July 2017

Care Planning Policy

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Author(s)	Registered manager
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Date Signed Off	20/07/2017
Reviewed by	

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Review Data

Initial Production

Name	Role/Department	RACI	Date
Registered manager	Registered Manager	RA	14.07.2017
Registered manager	Registered Manager	RA	04.12.2017

R = Responsible for document production; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author
2.0	14.07.2017	Re-write and re-structure of original policy in line with most recent legislative updates.	Registered manager

Emergency Contact Details

Name	Email	Mobile
Registered manager	fran@livein.care	

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 9: Person-centered care	The care and treatment of Clients must be appropriate, meet their needs, and reflect their preferences.
Regulation 11: Need for consent	Care and treatment of Clients must only be provided with the consent of the relevant person.

Key Lines of Enquiry

KLOE	How this applies to Care Planning
Safe	Care planning and understanding the needs of the Client helps us ensure that the support we provide is safe and risk managed.
Effective	For our service to be effective, we must understand the needs and wishes of the Client and document these in a plan.
Caring	Involving Clients in assessments and with care planning considering the well-being and dignity of the Client helps ensure that our service is caring.
Responsive	To provide a responsive service, care planning is person centred, reflecting on the choices and individuality of the Client.

Related Documents

This policy should be read in conjunction with our:

- **Consent Policy**
- **Risk Assessment Policy**

Policy Statement

Policy Aims

This policy will explain what Care Planning is and how it is conducted at Living Carers Ltd.

It will help you to understand how we go about planning care and support packages and describe your role in those processes.

Reading this policy should enable you to:

- Understand what Care Planning is
- Understand how Care Planning works at **Living Carers Ltd**
- Understand the frameworks within which we complete Care Planning
- Understand your role in our Care Planning processes
- Understand how we can all work together to improve the quality of the services we offer through effective Care Planning.

Living Carers Ltd. aims to be the **provider of choice** within our catchment area and believes we will accomplish this aim by meeting the expectations of our Clients, the families of Clients, staff, and all other associated stakeholders. We meet expectations through the delivery of high quality services. At the heart of this lies **care planning**.

What is Care Planning?

Key Question: What is Care Planning?

Care Planning is how Living Carers Ltd.'s values are turned into objectives for each individual we work with. It helps everyone to state their views about care, ensuring we deliver truly personalised care and support to our Clients.

This policy sets a framework for proper planning. The ways of achieving this vary each type of support we provide, and so it is designed to advise rather than prescribe.

Planned action should reflect the Client's personal choices as identified through consultation with the individual.

Documenting Care Planning

Living Carers Ltd. Have found a number of advantages associated with care planning:

- It promotes the social care value of person-centred care;
- It allows Clients to be involved directly in decisions surrounding their care needs, ensuring Clients uphold and exercise their right to control;
- It empowers individuals by introducing and maintaining choice in a person's life;
- It enables Clients to live a life that has value and is meaningful to them;
- It enhances the Client's self-esteem;
- It facilitates continuity of as normal a life as possible after moving into care;
- It strengthens relationships with carers, particularly key workers;
- It reduces dependency on carers, freeing up time for more person-centred activities and individualised care;
- It contributes towards enhancing the individual's quality of life by building on abilities and the fulfilment of needs.

All the above is documented on the Client's tailored Care Plan following initial needs assessments, consultations with the individual and their family/friends/advocates (and other key stakeholders) and ongoing reviews. The Care Plan should be the primary means by which the identified needs and wishes of the individual are recorded. It ensures that care is offered consistently by well-informed staff who are aware of the individual needs of each Client. Through regular updates to these care plans, **we demonstrate our understanding and recognition of the fact care needs change and do not remain static**.

Ownership

The finished care plan should reflect the fact that the individual (or their advocate) has made a major contribution to its preparation. Effective care planning should be Client-led - no decisions should be made without first consulting the individual. The care plan is confidential so you should only involve people outside the immediate care team with the Client's specific permission. Individuals should be free to act according to their own priorities, without undue influence.

Care Planning Definitions

There are many **terms and definitions** to get to grips with when completing a care plan. To promote effective care planning, it essential that our staff are aware of and understand these terms. It is important that we all use the correct – and same – terminology to ensure **coherent practices** and **clear communication**.

- **A Client** is a person who uses the services provided by *Living Carers Ltd.*;
- **Next of Kin** is the person nominated as such by the Client at the time of their admission or at any time subsequently;
- **An Advocate** is someone who acts with the Client's or relative's consent on behalf of a Client;
- **A Volunteer** is an unpaid person who may provide support or advice to Clients;
- **The Person In Charge** is the Registered Manager or in her/his absence the person who has the delegated responsibility for a given period of time;
- **The Registered Person** is the Registered Manager who is registered to manage a named Branch with the Care Quality Commission;
- **Social Services Care Manager** is the person representing the Local Authority Social Services Department who is responsible for an individual Client's care package.

