

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	Luke
Surname	Towner
Preferred name	
Address	FLAT 171 GRENFELL TOWER GRENFELL ROAD LONDON
Postcode	W11 1TQ
Telephone No.	
NHS ID	
Date of birth	[REDACTED]
Age	[REDACTED]
Ethnicity	[REDACTED]
Person Ethnicity and Sub Ethnicity	[REDACTED]
First Language	[REDACTED]

☐ Interpreter required

Health

Does the carer have a health condition / disability?

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?

[REDACTED]

Assessment details

Is this Carer's Assessment a Review / Reassessment?

No

Reason for
Assessment

Luke is the main carer of his partner Emma Louise O'Connor. [REDACTED]
[REDACTED]

Date assessment
started

23/05/2016

Assessor

Trish Welton
ASC Practice Managers

Contact Details

Advocacy support for
this assessment

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

Emma Louise O'Connor (cared for person).

Personal Outcomes

What outcomes does the carer want to achieve?

Personal Outcomes

Personal Outcome	Aim	Achieved	Comment
[REDACTED]			

Strengths/strategies used to achieve these outcomes for myself

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

[REDACTED]

Caring Role (*)

Details of Cared for Person/s - 1

Name	Emma Louise O'Connor
FWi ID	[REDACTED]
Address	FLAT 171 GRENFELL TOWER GRENFELL ROAD LONDON W11 1TQ
Date of Birth	[REDACTED]
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?

[REDACTED]

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

[REDACTED]

[REDACTED]

Average time spent each week supporting the cared for person:

Does the carer live with the cared for person?

[REDACTED]

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

[REDACTED]

Risks

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

[REDACTED]

Details if Yes

[REDACTED]

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

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.

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

Summary and Eligibility (*)

Assessor's summary

[REDACTED]

Support Needs

Eligibility Outcome	Ability	Evidence	Significan Eligible Need
[REDACTED]			

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

Assessment Decision

Assessment Completed?	Yes
Date assessment completed	27/05/2016
Assessment Decision	Carer service provided or continuing

Carer's Support Plan

Plan to Meet Needs

Date of Support Plan
27/05/2016 |

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:

State how needs will be met and by whom.

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

☐ If Carer services are provided or continuing, tick all appropriate options:

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)?

Carer's Personal Budget

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

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 01:52 PM on 27/05/2016 by Poppy Haak Role: ASC Safeguarding Staff Organisation: 3B ASC Professional Standards and Safeguarding Adults

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: Has not been verified

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	
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.