



Review Sheet



Last Reviewed  
20 Jan '23



Last Amended  
20 Jan '23



Next Planned Review in 12 months, or sooner as required.

Business impact



Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy details how care plans are produced with service users as part of the support provided within the organisation. It has been reviewed with significant changes to the procedural section to focus on person-centred care planning. It has been merged with the Review Assessment Policy and Procedure which has now been archived from the system. For some customers, the reference number of this policy may have also changed from CPN11 to CP11. Underpinning knowledge and further reading links have also been reviewed and updated.

Relevant legislation:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- Freedom of Information Act 2000
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- Nursing and Midwifery Council (NMC) Legislation
- Data Protection Act 2018
- UK GDPR

Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: National Institute for Health and Clinical Excellence, (2018), *People's experience in adult social care services: improving the experience of care and support for people using adult social care services*. [Online] Available from: <https://www.nice.org.uk/guidance/ng86> [Accessed: 20/1/2023]
- Author: NICE, (2019), *People's experience using adult social care services*. [Online] Available from: <https://www.nice.org.uk/guidance/qs182/chapter/Quality-statement-1-Care-and-support-needs-assessment> [Accessed: 20/1/2023]
- Author: NICE, (2018), *Decision-making and mental capacity - Guidelines NG108*. [Online] Available from: <https://www.nice.org.uk/guidance/ng108> [Accessed: 20/1/2023]
- Author: Social Care Institute for Excellence, (2017), *Mental Capacity Act (MCA) and care planning SCIE Report 70*. [Online] Available from: <https://www.scie.org.uk/mca/practice/care-planning> [Accessed: 20/1/2023]
- Author: Care Quality Commission, (2022), *Regulations for service providers and managers: related legislation*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers-related> [Accessed: 20/1/2023]
- Author: www.legislation.gov.uk, (2020), *Mental Capacity Act Code of Practice*. [Online] Available from: <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice> [Accessed: 20/1/2023]

Suggested action:

- Encourage sharing the policy through the use of the QCS App

## Calico Group - Barley View

Barley View Care Home, Market Street, Whitworth, Lancashire, OL12 8BD

### Equality Impact Assessment:

QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



## 1. Purpose

**1.1** To promote a culture of personalisation and person-centred care which supports the values of Calico Group - Barley View in meeting the needs, outcomes and aspirations of Service Users.

**1.2** This policy dovetails with other relevant policies and procedures which should be referred to for further guidance and information:

- ┆ Pre-Admission and Admission Policy and Procedure
- ┆ QCS Care Planning and Assessment Guidelines
- ┆ Care Plan Contents List
- ┆ Timeline for Assessment, Care Planning and Review
- ┆ Risk Assessment Policy and Procedure

**1.3** To set out the framework, standards and values of Calico Group - Barley View for the delivery of effective, outcome focused Service User Care Plans and reviews.

**1.4** To promote a system of assessment, planning, implementing and evaluating care, establishing a partnership with the Service User, and where possible, their relatives/representatives, enabling Service Users to retain their own identity and be involved in their care.

**1.5** To support Calico Group - Barley View in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
CARING	C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?	QSC2: Treating people as individuals
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?	QSE2: Delivering evidence-based care & treatment QSE3: How staff, teams & services work together
EFFECTIVE	E4: How well do staff, teams and services within and across organisations work together to deliver effective care, support and treatment?	QSE3: How staff, teams & services work together
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?	QSE6: Consent to care and treatment
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?	QSR1: Person-centred care
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?	QSS4: Involving people to manage risks QSS5: Safe

1.6 To meet the legal requirements of the regulated activities that {Calico Group - Barley View} is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | Equality Act 2010
- | Freedom of Information Act 2000
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Mental Capacity Act 2005
- | Nursing and Midwifery Council (NMC) Legislation
- | Data Protection Act 2018
- | UK GDPR



## 2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Nurse
- | Care staff
- | Kitchen
- | Activities
- | Manager

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Advocates
- | Representatives
- | Commissioners
- | External health professionals
- | Local Authority
- | NHS



## 3. Objectives

3.1 To ensure Service Users at Calico Group - Barley View are actively involved in deciding, agreeing and owning how their care is managed, wherever possible, through involvement in the assessment of their needs, and consenting to their care, treatment and support.

