

CC Conversation Assessment - Report

The information in this report was based on the information available on [REDACTED]

SUBJECT'S DETAILS			
Client ID	[REDACTED]	NHS Number	[REDACTED]
Surname	[REDACTED]	Forename	[REDACTED]
Aliases	[REDACTED]		
Date of Birth	[REDACTED]	Gender	[REDACTED]
Main Language		Ethnic Origin	[REDACTED]
Is an interpreter required?	<input type="checkbox"/>	Religion	[REDACTED]
Current Address		Primary Contact Number	
Home Address	[REDACTED] [REDACTED]	Main Telephone	
Email Address			

ASSESSMENT DETAILS					
Target Start Date	[REDACTED]	Target End Date	[REDACTED]	Completed Date	
Actual Start Date	[REDACTED]	Actual End Date		Restart Date	
Level					
Reason / Views					

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HAZARDS			
Hazard	Notes	Start Date	End Date
Potentially violent to staff (external evidence)			

INVOLVED PARTIES			
INVOLVED PARTY			
Involvement Name			
Current Address		Primary Contact Number	
Email Address			
Involvement Reason			
Involvement Notes			
Reason Not Consulted			
Key Worker: Yes/No Key Team: Yes/No Parental Responsibility: Yes/No Principal Carer: Yes/No Can Be Contacted: Yes/No Consulted: Yes/No			
INVOLVED PARTY			
Involvement Name			
Current Address		Primary Contact Number	

Email Address			
Involvement Reason			
Involvement Notes			
Reason Not Consulted			
Key Worker: Yes/No Key Team: Yes/No Parental Responsibility: Yes/No Principal Carer: Yes/No Can Be Contacted: Yes/No Consulted: Yes/No			
INVOLVED PARTY			
Involvement Name			
Current Address		Primary Contact Number	
Email Address			
Involvement Reason			
Involvement Notes			
Reason Not Consulted			
Key Worker: Yes/No Key Team: Yes/No Parental Responsibility: Yes/No Principal Carer: Yes/No Can Be Contacted: Yes/No Consulted: Yes/No			

DATES SUBJECT AND FAMILY MEMBERS VISITED

DATES SUBJECT AND FAMILY MEMBERS VISITED				
Date	Family Member(s) Interviewed	Relationship	Seen Alone	Subject Seen During Visit

HEALTH HISTORIES					
Feature					
Diagnosed Date		Start Date		End Date	
Specialist Input	Actions Taken		Targets	Start Date	

HEALTH HISTORIES (CONFIDENTIAL)					
Feature					
Diagnosed Date		Start Date		End Date	
Specialist Input	Actions Taken		Targets	Start Date	

Feature					
Diagnosed Date		Start Date		End Date	
Specialist Input	Actions Taken			Targets	Start Date
Feature					
Diagnosed Date		Start Date		End Date	
Specialist Input	Actions Taken			Targets	Start Date

OUTCOMES	
Outcome and Notes	Involvement

QUESTIONNAIRE

[Redacted]

1. ABOUT YOU

1.1 About your current situation
Please tell us about yourself. Please tell us about any family, friends and community networks that you have. What existing support is in place? Existing strengths and assets.

1.2 About your Communication Needs
Do you have sight loss or hearing loss or both? Do you have English as a second language? Do you require any assistance or support with communication? Do you have a preferred way we should contact you?

1.3 About your Health
Please give us details about your physical health and relevant medical history, and any health conditions. Do you have any concerns about your alcohol or substance use that is impacting on your physical health?

Do you have any concerns about using your hands, upper and lower limbs and any associated risks that worry you.

Do you use any equipment or Telecare? Are there any adaptations in place?

1.4 About your Mental Health & Emotional Well-Being
Please give us details about your mental health, including any episodes of mental illness, and other relevant medical history. Do you have any concerns about your alcohol or substance use that is impacting on your mental health and emotional wellbeing?

[Redacted]

1.5 About your Medication

Please give us details about any medication you are prescribed and which pharmacy you use. How do you order and manage your medication? What is the level of medication support required 1,2, 3, or 4?

1.6 About your Capacity

Please give details about any concerns relating to capacity. Do you require any assistance or interventions due to those concerns? Have you been formally assessed by a doctor to lack capacity in certain areas of your life? What measures are in place to safeguard your welfare and financial affairs? E.g. Power of Attorney, Guardianship, Corporate Appointeeship, Access to Funds etc.

