

Core Assessment (6)



Personal Details

| | |
|----------------|--|
| Frameworki ID | 70068485 |
| NHS number | |
| Title | Mrs |
| Forename | Ligaya |
| Surname | Moore |
| Preferred name | |
| Address | FLAT 181 GRENFELL TOWER GRENFELL ROAD LONDON |
| Postcode | W11 1TQ |
| Phone Numbers | Home : 020 7229 4494 |
| Date of birth | 28/10/1938 |
| Age | 76 |
| Ethnicity | Asian or Asian British |
| First Language | NONE |

☐ Interpreter required

Key Contacts

| | |
|--------------|--|
| GP Name | |
| GP Practice | |
| GP Telephone | |

| | |
|-------------|--|
| Next of Kin | |
|-------------|--|

| | |
|--------------------------|--|
| Next of kin relationship | |
|--------------------------|--|

Assessment details

| | |
|-----------------------|---|
| Reason for Assessment | Ms Moore was referred to social services by TMO Neighbourhood Officer, Jan Jones who reported that Ms Moore's flat is extremely cluttered and she is experiencing issues with hoarding. Jan reported that TMO are currently refurbishing Ms Moore's entire building and are fitting each flat with a new heating system, radiators and windows. |
|-----------------------|---|

Jan reported that she visited the flat two years ago with a colleague and advised Ms Moore that she needed to de-clutter to maintain her tenancy but the issue with hoarding has been ongoing.

Is this based on a Supported Self Assessment? If Yes, please upload a copy into this episode.

No

Date assessment started08/09/2015 |

AssessorJanelle Devine
ASC Safeguarding Staff

Contact DetailsRBKC

Advocacy SupportN/A

Other people present / involved during the assessment (including other professionals):

Jan Jones - TMO neighbourhood Officer

Consent and Sharing Information

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

Yes

If 'No' give details

Ms Moore only consented to a referral to Cloud's End and did not consent to anything else.

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

Yes

If 'No' give details

Only to Cloud's End.

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

No

If 'No' give details

SW was unable to carry out the core assessment when she first met with Ms Moore because there was no where to carry out the assessment due to the issue of hoarding. SW has remained in contact with Ms Moore and has attempted to meet with her several times but Ms Moore has refused to engage SW.

Was consent given for information to be shared as needed?

Yes

Details of any limitations in sharing

Consent was only provided to contact Cloud's End. No other consent was provided.

Signature of Person being Assessed:

OR

I (the worker) verify that the person agrees with and accepts the information sharing arrangements described above: Verified at 02:11 PM on 08/09/2015 by Janelle Devine Role: ASC Safeguarding Staff Organisation: Advice, Information & Assessment Team (RBKC - ASC)

OR

Details if the person does not agree to information sharing arrangements:

Ms Moore only consented for a referral to be made to Cloud's End for de-cluttering. Ms Moore did not provide consent to the SW to contact her GP when SW asked for consent over the phone.

Carer Consent (if applicable)

The Carer gives permission for the Council to hold personal information about them including:
Name and contact details, Date of birth, Their caring role
Carer Signature

OR

I (the worker) verify that the carer has consented to the holding of their personal data as described above: Verified at 02:42 PM on 08/09/2015 by Janelle Devine Role: ASC Safeguarding Staff
Organisation: Advice, Information & Assessment Team (RBKC - ASC)

Personal Situation

Does the person have any health conditions/disabilities/caring responsibilities?

Consider a separate Carer's Assessment if the person is a carer of an adult.
Provide details/background/diagnoses as appropriate for areas such as physical health, mental health, learning disability, sensory disability, memory and cognition, having a carer role, other:
Ms Moore reported on the phone to the SW that she has some medical conditions but did not wish to disclose any information to SW and she did not provide consent for SW to contact Ms Moore's GP.

Specific Communication Requirements (if any):
No

Relevant personal history, cultural / spiritual issues and personal preferences.
Unknown.

Current Care and Support Received

| Care and support list | Details |
|-----------------------|---------|
| | |

Quality of Life Survey

This Social Care Quality of Life Survey was devised by the Personal Social Services Research Unit (PSSRU) and uses the Adult Social Care Outcomes Tool (ASCOT) which has been nationally validated.

QUALITY OF LIFE

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 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 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 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

What does the person want to achieve?
FOR REASSESSMENTS/REVIEWS, UPDATE THE EXISTING OUTCOMES TO INDICATE WHETHER THEY HAVE BEEN ACHIEVED OR NOT (with explanatory comment). Repeat or add new Outcomes that will carry forward to the Care and Support Plan.

Personal Outcomes

| Personal Outcome | Well-being Area | Aim | Who | Achieved | Comment |
|---|------------------------------|--------------------------------|-------------------------------|-----------|---|
| Ms Moore agreed to a referral to Cloud's End for de-cluttering. | Control over day-to-day life | Improve wellbeing in this area | Jan Jones, Neighbour Officer. | Partially | De-cluttering service has commenced with Cloud's End and Ms Moore is slowly clearing away belongings she no longer needs. |

Strengths/strategies used to achieve these outcomes by person themself

Ms Moore stated she is unable to manage the issue with hoarding by herself.

