

Care and Support Plan Review (15)

Personal and General Details

frameworki ID	[REDACTED]
NHS No.	[REDACTED]
Title	Mrs
Forename	Folora
Surname	Neda
Preferred Name	
Address	Flat 205, Grenfell Tower Grenfell Road London
Postcode	W11 1TQ
Tenure Type	Council tenant
Household Structure	Lives with others
Phone Numbers	Mobile : [REDACTED] Home : [REDACTED] Mobile : [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	

22/04/2015

Advocacy Support

Not required. Mrs Neda is able to communicate her wishes and feelings without support.

Attendees and others involved in review

Name	Role / job title	Attended? (Yes / No)
[REDACTED]		
Mrs Folora Neda	Service User	Yes
Mohammed Amid	Husband	Yes
[REDACTED]		

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:

20/07/2015

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

Involvement

Mrs Neda was contacted prior to her review to arrange a time and date to suit her.

Issues

Participation

Mrs Neda is able to communicate effectively therefore she was able to participate as fully as possible in her review.

[Does the person have access to their support plan?](#)

Yes

Comments

This will be posted upon completion.

Quality of Life Survey

Quality of Life

This survey was devised by the Personal Social Services Research Unit (PSSRU) and uses the Adult Social Care Outcomes Tool (ASCOT). This is a nationally validated tool.

1. 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

2. 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

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

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	Mohamed Amid
Carer ID	30411644
Carer Date Of Birth	Mohamed Amid

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

Yes

If Yes, then at what level?

[REDACTED]

Is this a joint review?

No

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)

[REDACTED]

Have there been any changes to 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.

[REDACTED]

Personal Care:

[REDACTED]

[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

[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?

Yes

Comments

Managed service DP account

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
[REDACTED]				

Eligibility Outcome	Ability	Description	Significant	Eligible

Person Eligible?

Yes

Reason/s

[REDACTED]

Further Actions (*)

Further details

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
To complete care and support plan.	Marina Jarrett
To complete carers assessment	Marina Jarrett

Record of Completion (*)

Is this an Unplanned Review? No

If Yes, give reason:

☒ Review completed (check when complete)

Date completed 14/09/2015

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.