# Admissions, Assessment and Care Planning Procedure

## Care Plan Supporting Guidance

#### Communication

1. What communication difficulty does the person experience? Hard of hearing, speech problems, poor eyesight, lack of capacity, English as second language?
2. Are communication aids used? E.g. glasses, hearing aids, pictures.
* How is their working order and cleanliness maintained?
* Where are they stored when not in use?
1. Are there any regular appointments / reviews for their communication needs? Opticians, audiology, SALT?
2. How does the person like to be addressed?
3. Is there a certain time when it is easier for the person to communicate effectively? E.g. earlier in the day when they’re not tired, after they have taken their medication.
4. What other methods of communication can we look for? Body language / movements, facial expressions? What do they mean? Are the family able to provide you with any queues for the persons communication?
5. Is the person prone to UTIs and does that affect their ability to communicate? How does this affect their communication? What action should be taken in such circumstances?

#### Skin Integrity

1. What is the person’s mobility level? Does it create risk to their skin integrity and how can we improve that?
2. Is a positional chart required? If so, what is the frequency of changes? What
positions should the person be assisted into and how are they assisted?
3. Are there any permanent marks on person’s skin? Is there a body map in place to show these?
4. Are there any areas of their body that need specialist treatment? E.g. dry legs, itchy back. Does the person require medicated creams for their skin? What kind and how are they used?
5. Are the topical charts and protocols in place? Where can they be found?
6. Is the person incontinent of urine or faeces and how do you minimise risk associated with that? Refer to Elimination Care Plan.
7. Is the person underweight and what actions are in place to manage that? Refer to Eating & Drinking Care Plan.
8. Is the person allergic to any creams or other products?
9. What is the level of risk of skin damage, bruising or abrasions?
10. Is there pressure relieving equipment in place to minimise that risk? What kind? Give specific name. What setting should it be on?
11. Is the person under the care of District Nurses or Dermatologist?
12. If a care assistant notices any changes to person’s skin, what action should they take?
13. Are there any patches of discoloured or broken skin? Have District Nurses been notified? Is Wound Care Plan in place – refer to this.

#### Wounds

1. Has the wound been graded by the district nurse? If Grade 3 or above has CQC been notified?
2. Do the District Nurses look after the wound and where do they record any treatment and progress?
3. Does the person require specialist dressings or bandages?
4. Refer to Skin Integrity Care Plan for details on pressure relieving equipment.
5. Refer to Skin Integrity Care Plan for positional changes details

#### Personal Safety and Mobility

1. How mobile is the person, and can they mobilise safely without aids?
2. What aids do they require? Where can these be found and does it have their name on it? How often is this checked for safety use?
3. Is the person at risk of falls? If so, what measures are in place to minimise the risk? Aids, half hourly checks, bleep mat, specialist footwear?
4. How many staff are required to help person transfer / mobilise?
5. How does the person transfer? Is equipment required? What kind? If hoist used, what type of hoist is it? What size and type of sling should be used?
6. Is the person at risk of falling out of bed? If so, what’s in place to minimise that risk? (bed rails, crash mat, bleep mat) How is that used?
7. If bed rails used, has DOLs assessment been done? Is Best Interest Decision form completed and placed in the file? Is risk assessment in place? How often are the bed rails checked?
8. Is the person able to use call bell? If not, how is their safety ensured? Is there a risk assessment in place – refer to it.
9. Does the person require a wheelchair? Does it have their name on it? Where is it kept? Refer to Wheelchair Risk Assessment for details.

#### Mental State and Cognition

1. Does the person have diagnosis of Dementia (what type) or other mental health problem?
2. Does the person take any medication for their mental health?
3. Can person’s mental state affect their behaviour or mood? In what way and how is that managed?
4. Has the person got full capacity? Has mental capacity assessment been carried out?
5. If found to have variable capacity, what is in place to help the person make their own decisions? Explaining consequences of a particular decision, giving all details of the situation?
6. If found to lack capacity, do they have a representative who has Lasting Power of Attorney? Who are they and how can they be reached?
7. Is the person under the care of Mental Health Team?
8. Does the person present challenging behaviour? How is this managed? Is there a behavioural chart in place?
9. Does the person require DOLs? Has assessment been completed?

#### Breathing

1. Does the person have any difficulties breathing? How are they displayed and what actions should be taken when they occur?
2. Is there a diagnosed condition which causes breathing difficulties? Do certain activities affect their ability to breath? Walking, exercise?
3. Does their breathing vary depending on time of the day? When is it better / worse?
4. What medication do they require to help with their breathing? Inhalers, nebulizers?
5. Is it used regularly or when required?
6. Is the medication administered by staff (if so, how is it to be administered?) or does the person self-medicate? If self-medicating, has the person been assessed to have full capacity? Where is the medication stored? Are all safety measures in place to ensure safe storage? What are they?
7. Do they require any equipment to support them with their breathing? E.g. profiling bed to help them sit upright in bed.
8. Does the person require oxygen? Has the risk assessment been completed? How is the oxygen administered?

#### Eating and Drinking

1. Does the person require assistance with their food or drinks? What level of assistance is required? Cutting up the food, full assistance?
2. Does the person require any equipment to help them eat independently? Beaker with a lid, specialised cutlery, plate guard? Does it belong to them specifically? How do they access it?
3. Does the person have any food or drink allergies? What action should be taken if they accidentally had this food or drink?
4. Does the person suffer with Diabetes? If so, what type? Are they on special diet?
5. Is the person under the care of Dietician or Speech and Language Therapist?
6. If there are any difficulties eating or drinking how is this managed? Puree diet, thickened fluids (what type?).
7. Does the person have any specific food like or dislike? How often do they like to have their favourite food?
8. What time does the person like to have their breakfast? What do they like to have for breakfast? Does that vary?
9. Does the person like to have snacks during the day / night? What kind of snacks do they enjoy?
10. Medication permitting, do they drink alcohol? if so, what and when do they prefer to drink it?
11. Does the person have any religious beliefs that restrict their diet?
12. Do they like to keep food in their room? Who normally provides this?
13. Is the person on a special diet due to being under / overweight. What does this diet consist of? What is the daily calories intake target?
14. How often should their weight be monitored?
15. What times does the person like to have their meals?
16. Does the person use dentures? How is their cleanliness maintained?
17. What is used to keep dentures in place? What is the name of the product and where is it stored? Do they fit snugly?