Unit HSC 2013

Support care plan activities

Services are provided by a wide range of agencies in many different ways. One of the most important aspects of the provision of a service is to ensure that it is meeting the needs of the person. These needs are not what an agency or care worker believes to be needed; they are what people understand their own needs to be. One of the most important roles of a care worker is to find out from people about the type of service needed and then to work alongside them and their family, and any other carers, to ensure that the best and most effective level of service is provided and that it meets the needs of all those concerned.

It is also important that a worker understands the limitations of the service provided by their agency. Sometimes it is necessary to explain these limitations to a person, even though it may be disappointing not to be able to provide exactly what had been hoped for.

In this unit you will learn about:

1. **how to prepare to implement care plan activities**
2. **how to support care plan activities**
3. **how to maintain records of care plan activities**
4. **how to contribute to reviewing activities in the care plan.**

1. Be able to prepare to implement care plan activities

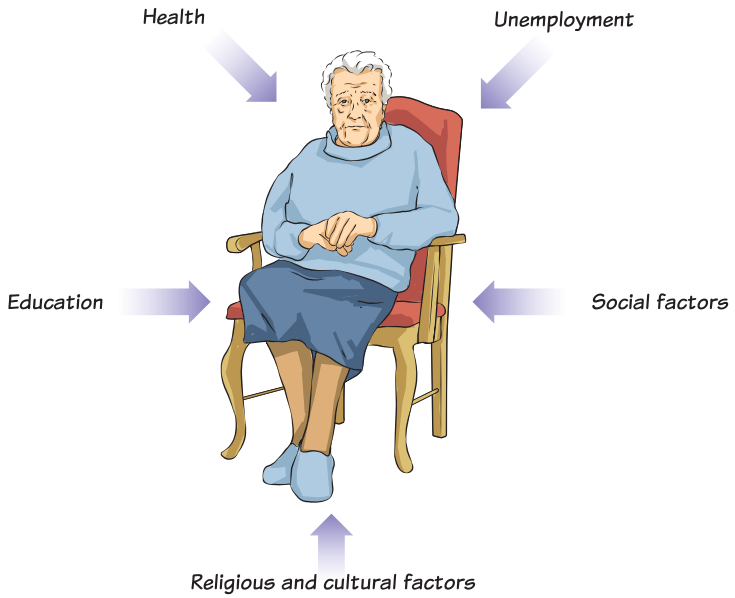
1.1 Sources of information about the individual and specific care plan activities

A holistic approach

One of the essential aspects of planning care services is to have a holistic approach to planning and provision.

This means recognising that all parts of a person's life will have an impact on their care needs and ability or wish to take control of their support, and that you need to look beyond what you see when you meet them for the first time.

A wide range of factors will have an impact on the circumstances which have brought a person to request social care services. All of the following factors will directly affect a person and they must be taken into account when discussing how people want you to provide services and support.



Factors directly affecting a person.

Health

The state of people's health has a massive effect on how they develop and the kind of experiences they have during their lives. Someone who has always been very fit, well and active may find it very difficult and frustrating to find their movement suddenly restricted as the result of an illness such as a stroke. This may lead to changing behaviour and the expression of anger against those who are delivering services. Alternatively, the person may become

depressed. Someone who has not enjoyed good health over a long period of time, however, may be able to adjust well to a more limited physical level of ability, perhaps having compensated for poor health by developing intellectual interests.

Employment

Health is also likely to have had an impact on a person's employment opportunities, either making employment impossible at times or restricting the types of jobs they could do. Whether or not people are able to work has a huge effect on their level of confidence and self-esteem. Employment may also have an effect on the extent to which people have mixed with others and formed social contacts. This may be an important factor when considering the possible benefits of residential care as opposed to care provided in a home environment.

Income levels are obviously related to employment, and these will have an effect on standards of living – the quality of housing, the quality of diet and the lifestyle people are able to have. Someone in a well-paid job is likely to have lived in a more pleasant environment with lower levels of pollution, more opportunities for leisure, exercise and relaxation, and a better standard of housing. It is easy to see how all of this can affect a person's health and well-being.

Education

A person's level of education is likely to have affected their employment history and their level of income. It can also have an effect on the extent to which they are able to gain access to information about health and lifestyle. It is important that the educational level of a person is always considered so that explanations and information are given in a way which is readily understandable. For example, an explanation about an illness taken straight from a textbook used by doctors would not mean much to most of us! However, if the information is explained in everyday terms, we are more likely to understand what is being said.

