

**HULL CITY COUNCIL
COMMUNITY CARE SERVICES**

COMMUNITY CARE ASSESSMENT

FOR

Name:	Address:
Community Care Services Team/District:	
Party ID:	Hospital and Ward:

	Date:	Signature:
CCA Updated

Statement of Needs Updated

Care Plan Updated

PROCESS DETAILS

Assessment Officer	District:	Date allocated
Care Co-ordinator (if allocated)		Date allocated
Date Client first contacted		Date Assessment completed
Signature of District Team Leader on completion of CCA		Date

Community Care Progress Checklist

Tick boxes as tasks are completed (*enter date and initial each entry in margin*)

- | | | | |
|---|-----------------------|-------------------------------------|--|
| <input type="checkbox"/> Client (or Carer) consent to CC Assessment (including signature) | | | |
| <input type="checkbox"/> Special Assessments requested. Note from whom: (with date) | | | |
| <input type="checkbox"/> Specialist Assessments all returned. Date | | | |
| <input type="checkbox"/> Financial Assessment completed. Date | Sent to HQ | <input type="checkbox"/> Date | |
| <input type="checkbox"/> Statement of Care Needs completed | | | |
| <input type="checkbox"/> Carer Assessment completed. Date | Copy of CCA to Client | <input type="checkbox"/> Date | |
-
- | | | | |
|--|-------|---|--|
| <input type="checkbox"/> Client Choice offered | ..... |  |  |
| <input type="checkbox"/> Principal Provider identified | ..... | Date | Date |
| <input type="checkbox"/> Care Plan completed - <i>copies sent to</i> | ..... | Client <input type="checkbox"/> | Providers <input type="checkbox"/> |
| <input type="checkbox"/> Pages 4, 5, 7 completed – <i>copies sent to</i> | ..... | GP <input type="checkbox"/> | Other <input type="checkbox"/> |
| <input type="checkbox"/> CCA copies sent | ..... | User <input type="checkbox"/> Provider | <input type="checkbox"/> Review Date |
| <input type="checkbox"/> Placement/Service requested | ..... |  |  |
| <input type="checkbox"/> Placement Agreement | ..... |  |  |
| <input type="checkbox"/> CST Services required | ..... | CST Response obtained | <input type="checkbox"/> |
| <input type="checkbox"/> Agreement to pay Home Care charges | ..... |  |  |
| <input type="checkbox"/> Request to DSS for increased Income Support | ..... |  |  |
| <input type="checkbox"/> DLA/AA Form to Client/Carer | ..... | Sent on to DSS | <input type="checkbox"/> Date |
| <input type="checkbox"/> Ref. to Welfare Rights | ..... |  |  |
| <input type="checkbox"/> Income Support Form to Client/Carer | ..... |  |  |
| <input type="checkbox"/> First Review Date set | ..... |  | Date |
| <input type="checkbox"/> Contract signed | ..... | Original to HQ <input type="checkbox"/> | |
| | | Copy to Provider <input type="checkbox"/> | |
| | | File Copy <input type="checkbox"/> | |
| <input type="checkbox"/> Stop/Start form completed | ..... | Copy to HQ <input type="checkbox"/> | |
| <input type="checkbox"/> Preferred Option Shortfall log sheet completed | ..... |  |  |
| <input type="checkbox"/> SSID record completed | | | |

CONSENT DETAILS

I, namehave been given the leaflet " Introducing Community Care" and have had it explained to me/to my Carer/Representative.

I give my consent to:

1. A Community Care Assessment being carried out by a Kingston Upon Hull City Council Community Care Services Assessment Officer (and a Care Co-ordinator where appointed);
2. Any other people or agencies such as Family Practitioner GP),Department of Social Security, Housing, other Health Care Providers, giving relevant information to the Assessment.

Signed Date

(Status where appropriate)

Where client is unable to sign, the client's representative should sign and write in their status, e.g. husband, wife, daughter, solicitor, etc.

