabulation evident. Minimises alcohol use and its adverse effects. Minimises memory difficulties, does not appear to understand the significance of her disorientation in the community.  
Client believes that she is managing her day to day needs and could go on to do voluntary work, go and live in Spain with her sister, teach English to students (tutoring).  
Exhibits a preoccupation with alcohol, going out to drink alcohol (currently drinking cider - strongbow which client claims will not affect her memory problems further) ensuring a supply, hiding alcohol in the flat and forgetting where this has been hidden. Intake is escalating.

13.9 Behaviour affecting self or others (e.g. aggression, self-harm)

Behaviour of concern; no history of harm

13.10 Impact of your mood or wellbeing on your acceptance of support

Often a problem (often unable/unwilling to engage)

13.11 Details of your needs (behaviour affecting self or others, impact of mood/wellbeing on acceptance of support)

Excess consumption results in withdrawal from all usual activities of daily living including loss of appetite, remains on the couch all day and night, continuous alcohol use.

13.12 How effective is the support of others in minimising risks to you or others around you?

Partially effective (some risk remains)

13.13 Details:

Partially to non - effective due continuous alcohol use. Mr Burton has made continuous attempts to manage/limit alcohol intake but this is not wholly effective.

If you have mental health issues, you may need a specialist assessment or referral for e.g. a mental capacity assessment

Health conditions and disabilities that impact your wellbeing (\*)

Please list any disabilities, impairments or health conditions in order of most to least significant impact on your daily life and wellbeing:

- 14.1Cancer
- 14.2Hearing impairment
- 14.3Dementia (including Alzheimers)
- 14.4

14.5 Details (including relevant medical history)

Past history of breast cancer - successfully treated with long term prescription Tamoxifen.



Possible hearing loss? - client has bee advised to attend GP as reportedly has the TV on at a high volume.

Provisional diagnosis of dementia.

14.6 How often do your needs significantly change/vary due to your condition/s?

Less than monthly/rarely

14.7 Details:

Details of any sensory impairment/s

(based on a typical week)

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

14.8 Impact of sensory impairment

Not applicable

14.9 Details of your needs (sensory impairment)

If you have a significant sensory impairment, you may need to be referred for a specialist sensory assessment

Your medication and symptoms

(based on a typical week)

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

14.10 Are you currently taking any prescribed medication?

Yes

14.11 If Yes, what support do you need with taking your medication?

Someone present to prompt/supervise

14.12 If Yes, how often do you need support?

Twice a day

14.13 Details of your needs (medication)

Mr Burton ensures that client takes prescribed medicines. Client does now recall that these have been prescribed and what time of day to be taken.

14.14 Does your physical condition or any medication that you are taking cause you distress or pain?

No significant distress/pain at present

14.15 Are you getting adequate relief from pain or other distressing physical symptoms?

Yes

14.16 Details of your needs (managing distress/pain from health conditions)

N/A

If you have needs in relation to medication, arrangements may need to be made for a review or an appropriate referral.

14.17 Do you have difficulties with breathing?

No difficulties (except strenuous exercise)

14.18 Do you need equipment to help you to breathe?

No equipment needed

14.19 Details of your needs (breathing)

N/A

14.20 Do you have difficulties maintaining consciousness?(e.g. due to epilepsy, seizures, blackouts)

No current or previous difficulties

14.21 Details of your needs (maintaining consciousness)

Nil known

Support you will receive on an ongoing basis from family/friends/volunteers (\*)

(based on a typical week)

15.1 Do you have an informal carer? i.e. a family member/friend/volunteer who provides you with support

Yes

If No, move on to section 16. If Yes, continue below:

15.2 Details of support you currently receive from family/friends/volunteers (including what is working well and not so well)

Current 24/7 support provided by Mr Burton is not sustainable

15.3 Will you receive ongoing support from family/friends/volunteers?

No

If No, move on to section 16. If Yes, continue below:

15.4 Keeping your home clean and safe:

15.5 Managing your paperwork and finances:

15.6 Shopping for your food/essential items:

15.7 Preparing your meals/snacks/drinks and helping you to eat and drink:

Mornings:

Daytimes:

Evenings:

15.8 Managing your personal care tasks: (using toilet/managing continence, washing, dressing, undressing)

Mornings:

Daytimes:

Evenings:

15.9 Supporting your medication:

Mornings:

Daytimes:

Evenings:

15.10 Social, leisure, cultural and spiritual activities:

Level:



15.11 Work, training, education or volunteering:

Level:

15.12 Ensuring you stay safe during the day:

Mornings:

Daytimes:

Evenings:

15.13 Supporting you during the night:

Level:

15.14 Other Ongoing Support

Escorting you or providing transport

Providing company and emotional support

Helping you communicate with others

Helping you care for children

15.15 Details of all ongoing support to be provided by family, friends or volunteers (where this is safe and can be sustained)

15.16 Are there any people in particular who provide you with a high level of support?

Yes

If Yes, your carer/s should be offered a joint or separate carer's assessment to discuss their caring role/s.

Carer Details - 1

15.17 Carer Name Nicholas Burton

15.18 Carer FWi No

15.19 Is this a Joint Assessment?

Yes

15.20 Did this carer decline an assessment?

No

15.21 Impact of caring on your main carer's independence

Independence severely restricted

15.22 Are arrangements in place to support you if your main carer/s are ill or unavailable?

No

Further Details (\*)

To be completed by a social care authorised person, where relevant.

16.1 Are full respite breaks (through the year) required to sustain the ongoing caring situation?

Yes

16.2 Primary PSR Support with Memory and Cognition

16.3 Anticipated living situation Living with family/friends (long term)

- 16.4 Number sharing support in anticipated living situation
- Not applicable (i.e. independent living setting)
- 16.5 Is a referral for Telecare installation now intended?
- No - Need not addressed by Telecare
- 16.6 If Telecare is already in place is it still working and effective?
- Not applicable
- 16.7 Further details

16.8 Would the person be happy for the fire brigade to contact them with regard to a free fire safety check? Workers in RBKC and WCC should go the London Fire Brigade website - <http://www.london-fire.gov.uk/HomeFireSafetyVisit.asp> - to request a fire safety check on behalf of the service user

No - no risk identified

Summary of your assessment and eligibility (\*)

*This section to be completed by a social care authorised person.*  
The Local Authority has a duty to work with you and/or your representative/s to prepare a care and support plan when all of the following statements apply:

1. Your needs arise from or are related to a physical or mental impairment or illness.
2. As a result of your needs you are unable to achieve **two or more** of the eligibility outcomes below.
3. As a result of being unable to achieve these outcomes there is, or is likely to be, a significant impact on your wellbeing.

Outcomes and Summary of Your Needs in each area Based on information entered earlier in the form

- Are you able to maintain and clean your home independently?
- Are you able to shop, prepare meals and eat and drink independently?
- Are you able to manage your toileting needs independently?
- Are you able to manage your personal hygiene independently?
- Are you able to get dressed for the day and undressed at the end of the day independently?
- Are you able to develop and maintain family or other personal relationships independently?
- Are you able to access and make use of services in the local community independently?
- Are you able to access and engage in work, training, education or volunteering independently?
- Are you able to carry out child care responsibilities independently?
- Are you able to stay safe within your home during the day and night independently?



No

17.1 Are there two or more areas indicated as 'No' above?

### Impact of your needs on your wellbeing

17.2 If 'Yes' above, is there, or is there likely to be, a significant impact on your wellbeing?

Yes

The impact on your wellbeing should be looked at **disregarding any support you may already have** and should take into account the following areas, as well as your (or your representative's) views:

- Personal dignity and being treated with respect
- Physical and Mental health / emotional wellbeing
- Control over daily life (including over care and support provided and the way it is provided)
- Protection from abuse and neglect
- Domestic/family/personal relationships
- Suitability of living accommodation
- Participation in work/ education/ training/ recreation
- Social and economic wellbeing
- Your contribution to society

17.3 Details of the impact on your wellbeing (in the absence of any support you may already have in place)

Client believes that she can manage independent living without her husband. She says that she would like to live in Spain and be with her sister and tutor English lessons to students.