3.2 To maintain accurate and up-to-date records in accordance with the Care Quality Commission requirements, best practice guidance and policies and procedures at Calico Group - Barley View, and for nurses at Calico Group - Barley View in accordance with the Nursing and Midwifery Council.

3.3 To ensure that all employees are aware of, and follow, any procedure or guidance contained in the Care Plan for each individual Service User before carrying out any care.



## 4. Policy

**4.1** A care plan, according to the National Institute for Health and Care Excellence (2018) is:

A written plan after a Service User has had an assessment, setting out what their care and support needs are, how they will be met (including what they or anyone who cares for them will do) and what services they will receive.

The Department of Health (2011) defines care planning as:

Personalised care planning empowers individuals, promotes independence and helps Service Users to be more involved in decisions about their care. It centres on listening to Service Users, finding out what matters to them and finding out what support they need.

Personalised care planning is essentially about addressing the Service User's full range of needs, taking into account their health, personal, family, social, economic, educational, mental health, ethnic and cultural background and circumstances. It recognises that there are other issues, in addition to medical needs, that affect a Service User's total health and wellbeing.

It is, therefore, a holistic process, treating the Service User 'as a whole' with a strong focus on helping Service Users, together with their carers, to achieve the outcomes they want for themselves.

**4.2** Good quality Care Plans underpin safe, effective, compassionate, high-quality care. They communicate the right information clearly, to the right people, when they need it. They are an essential part of achieving good outcomes for Service Users.

**4.3** The Service User's Care Plan can consist of various formats:

- | Paper
- | Digital
- | Photographs
- | Scanned records
- | Letters

The Care Plan is a legal and confidential document and the following must be adhered to:

- | UK GDPR and the Data Protection Act 2018
- | The Health and Social Care Act 2008

Staff registered with a professional body such as the Nursing and Midwifery Council (NMC) will be required to adhere to record keeping standards as defined by their registrant body.

Please refer to the Record Keeping Policy and Procedure at Calico Group - Barley View.

**4.4** All Service Users may have access to their own Care Plan and must be involved in the assessment and planning of their care. The Care Plan is a legal and confidential document.

**4.5** The Care Plan process is a continuous process and is frequently reviewed with the Service User, their key worker and their representative where this is appropriate, according to individual Service User requirements.

Service User Care Plan reviews should take place monthly or more often if changes occur. Reviews should take place with the Service User and their representative as appropriate.

**4.6** Staff will be trained appropriately and supervised by a senior member of staff to assess their competence and capability before they work unsupervised.



## 5. Procedure

### 5.1 Assessment

Calico Group - Barley View should always carry out an assessment of a Service User's needs before they can agree to provide care at Calico Group - Barley View.

This ensures that Calico Group - Barley View does not accept anyone whose needs they cannot meet.

A **Timeline for Assessment, Care Planning and Review** document is available in the QCS Management System.

An assessment forms the basis of a Service User's Care Plans, which sets out the level of care and support the Service User will need, as well as details of their medication, diet, social interests and end of life preferences.

The assessment is a discussion about what a Service User wants to achieve by receiving care at Calico Group - Barley View. The assessment is to talk about:

- | What they need support with
- | Who they are as a person
- | Their preferences and goals

The assessment should:

- | Have a named Key Worker leading the process
- | Be person centred
- | Be collaborative
- | Be holistic and recognise potential conflicts
- | Be based on outcomes

Calico Group - Barley View needs to get to know each Service User as an individual. They must conduct a needs assessment so they can plan how they will deliver the Service User's care. This is written in a Care Plan which any staff at Calico Group - Barley View delivering the Service User's care will read and follow. It is recommended that the Service User seeking care has a family member or person they trust with them for the care assessment, particularly if they are living with dementia, or cannot fully answer questions due to other medical reasons.

Staff at Calico Group - Barley View should refer to the **Pre-Admission and Admission Policy and Procedure** and the **Pre-Admission Assessment** form.