HULL CITY COUNCIL COMMUNITY CARE SERVICES - Community Care Assessment

CLIENT BASIC INFORMATION

Forename(s)	Date of Birth			
Surname	or Approximate Age (as at Assessment)			
Known as	GP and Practice			
Address	Religion			
	Ethnic Origin			
Postcode	White-British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
	White-Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Telephone	Any other White background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
	White and Black Caribbean	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
National Insurance No.	White and Black African	<input type="checkbox"/>	Black-Caribbean	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>	Black-African	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
			Chinese	<input type="checkbox"/>
			Any other Ethnic group	<input type="checkbox"/>
Hospital Ward and Link Nurse	Power of Attorney or Court of Protection (If appointed)			
	Next of Kin			
Consultant/Tel. No.	(Name, Address, Relationship, Party ID)			

FAMILY/HOUSEHOLD COMPOSITION

Name/Address	Age/DOB	Relationship	In House (Y/N)

SIGNIFICANT OTHERS

Name/Address	Age/DOB	Relationship

1. PERSONAL PROFILE

Includes significant life events and present circumstances, relationships and weight client attaches to these.
Also include likes, dislikes, day to day habits and routine, outlook, aspirations plus quality of current lifestyles.

Needs arising from Cultural and Ethnic background (to include personal, spiritual, dietary and social needs).

2. GENERAL HEALTH AND DISABLING CONDITIONS Summaries of information received and assessments undertaken.		BANDING	
Condition/Disability		CAR BADGE HOLDER <input type="checkbox"/>	NAME ON DISABILITY REGISTER <input type="checkbox"/>
Severity and Effect			
Additional Documentation Sources and location of all specialist reports, letters and other information used in above component			
3. COMMUNICATION		BANDING	
Currently Registered		<i>(Note equipment and practical assistance required or that already in place. Consider referral to specialist worker).</i>	
Partially sighted	<input type="checkbox"/>		
Blind	<input type="checkbox"/>		
Hearing impaired	<input type="checkbox"/>		
Deaf	<input type="checkbox"/>		
1 st Language			
English	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
Additional Documentation Sources and location of all specialist reports, letters and other information used in above component			

4. SELF CARE AND MOBILITY			BANDING
<p><u>HOUSEHOLD</u></p> <p>Light housework <input type="checkbox"/></p> <p>Heavy housework <input type="checkbox"/></p> <p>Laundry (home) <input type="checkbox"/></p> <p>Launderette <input type="checkbox"/></p> <p>Ironing <input type="checkbox"/></p> <p>Change bed <input type="checkbox"/></p> <p>Prepare fire <input type="checkbox"/></p> <p>Manage heating system <input type="checkbox"/></p> <p>Empty commode <input type="checkbox"/></p> <p>Use appliances (taps, plugs etc) <input type="checkbox"/></p> <p>Shopping <input type="checkbox"/></p> <p>Open/close cupboards <input type="checkbox"/></p> <p><u>PERSONAL HYGIENE</u></p> <p>Washing <input type="checkbox"/></p> <p>Bathing/shower <input type="checkbox"/></p> <p>Use of toilet/commode <input type="checkbox"/></p> <p>Shaving <input type="checkbox"/></p> <p>Hair <input type="checkbox"/></p> <p>Care of teeth <input type="checkbox"/></p> <p>Cutting finger nails <input type="checkbox"/></p> <p>Cutting toe nails <input type="checkbox"/></p>	<p><u>CHILD CARE</u></p> <p>Feed <input type="checkbox"/></p> <p>Wash <input type="checkbox"/></p> <p>Dress <input type="checkbox"/></p> <p>Pushchair <input type="checkbox"/></p> <p>Transport <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><u>COOKING A MEAL/ FOOD PREPARATION</u></p> <p>Open jars <input type="checkbox"/></p> <p>Open tins <input type="checkbox"/></p> <p>Open packets <input type="checkbox"/></p> <p>Prepare vegetables <input type="checkbox"/></p> <p>Fill and use kettle <input type="checkbox"/></p> <p>Lift cooking pots <input type="checkbox"/></p> <p>Make hot drink <input type="checkbox"/></p> <p>Make cold snacks <input type="checkbox"/></p> <p>Use microwave safely <input type="checkbox"/></p> <p>Prepare hot meal <input type="checkbox"/></p> <p>Washing up <input type="checkbox"/></p> <p>Drying up <input type="checkbox"/></p> <p><u>MANAGEMENT</u></p> <p>Own medication <input type="checkbox"/></p> <p>Finance/Budget <input type="checkbox"/></p>	<p><u>CLOTHING</u></p> <p>Undress lower <input type="checkbox"/></p> <p>Undress upper <input type="checkbox"/></p> <p>Dress lower <input type="checkbox"/></p> <p>Dress upper <input type="checkbox"/></p> <p>Use zips <input type="checkbox"/></p> <p>Use buttons <input type="checkbox"/></p> <p>Use Velcro <input type="checkbox"/></p> <p>Use hooks <input type="checkbox"/></p> <p>Socks/stockings <input type="checkbox"/></p> <p>Shoes <input type="checkbox"/></p> <p>Completely/dresses self in sensible sequence <input type="checkbox"/></p> <p>Wear clothes appropriate to weather condition <input type="checkbox"/></p> <p><u>EATING AND DRINKING</u></p> <p>Use knife and fork <input type="checkbox"/></p> <p>Use fork <input type="checkbox"/></p> <p>Use spoon <input type="checkbox"/></p> <p>Cutting food <input type="checkbox"/></p>	<p style="text-align: center;">Coding</p> <p>1 - Can do</p> <p>2 - Can do with aids</p> <p>3 - Can do with prompting</p> <p>4 - Can do with physical assistance</p> <p>5 - Cannot do</p> <p><u>MOBILITY</u></p> <p>INDOOR</p> <p>Lay in bed <input type="checkbox"/></p> <p>Get off bed <input type="checkbox"/></p> <p>Sit on chair <input type="checkbox"/></p> <p>Get off chair <input type="checkbox"/></p> <p>Get into bath <input type="checkbox"/></p> <p>Get out of bath <input type="checkbox"/></p> <p>Move about indoors <input type="checkbox"/></p> <p>Climb stairs <input type="checkbox"/></p> <p>Pick self up from floor <input type="checkbox"/></p> <p>OUTDOOR</p> <p>Stand un-assisted <input type="checkbox"/></p> <p>Walk 20 yards <input type="checkbox"/></p> <p>Climb steps <input type="checkbox"/></p> <p>Use walking-aid effectively <input type="checkbox"/></p> <p>Use wheelchair <input type="checkbox"/></p> <p>Use public transport <input type="checkbox"/></p>
<p>Further Details: (including summary of relevant background health details and any dietary needs)</p>			
<p>Additional Documentation Sources and location of all specialist reports, letters and other information used in above component. <input type="checkbox"/></p>			