Some people may have a different level of literacy from you, so do not assume that everyone will be able to make use of written notes. Some people may prefer information to be given verbally or recorded on tape.

Social factors

The social circumstances in which people have lived will have an immense effect on their way of life and the type of care provision they are likely to need. Traditionally, the social classification of society is based on employment groups, but the social groups in which people live include their family and friends, and people differ in the extent to which they remain close to others. The social circumstances of each person who is assessed for the provision of care services must be taken into consideration, to ensure that the service provided will be appropriate.

Functional skills

English: Speaking and listening

Take part in a discussion with your team about people you support. Review the support plans as a basis for discussion on the current needs of people. Ensure that you take an active role in the discussion and that you listen to what others have to say; extend the discussion by picking up on points made by fellow members of the team. Speak clearly at all times and use suitable language.

Religious and cultural factors

Religious and cultural beliefs and values are an essential part of everyone's lives. The values and beliefs of the community people belong to and the religious practices which are part of their daily lives are an essential aspect for consideration in the planning of services. Any service provision which has not taken account of the religious and cultural values of the person is doomed to fail.

Doing it well

Gathering information for a support plan

- Remember that a wide range of factors will influence the person's care plan and that the information can be established from a range of sources.
- Actively involve the person.
- With permission, ask other relevant people such as relatives, friends, neighbours and previous care providers.

1.2 Establishing the individual's preferences about carrying out care plan activities

The process of providing care is something which should be carefully planned and designed to ensure that the service is exactly right for the person it is meant to be helping. This is of key importance, not just because it is a right to which all people are entitled in a civilised society, but also because health and well-being responds to emotional factors as much as physical. People will benefit if the service they receive is centred around their own needs and the ways in which they wish those needs to be met. Feeling valued and recognised as a person is likely to improve the self-esteem and confidence of people, and thus contribute to an overall improvement in health and well-being.

When a person either requests or is referred for a service, the assessment and planning cycle begins. Throughout the consultation and planning which follows, the person and their needs and desired outcomes should be at the centre of the process. You will need to make sure that the person has every opportunity to state exactly how they wish those needs to be met and to plan the outcomes they want to achieve. Some people will be able to give this information personally. Others will need an advocate who will support them in expressing their views.

The principles of good communication, which were explored in Unit SHC 21, are an important part of making sure that the person is fully involved in making plans for the service they will receive.

All organisations must ensure that the way in which services are provided allows people to plan exactly how they want to be supported and what services they want, and that all those who will play a part in planning and delivering services on a personal level are able to use listening and communication skills in order to respond to the person's requirements. The consequences of not planning service delivery around the needs of those who receive services can be far-reaching. Table 1 shows some of them.

Need/wish of person	Ways to meet need	Possible effects of not taking account of need
Food prepared according to religious or cultural beliefs	Ensure that service is provided by people who have been trained to prepare food correctly	Food not eaten, so health deteriorates Other services refused Food eaten out of necessity but in extreme distress
To maintain social contacts while in residential care	Provide transport to visit friends and for friends to visit	Person becomes isolated and depressed
To take control of own arrangements for personal care	Discuss and support the planning of direct payments and individual budgets	Person loses self-esteem and becomes disempowered

Table 1: Meeting people's needs and wishes.

Maintaining the person's wishes at the core of any plans for care provision can have far-reaching benefits for the person and their family.

Key term

Generic – basic or common

Activity 1

Matching the support plan to the person

Spend some time talking and really getting to know a person that you support. Find out what they like and what they used to like to do, as well as what they really do not like. Perhaps they were keen on wildlife and gardening, but really did not like football or other sports.

Now read the support plan. Does it fully reflect the interests of the person or is it more **generic** with little emphasis on their personality?

Is there anything else that you think could be different on the support plan to fully reflect the person's preferences?

