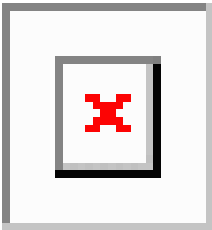


Reassessment of Care and Support Needs



Personal Details

Title	<input type="text"/>
First names	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>
LBRuT ID	<input type="text"/>
Gender	<input type="text"/>
Sexual orientation	<input type="text"/>
First language	<input type="text"/>
Persons Fluency In English	<input type="text"/>
Ethnicity	<input type="text"/>
Religion	<input type="text"/>
Address	<input type="text"/>
Reassessment address if different	<input type="text"/>
Telephone	<input type="text"/>
Mobile	<input type="text"/>
Email address	<input type="text"/>

Next of kin's information

Name	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

General Practice information

GP Name	<input type="text"/>
Practice	<input type="text"/>
GP Address	<input type="text"/>

Telephone

Support in the Reassessment

Details of the Reassessment

Reassessment Start Date

Reassessment End Date

Is the person able to fully engage in and contribute to the re-assessment

What support did the Person get to help them contribute fully to the reassessment?

Is there a decision to be made about capacity?

Date of Mental Capacity Assessment

Preferred method of communication

People involved in the reassessment including advocates, family, friends and other professionals

Name	Role/Relationship to Person	Date of LPA	Contact Details	How they contributed	Communication method

Other Details

Personal / Family history

Family background and personal history update

Home situation update

Family/carers/advocates views if different

Health Conditions

Neurological conditions
☐ Stroke ☐ Parkinson's disease ☐ Acquired Brain Injury ☐ Motor Neurone Disease
☐ Multiple Sclerosis

Sensory Impairment
☐ Visually Impaired ☐ Hearing Impaired ☐ Dual Impaired

Social communication difficulties
☐ Autistic Spectrum condition

Dementia
☐ Alzheimer's Disease ☐ Vascular dementia ☐ Dementia with Lewy bodies (DLB) ☐ Frontal lobe dementia
☐ Mixed dementia

Mental Health Condition
☐ Bi-polar disorder ☐ Schizophrenia ☐ Personality Disorder

Update of current support in place to manage health conditions

Review of current services

Review of current services

My Care and Support Need	Agreed outcomes	What's working well	What's not working well or needs to change	Has this outcome been met	The outcome is:

Overall, what effect has your support had on your quality of life?

Overall, how satisfied are you with the support or services you have received from Richmond Adult and Community Services in the last 12 months?

If dissatisfied, why are you dissatisfied with the services and support you received?

Care and Support Needs

1. Maintaining a habitable home environment

Details of strengths, area of need and what the Person would like to achieve

How this need is currently being managed

Impact if any on the Person's well being

Eligibility summary

Is the Person able to maintain a habitable home?

☐ Yes ☐ No

Is this impacting their well being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

2. Managing and maintaining nutrition

Details of strengths, area of need and what the Person would like to achieve

How this need is currently being managed

Impact if any on the Person's well being

Eligibility summary

Is the Person able to manage and maintain nutrition?

☐ Yes ☐ No

Is this impacting their well being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

3. Maintaining personal hygiene, toilet needs and being appropriately clothed

Details of strengths, area of need and what the Person would like to achieve

How this need is currently being managed

Impact if any on the Person's well being

Eligibility summary

Is the Person able to manage personal hygiene?

☐ Yes ☐ No

Is this impacting their well being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

Is the Person able to manage toilet needs?

☐ Yes ☐ No

Is this impacting their well being?

☐ Yes ☐ No

Is there an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

Is the Person able to be appropriately clothed?

☐ Yes ☐ No

Is this impacting their well being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

4. Staying safe at home

Details of strengths, area of need and what the Person would like to achieve

How this need is currently being managed

Impact if any on the Person's well being

Eligibility summary

Is the Person able to make use of their home safely?

☐ Yes ☐ No

Is this impacting their well being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

5. Family and personal relationships

Details of strengths, area of need and what the Person would like to achieve

How this need is currently being managed

Impact if any on the Person's well being

Eligibility summary

Is the Person able to develop and maintain family or other personal relationships?

☐ Yes ☐ No

Is this impacting their well being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

6. Using local services and facilities

Details of strengths, area of need and what the Person would like to achieve

How this need is currently being managed

Impact if any on the Person's well being

Eligibility summary

Is the Person able to use local facilities and community resources?

