

NURSDOC

POLICY NUMBER: **68**

POLICY TITLE: **CARE ASSESSMENT PLANS & CUSTOMER RECORDS**

WHO MUST ABIDE BY THIS POLICY? **ALL AGENCY STAFF**



CARE ASSESSMENT PLANS AND CUSTOMER RECORDS

THE PURPOSE OF THIS POLICY

Care Assessment Plans and Customer Records Policy.

CARE ASSESSMENT PLANS AND CUSTOMER RECORDS

Home Nursing & Homecare Policy

Nursdoc recognises that by providing nursing and care services to customers in their own homes, it assumes the responsibility for delivering a dependable service to vulnerable people, who do not have the back-up and support that they would in an institutional setting.

Nursdoc Customers, who often have highly complex care needs, are safeguarded from abuse, through deliberate intent, negligence or ignorance.

The registered manager and her team is responsible for ensuring that care delivery and Agency worker allocation is planned with maximum efficiency, organisation and a flexible approach and for ensuring that branch staff understand the specific requirements laid down in respect of nursing and care supplied directly to patients requiring home nursing and homecare services.

A Lead Nurse or Senior Carer is appointed for each customer to ensure that the quality of care is maintained and decisions and changes are communicated to the Registered Manager and her team.

The agency obtains from the local authority, or the local health or primary care trust, a detailed needs assessment for be used together with the agency risk assessment. For individual customers who are self-funding, the agency will carry out a care needs assessment, prior to the provision of a home nursing or domiciliary care service (or within 2 working days in exceptional circumstances) using senior staff who are competent and trained in such procedures (Assessors).

Document: Care Plan & Service Records for Nursing & Care at Home

A Care Plan is completed for each new Home Nursing & Care Customer, when the initial assessment is carried out. Thereafter, the document is updated six-monthly or more frequently, if the condition of the Customer changes. A copy of the Care Plan & Service Records is kept in the branch.

The Registered Manager is responsible for ensuring that training is provided in the completion of personal records held in Customers' homes, as required.

Procedure

The care needs assessment for individual customers has a number of elements including important information about the customer; care needs assessment and a customers risk assessment.

Each part comprises a set of forms, for completion by the needs assessor. These forms are used throughout the care planning and delivery process, and are kept as part of the customers records in the agency's office. As they contain personal data, these records come under umbrella of the Data Protection Act and must be protected at all times from wrongful or inappropriate disclosure.

Copies of all forms completed by the agency should also be kept in the home of the customer. If the customer prefers NOT to have a copy of these forms, a statement to that effect, signed by the customer, is held by the agency securely.

This is designed to collect important information about a customer, such as personal details, information about anyone living with the customer, name of emergency contact/next of kin, main family carer: GP; Dentist etc.

Important Additional Information about the Customer

Care must be provided in a fashion which allows for the customers own wishes and preferences to be expressed and, where appropriate, followed. This form collects information, for example, on issues such as communication, entering the customers premises, any sensory impairments etc. This information allows the agency to design an individualised Care Plan which takes these matters into account, allowing for greater autonomy and independence together with input from the customer.

Needs Assessment

Where an assessment has been performed by a third party (Local Authority, CCG, Health Trust etc.) this is used together with the branch assessment and is the key part of the process, and this form invites an initial discussion between the customer and the needs assessor on matters such as the customers own assessment of their physical and mental health, disabilities or impairments, and the customers own ideas about the support they need, how it should be delivered, when, etc. The form goes on to discuss a variety of tasks associated with daily living, such as dressing, personal hygiene, food and drink, housekeeping, leisure etc

Customers Risk Assessment

This part of the assessment discusses mainly health and safety issues relating to the customer (as opposed, for example to health and safety issues relating to the customers home, electrical equipment, hazardous substances etc, which are dealt with separately), and examines slips, trips and falls, aspects of the customers chosen lifestyle which might present hazards, the potential for abuse or exploitation, risks to others, administration of medicines, manual handling and transfer etc.

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