Effective Care Planning

For care planning to be effective, staff should adhere to the following recommendations. The process should:

1. Be **constructive** and **focused** on the development of the individual;
2. Be **person-centred** and contribute towards **enhancing the individual's quality of life**;
3. Promote and emphasise the accepted **core principles**, especially **independence;**
4. Be **formulated in collaboration** with the individual and - where appropriate - the family;
5. Have a **clear and systematic structure**, in a format understood by all concerned;
6. Remain **confidential** and owned by the individual;
7. Entail **objective recordings** based on observed facts;
8. **Cover all major areas of care**, as established through needs assessments;
9. Include specific **objectives and goals**, together with **timescales** for their achievement;
10. Highlight a nominated person responsible for implementation of agreed goals;
11. Be properly **monitored/reviewed** and **open to revision** as circumstances change.

Procedures

The following table illustrates the **steps and procedures** we expect staff to undertake to uphold and practice effective care planning:

1	**Enquiry** This is completed usually over the phone which aims to gather information to give a basic outline of the individuals needs and requirements.
2	**Follow up on Enquiry** Live in Carers LTD will phone to follow up on the enquiry. At this point we can arrange a full care assessment in preparation for the commencement of care.
3	**Admission Procedure.**
4	**Full Assessment.** This will include the completed full needs assessment form, manual handling risk assessment, falls prevention risk assessment and premises risk assessment.
6	**Write individual care plans** This outlines daily routines and preferences of the Client. This enables care staff to provide care which is person centred.
7	**Follow up** Once the service has commenced with Living Carers Ltd. We will call you to ensure you are happy with the carer and the care being provided. We will ensure we inform you of the ongoing rota.
8	**Any changes** Care plans and care assessments are kept up to date and information is added and changes are made as required. This ensures the information is always correct and up to date.
9 **8**	**Review of your care** The Client will need to be involved and the relatives where appropriate to do so. Other professionals that have had input into the care of the Client should be asked for input. These are completed six monthly or as required with significant changes.

Identifying and Meetings Needs

All Clients' needs are unique, varying significantly from individual to individual.

At *Living Carers Ltd.* we expect staff to maintain care plans that address personal needs, ensuring details on the following are documented:

- Social and daily living activities;
- Religious and cultural needs;
- Sexuality;
- Death and dying;
- The Client's preferences;
- Functional Ability;
- Medical and Health;
- Mental Health;
- Nutritional needs (diet and weight; dietary preference).
- Likes and dislikes
- Family and next of kin
- Medication

Key Question: Who writes the Care Plans?

A care plan is usually written by a Care Coordinator and/or Key-Worker (who is allocated during the first week of admission). The care plan comprises details from the Assessment Interview, including:

- Client's personal history (summarising relevant factors in their background);
- Client's details;
- Client's NOK details;
- Assessments (including basic needs assessments and other formal tools of assessment;
- Risk assessments and actions required;
- Medications;
- List of identified needs (ordered in priority) and care plans to address these needs;
- Monthly evaluations;
- Complete inventory list.

This applies to written care plans only and not those completed on our care planning systems (please note that the principles remain the same).

Care Plans

Care Coordinators/Key-Workers will be given copies of our care plan templates on which they will record details from assessments, consultations, reviews and visits.

Evaluation

Evaluate the care plan monthly (sooner if required), recording any changes that are necessary. If there are no changes to be made, record to that effect. The Client or next of kin (as appropriate) must be involved and sign the care plan if there have been any changes- or at least annually.

Updating Care Plans

It is the responsibility of all staff to update daily notes on a daily basis.

Daily notes should include details on the following as a minimum:

- Oral hygiene day and night to be checked/signed;
- Bath Sheet;
- Daily Record;
- Key-Worker report sheet;
- Diet Sheet;
- Improving Meal Time [check list];
- Activity Assessment Form.

Living Carers Ltd. managers will monitor adherence to and compliance with these policy requirements, including the maintenance of care planning documentation, through conducting unannounced spot checks, internally auditing all documents used by staff and responding to any incidents as means of Quality Assurance.

Accessibility and Publicity

This policy will be explained to Clients and relatives on **first visit.** A copy of the policy will be given to the Client/relatives and Care Managers as requested or at the six monthly review.

This policy will be **available in each office** for inspection at any time. The policy will also be accessible for reference purposes by staff being located in the *Living Carers Ltd.* **Quality and Policy Manual** located in the **office**.

Client Involvement

At Living Carers Ltd. we adhere to and uphold the core values of personalisation and choice & control. To this end, we look for as many ways as possible to engage Clients in the work we do and involve them in key processes that affect the services they receive from us. Clients will:

1. Participate in **all stages of the care planning process**;
2. Be involved in **the review of their care;**

3. Be invited to complete **annual Client/relative satisfaction surveys**;
4. Attend and take part in **Clients' meetings**;
5. Take part in **recruiting staff**.

Key Points to Take Away

Living Carers Ltd. follows coherent and clearly communicated methods of care planning to ensure effective practices.

Care Coordinators and Key-Workers have designated roles in the care planning process.

Client involvement in care planning is **essential** to ensure we promote the core values of personalisation and choice and control.

Care Plans are unique to each Client. Documents are also routinely audited to for safeguarding and quality assurance purposes.

Policy Review

This policy will be reviewed by the Registered Manager at least annually to make any updates and amendments necessary to ensure the policy conforms to current legislation, reflects current practice and expectations.

Authorisation and Signature

This Policy is the official and authorised version agreed by the Directors of Living Carers Ltd. All employees are expected to work in accordance with this policy and failure to comply with this policy could result in disciplinary action.

Registered Manager

04.12.2017