☐ Yes ☐ No

Is this impacting their well being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

7. Accessing and engaging in work, training, education or volunteering

Details of strengths, area of need and what the Person would like to achieve

How this need is currently being managed

Impact if any on the Person's well being

Eligibility summary

Is the Person able to access and engage in work, training, education or volunteering?

☐ Yes ☐ No

Is the Person in paid employment (either as an employee or self-employed)?

Does the Person do any unpaid or voluntary work?

Is this impacting their well being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

8. Carrying out any caring responsibilities for a child.

Details of strengths, area of need and what the Person would like to achieve

How this need is currently being managed

Impact if any on the Person's well being

Eligibility summary

Is the Person carrying out caring responsibilities for a child?

☐ Yes ☐ No

Is this impacting their well being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

What is the extent of the need?

☐ High ☐ Medium ☐ Low ☐ Not applicable

How much of this need is already met by the Persons own resources?

☐ Fully ☐ Partially ☐ Not at all ☐ Not applicable

Information and Advice

Was there information or advice given?

Information and advice relating to the Person's current needs

Information and advice about preventing or delaying the development of needs in the future

Personal Budget & Financial Information

RAS Range £

Indicative personal budget per week

Details

Person's contribution per week

Council's contribution per week

If a financial assessment has not yet been completed the person's contribution amount should assume full cost.

Direct payment monitoring (if applicable)*

How is the direct payment managed?

If your direct payment is managed by a third party, details of who is responsible

Total weekly direct payment

Amount of surplus on direct payment

Direct Payment monitoring

I have been using my Direct Payment on	I have spent this much	Frequency of spend
<input type="text"/>	<input type="text"/>	<input type="text"/>

Summary of any difficulties or concerns about the management of Direct Payment

Summary of support offered to person to overcome difficulties

Financial Information

Is a financial assessment required?

Would the Person like some help with completing their Financial Assessment form?

If yes, date referred to Financial Assessments Team

If no, Date financial assessment sent to Person

Carer's Reassessment**Carer's details**

Carer's Name

LBRuT ID	
Carer's Address	
Carer's Telephone Numbers	
Carer's Email address	

Support and Involvement in the Reassessment

Is the carer able to fully engage in and contribute to the re-assessment?

--

What support did the Carer get to help them contribute fully to the reassessment?

--

People involved in the reassessment including advocates, family, friends and other professionals

Name	Role/Relationship to Carer	Date of LPA	Contact Details	How they contributed	Communication method

Other details

--

Details about the person/s you care for

Person name	LBRuT ID

Personal history and current caring role

Update of personal and family background, including things which are important in the carer's life

--

Update of details of the care and support the Carer is providing and any areas where the Carer already receives support

--

Review of current services

My support need as a Carer	My agreed outcomes as a Carer	What's working well	What's not working well or needs to change	Has this outcome been met	The outcome is:

Overall, what effect has your support had on your quality of life?

Overall, how satisfied are you with the support or services you have received from Richmond Adult and Community Services in the last 12 months?

If dissatisfied, why are you dissatisfied with the services and support you received?

Carer's support needs

Does the Carer live with the person they care for?

If no, what impact does this have on them (e.g. long journeys, no time for own family etc.)?

1. Maintaining a habitable home environment

Details of how the caring role is impacting on their home and finances

Details of any support the Carer is currently getting

Impact if any on Carer's wellbeing

Eligibility Summary

Is the Carer able to maintain a habitable home?

☐ Yes ☐ No

Is this impacting on their wellbeing?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

2. Managing and maintaining nutrition

Details of how the caring role is impacting on shopping and meal preparation for the carer

Details of any support the Carer is currently getting

Impact if any on Carer's wellbeing

Eligibility Summary

Is the Carer able to manage and maintain nutrition?

☐ Yes ☐ No

Is this impacting on their wellbeing?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

3. Carrying out any caring responsibilities for a child

Does the carer have any dependent children?

Details of how the Caring role is impacting on parenting role

Details of any support the Carer is currently getting

Impact if any on Carer's wellbeing

Eligibility Summary

Is the Carer carrying out any caring responsibilities for a child?

☐ Yes ☐ No

Is this impacting on their wellbeing?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

4. Caring responsibilities for other adults

Does the Carer
have caring respon-
sibilities for other
adults?