Is the relevant documentation recorded on AIS in the Legal tab? Please ensure a copy is requested if not available.

2. ABOUT WHERE YOU LIVE

2.1 About your current living situation

Please give details about tenure type, accommodation type, floor level, access, layout.

3. ABOUT YOUR QUALITY OF LIFE

3.1 About your self-care

Consider your ability to wash yourself, any personal grooming, including hair, nails and teeth, and managing laundry.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.2 About managing dressing and undressing

Consider your ability to dress/undress yourself and to be appropriately dressed, for instance in relation to the weather, to maintain your health.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.3 About using the toilet and your toileting needs

Consider your ability to access and use a toilet and manage your toilet needs.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.4 About using your home safely - mobility, falls & transfers

Consider your ability to move around your home safely, which could for example include getting up steps or accessing the rooms. This should also include the immediate environment around your home such as access to the property, for example steps leading up to your home. Any equipment used.

Control of the environment : heating, taps, switches/sockets, door handles, keys, cooker/microwave, telephone ability etc.

Falls in the last 12 months : how many, what were the circumstances.

Consider your ability to transfer from bed, toilet, bath/shower, chair.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.5 About managing your shopping, meal preparation, eating and nutrition.

Consider whether you have access to food and drink to maintain nutrition, and if you can prepare and consume the food and drink.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.6 About managing your finances and household tasks

Consider whether the condition of your home is sufficiently clean and maintained to be safe. You may require support to sustain your occupancy of your home and to maintain amenities, such as water, electricity and gas. Financial management.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.7 About how you access your local community

Consider your ability to get around in the community safely and your ability to use such facilities as public transport, shops or recreational facilities when considering the impact on your well-being.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.8 About whom you spend time with and who is important to you

Consider whether you are lonely or isolated, either because your needs prevent you from maintaining the personal relationships you have or because your needs prevent you from developing new relationships.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.9 About your work, education, training or volunteering.

Consider whether you have or wish to have opportunities to work, to do training, education or volunteering, including the physical access to any facility and support whilst there.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.10 About your caring responsibilities.

Consider any parenting or other caring responsibilities you have.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

3.11 About feeling safe

Consider whether you feel safe and secure at home and in your community. Consider as far as possible whether you feel physically safe from harm, including risk of falls. Also consider if you feel emotionally safe and can rely on access to support when you feel less safe.

Views of person & Views of Assessor & Other Involved People

Your Desired Outcome(s)

4. ELIGIBILITY DECISION

4.1 Eligible Needs

Critical or Substantial.

4.2 Non-Eligible Needs

Moderate or Low Risk.

4.3 Overall Eligibility Decision

5. ABOUT YOUR FAMILY & FRIENDS WHO HELP

5.1 About your carer's details

Consider any unpaid carers. Give their details. Has an Adult Carers Support Plan been offered to them?

6. ABOUT MANAGING YOUR SUPPORT

6.1 How do you want your support to be managed?
Option1, 2, 3, 4 or N/A.

If a Direct Payment, please give further details.

7. ASSESSMENT SUMMARY

7.1 Worker's Summary & Follow Up Tasks
Summary of current situation, including existing strengths and assets; the needs and desired outcomes; eligibility and risk; achieving outcomes, including innovation solutions, and schedule of support required, including SDS Option(s) chosen.

Please copy the summary across to the Conversation Support Plan.

SERVICES

SERVICE DETAILS

Care Item	
Frequency	
Notes	

PROVIDERS

Provider Name / Address / Telephone Number							
Planned Start Date		Planned End Date		Actual Start Date		Actual End Date	
Provider Name / Address / Telephone Number							
Planned Start Date		Planned End Date		Actual Start Date		Actual End Date	
Provider Name / Address / Telephone Number							
Planned Start Date		Planned End Date		Actual Start Date		Actual End Date	

PERSONAL OUTCOME					
Start Date		End Date		Date Required	
Personal Outcome Type		Priority		Reason Not Required	
Outcome					
Progress and Comments					

PERSONAL OUTCOME					
Start Date		End Date		Date Required	
Personal Outcome Type		Priority		Reason Not Required	
Outcome					
Progress and Comments					

PERSONAL OUTCOME					
Start Date		End Date		Date Required	
Personal Outcome Type		Priority		Reason Not Required	
Outcome					
Progress and Comments					

End of Report