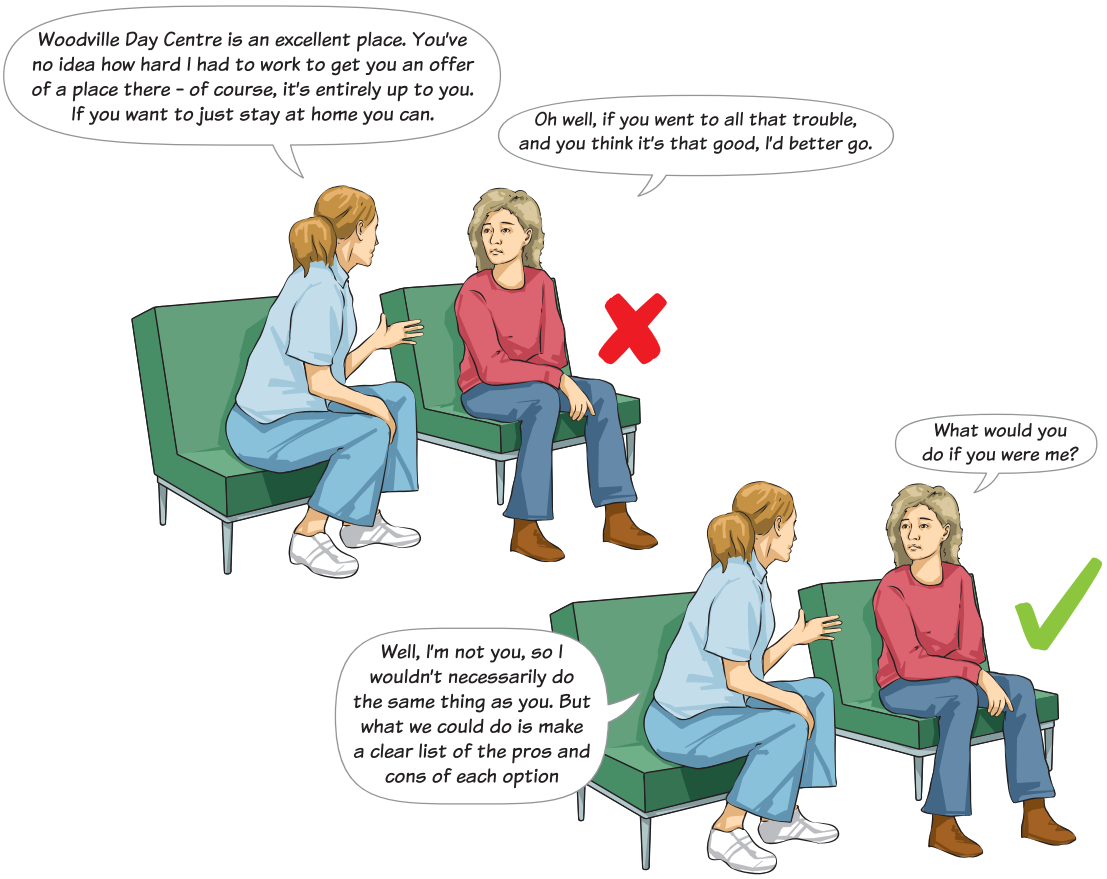
1.3 Confirming with others your understanding of the support required for care plan activities

Giving people choices

You need to think carefully about the ways you influence people. It is not only your own personal style of communication that influences them, it is also the way you explain the possibilities of service provision. You will need to beware of pushing people and their families into a particular solution, simply because you happen to believe it is the best one.

People will ask for your advice, and perhaps ask, 'What would you do?' You will have to learn to avoid answering that question directly, as it is not your role to give advice about a course of action, nor is it for you to explain what you think you might do if you were in a similar situation. This is not helpful.

What you can usefully do is provide information about services and empower people to make their own decisions. You should simply provide unbiased, accurate and clear information and then support people to achieve the best outcome with the decision they have made.



Are you able to provide unbiased information?

Putting people in control

Throughout the process of obtaining information, you should make sure you constantly check that people are fully aware of what is happening and feel they are in control of the process. One of the problems with the way services are provided, regardless of whether they are services for health, for social care or for children and young people, is that many people feel they play only a passive role.

It is easy to see how this can happen. Agencies and service providers have well-organised systems which can often involve filling in a great many forms, attending meetings and working through the bureaucracy. If you work for such an organisation these things are a day-to-day part of your life. They do not represent a threat to you. But you need to remind yourself that many of the people you deal with will not be familiar with the workings of your agency and may not feel confident enough to question or challenge what is happening.

There are several steps you can take at each stage of the process to ensure that people feel they are in charge of their service.

1. People should make clear who needs to be involved in the process of thinking about and planning their service provision. You may need to prompt them to think about the people they would like to be involved. Sometimes it is helpful to make some suggestions. For example, you could ask, 'What about your neighbour, Mrs S, the one who pops in with your dinner? Might it be a good idea to ask her?' or 'Your niece Susan might have some ideas about the sorts of services you could use.'
2. At each stage of the process, you should check with the person that they are in agreement with the steps that have been taken so far. You should do this using the means of communication which the person prefers. For example, if your normal means of communication is to talk, then you could have a regular chat to ensure that the service provided is what the person wants and to ask whether there are any specific ways in which they want tasks to be carried out. Alternatively, if the person has any form of hearing impairment, your means of communication to establish the same information may be by writing or using signs.
3. The use of any additional sources of information – for example, previous records from other agencies who may be involved with a person – must be agreed in advance before you approach the sources for the information. It is important you do not take this agreement for granted and that you explain exactly what it is you intend to do so it is clear what is being agreed.
4. Make sure that you record the person's agreement to other people being approached for information. Some agencies require written confirmation of a person's agreement before they provide information about the person. If at any point during your initial assessment and checking of information a person withdraws consent for you to approach a particular agency or person, you must respect that and not pursue that particular source of information.

