

| Care Act Assessment / Review | | | | | | | |
|---|--|---------------------|--|--|--|------------|--|
| Name | | | Surname | | | | |
| Current Address | | | NHS Number | | | | |
| Paris/ Mobius ID | | Mosaic [ECC] | | DOB | | Age | |
| Gender | | Ethnicity | | Employment Status | | | |
| Marital Status | | Religion | | MH Diagnosis If known | | | |
| Care Coordinator | | | Locality Team | | | | |
| Date Of Assessment: Initial Assessment <input type="checkbox"/> Review <input type="checkbox"/> | | | Name Of Reviewer [If different from Care Co] | | | | |
| Date of Last Review: | | | | S.117 Eligible YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Are there any barriers for the Adult in participating in this process? i.e language, sensory loss, etc. YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, indicate what support has been put in place to accommodate this need: | | | | | | | |
| Has the Adult consented to this Care Act Assessment: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| Does the Adult have capacity to engage in the Care Act Assessment? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, is an MCA attached to this assessment? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| Is advocacy required: YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, include details of Advocacy contacted: Name: _____ Relation to Adult: _____ Name of Organisation if Formal advocacy required: _____ | | | | | | | |
| Present at this Assessment/Review: | | | Who was contacted for the assessment/ review? | | | | |
| Reason for Care Act assessment: Details of the Referral | | | | | | | |

Brief History:
Current Situation:
Detail overview of Needs Identified Following Assessment/ Review – complete all fields below.

Assessment must reflect Person Centred Outcomes [Asset and strength based consideration including any impact as a result of Cultural or Diversity considerations under the Equality Act 2010]

a. Managing and maintaining nutrition

| | | |
|--|---|-----------------------------|
| Needs identified | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does this need relate to S.117 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If needs relating to S.117 after care: | Health <input type="checkbox"/> or Social Care <input type="checkbox"/> | |

Assessment:

Risk if appropriate support is not in place:

Desired Outcome:

b. Managing toilet needs

| | | |
|--|---|-----------------------------|
| Needs identified | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does this need relate to S.117 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If needs relating to S.117 after care: | Health <input type="checkbox"/> or Social Care <input type="checkbox"/> | |

Assessment:

Risk if appropriate support is not in place:

Desired Outcome:

c. Maintaining personal hygiene

| | | |
|--|---|-----------------------------|
| Needs identified | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does this need relate to S.117 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If needs relating to S.117 after care: | Health <input type="checkbox"/> or Social Care <input type="checkbox"/> | |

Assessment:

Risk if appropriate support is not in place:

Desired Outcome:

d. Being appropriately clothed

| | | |
|--|---|-----------------------------|
| Needs identified | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does this need relate to S.117 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If needs relating to S.117 after care: | Health <input type="checkbox"/> or Social Care <input type="checkbox"/> | |

Assessment:

Risk if appropriate support is not in place:

Desired Outcome:

e. Maintain a habitable home environment

| | | |
|--|---|-----------------------------|
| Needs identified | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does this need relate to S.117 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If needs relating to S.117 after care: | Health <input type="checkbox"/> or Social Care <input type="checkbox"/> | |

Assessment:

Risk if appropriate support is not in place:

Desired Outcome:

f. Being able to make use of the home safely

| | | |
|--|---|-----------------------------|
| Needs identified | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does this need relate to S.117 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If needs relating to S.117 after care: | Health <input type="checkbox"/> or Social Care <input type="checkbox"/> | |

Assessment:

Risk if appropriate support is not in place:

Desired Outcome:

g. Developing and maintaining family or other personal relationships

| | | |
|--|---|-----------------------------|
| Needs identified | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does this need relate to S.117 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If needs relating to S.117 after care: | Health <input type="checkbox"/> or Social Care <input type="checkbox"/> | |

Assessment:

Risk if appropriate support is not in place:

Desired Outcome:

h. Accessing and engaging in work, training, education or volunteering

| | | |
|--|---|-----------------------------|
| Needs identified | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does this need relate to S.117 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If needs relating to S.117 after care: | Health <input type="checkbox"/> or Social Care <input type="checkbox"/> | |

Assessment:

Risk if appropriate support is not in place:

Desired Outcome:

i. Making use of necessary facilities or services in the local community including public transport and recreational facilities or services (more than one need can be identified)

| | | |
|--|---|-----------------------------|
| Needs identified | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does this need relate to S.117 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If needs relating to S.117 after care: | Health <input type="checkbox"/> or Social Care <input type="checkbox"/> | |

Assessment:

Risk if appropriate support is not in place:

Desired Outcome:

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|--|
| <p>The Adult's [service user] comments: to also reflect their wishes and aspirations for their care and desired outcomes, using their own words.</p> |
| <p>Carers/Families comments: Include named individuals and their relation to the adult.</p> |
| <p>If in any Residential or Supported accommodation, please include the views of the Care Provider and Named Person providing input.</p> |
| <p>Where a Carer/s have been identified have they been referred for a Carers Assessment: Who is supporting the individual?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If No state reasons why:</p> <p>Were any young Carers identified: YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
| <p>Details of Identified Risks:</p> |
| <p>Eligibility Determination: has eligibility been established</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
| <p>Closing Summary: Assessors Summary, Analysis and Reasoning</p> |

| | | | |
|--|---|----------------|------------------------|
| Outcome of assessment/ review ➤ Supported accommodation: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Complex <input type="checkbox"/> IAB <input type="checkbox"/> ➤ Domiciliary Care <input type="checkbox"/> Residential Care <input type="checkbox"/> Nursing Care <input type="checkbox"/> Other <input type="checkbox"/> ➤ Direct Payment <input type="checkbox"/> Respite <input type="checkbox"/> | | | |
| Financial Assessment Service [FAS] – [including S.117] Has the Adult been informed of any potential cost implications for identified care needs? YES <input type="checkbox"/> NO <input type="checkbox"/> If No , state reason why: Has the Adult been referred for a FAS assessment YES <input type="checkbox"/> NO <input type="checkbox"/> If No , state reason why: | | | |
| Proposed Intervention: [Care and Support Plan] | | | |
| Assessed Need | Intervention/Action to be taken. | By whom | Desired Outcome |
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| Required Signatures That also confirms this was seen and agreed by the Adult | |
|---|-----------------|
| Care Coordinator signature: | Date: |
| Care Coordinators Team: | Contact Number: |
| Assessor/Reviewer Signature: | Date: |
| Assessor's Team: | Contact Number: |