5. MENTAL HEALTH	BANDING	
Mental Health problem where applicable: Diagnosed by:		
Severity and Effect Emotional/Psychological Functioning		
Additional Documentation Sources and location of all specialist reports, letters and other information used in above component		
6. SUBSTANCE MISUSE	BANDING	
Additional Documentation Sources and location of all specialist reports, letters and other information used in above component		

7. ACCOMMODATION AND ENVIRONMENT	BANDING	
<p>If alternative accommodation required, including Residential or Nursing Care, state what and any action taken:</p> 		
<p><u>ACCOMMODATION TYPE</u></p> <p>House <input type="checkbox"/> Multi-Storey Flat <input type="checkbox"/> Residential <input type="checkbox"/></p> <p>Bungalow <input type="checkbox"/> Sheltered Housing <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Ground Floor Flat <input type="checkbox"/> Group Home <input type="checkbox"/></p> <p>Upper Floor Flat <input type="checkbox"/> Hostel <input type="checkbox"/></p>	<p><u>OWNERSHIP</u></p> <p>Owner Occupied <input type="checkbox"/></p> <p>Private Rented <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Local Authority <input type="checkbox"/></p>	
<p>Additional Documentation Sources and location of all specialist reports, letters and other information used in above component.</p> 		
8. OCCUPATIONAL/RECREATIONAL	BANDING	
<p>Additional Documentation Sources and location of all specialist reports, letters and other information used in above component.</p> 		

DETAILS OF CURRENT SUPPORT NETWORK		
Name {PARTY ID } Relationship Address	Tasks undertaken/support offered	When, how often
Name {PARTY ID } Relationship Address	Tasks undertaken/support offered	When, how often
Name {PARTY ID } Relationship Address	Tasks undertaken/support offered	When, how often
Name {PARTY ID } Relationship Address	Tasks undertaken/support offered	When, how often