Do you see how this puts the person you are supporting in control?

Obtaining information from other sources

Once you have ensured you have a person's agreement to do so, you may wish to consider accessing a range of other sources to complete the picture of the person and the way in which they can most benefit from the services your agency provides. Examples of sources are:

- members of the family
- friends
- other agencies who are involved, such as a health visitor, GP, probation officer or teacher.

Reflect

Bear in mind that information you gain, particularly from other professional sources, may be restricted by:

- the rules of confidentiality under which that professional operates
- the legal restrictions as to how information may be passed on.

Which of these do you think will be typically most restrictive? Why?

Most professionals are bound by principles of confidentiality in respect of their clients. You know that there are limits to the information you can share with others about the people you support, so you must expect that other professionals from whom you are seeking information will be bound by similar rules. Information can be protected under a range of different legislation, as Table 2 shows.

Type of information	Relevant legislation
Medical information/hospital records	Data Protection Act 1998
Information relating to children and young people	Children Act 1989
Information relating to people with mental health problems	Mental Health Act 1983
Information relating to people with a disability	Disability Discrimination Act 1995
Any information stored on a computer or in manual records	Data Protection Act 1998

Table 2: Information protected by legislation.

Functional skills

English: Reading

Develop your reading skills by reading a range of government Acts relating to people you support. Make written notes to aid your understanding of the information. Use the information you have found to extend your knowledge of how to work with people you support. If you have difficulties with terminology, either use a dictionary or ask others to clarify the meaning of unknown words.

All of these Acts work on the basic principle that personal information given or received in what is understood to be a confidential situation and for one particular purpose may not be used for a different purpose. They also state that information may not be passed to anyone else without the agreement of the person who provided the information. The Data Protection Act ensures that people have access to their own health or social services records but that these are not available to anyone else without the person's permission. This applies even after death, where a person has expressly forbidden any information to be passed on to anyone else or to a specific person.

Family and friends

Family and friends can be an invaluable source of information about a person and their needs. However, you must be sure before you discuss anything with family or friends that this is being done with the consent of the person concerned. It is easy to assume that because someone is a relative or close friend, there will be no objections over them giving information to you. Always confirm with people that they have no objection to you discussing their case with family or friends.

Other sources

Sometimes you may find that you have completed all your discussions with people and their families, but are still unsure about how best to provide the support that has been identified. You should discuss this with your supervisor, who will be able to advise you about the alternatives available and the best sources of further information. This could include voluntary or private sector organisations, carers' groups, other carers or people already receiving a service.

2. Be able to support care plan activities

2.1 Support for support plan activities in accordance with the care plan and with agreed ways of working

Following support plans

Every workplace has its own style of support plan and you should be shown how to use the ones in your workplace correctly. But they all follow the same broad principles. Following a support plan is essential. This makes it possible to ensure that the person receives the same level of care from all of those involved in providing it. Professional carers do not work 24 hours a day (it just feels that way!) and they do have days off and holidays, so it is important that care services are provided by a team who all work in the same way. The support plan is the document that makes sure this happens. If the players in a football team all played to slightly different rules, there would be chaos and a bad result! The same is true of care provision – all the team members should be delivering care to the same standard and in the same way.

Support plans are important documents that make it possible for people to receive appropriate and consistent care.

Following the support plan is the way to make sure this happens. Every person will have a plan for their support. This will have been developed by the person, their carers and those responsible for the care. The support plan will vary according to the work setting, but will include the details listed below. The services you provide must be carried out in accordance with the plan, but it is important that you understand:

- how to access information about the plan
- how the plan has been developed
- how the information is gathered
- who has access to it
- how the person and carers have organised the plan.

2.2 Active participation of an individual in care plan activities

Active participation

Your role is to ensure that you are carrying out activities in line with what the person needs and wants, always making sure that every option for maintaining or increasing independence is explored.

