

Care and Support Plan Review (15)

Personal and General Details

frameworki ID	[REDACTED]
NHS No.	
Title	Ms
Forename	Giti
Surname	Pahlavani
Preferred Name	
Address	Flat 22, Grenfell Tower Grenfell Road London
Postcode	W11 1TG
Tenure Type	Council tenant
Household Structure	Lives with others
Phone Numbers	Mobile : [REDACTED] Home : [REDACTED]
Date of Birth	[REDACTED]
Age	[REDACTED]
Ethnicity	[REDACTED]
First Language	[REDACTED]
<input type="checkbox"/> Interpreter required?	

GP Details

GP Name	[REDACTED]
GP Address	[REDACTED]
GP Telephone	[REDACTED]
Date Review started	

11/11/2015 |

Advocacy Support

Ms Pahlavani is able to communicate her views and needs. Her two adult sons are actively involved in her care and able to provide advocacy support should she need it. Ms Pahlavani's son Sharam was present during this social care review and contributed to the conversation.

Attendees and others involved in review

Name	Role / job title	Attended? (Yes / No)
Ms Pahlavani	Customer	Yes
Sharam Sadafi	Son	Yes

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 reasons

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

Yes

If No, give reasons

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

Yes

If No, give reasons

Was consent given for information to be shared as needed?

Yes

Details of any limitations on sharing information

Signature of person
being assessed

Date of discussion with person if they have agreed to consent detailed above but not signed:

11/11/2015 |

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.

Involvement in Review

- . How has the person been involved in planning for this meeting?
- . What issues has the person raised?
- . How should the review be structured so that they are able to participate as fully as possible?

Details

Ms Pahlavani was contacted via telephone and agreed a time and date for her review to take place. Ms Pahlavani was happy for her sons to be present during the review and agreed to invite them to attend. Ms Pahlavani was able to communicate her needs and wishes. Review completed at Ms Pahlavani's home.

Does the person have access to their support plan?

Yes

Comments

Personal Outcomes

Previous Personal Outcomes

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

Carer/s

Is there an informal Carer?

Yes

If yes, ensure the Carer is added to Frameworki, and enter their details below.

Carer Details - 1

Name of Carer	Sharam Sadafi
Carer ID	[REDACTED]
Carer Date Of Birth	Sharam Sadafi

Carer Details - 2

Name of Carer	Shahin Sadafi
Carer ID	[REDACTED]
Carer Date Of Birth	Shahin Sadafi

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

Yes

If Yes, then at what level?

Is this a joint review?

Yes

Did the carer decline an assessment?

No

To record a Carer's Assessment go to the carer's record on Frameworki, open up a new episode 'Carer Assessment and Support Plan', and complete the document

'Carer Assessment and Support Plan'. Complete a separate assessment for each carer identified.

Review Summary

Brief summary of current / existing support (including paid care and informal / health support etc)

Have there been any changes to what the person would like to achieve? (i.e. their Personal Outcomes)

Have there been any changes to the person's physical/mental health, caring role etc

Have there been any changes to the person's Needs?

Consider areas such as basic care activities, social/housing situation, finances and financial management, relationships and social contact.

[REDACTED]

****If there have been significant changes in the above areas since the last assessment / review then please complete a new Core Assessment form instead****

Review of extent to which the current package is meeting the personal outcomes and needs of the customer

Customer's views

[REDACTED]

Views of Carer/family/friends

[REDACTED]

Views of supporting agencies and other professionals

[REDACTED]

Reviewing practitioner's views

[REDACTED]

Risks

[REDACTED]

If the person is eligible for support which of the following personal budget management options will they now be using?

If the person receives a Direct Payment has evidence been provided which demonstrates that support is being purchased appropriately and as agreed in their support plan. Are they submitting regular returns in accordance with the contractual agreement?

Comments

Health and Social Care Needs

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

If the answer to this is Yes - **do not record Health and Social Care 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 Health and Social Care 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 Health and Social Care Needs and an eligibility decision.

☐ Yes

☒ No

Details

Health and Social Care Needs

Eligibility Outcome	Ability	Description	Significant	Eligible

Person Name: Gitiara Pahlavani

Person ID: [REDACTED]

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Eligibility Outcome	Ability	Description	Significant	Eligible
[REDACTED]				

Person Eligible?

[REDACTED]

Reason/s

[REDACTED]

Further Actions (*)

Has the person or their carer requested and / or been offered self-directed support?

[REDACTED]

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

[REDACTED]

Further details

Is a Mental Capacity Assessment(s) indicated?

[REDACTED]

Further details

If the person is under s117 of the Mental Health Act then is a review of this status indicated?

[REDACTED]

Details

Is a referral for Telecare installation now intended?

No - Risk not reduced by Telecare

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?

No - declined

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

Action Summary

Action	Responsibility / Status
[REDACTED]	

Record of Completion (*)

Is this an Unplanned Review? No

If Yes, give reason:

☒ Review completed (check when complete)

Date completed 17/11/2015 |

Other reports / assessments consulted as part of this review

Report / assessment	Attached? (Yes/No)

Review Decision

Community based services intended or started

☒ Review authorised? (Check the box when review is authorised)

Will the person be given a copy of this review?

Yes

Details if No or Not applicable

To the person completing the Review - please complete an updated Care and Support Plan, and schedule the next Review, unless circumstances have changed significantly and either re-assessment or closure is indicated.
To the person whose support has been reviewed - if there is inaccurate information in these review notes please let us know right away, otherwise we will assume that you agree with this assessment.