

OT Review (95)



Personal and General Details

Surname	Adam
First Name/s	Maryam
frameworki ID	[REDACTED]
Date of Birth	[REDACTED]
Address	FLAT 14 GRENFELL TOWER GRENFELL ROAD LONDON
Postcode	W11 1TG
Tenure Type	Council tenant
Household Structure	One adult alone
Telephone	
Date Review Started	10/07/2015
Advocacy Support	Mrs Maryam Adam does not have any advocate support
Purpose of Review	[REDACTED]
Type of Review	Home Visit

Consent

Was there a conversation with the service user about what personal information will be stored, how it will be stored and who will have access to it?

Yes

If No, or Not Applicable, please give details:

Was there a conversation with the service user about what information will be shared, with whom and why?

Yes

If No, or Not Applicable, please give details:

Did you give the service user an information leaflet with details on how we use the information given to us?

Yes

If No, or Not Applicable, please give details:

Was consent given for information to be shared as needed?

Yes

Details of limitations in sharing:

Will the person assessed be given a copy of their review?

Yes

Signature of Person

OR

OR

Details if the person has not agreed to the information sharing arrangements as described above:

Quality of Life Survey

Here are groups of statements about different aspects of quality of life. For each question, please select the one which best describes your situation.

Which of the following statements best describes how much control you have over your daily life? By 'control over your life' we mean having the choice to do things or have things done for you as you like and when you like

Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation? By 'keeping clean and presentable' we mean feeling as personally clean and comfortable as you want to be, or at best, being dressed and groomed in a way that reflects your personal preferences

Thinking about the food and drink you get, which of the following statements best describes your situation? When thinking about food and drink consider whether you feel your diet is varied and appropriate to your dietary or cultural needs, and whether you get enough food and drink that you enjoy at regular and timely intervals.

Which of the following statements best describes how safe you feel? By feeling safe we mean how safe you feel both inside and outside the home. This includes fear of abuse, falling or other physical harm.

Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? By 'social contact' we mean being able to have meaningful relationships with people you like - friend or family - if you want to. We also mean feeling involved in, or part of, a community if this is important to you.

Which of the following statements best describes how you spend your time? When thinking about how you spend your time, please include anything you value or enjoy including leisure activities, formal employment, voluntary or unpaid work and caring for others.

Which of the following statements best describes how clean and comfortable your home is? When thinking about how clean and comfortable your home is please think about all of the rooms in your home environment.

Which of these statements best describes how having help to do things makes you feel or think about yourself? By help we mean things family or friends might do for you as well as care and support services provided by staff who are paid to help you. When answering please think about how you feel when you need help with things even if you don't get any help at the moment.

Which of these statements best describes how the way you are helped and treated makes you feel or think about yourself? By help we mean things family or friends might do for you as well as care and support services provided by staff who are paid to help you. When answering please think about the way that you are treated by the people who help you and how this affects your dignity and how you feel about yourself. If you don't have any help to do these things, please think about how having no help affects your dignity and how you feel about yourself.

Which of the following statements best describes your general health?

Personal Outcomes

Personal Outcomes

Personal Outcome	Well-being Area	Aim	Achieved	Comment
[REDACTED]				

Carer/s

Is there an informal carer?
No

Ensure each carer is added to the system in their own right - and then enter their details below

Carer Details - 0

Name

Party Record ID

Date of Birth

Is the carer willing and able to continue to provide support?

If Yes, then at what level?

Did the carer decline an assessment?

Date of last carer assessment (if applicable)

To record a Carer's Assessment go to the carer's record on Frameworki, open up a new episode 'Carer Assessment', and complete the document 'Carer Core Assessment '. Complete a separate assessment for each carer identified.

Review Details

Summary of Medical Conditions identified in most recent assessment

[REDACTED]

Summary of assessed difficulties and recommendations following previous OT intervention

[REDACTED]

Equipment and Adaptations provided including date/s last serviced and/or checked?

[REDACTED]

Summary of Review Visit

[REDACTED]

Service user and/or carers view of intervention

[REDACTED]

Impact of intervention on Service user's Independence and/or current Care Package

[REDACTED]

New difficulties and risks identified

[REDACTED]

Recommendations and Action Plan

[REDACTED]

Health and Social Care Needs

Would the person benefit from a period of rehabilitation or reablement (including provision of further equipment)?

[REDACTED]

Health and Social Care Needs

Eligibility Outcome	Ability	Description	Significan Well-being Area	Eligible Need
[REDACTED]				

Is Person Eligible?

[REDACTED]

(i.e. Adult has two or more Eligible Needs as described above, **OR** The adult's needs arise from or are related to a physical or mental impairment or illness, **AND** as a result of the adult's needs the they are unable to achieve two or more of the eligibility outcomes **AND** as a consequence of being unable to achieve these outcomes there is, or there is likely to be, a **cumulative** significant impact on the adult's wellbeing.)

Reason/s

[REDACTED]

Further Actions and Record of Completion

Is this an Unplanned Review?

No

If Yes, give reason:

Is a referral for Telecare installation now intended?

No

If No, select most applicable reason:

Customer does not want it

Further Details

Ms Adam has her mobile phone with her at all times.

If Telecare is already in place is it still working and effective?

Not applicable

Further Details

Would the service user be happy for the fire brigade to contact them with regard to a free fire safety check?

Yes - please notify

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

Date Review Completed	10/07/2015
Review Decision	No OT needs identified