Many different care workers undertake the role of obtaining information about people and the services they need. Some could be assessing people for domiciliary services while they remain in their own homes; some could be assessing the needs which people may have once they leave a hospital or a residential care setting; others could be talking to a teenager or a young person about needs for residential or other support services – the possibilities are very broad. Whatever role you have as a worker and regardless of the kinds of services your agency provides, there are some basic principles which apply to the work you do.

One of these is that you must carefully explain to the person your role in the whole process. Before you can clearly explain your role to someone else, you must ensure that you understand it fully yourself.

Doing it well

Understanding your role

Your role is to ensure that:

- the needs of the person and the outcomes they want to achieve are met by providing the service
- as much information as possible is obtained from the person
- you provide the person and their carers and family with as much information as you can about the options available.

You will also need to explain to a person exactly which services are available and how a support plan can be put together. It can sometimes be helpful to explain how your agency is funded and what the limitations may be on the types of services that can be provided. There are opportunities to use services in new ways so that people can have the support they want.

2.3 Adapting actions to reflect the individual's needs or preferences during care plan activities

The needs of the person must to be central to the support that is planned. For example, the solution that you have to a problem may be very different to the solution that someone else might suggest. It is important to look at the holistic needs of the person in all aspects of the support planning process and activities.

It is important to be flexible when planning support for people, and the care team must be prepared to adapt and change as the needs of the person changes. People are different and have a range of personal preferences; these must be fully considered when planning and delivering support. For example, a person may be independent at home with support workers but unable to cook for themselves. Meals on wheels or delivery of frozen meals may appear to the care worker to be the best option; however, the person may not like frozen food, or the routine of meals on wheels. They may have a neighbour who wishes to be involved in the care of the person and would like to take a meal to them. It is therefore important not to go for the most obvious option, but to involve the person in the choices and options available for them. Respect the needs and wishes of the person first, before suggesting options that just focuses on the practical need of the person without thinking about their personal preferences.

Activity 2

Listing different types of services

Prepare a list of the different types of service provided by the setting in which you work. Remember to include all the aspects of the service you provide – if you work in residential care, you will need to list all parts of your service, such as social activities, providing food and providing entertainment. If you work in a person's own home, you may need to list food preparation, cleaning, personal care and so on.

Make a note about the factors of a person's life which you would need to take into account in order to provide a holistic assessment of their needs. You may wish to have a look back at some of the factors discussed in Section 1.1.

Record ways in which you may need to adapt the services you provide because of some of the factors you are taking into account.

3. Be able to maintain records of care plan activities

3.1 Recording information about implementation of care plan activities

All organisations have their own documentation. It is important that all contributions are clearly recorded. Accurate record keeping is vital. If records are not accurate, it can have an effect on the support that a person receives. Some support plans are now maintained electronically. Check with your supervisor your responsibilities relating to completing support plans; it may be that you do not complete the initial support plan, but maintain records and comment on a day-to-day basis about, for example, the support that you have given to the person. Day-to-day records contribute to assessing if the support plan in place is effective.

Records of care contribute to the overall quality of the service any organisation offers and they are likely to be included in any file audit undertaken during inspection processes. The support planning process, if it is well conducted, provides a vital opportunity for people to contribute and to make choices about the care package they receive. Support plans which are badly prepared and carelessly undertaken rob people of the opportunity to take decisions which affect their lives significantly, and they also result in an ineffective use of scarce and valuable resources.

Doing it well

Recording information

- Remember that all records relating to people are legal documents.
- All entries must be clear, accurate, factual and written in black ink.
- Remember that the Data Protection Act rules must be followed with regards to information collection, use and recording. (Check back in Unit HSC 028 for the responsibilities under the Data Protection Act and the principles of good record keeping.)

3.2 Recording indications that care plan activities may need to be revised

A support plan is a 'plan' and is therefore subject to change. It is a guide to be followed in order to support the person effectively. But remember that circumstances and needs change, and unless these changes are reported and recorded, the plan of support may stay the same and will not fulfil its original purpose. It is probable that you will be providing the hands-on support and you are more likely to notice the small changes.

Case study

Noticing changes in needs

Casey is supporting Gerald with his personal care. In the past Gerald has been able to manage his hygiene independently if Casey had everything ready and on hand for him. However, recently Casey has noticed that although Gerald can still manage to wash and dress himself, he is finding it more difficult to bend down because his hips appear to feel stiff and sore if he bends like this. He has therefore asked Casey to help him to put his socks on.

1. What benefits will Casey's reporting of small changes like this have for Gerald?
2. Why is it important to report both improvements and deterioration?

