

Carer Assessment and Support Plan (11)



Personal Details (\*)

Is this carer assessment based on one done at the same time as an assessment of the cared for person? (i.e. is it a joint assessment?)

Yes

Framework ID	[REDACTED]
Title	Mr
Forename	Samuel
Surname	Daniels
Preferred name	
Address	FLAT 135 GRENFELL TOWER GRENFELL ROAD LONDON
Postcode	W11 1TQ
Telephone No.	
NHS ID	[REDACTED]
Date of birth	[REDACTED]
Age	
Ethnicity	
Person Ethnicity and Sub Ethnicity	
First Language	NONE

☐ Interpreter required

Health

Does the carer have a health condition / disability?

No

Consider whether an assessment as an Adult (in addition to as a carer) is also appropriate

GP Name	
GP Practice	
GP Telephone	

Current Support

What support does the person currently receive as a carer?

None

Assessment details

Is this Carer's Assessment a Review / Reassessment?

No

Reason for Assessment

Mr Daniels reported that he is a full-time informal carer to his father [REDACTED]

Date assessment started

26/05/2016

Assessor

Sonia Medwinter  
ASC Safeguarding Staff

Contact Details

[REDACTED]

Advocacy support for this assessment

None

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

Samantha Rudkin (SW)

Personal Outcomes

What outcomes does the carer want to achieve?

Personal Outcomes

Personal Outcome	Aim	Achieved	Comment
[REDACTED]			

Personal Outcome	Aim	Achieved	Comment
[REDACTED]			

Strengths/strategies used to achieve these outcomes for myself

[REDACTED]

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

[REDACTED]

Caring Role (\*)

Details of Cared for Person/s - 1

Name	Joseph Daniels
FWi ID	70139066
Address	FLAT 135 GRENFELL TOWER GRENFELL ROAD LONDON W11 1TQ
Date of Birth	10/02/1945
Responsible Local Authority of Cared For Person	RBKC
Nature of Caring Role (tasks, activities undertaken)	

[REDACTED]

Assessor's view of whether the care provided is necessary, and evidence to support this:

[REDACTED]

Is the carer willing and able to carry on in their caring role?

Yes

Brief outline of the health issues / diagnoses of the cared for person:

[REDACTED]

- Dementia [REDACTED]
- Brain damage
- Type 2 diabetes
- experiences breathlessness and tremors

Average time spent each week supporting the cared for person:

[REDACTED]

Does the carer live with the cared for person?

Yes

Is this form based on a Carer's Assessment submitted by or on behalf of the Carer?

Yes

## Risks

Does the caring role entail risk related to moving and handling?

No

Details if Yes

Consider whether the Cared for Person would benefit from a moving and handling assessment.  
Are there immediate risks to the carer's ability to care for the person?

[REDACTED]

If yes, further details

[REDACTED]

Are there longer term risks to the carer's ability to care for the person?

[REDACTED]

If yes, further details

[REDACTED]

Would the carer 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 person being assessed.

No - declined

Any other comments on risks to the carer, or in their caring role:

Property belongs to the TMO and has frequent checks - no risk identified.

## Summary and Eligibility (\*)

Assessor's summary

[REDACTED]

Support Needs

Eligibility Outcome	Ability	Evidence	Significan Eligible Need
[REDACTED]			

Is the carer's physical health deteriorating (or at risk of doing so), as a result of their caring role AND this has a significant impact on their well-being?

[REDACTED]

Is the carer's mental health deteriorating (or at risk of doing so), as a result of their caring role AND this has a significant impact on their well-being?

[REDACTED]

**Eligible for Adult Social Care Support?**

Carer has one or more Eligible Needs **OR** their physical or mental health **IS** (or is at risk of) deteriorating as a result of caring role and this is significantly impacting their wellbeing

Is the Carer Eligible?

[REDACTED]

State reason/s why

[REDACTED]

**IF THE CARER IS ELIGIBLE AND IS NOT DECLINING SUPPORT, YOU MUST COMPLETE THE SUPPORT PLAN SECTION**

**Where the local authority has identified that the carer has needs but determined that these needs are not eligible, it must provide information and advice on what support might be available in the wider community, or what preventative measures might be taken to prevent or delay deterioration. This should be confirmed in writing.**

Information and advice or signposting provided?

☐ Yes

☒ No

Action on Other Issues and Ineligible Needs

[REDACTED]

**Assessment Decision**

Assessment Completed? Yes

Date assessment completed 13/06/2016

Assessment Decision Carer service provided or continuing

**Carer's Support Plan****Plan to Meet Needs**

Date of Support Plan

13/06/2016

Indicative Carer's Personal Budget (£ per year)

[REDACTED]

This is calculated on basis of the number of distinct eligible outcomes the carer is unable to achieve and/or the deterioration in the carer's physical or mental health.

Advocacy support for this support plan:

[REDACTED]

State how needs will be met and by whom.

[REDACTED]

Details of any planned emergency / contingency support e.g. Carer's Emergency Card scheme

[REDACTED]

**If Carer services are provided or continuing, tick all appropriate options:**☐ Carer break/s provided or continuing☐ Carer personalised info/ advice provided☐ Carer Personal Budget intended or provided☐ Carer other service/s provided or continuing

Is the cared for person currently receiving, or due to receive, any type of social care respite service (such as a sitting service or residential/nursing respite)?

No

**Carer's Personal Budget**

Total Agreed Carer's Personal Budget Allocation (if applicable) £

[REDACTED]



This may differ from the Indicative Carer's Personal Budget, for example if outcomes can be achieved by using support available in the community, or by providing support to the cared for person.

If the Agreed Carer's Personal Budget is more than the Indicative Carer's Personal Budget - please give reason/s:

If Carer is to receive a Personal Budget please give a detailed cost breakdown:

Give brief details of any referrals, applications or signposting if not already mentioned above - e.g. Carers Emergency Card, Injury Prevention Service, Carers Break scheme, Carers Allowance, Lasting Power of Attorney, Improving Access to Psychological Therapies team (IAPT), telecare (for the cared for person), referral to Adult Social Care for further assessment (for agencies working on behalf of the council only)

## Consent and Agreement

### Consent

I confirm that I have been advised of, and consent to, the sharing of this assessment and support plan information, if required.

Signature of Carer:

### OR

I (the worker) verify that the carer has been advised of and consented to the sharing of information in order to provide their support. Verified at 12:42 PM on 14/06/2016 by Sonia Medwinter Role: ASC Safeguarding Staff Organisation: Advice, Information & Assessment Team (RBKC - ASC)

### OR

Details if the carer does not agree to the information sharing arrangements, or any limitations that are to be applied:

### Agreement

I confirm that the contents of this assessment and support plan are an accurate reflection of my current situation and support arrangements.

Signature of Carer:

### OR

I (the worker) verify that the carer has agreed the contents of this document: Verified at 12:42 PM on 14/06/2016 by Sonia Medwinter Role: ASC Safeguarding Staff Organisation: Advice, Information & Assessment Team (RBKC - ASC)

### OR

Reasons if Carer has not agreed contents of this assessment/plan:

## Cared for Person's Consent

Record of Completion	
Indicative Budget	[REDACTED]
Agreed PB	[REDACTED]
Will the person be given a copy of their assessment and support plan?	Yes
If 'No' give details	

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