### 5.2 Involving Carers, Families and Friends

At the first point of contact the person should be asked whether and how they would like their carers, family, friends and advocates or other people of their choosing (for example, personal assistants) to be involved in discussions and decisions about their care and support, and their wishes followed. This must be reviewed regularly at reviews, or when requested.

If the person would like their carers, family, friends and advocates involved:

- | Explain the principles of confidentiality, and how these are applied in the best interests of the person
- | Discuss with the person and their carers, family, friends and advocates what this would mean for them
- | Share information with carers, family, friends and advocates as agreed.

If a person lacks the capacity to make a decision about whether they wish their carers, family, friends and advocates to be involved, the provisions of the Mental Capacity Act 2005 must be followed.

**5.3** If the Service User does not have capacity and does not wish to, or is unwilling to participate in the process of producing a Care Plan, the chosen representative must be competent and willing to act on behalf of the Service User in the Care Plan process.

Where a Service User does not have capacity, decisions are made in their best interests. The required assessment must have been carried out to evidence this.

### 5.4 Assessment of Need and Managing Risk

Where a support or care need has been identified, an individual assessment needs to be completed for each one.

Assessment tools can be used to assess a Service User's general needs or assess a specific area, such as:

- | Moving and Handling Assessment
- | Oral Care Assessment

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- | Continence Assessment
- | Skin Care Assessment

A suite of assessment tools are available at Calico Group - Barley View and should be used on an individual basis to assess the needs of the Service User.

Care and support needs assessment should:

- | Focus on the Service User's needs and how they impact on their wellbeing
- | Focus on the outcomes they want to achieve in their day-to-day life
- | Involve the Service User and their families in discussions and decisions about their care and support
- | Take into account the Service User's personal history and life story
- | Be aimed at promoting their interests and independence
- | Be respectful of their dignity
- | Be transparent in terms of letting Service Users and their families know how, when and why decisions are made
- | Take into account the potential negative effect of social isolation on the Service User's health and wellbeing

The management of risk can have a major impact on Service Users achieving their goals.

Risk management should be integral to the care planning process.

Staff can support Service Users by promoting a culture of choice that entails responsible and supported decision making.

The governing principle behind good approaches to choice and risk is that Service Users have the right to live their lives to the full as long as it does not stop others from doing the same, and does not cause harm to themselves.

By taking account of the benefits in terms of independence, wellbeing and choice, it should be possible for a Service User to have a Care Plan that enables them to manage identified risks and to live their life in the way that best suits them.

**5.5 Risk Assessment**

Mandatory risk assessments for all Service User include:

- | Moving and Handling
- | Falls
- | Pressure Ulcer Risk Assessment (Waterlow)
- | MUST
- | Choking
- | Oral Health

Once completed, outcomes and level of risk of the risk assessment should be recorded within the relevant Care Plan, as well as clear management strategies for reducing the risk.

For further guidance, staff should refer to the Risk Assessment Policy and Procedure at Calico Group - Barley View.

**5.6** A Care Plan is crucial to ensure the Service User receives the right level of care and that it is given in line with their wishes and preferences.

The Service User is involved in care planning to ensure they will be looked after the way they want and that they can keep doing the things they enjoy, such as pursuing hobbies and interests.

Additionally, a Care Plan is important because it helps the family and others to understand the Service User's wishes and how they can also support them.

Service Users will have:

- | The Care Plan purpose and processes explained to them and will be informed that they have the right to ask for a Care Plan review meeting at any time
- | An individual and personalised set of Care Plans which are designed to support their expressed requirements and desired outcomes from the accommodation, care, treatment and support provided by Calico Group - Barley View

Service Users and their families will be encouraged and supported to be fully involved in the design of their Care Plan, being given at each stage, where possible, choices of action from which they can choose their

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preferred option.

The involvement of the Service User in the process, the choices offered, and the responses must be recorded.

Although each Care Plan is unique to the Service User, they serve the same purposes, including:

- | Ensuring that the Service User receives the same care regardless of which staff member is on duty
- | Ensuring that the care the Service User receives is recorded
- | Supporting the Service User to identify and manage their care needs

A care planning discussion should focus on:

- | Agreeing the Service User's goals
- | Providing information
- | Supporting Service Users to self care, to take a more active role in their own health
- | Agreeing on any treatments, medications, or other services such as access to support groups
- | Agreeing any actions
- | Agreeing a review date

Care Plans should be completed in a timely fashion; it is important to Care Plan high risk areas immediately.