Case study

Noticing changes in circumstances

Barah has a long history of mental health problems which she has experienced since her late teens; she is now in her early 40s. She experiences episodes of elation and disinhibition, and at other times depressive episodes. Barah has regular medication which controls her mental health most of the time and she has a comprehensive care programme, with her community psychiatric nurse as her care coordinator. She lives in a hostel and receives support from hostel-based support workers and the staff at the day centre she attends each day.

Barah's family have lived in a town about 10 miles away from Barah – her mother, who died last year, was a lone parent, and Barah has a married sister, Rebecca, with two children. Following the death of her mother, Rebecca decided to move nearer to Barah. They have always been close, and Rebecca has always encouraged Barah to maintain her treatment regime and to make use of support services. Rebecca moved into a new house in the same area as the hostel a few weeks ago.

1. Is this change significant for Barah? Why?
2. What could be the benefits for Barah?
3. Are there any potential disadvantages?
4. How could Barah's care programme be affected?

4. Be able to contribute to reviewing activities in the care plan

4.1 Your role and the roles of others in reviewing care plan activities

Reflect

Do you find it daunting to make a contribution to a review, or any meeting, especially if there is a room full of people? It can help to make notes in advance about what you want to say. Remember, your role is essential – no one, apart from the person and their family, has as much information as you do. You are the person undertaking the hands-on care and you have a vitally important view about changes in needs and how the person is benefiting – or not – from the present provision.

Activity 3

Reviews in your workplace

Find out the arrangements for reviews in your workplace. Check how often they are undertaken, who attends them and who is responsible for arranging them. Ask if you could attend a review as an observer in order to find out what happens.

It will be decided at the outset how a particular care package will be monitored, and the methods will be decided and agreed by the person and their carers. Your feedback will be an essential part of the process. A monitoring process will involve:

- the person receiving the service
- their carers or family
- other healthcare professionals
- the service provider – whose performance will be monitored.

The purpose of reviews

Reviews are essential because care situations very rarely remain the same for long periods of time. As circumstances change, the package of care may need to be reviewed in the light of those changes. At agreed intervals, all of the parties involved should come together to reflect on whether or not the package of care is continuing to do the job it was initially set up to do. If there were no reviews, the arrangements would continue for years regardless of whether they were still meeting care needs.

A review will gather together all the information about the circumstances of the person, the service provided and the service provider. It will give all those concerned with the care of the person the opportunity to express their opinions and to be involved in a discussion about how effective care provision has been and the changes, if any, that need to be made.

4.2 Feedback from the individual and others on how well specific care plan activities meet the individual's needs and preferences

Obviously the most important person in any monitoring process is the person receiving the service, so they must be clear about how to record and feed back information on the way the care package is working. This can be through:

- completing a checklist on a regular basis (weekly or monthly)
- maintaining regular contact with the care manager/coordinator, either by telephone or through a visit

- using an electronic checking and monitoring form which would be emailed on a regular basis to the care manager/coordinator
- recording and reporting any changes in their own circumstances or changes in the provision of the care package.

The following is an example of a form that can be used to obtain feedback from a person about the services they receive.

Have there been any changes in your health since the last report? If so, please say what.	*Not really – much the same*
Have there been any changes in your circumstances since the last report? If so, please say what.	*My sister has come to live a few streets away*
Are the services you receive still giving the support you need?	*Yes, still very good, but don't need day centre on Thursdays now as my sister takes me out every Thursday*
How would you like the services to change what you receive?	*Cancel Thursday at the day centre, but everything else is fine*

A feedback form.

Monitoring by carers and families

Carers and families are likely to participate in the monitoring of a care package in similar ways. You will need to make sure that carers are willing to participate in monitoring and they do not feel you are adding yet another burden to their lives.

Monitoring by other healthcare professionals

Maintaining contact between reviews with other professionals who may be involved with the person is an essential part of the monitoring process. The most effective method of doing this is to agree the types of changes which will trigger contact. For example:

- the GP may be asked to notify the care manager of any significant health changes or hospital admissions
- the community nurse may be asked to notify any problems in compliance with treatment, or changes in the person's ability to administer their own medication, or changes in home conditions
- the physiotherapist may be asked to notify any significant changes in mobility.

A physiotherapist may be asked to report any significant changes in a person's mobility.

There may be other professionals involved, such as occupational or speech therapists, depending on the circumstances of the person. The principles of monitoring remain the same.