Details of how caring role is impacting on other caring role

Details of any support the Carer is currently getting

Impact if any on Carer's well-being

Eligibility Summary

Is the Carer carrying out caring responsibilities for other adults?

☐ Yes ☐ No

Is this impacting on their well-being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

5. Family and personal relationships

Details of how the caring role is impacting on maintaining contact with family and friends

Details of any support the Carer is currently getting

Impact if any on Carer's wellbeing

Eligibility Summary

Is there an effect on family and personal relationships?

☐ Yes ☐ No

Is this impacting on their wellbeing?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

6. Using local services and facilities

Details of how caring role is impacting on ability to make use of services in the community including public transport

Details of any support the Carer is currently getting

Impact if any on Carer's well-being

Eligibility Summary

Is the Carer able to make use of services in the community?

☐ Yes ☐ No

Is this impacting on their well-being?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

7. Social and recreational activities

Details of how the caring role is impacting on the ability to participate in social and recreational activities

Details of any support the Carer is currently getting

Impact if any on Carer's wellbeing

Eligibility Summary

Is there an effect on social and recreational activities?

☐ Yes ☐ No

Is this impacting on their wellbeing?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

8. Work, training, education or volunteering

Details of how the caring role is impacting on the ability to participate in work, training, education or volunteering

Details of any support the Carer is currently getting

Impact if any on Carer's wellbeing

Eligibility Summary

Is there an effect on work, training, education or volunteering?

☐ Yes ☐ No

Is this impacting on their wellbeing?

☐ Yes ☐ No

Is this an eligible need?

☐ Yes ☐ No

Continuing with the caring role

Is the Carer willing and / or able to continue with their caring role?

Concerns and worries about the longer term future

Information and advice

Was information or advice given?

Information and advice relating to the Carer's current needs

Information and advice about preventing or delaying the development of needs in the future

Functional Reassessment

Height and Weight

Height

Weight

Mobility

Upper limbs - range of movement / muscle strength

☐ Discussed

☐ Assessed

Details

Lower limbs - range of movement / muscle strength

☐ Discussed

☐ Assessed

Details

Pain/fatigue

☐ Discussed

☐ Assessed

Details

Indoor mobility

☐ Discussed

☐ Assessed

Details

Outdoor mobility

☐ Discussed

☐ Assessed

Details

Balance – static/dynamic

☐ Discussed

☐ Assessed

Details

Falls/Environmental Hazards

☐ Discussed

☐ Assessed

Details

Stairs/Steps – equipment/rails/stair lift

☐ Discussed

☐ Assessed

Details

Wheelchair – type/seat height/width/pressure care

☐ Discussed
Details

☐ Assessed

Internal Access – door widths/level(s)/through floor lift

☐ Discussed
Details

☐ Assessed

External Access – front/side/rear

☐ Discussed
Details

☐ Assessed

Transport – public transport/driving/mobility scooter

☐ Discussed
Details

☐ Assessed

Transfers**Leg length (foot to knee measurement)**

☐ Discussed
Details

☐ Assessed

Bed - type/height/location/pressure care/equipment/rails

☐ Discussed
Details

☐ Assessed

Chair - height/ type of leg/location/pressure care/equipment

☐ Discussed
Details

☐ Assessed

Toilet – location (upstairs/downstairs)/ seat height/equipment/rails

☐ Discussed
Details

☐ Assessed

Bath - location (upstairs/downstairs)/height/ width/equipment/rails

☐ Discussed
Details

☐ Assessed

Shower – type (over bath/cubical/ level access)/equipment/rails

☐ Discussed
Details

☐ Assessed

Wash hand basin – location (upstairs/downstairs)/type/height/taps/exposed pipes☐ Discussed☐ Assessed

Details

Domestic Environment**Kitchen Accessibility - oven / microwave/ hob/ fridge/ work surface/ sink taps/ storage**☐ Discussed☐ Assessed

Details

Heating/Lighting☐ Discussed☐ Assessed

Details

Sockets/ Plugs/ Switches/ Controls☐ Discussed☐ Assessed

Details

Communication**Speech (expressive/comprehension)/ Hearing/ Eyesight/ Telephone/ Telecare**☐ Discussed☐ Assessed

Details

Psychosocial**Perception/ Cognition/ Mood / Motivation**☐ Discussed☐ Assessed

Details

Action plan

Outcome of Re-assessment

Actions taken following reassessment

Action	Who completed the action?	Date action taken	Comments