Basic Care Activities

Mobility (include equipment used)

Indoors (including access issues) / Entering or leaving home / Outdoors / Stairs and steps (include details of whether 1 or more people are required to assist, hoist used etc)
SW identified that Ms Moore is able to mobilise indoors and outdoors independently. It is unclear how well Ms Moore can manage the stairs.

Transfers (include equipment used)

Bed (including bed mobility) / Toilet / Commode / Chair / Bath / Shower / Other (include details of whether 1 or more people are required to assist, hoist used etc)
It is unclear whether Ms Moore can transfer on and off her bed, chair and bath because SW has been unable to assess Ms Moore. Ms Moore does not have any equipment in her flat to assist with transfers.

Self-care (include equipment used)

Eating / drinking / Washing / Bathing / Toileting / Dressing / Undressing / Grooming (include details of whether 1 or more people are required to assist, hoist used etc)
Ms Moore reports to be independent with all self-care tasks and does not utilise any equipment.

Everyday tasks (include equipment used)

Cooking / preparing & serving food and drinks / Housework / Laundry / Shopping
Ms Moore stated that she buys food from Portobello markets and buys takeaway most days.

Medication

Awareness of medication/s being taken and what they are for. Any help needed accessing medication or taking as prescribed
Unknown
Consider whether a **Complex Manual Handling Assessment** is needed.

Social and Housing

Maintaining family or other significant personal relationships, including caring for children
Not Known.

Employment status

Retired

Accessing and engaging in work, training, education or volunteering

N/A

Accessing necessary facilities or services in the local community including medical services, public transport, educational facilities, and recreational facilities or services

Ms Moore is independent with accessing her local community and facilities.

Accommodation

Current Accommodation (consider suitability, overcrowding, clutter/hoarding, fire and gas safety etc)

Issues with hoarding.

Tenure type

Council tenant

Household Structure

One adult alone

How many people live in the household?

1

Additional information (including landlord details)

Building is undergoing renovation. Lift access to property.

Floor / Storey

Access details

Further Access
Details:

Carers and Family

Does the person have an informal carer?

No

If Yes, ensure each carer is added to the system in their own right - and then enter their details below

Your Carer's Details - 0

Name

Carer's FWI no.

Date of Birth

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

If Yes, then at what level?

Did this carer decline an assessment?

Is this a Joint Assessment?

To record an Assessment for the Carer go to the carer's record on Frameworki. Complete a separate assessment for each carer identified.

Finances and Legal Statuses

Current financial situation

Consider income and benefits details, scope for income maximisation, ability to independently manage finances, debt or hardship issues

Details

Unknown.

Is the person managing all / part / none of their financial affairs? If not, who is? Under what legal status? (e.g. Deputyship, Appointeeship, LPA etc)

Unknown.

Person's Legal Statuses

Is the person:

- ☐ Subject to Section 117 of MHA
- ☐ CCG Funded
- ☐ Free Nursing Care

Has the person or representative been provided with financial assessment information and given a Financial Assessment Form?

- ☐ Yes
- ☐ No

Date provided?

Who will complete the Financial Assessment form?

Any additional information

Ms Moore refused an assessment of her needs. Therefore, information pertaining to Ms Moore's financial status was not obtained.

Planning for the Future

Are there any wishes/views the person would like recorded about how/where they are looked after in the future? Include who they would want to be involved/consulted in future care planning.

Unknown.

Who would they want to assist with managing their finances if the need arose in the future?

Unknown.

Is there an advance directive/decision about medical treatment in place? If so, please give details.

Unknown.

Risks Assessment and Decision Tool

Use the following scoring criteria when assessing risk:

LIKELIHOOD

Will probably occur frequently - **Almost Certain (5)**

Will probably occur frequently but not as a persistent issue - **Likely (4)**

May occur- **Possible (3)**

Not expected to occur - **Unlikely (2)**

Would only occur in exceptional circumstances - **Rare (1)**

CONSEQUENCES

Catastrophic (5) - e.g. death, multiple severe injuries, large numbers affected, assaults against staff, significant deterioration in physical and/or mental health and wellbeing, relapse to using substances, total loss of independence etc

Major (4) - e.g. major permanent loss of function, significant self neglect requiring hospitalisation, possible criminal offence, many others negatively affected, risk of assaults and verbal abuse against staff etc

Moderate (3) - e.g. semi-permanent harm, some loss of independence, some level of self neglect, medium to low level harm etc

Minor (2) - e.g. short term injury, one off incident, development of pressure sores grade 2 and above, no real loss of independence or level of function etc

Insignificant (1) - e.g. Minor harm, one off incident, development of grade 1 pressure sores etc

RISK ASSESSMENT DECISION - Multiply Likelihood score by Consequences score

15 - 25 - Unacceptable, stop activities if possible and make immediate improvements

5 - 14 - Unsafe without safeguards, look to improve situation with specific timescales

1 - 4 - Safe with regular monitoring, may require minor adjustments to existing control plans

Describe the risk.

Score the risk using the criteria above.

Record any benefits in taking the risk as viewed by the customer and the assessor.