**Key Worker/Named Co-ordinator:**

As part of care planning, consideration should be given to identifying a key worker or named co-ordinator who is competent to:

- | Act as the first point of contact for any questions or problems
- | Contributes to the assessment process
- | Liaise and work with the Service User and their family
- | Liaise and work with all health, and social care services involved with the Service User, including those provided by the voluntary and community sector
- | Ensure that any referrals needed are made and are actioned
- | Complete the Care Plan document in full and sign all documents where indicated. This signature demonstrates the accountability for the planning of care to meet the Service User's needs
- | Ensure that all the relevant agencies are invited to have an input into the Care Plan process in order to support the effective management of the Service User's physical, psychological, social and personal safety and health needs

**5.7 Care Plan List**

Care Plans only need to be written when there is an assessed need, so this means that not all Service Users will require the full set of Care Plans available at Calico Group - Barley View.

Care Plans must be reviewed as needs change; they can be discontinued if no longer relevant.

There is a Care Plan Contents List available in the care planning section of the QCS Management System. However, this is guidance only as Service Users will have different needs.

**5.8 Care Plan**

A Care Plan should:

- | Be written and designed to meet the accommodation, health, psychological and social needs of the individual Service User, including:
  - | Palliative and end-of-life care needs, if identified as a need
  - | Health needs, including continence needs and chronic pain and skin integrity as well as the support needed to minimise their impact
  - | Any requirements for managing medicines
  - | Mobility and transport needs, adaptations to the home/service and any support needed to use them
  - | Eating and drinking to maintain a balanced diet
  - | Family and friends involvement
  - | The help a Service User needs to look after their own care and support, manage their conditions, take part in preferred activities, hobbies and interests, and contact relevant support services



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- | Include instructions and statements based on best practice and professional standards of care and reflect the policies and procedures of Calico Group - Barley View
- | For any clinical needs, reflect how those clinical needs are to be met and by whom, reflecting the Royal Marsden Guidelines (2020) for Clinical Procedures
- | Reflect the recommendations of any external specialist service providers who have relevant input into the Service User's physical, psychological or social health and wellbeing
- | State in clear and factual language, the detailed care, treatment and support instructions required to instruct staff to meet the individual Service User's needs identified by the individual assessment procedures
- | Include any elements of care, treatment and support that meet the equality and diversity needs of the individual Service User and must be designed not to constrain choices offered to the Service User because of their personal values, ethnicity, age, gender, gender orientation, disability, nationality or religious beliefs
- | Ensure care workers are able to deliver care and support in a way that respects the Service User's cultural, religious and communication needs

The Care Plan must be clear and easily understood by the Service User and their signature should be held on the Care Plan documents as evidence of their understanding and agreement to its contents.

When Service Users do not wish to sign the Care Plan, this decision must be recorded in the Care Plan by the Care Plan coordinator and there should be a supporting witness signature.

Care Plans are to be developed by staff who are competent in the Care Plan process and who have the knowledge to inform and involve Service Users in all stages of the Care Plan process.

All sections of the Care Plan documents should be completed or, if not deemed appropriate to that individual Service User, the words 'not applicable' must be entered on the document which should be signed and dated to indicate that this area is not applicable, stating reasons where possible. No section of the Care Plan procedure format should be left blank; if not required, the section can be removed.

All Care Plan instructions carried out by staff must be recorded by those staff, reasonably contemporaneously. Other actions and matters which may provide useful information for a subsequent review must also be recorded.

### **5.9 Personalised Care**

When personalised care is fully in place, Service Users will have a better experience of health and care at Calico Group - Barley View.

Successful personalised care planning needs to be developed with Service Users, not done to them.