Mrs Burton says that she could get a job to meet [REDACTED] financial outgoings.

Client does not think that she is neglecting herself while she is drinking alcohol and does not believe that cider will harm her further.

### 17.4 Assessor's Summary/Overview

Difficult to see that current care arrangements can continue [REDACTED]  
[REDACTED] Initial Carers assessment has been completed.

Client is unable to maintain sobriety - relapsed 1 week after discharge from hospital and continues to use alcohol - use is again escalating. [REDACTED]  
[REDACTED]

Client has very limited understanding of her current needs and risks.

Alcohol consumption is adversely impacting on assessment of mental state. In particular, it is increasingly difficult to assess the client's mood. This is in relation to carer expressing concerns about the client's mood and the client self reporting. Carer feels that the client's mood was affected by the death of her parents some years ago. Client does not always consistently recall that her parents have died and is very tearful and distressed when she does recall these events with prompting.

Client's cognitive impairment/dementia - at ongoing risk of further impairment due to continued harmful drinking.

CPA meeting held on 22/03/2017 - attended by Mrs and Mr Burton, DR D Bonner, John Barrett SW, Atie Nooy CPN:

Support options discussed - from POC input to respite care / hospital admission.

Decision reached by client, carer and MDT to support client and provide respite for 24/7 carer, Mr Burton

- to explore respite options
- attend Day Care Service (attendance Mon-Friday).

Eligibility

17.5 Is this person eligible? i.e. There are two or more areas where outcome cannot be achieved, AND there is, or is likely to be, a significant impact on wellbeing.

Yes

17.6 Information and advice or signposting provided?

☒ Yes ☐ No

17.7 Information and advice provided about your current needs:

Information about risks with continued alcohol use has been provided each visit to date. Client appears to be unable to retain the information given.

Client has been given information about her care needs but client does not consistently agree that she has care needs.

17.8 Information and advice provided about preventing or delaying the development of needs in the future:

Information and advice about preventing increased risks to physical and mental health through abstinence explained each visit.

Your Agreement

I/my supporter is satisfied that I and/or (s)he was involved in this assessment as much as possible and that I/my supporter was able to express what I/s(he) felt should be taken into account:

Your signature (or signature of your supporter where relevant)

Date

Record of completion (\*)

*This section to be completed by a social care authorised person.*

18.1 Date assessment started 10/02/2017

18.2 Is this an (initial) assessment, or a planned reassessment/review, or an unplanned reassessment/review?

Initial Assessment

18.3 If it is an Unplanned Reassessment/Review, please select the reason for it

Not an Unplanned reassessment/review

18.4 Location of assessment Client's home.

18.5 Is this a supported self-assessment? No

18.6 If No, main assessor: Atie Nooy

18.7 Date assessment completed 09/03/2017

18.8 Assessment Decision Community based services intended or started

Reassessments/Reviews

18.9 Current/most recent social care setting - see guidance for definitions

Not applicable - this is an (initial) assessment not a review/reassessment



- 18.10 As a result of this reassessment/review is there or will there be a change in the social care setting or level of service? If there is a change in both, select 'Change in social care setting'.  
Not applicable - this is an (initial) assessment - not a review/reassessment
- 18.11 Planned/actual change in the social care setting as a result of this reassessment/review:  
Not applicable - this is an (initial) assessment, not a review/reassessment
- 18.12 Planned/actual change in the service level as a result of this reassessment/review:  
Not applicable - this is an (initial) assessment, not a review/reassessment

RAS - Indicative Personal Budget

- CHC (Continuing Health Care)  
CHC DST Recommendation  
The responses given within this assessment indicate that referral for full assessment for NHS continuing healthcare IS NOT necessary.
- Quality Checks

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Care and Support Plan	Atie Nooy	