

Care and Support Plan Review (15)

Personal and General Details

frameworki ID	[REDACTED]
NHS No.	
Title	Mr
Forename	Maher
Surname	Khoudair
Preferred Name	
Address	FLAT 64 GRENFELL TOWER GRENFELL ROAD LONDON
Postcode	W11 1TG
Tenure Type	Council tenant
Household Structure	One adult alone
Phone Numbers	[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
29/04/2015 |

Advocacy Support

No need identified at this time

Attendees and others involved in review

Name	Role / job title	Attended? (Yes / No)
Maher Khoudair	client	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

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

Yes

If No, give reasons

Signature of person being assessed

Date of discussion with person if they have agreed to consent detailed above but not signed: 29/04/2015

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

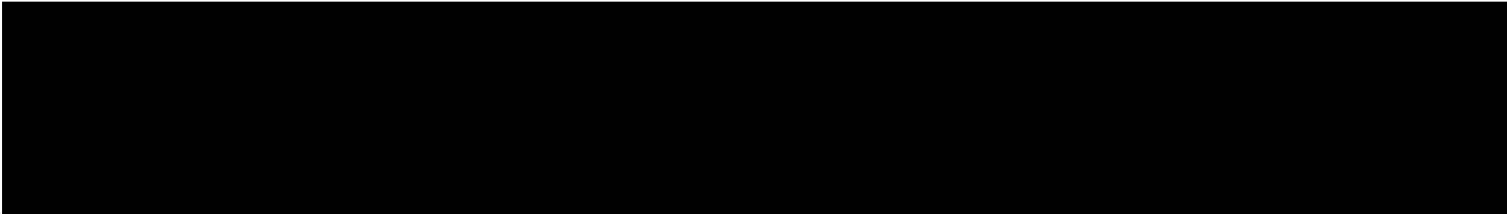
Face to face interview with client conducted in his home.

Does the person have access to their support plan?

Yes

Comments

Quality of Life Survey



Personal Outcomes

Previous Personal Outcomes

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

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

Carer/s

Is there an informal Carer?
No

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

Carer Details - 0

Name of Carer

Carer ID

Carer 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?

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)

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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.

No.

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

None reported.

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?

[REDACTED]

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 are submitting regular returns in accordance with the contractual agreement?

Comments

Person Name: Maher Khoudair

Person ID: [REDACTED]

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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	Well-being Area	Eligible

Person Eligible?

[REDACTED]

Reason/s

Further Actions

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

No - previously referred

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
Case to be transferred to Locality for long term monitoring	AIA OT

Record of Completion

Is this an Unplanned Review? No

If Yes, give reason:

☒ Review completed (check when complete)

Date completed 29/04/2015

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)

Has the person been 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.