The key features of personalised care should include:

- | The Service User is seen as a whole person within the context of their whole life, valuing their skills, strengths and experience and important relationships
- | The Service User experiences hope and feels confident that the care and support they receive will deliver what matters most to them
- | The Service User is able to access information and advice that is clear, timely and meets their individual information needs and preferences
- | The Service User is listened to and understood in a way that builds trusting and effective relationships with people
- | The Service User is valued as an active participant in conversations and decisions about their health and wellbeing
- | The Service User is supported to understand their care, treatment and support options and, where relevant, to set and achieve their goals
- | The Service User has access to a range of support options including peer support and community based resources to help build knowledge, skills and confidence to manage their health and wellbeing
- | The Service User experiences a coordinated approach that is transparent and empowering

Enabling Service Users to maintain and develop their personal identity during and after their move to Calico Group - Barley View promotes dignity and has a positive impact on their sense of identity and mental wellbeing.

### **5.10 Writing a Person-Centred Care Plan**

Care Plans must be written based on:

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- | Ability - What can the Service User do?
- | Wishes - How does the Service User want to be supported?
- | Needs - What does the Service User need support with?
- | Outcomes - What is the expectation/outcome for the Service User?

Example Care Plans are available at Calico Group - Barley View.

**Documentation:**

Staff have a professional responsibility to ensure that healthcare records provide an accurate account of treatment, care planning and delivery, and are viewed as a tool for communication within the team. There should be clear evidence of the care planned, the decisions made, the care delivered and the information shared. The content and quality of record keeping are a measure of standards of practice relating to the skills and judgement of the staff member.

**General Principles**

- | Entries must be written legibly in black, and are readable when photocopied
- | Entries should be factual, consistent, accurate and not contain jargon, abbreviations or meaningless phrases
- | Each entry must include the date and time (using the 24 hour clock)
- | Each entry must be followed by a signature and the name printed as well as the job role
- | If an error is made, it must be scored through with a single line and initialled with the date and time
- | Correction fluids must never be used
- | Entries may be made by staff who have received training in the process of Care Plan writing

The Care Planning and Assessment Guidelines in the QCS Management System provide further guidance on record keeping standards.

**5.11 Care Planning and Long-Term Conditions**

Service Users with long-term conditions must have a Care Plan that focuses on their physical and mental health needs.

A long-term condition is defined as one that generally lasts a year or longer and impacts on a Service User's life. Examples include arthritis, asthma, cancer, dementia, diabetes, heart disease, mental health conditions, stroke, and hearing and sight loss. The impact and symptoms of these conditions can fluctuate, and people may or may not need to take medicines for their conditions.

Care Plans should reflect each individual long-term condition and the management and support required. This may also include information on any external health professionals who are involved and when to escalate any concerns.

The Department of Health has produced a series of information sheets for healthcare professionals on improving care for Service Users with long-term health conditions: [Improving care for people with long term conditions: 'at a glance' information sheets for healthcare professionals - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

**5.12 Digital Care Planning**

Digital systems can mean good outcomes for people who use services, for providers and for the broader health and care system.

They can:

- | Provide 'real time' information recording about the care and support people need and receive
- | Help providers and carers to be more aware when people's needs change, and respond to them more quickly
- | Offer the ability to use and compare data to improve Service User care
- | Help information to be shared quickly, accurately and safely to support the provision of health and care services
- | Help to minimise risks such as medication errors, dehydration or missed visits
- | Help to support other important health and care functions, such as service management, planning and research
- | Make it easier for people who use services to access their own records
- | Help to manage and support staff to do their job effectively and efficiently
- | Be easier to store, requiring less physical space

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- | Support better use of resources across the health and care system

**What does a good digital records system look like?**

A good records system delivers good outcomes from the point of view of people who use services. These outcomes are the same whether the records are kept digitally or on paper, although what providers need to do to deliver them might vary. Good outcomes for Service Users are captured by the following 'I statements'. These are worded from the perspective of Service Users.