Record the views of the carer and others

Consider the need to complete a separate Complex Risk Assessment form

Risk Areas

| Area | Details | Likelihood | Consequence: | RAD | MC Person | Views | Reduce | Strategies |
|---|---|--------------|------------------|---------|-----------|---|--------|--|
| Other e.g. an activity the customer wishes to | Ms Moore is at a fire safety risk due to her ongoing issue with hoarding. | Possible - 3 | Catastrophic - 5 | 15 - 25 | Yes | Ms Moore does not think she is at risk and does not believe she | Yes | Ms Moore has agreed to a referral to Cloud's End de-cluttering service to reduce |

| Area | Details | Likelihood | Consequence: RAD | MC Person's Views | Reduce | Strategies |
|---|---------|------------|------------------|-------------------|---------------------------|---|
| pursue, or their choice of support arrangements | | | | | has issues with hoarding. | the clutter and reduce the risk of fires. |

Views of the carer if appropriate to consult

N/A

Views of relatives/friends if appropriate to consult

N/A

Is the person able to respond to emergencies?

To an extent

Details

Ms Moore's mobility and communication is good and she is able to call out for help if she were in danger.

Assessment Summary*

Summary of person's views / aspirations / desired outcomes

Ms Moore refused an assessment of her needs.

Summary of family/friend/carers' views / aspirations / desired outcomes

N/A

Assessor's summary

SW met with Ms Moore and TMO's Neighbourhood Officer, Jan Jones on 19 May 2015 to carry out the core assessment. SW was unable to carry out an assessment of Ms Moore's needs on the day due to the nature of the hoarding and the sensitivity of the case. Jan Jones reported to Ms Moore that she would need to go to court if she didn't agree to a referral to a de-cluttering service.

Ms Moore agreed to a referral to Cloud's End for de-cluttering. SW advised Ms Moore that she would need to return at a later stage to complete the core assessment. Several attempts to meet with Ms Moore were made following the initial visit but ms Moore has continued to refuse an assessment and does not want further input from social services. Ms Moore is however receiving support to de-clutter on Thursdays. The council and TMO have agreed to pay half the costs for de-cluttering. SW is continuing to liaise with TMO to ascertain progress of the de-cluttering.

Is this assessment process being paused whilst a period of reablement or some other type of preventative equipment/service is provided?

If the answer to this is Yes - **do not record Care and Support Needs section below, nor determine eligibility** until this work is complete. Record details of what is to be provided below and then either
a) implement short term / quick solutions and proceed to Care and Support Needs section below and eligibility decision once this support has been provided, or
b) move on to Record of Completion section and select a decision of Pause and finish the episode. Once the reablement/preventative work is completed, re-assess and this time include Care and Support Needs and an eligibility decision.

☐ Yes ☒ No

Details of reablement requirements / goals, and action to be taken:

Care and Support Needs

| Eligibility Outcome | Ability | Description | Significant | Eligible Need? |
|---|-----------------------------|--|-------------|----------------|
| Being able to make use of the home safely | Unable - without assistance | Social Services will continue to liaise with all parties to help Ms Moore to engage with services to see whether improvements can be made to her home environment. | Yes | Yes |
| | | | | |

Eligible for Adult Social Care Support?

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.

Person Eligible?

Yes

Reason/s

Please see above.

Information and advice or signposting provided?

☒ Yes ☐ No

Action on Other Issues and Ineligible Needs

| Summary | Action |
|---|-------------------|
| Further assessment to be undertaken and continue joint working with all parties involved. | Please see above. |

Further Actions and Referrals*

Consider whether any further assessments are indicated (e.g. malnutrition risk, falls risk, Wallsall Pressure Sore risk, hoarding etc). Forms to assess these areas are available within this episode. If completed, the findings of these forms should be used to update the Core Assessment if it may affect the person's eligible needs.

Is an assessment for fully-funded NHS Continuing Health Care indicated?

No

Have you discussed the person's options (if eligible) for Direct Payment as part of their Personal Budget?

Yes

Is a Mental Capacity Assessment indicated re consent for onward referral?

No

Further details

Is a referral for Telecare installation now intended?

No - Need not addressed by Telecare

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

No

Further Details

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 - previously referred

Record of Completion*

Is this an unplanned reassessment / review?

No

If Yes, give reason:

Assessment Completed? Yes

Worker completing the assessment Verified at 03:40 PM on 08/09/2015 by Janelle Devine Role: ASC
Safeguarding Staff Organisation: Advice, Information & Assessment Team (RBKC - ASC)

Date assessment completed 08/09/2015

Location of assessment

Assessment Decision

Community based services intended or started

Manager authorising the assessment Verified at 11:14 AM on 12/09/2015 by Samantha Davis Role: ASC
Practice Managers Organisation: Advice, Information & Assessment Team (RBKC - ASC)

Will the person be given a copy of their assessment? No

If 'No' give details

To the person assessed - if there is inaccurate information in this assessment please let us know right away otherwise we will presume it is accurate.

Next Actions

Selected Next Actions

| Next Action | Assigned to | Reason |
|-----------------------|----------------|--------|
| Care and Support Plan | Janelle Devine | |