Feedback from care professionals

Your role in administering the plan of care means that you are in an ideal position to identify changes in a person's circumstances that may mean a service is no longer appropriate. It may need to be increased, decreased or changed in order to meet a new situation. The changes do not have to be major, but they can have a significant impact on a person's life.

4.3 Contributing to a review of how well specific care plan activities meet the individual's needs and preferences

Who is involved in the review process?

Any review should attempt to obtain the views of as many people as possible who are involved in the care of the person. The most important people at the review are the person and their carers or family. You, as the person (or one of the people) providing services from the plan of care, are a very important contributor. The key worker or care manager/coordinator is also central to the review process, as is any organisation providing the care.

It is also important that others with an interest in the care of the person have the opportunity to participate in a review. This may include a:

- GP
- health visitor
- community psychiatric nurse
- community occupational therapist
- physiotherapist
- speech therapist
- welfare rights support worker
- representative of a support group.

It may also include anyone else who has been a significant contributor to the life and care of the person concerned. The status of all the participants should be equal, in that everyone has the opportunity to give a view and to contribute to the discussion. However, the key person who must agree to any review decision is the person concerned.

How do you think the person you support might feel about their review?

Doing it well

Review checklist

1. Does the person understand what a review is?
2. Do their carers also understand what a review is and its purpose?
3. Is the review arranged at an appropriate time to check the progress?
4. Is this an annual review or has it been triggered by a change in the person's circumstances?
5. Does the review cover whether the person continues to need the same level of support and services, whether there have been any changes, what the original support plan intended, and the results of the monitoring?
6. Has the person been asked when and where would be convenient for the review?
7. Has it been explained to the person which decisions the review is able to take in respect of their continuing care provision and the development of a new support plan?
8. Has the person been offered an advocate in order to help them prepare for the review, to support or to speak for them at the review?
9. Does the person know who is responsible for making sure that the review meeting is managed?
10. Does the person know all of the people who will be at the review?
11. Can all of the participants contribute either in writing or verbally?
12. Do all the participants in the support plan know that they can request a review?
13. Have carers been consulted about the appropriate time and location for the review?
14. Have crèche facilities been offered for anyone who needs them so that they can attend?

During the review, everyone should be given a chance to contribute. If the person receiving care has chosen to use an advocate to present their point of view, this person should have every opportunity to contribute on the person's behalf. If some choose to communicate in writing or by other means, such as email, then those comments must be taken into account. If there have been any changes in organisational policies or access to resources, or changes in the circumstances of the service provider, these are also key matters and should be fed into the review for consideration.

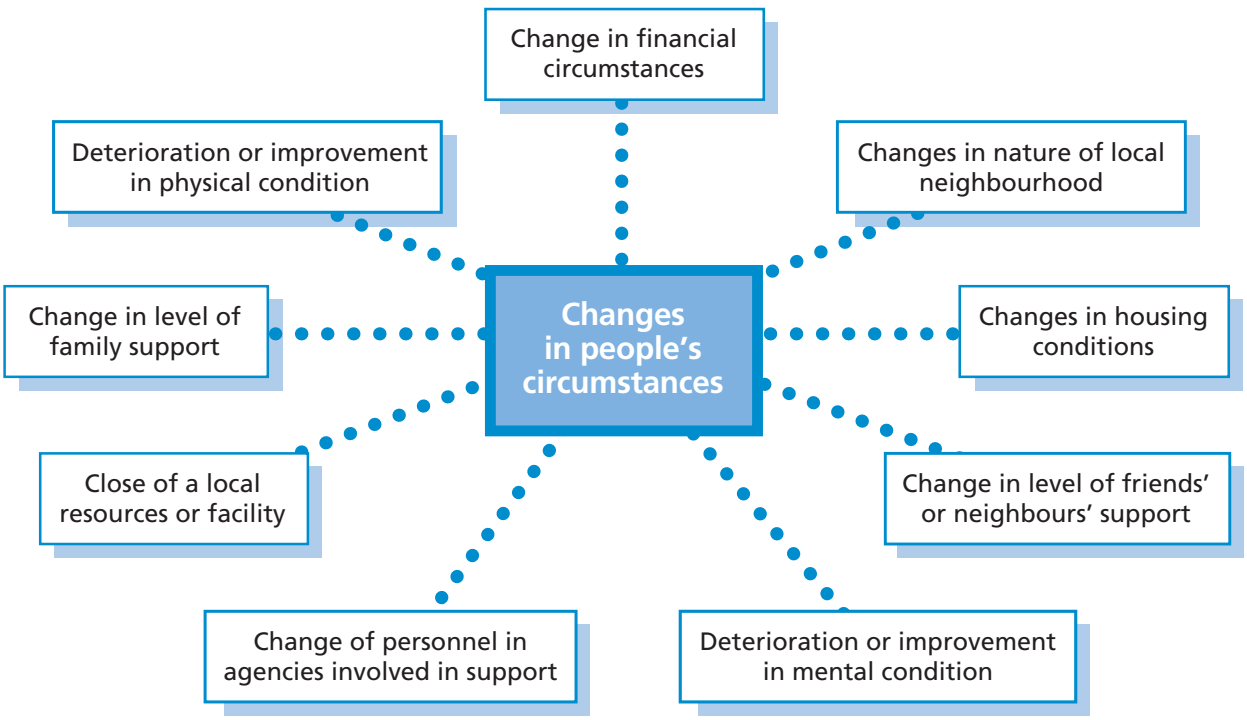
You will have the opportunity to contribute your feedback and observations about the way in which the service meets the present needs of the person and what changes may be needed.