I have records that:

- | Are person-centred - They describe what is important to me, including my needs, preferences and choices
- | Are accessible - I can see the information that is important to me, in a way that I choose, and I can understand
- | Are legible - Information about me is recorded clearly and can be easily read by the people who support me
- | Are accurate - Information about me is correct and does not contain errors
- | Are complete - There is no relevant or essential information about me that is missing
- | Are up to date - They contain the latest relevant and essential information about me
- | Are always available to the people who need to see them when they need them
- | Are secure - My privacy and confidentiality are protected. Only the people who should see my records can see them (records are kept in line with data protection legislation, including UK General Data Protection Regulation (UK GDPR) requirements)
- | Help the service that supports me to have good quality assurance systems and processes. They help the provider to assess, monitor and minimise the risks to my health, safety and wellbeing. They help the service that supports me to keep improving

**What standards do digital records need to meet?**

All records must also comply with:

- | Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Data protection legislation (including UK GDPR) requirements
- | Accessible Information Standard
- | Data Security and Protection Toolkit (where providers have access to NHS patient data and systems)

**5.13 Care Plan Review**

Care Plans are flexible, meaning that when or if the Service User's care needs change, the plan will be reviewed and adjusted accordingly to make sure it meets their needs and preferences.

- | Routine reviews will include a review of daily reports since the previous review date; in this way the Care Plan coordinator/key worker will be able to identify any Service User reports which may indicate a need for a particular assessment review, and to gather additional information about the Service User's perception of their daily wellbeing
- | Any new issues which are identified with the Service User must be reported to senior staff so that their Care Plan can be reviewed immediately
- | The daily review of the Service User may indicate changed needs which require a full, in-depth review of elements of assessment or a comprehensive assessment of the Service User's needs
- | Any change to the Service User's needs that are identified during a review should be subject to a reassessment and the Care Plan changed and redesigned to meet the changed needs
- | Reviews should be carried out monthly, or at any more frequent intervals specified. Reassessments may vary in their review period according to individual Service User risks and needs
- | Staff must avoid stating 'no change' but detail on the review what is going well, what is not going well and what changes need to be made if any
- | The assessment of individual risks will be reviewed on an individual basis when there are any indications of altered risk. This applies in the case of both a positive change and reduction in risk, or a negative change and increased risk
- | The review is an ongoing process and Service Users should be actively involved in the review of their

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desired outcomes and have the opportunity to alter their desired outcomes or Care Plan implementation at any time

- | The Care Plan review should take place together with the Service User in a private location according to the Service User's preferences, whether it is the personal room of the Service User or an alternative private room at Calico Group - Barley View
- | There must be a review of the Service User's consent and any decision making they have been involved in related to their care, treatment and support
- | All reviewed documents must be dated and signed by the person completing, in order to support Care Plan tracking and accountability
- | All reviewed documents must be signed by the Service User or their representative in order to indicate their involvement in the process
- | The involvement of the Service User in the process, the choices offered and responses must be recorded
- | All relevant staff should be involved in the Care Plan review
- | Following Care Plan reviews, the staff skill mix and designated staff linked to the Service User should be reassessed in order to ensure that the Service User's changed requirements can be met

**5.14 Audit and Monitoring**

- | Care Plans will be regularly audited against a standardised format for the purpose of identifying any issues or further training that may be required to meet the competency standards of Calico Group - Barley View
- | A 72-hour short audit will be undertaken on new admissions to ensure that key risk assessments are in place
- | Jodie Bland or a nominated person will audit Care Plans monthly. Audits must be kept as evidence for compliance monitoring purposes
- | Any shortfalls in the standard documentation will be addressed by Jodie Bland who will give clear directions for improvement to appropriate individuals
- | The analysis of the Care Plan audits will be reported at the next management meeting

**5.15 Learning and Development**

All staff should have privacy and dignity training which should focus on meeting the personalised needs of each Service User.

In addition, relevant staff who implement and contribute to the Care Plan process must have relevant Care Plan training which highlights how to implement a plan of care that is personalised, responsive to individual needs and focused on choice and independence, and which promotes positive risk taking and a multidisciplinary approach.