AREA OF CONCERN																											
<p>IS THE CLIENT AT RISK FROM</p> <p>Environmental Factors <input type="checkbox"/></p> <p>Health Factors <input type="checkbox"/></p> <p>Themselves due to own behaviour (and/or a risk to other people) <input type="checkbox"/></p>	<p>TYPE OF RISK (Tick whichever applies)</p> <p>Risk of losing independence <input type="checkbox"/> Danger to self <input type="checkbox"/></p> <p>Self neglect/refusal of help <input type="checkbox"/> Deliberate self harm <input type="checkbox"/></p> <p>Unable to appreciate/anticipate danger <input type="checkbox"/> Abuse/exploitation <input type="checkbox"/></p> <p>Inadequate basic care <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Danger to others <input type="checkbox"/></p>																										
<p>Detail (including any immediate action taken before Care Plan implemented):</p> 																											
POINTS OF DIFFERENCE																											
<p>Record any discrepancy between Client/Carer and Assessor's view on needs.</p> 																											
<p>Assessed Banding Matrix</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">Component</th> <th style="width: 15%; text-align: center;">Score (1-7)</th> <th style="width: 35%;"></th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Personal Profile</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Mental Health/Psychological</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Accommodation & Environment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Occupation/Recreational</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Communication</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Self Care and Mobility</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>General Health and Disabling Conditions</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Substance Misuse</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: right;">Overall Assessed Banding (Highest Single Score)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>				Component	Score (1-7)			Personal Profile	<input type="checkbox"/>	Mental Health/Psychological	<input type="checkbox"/>	Accommodation & Environment	<input type="checkbox"/>	Occupation/Recreational	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Self Care and Mobility	<input type="checkbox"/>	General Health and Disabling Conditions	<input type="checkbox"/>	Substance Misuse	<input type="checkbox"/>	Overall Assessed Banding (Highest Single Score)			<input type="checkbox"/>
Component	Score (1-7)																										
Personal Profile	<input type="checkbox"/>	Mental Health/Psychological	<input type="checkbox"/>																								
Accommodation & Environment	<input type="checkbox"/>	Occupation/Recreational	<input type="checkbox"/>																								
Communication	<input type="checkbox"/>	Self Care and Mobility	<input type="checkbox"/>																								
General Health and Disabling Conditions	<input type="checkbox"/>	Substance Misuse	<input type="checkbox"/>																								
Overall Assessed Banding (Highest Single Score)			<input type="checkbox"/>																								

HULL CITY COUNCIL COMMUNITY CARE SERVICES – Community Care Assessment

CARER'S PROFILE	
Name Address	D.o.B or approximate age Party id.
Relationship to client	Client's name Party id.
Carer's commitments - family, employment, education	
Health problems or concerns mentioned by the carer	
Pressures and restrictions associated with being a carer	
Has the carer been offered a full Carer's Assessment including the chance to complete the Carer's Self-Assessment?	
Yes	No
Has the carer had or do they need a Community Care Assessment?	
Yes	No

HULL CITY COUNCIL COMMUNITY CARE SERVICES - Carer's Assessment

OUTCOMES THAT ARE IMPORTANT TO THE CARER

The form *Carer's Self-Assessment* helps to identify the impact of caring in the life of the carer and their family. Use the four 'outcomes' boxes on this page to record what the carer would regard as important to improve their health and well being and to support them in their carer role.

Outcomes 1. Quality of life for the cared for person,
for example:

- well cared for/sensitively cared for: clean comfortable, safe
- as independent as possible
- social contacts

- meaningful activities
- dignity and respect
- access to services
- suitable accommodation and equipment

Outcomes 2. Quality of life for the carer, for example:

- physical well-being
- emotional well-being
- avoiding social isolation
- having a life of their own
- feeling safe

- maintaining positive relationships with the cared-for person
- material circumstances (income/housing etc)
- view of their future as a carer
- having time for work, education, family etc

Outcomes 3. More support in caring, for example:

- skills and knowledge (e.g. training needs)
- sharing caring responsibility
- managing the practical tasks of caring
- reliability of services

- positive responses from staff
- managing domestic tasks
- managing family/household responsibilities
- better information
- more breaks
- help in an emergency

Outcomes 4. Recognition, for example:

- valued and respected as an equal partner
- listened to
- kept informed
- recognition of knowledge/expertise

STATEMENT OF CARE NEEDS			
Name:	Party ID:	Overall Assessment Banding Score (Enter Highest Score)	
1.		2.	
3.		4.	
5.		6.	
7.		8.	

Signature of Assessment Officer Date