4.4 Contributing to agreement on changes that may need to be made to the care plan

How to identify significant changes which affect the care package

Throughout any monitoring and evaluation process, you are looking for and responding to change. It is important you are clear about the difference between types of changes which require action, and those that are simply a part of everyday life and do not involve a major rethink of a care package. For example, a person who inherits £50,000 will experience significant change, whereas someone who receives a £1.20 per week increase in income support will not! Both, however, have experienced a change in their financial circumstances.

Similarly, someone who changes from working two days each week to a full-time job experiences a significant change which will involve alterations in the care package they receive. But someone who changes from working two days each week as a telephonist to working the same two days as a receptionist is unlikely to need significant changes in any care package.



Changes in people's circumstances.

Case study

Reviewing and monitoring Mr Gough's needs

Mr Gough is 79 and has been receiving support at home to assist in basic daily living tasks such as shopping, cooking and maintaining his home. Over the past six months, however, he has become increasingly frail and is now finding it difficult to wash and dress himself. His personal hygiene is deteriorating as a result and he has recently developed a skin rash.

1. What should happen now for Mr Gough?
2. Who should be involved in considering the next steps?
3. How can you make sure that Mr Gough is involved in the process?
4. In what ways can changes such as these be monitored?
5. Who is responsible for monitoring changes for Mr Gough?

Getting ready for assessment

LO1

This outcome requires you to prepare and implement support plan activities. You will need to show your assessor that you know where you can find information about the persons that you support and specific support plan activities. With a person's agreement, make a note of the information that would be needed in order to inform their plan of support. You could use your organisation's form or make one yourself, and show it to your assessor when you have finished.

LO2

This outcome requires you to demonstrate that you can competently help with support plan activities. Assessor observation is the most appropriate method of assessment and this must be carried out in real work environments. Your assessor will need to observe you carrying out activities in accordance with the person's support plan as well as encouraging active participation by the person. Sometimes it is necessary for you to adapt actions in order to suit the person's needs and preferences at that time; you will need to provide evidence that you can adapt to such changes – your assessor may suggest that you complete a self-reflective account in order to evidence this.

LO3

Recording any signs of discomfort or changes to a person's needs or preferences will mean that their support plan will need to be revised. You will need to show your assessor that you are fully aware of any changes that will impact on support plans. Your assessor may suggest that you write a reflective account of a situation when you have reported and recorded changes, and explain how the information that you shared impacted on the support plan. Your assessor may also ask you for other examples of change that might impact on support plans.

LO4

This learning outcome requires you to demonstrate your ability to contribute to the reviewing process. In order to demonstrate competence for this outcome, you will need to contribute actively to the review process. Your assessor will want you to provide evidence to show that you feed back how well the support plan activities meet the needs of the people you support. If it is appropriate your assessor may observe you; however, if it is not appropriate, they may suggest that you collect a witness testimony from a senior colleague who was present.

Legislation

- Children Act 1989
- Data Protection Act 1998
- Disability Discrimination Act 1995
- Mental Health Act 1983

Further reading and research

- www.cqc.org.uk (Care Quality Commission (CQC))
- www.scie.org.uk (Social Care Institute of Excellence)
- Bradley, A., Murray, K. and Couman, L. (2007) *My Life Plan: Interactive Resource for Person-centred Planning*, Pavilion Publishers
- Health, H. and Watson, R. (2005) *Older People: Assessment for Health and Social Care*, Age Concern
- Mansell, J., Beadle-Brown, J., Ashman, B. and Ockenden, J. (2010) *Person-centred Active Support*, Pavilion Publishers

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