**6. Definitions**

**6.1 Advocate**

- | An advocate can help Service Users find appropriate services, make sure they are treated fairly and challenge decisions
- | They can help a Service User express their needs and wishes and support them to weigh up and take decisions about different options



## Key Facts - Professionals

Professionals providing this service should be aware of the following:

- 1 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 explains the intention of this regulation which is to make sure that Service Users have care or treatment that is personalised specifically for them. This regulation describes the action that providers must take to make sure that each Service User receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences
- 1 Providers must make sure that they take into account Service Users' capacity and ability to consent, and that either they, or a person lawfully acting on their behalf, must be involved in the planning, management and review of their care and treatment. Providers must make sure that decisions are made by those with the legal authority or responsibility to do so, but they must work within the requirements of the Mental Capacity Act 2005, which includes the duty to consult others such as carers, families and/or advocates where appropriate



## Key Facts - People affected by the service

People affected by this service should be aware of the following:

- 1 Your Care Plan should be individual to you, and you should be allowed to have as much involvement in the development of your Care Plan as you wish
- 1 You should be fully involved in the preparation of your Care Plan, and you, and anyone else you request to do so, can be involved
- 1 The care and support you receive should help you to live independently, having as much control over your life as possible, participating in society on an equal level and having the best possible quality of life whilst maintaining dignity and respect



## Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

**GOV.UK - Improving Care for People with Long-term Conditions: 'At a Glance' Information Sheets for Healthcare Professionals:**

<https://www.gov.uk/government/publications/improving-care-for-people-with-long-term-conditions-at-a-glance-information-sheets-for-healthcare-professionals>

**GOV.UK - To ensure the basic principles and foundations for care planning we recommend the following as further reading:**

<https://www.scie.org.uk/mca/practice/care-planning/key-principles-in-care-planning>

<https://www.gov.uk/government/collections/mental-capacity-act-making-decisions>

**CQC Regulation 9: Person-centred Care:**

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-9-person-centred-care>

**Nursing & Midwifery Council - The Code:**

<https://www.nmc.org.uk/standards/code/>

**The Royal Marsden Manual of Clinical Nursing Procedures:**

The Royal Marsden NHS Foundation Trust (202) Chichester: Wiley Blackwell



## Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- | The wide understanding of the policy is enabled by proactive use of the QCS App
- | The service shows evidence that all needs are assessed and long term conditions have separate Care Plans
- | Calico Group - Barley View will be creative and innovative in its methods, ensuring that Service Users or their representatives are involved, at every opportunity, during the Care Planning process
- | Calico Group - Barley View will provide individualised care, respecting the Service User's wishes, with opportunities for enhancing their quality of life and independence
- | Service Users' best interests will be managed appropriately under the Mental Capacity Act (2005)
- | Service Users will be involved in the assessment of their needs and have consented to their care, treatment and support
- | Staff will be well supported through training and development and have the right skills and knowledge to meet the Service User's assessed needs



## Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Audit and Action Plan - CP11	As part of a monthly audit of care/support records. Identify a random 10% to review on a rotation basis.	QCS

Calico Group - Barley View  
Barley View Care Home, Market Street, Whitworth, Lancashire, OL12 8BD

Area/Item audited	Score 1 - 5	Action required	By date	Signed	Action completed (date)	Signed
Admission docs completed						
Admission assessments						
Risk assessments						
Advocacy details available						
Service User Care Plans						
Personal care recording is accurate						
Recording of Service User health						
Recording of Service User social activities						
Care reviews current						
Risk assessments reviewed						
Care Worker sex choice available						
Continence assessments						
Continence reviews						
Nutritional reviews						
Pain assessment						
Pressure area risk assessment						
Review of pressure area risk						
Service User involvement in assessment						
Service User involvement in Care Planning						
Service User involvement in reviews						
Fluid balance						
Discharge admin completed						

Date of Audit: \_\_\_\_\_

Calico Group - Barley View  
Barley View Care Home, Market Street, Whitworth, Lancashire, OL12 8BD

Area/Item Audited	Score 1 - 5	Action Required	By date	Signed	Action completed (date)	Signed
Discharge questionnaires						
Key workers in place						
Medications policy followed						
Pre-admission assessment						
Welcome carried out						
Recreational activities						
Restraint register						
NHS treatment information						
Service User surveys						
Family surveys						
Medication						
Self-medication						
Named Nurse in place						
<p><b>Score: 1.</b> Many significant shortcomings  <b>Score 2.</b> Shortcomings outweigh good practice  <b>Score 3.</b> Minimum acceptable standard  <b>Score 4.</b> Good practice outweighs shortcomings  <b>Score 5.</b> No significant shortcomings</p>						