

1. Personal Information

Sally Smith



Name

Surname: **Smith**
Other Names: **Sally**
Title: **Mrs**
Preferred Name: **Sally**

Placement

Room 1
Buttercup House
Unit 6
Apex Court
Almondsbury Business Park

Contact No.: **0845 500 5115**

Personal Information

Date of Birth: **13/06/1935**
Marital Status: **Widowed**
Maiden Name:
Nationality: **English**

Occupation: **Housewife**
Religion: **Christian (Methodist)**
Reason for Admission:
Long Term Care

Appearance / Description

Eye Colour: **Blue**
Hair Colour: **White**
Height: **1.6**
Weight: **58.1kg (9st 2lb)**
Build: **Slim**
Hair Length: **Medium**
Eye Wear: **Prescription glasses**
Hearing Aid: **Behind the ear**
Facial Hair: **Not Applicable**

Photograph



Known Allergies / Important Information

None Known

Emergency Contacts

Sally Smith



Buttercup House

Relationship: [Current Placement](#)

Business Telephone: [0845 500 5115](#)

Address:

[Unit 6](#)

[Apex Court](#)

[Almondsbury Business
Park](#)

[BS32 4JT](#)

Dr Hilary Jones

Relationship: [GP](#)

Home Telephone: [0117 9856859](#)

Mobile Telephone: [07865 2547865](#)

Address:

[Trinity Clinic](#)

[Trent Street](#)

[Bristol](#)

Lorraine Snook

Relationship: [Daughter](#)

Home Telephone: [01275 584695](#)

Mobile Telephone: [02548 245954852](#)

Address:

[55 Crediton Crescent](#)

[Bristol](#)

Assessment Overview

Sally Smith



Overview	Low Needs
<ul style="list-style-type: none"> Overall Care Needs - (Choice/Mobility) Personal History - (History) 	Low Needs
Residents' Rights/Consent	High Needs
<ul style="list-style-type: none"> General Understanding - (Residents Rights) Advocacy - (Details of) Consent - (Details) 	High Needs
Evacuation Risk Assessment	High Needs
<ul style="list-style-type: none"> Mental Ability - (Communication/Cognition) Physical Ability - (Mobility Assistance) Site Familiarity - (Ability) 	Moderate Needs Moderate Needs High Needs
Advance Care Plan	
<ul style="list-style-type: none"> Preferred Priorities for Care - (Advance Statement) Advance Care Plan - (Details) 	
Mobility	Moderate Needs
<ul style="list-style-type: none"> Physical Ability - (Physical Ability) Immobility - (Needs) Assistance Required - (Assistance Required) Mobility Aid Use - (Mobility Aids) Transfers - (Ability/Assistance) Transfer Risks - (Weight Risk) Transfer Aids - (Equipment Required) Fall Risks - (Fall Risks) Outside Mobility - (Mobility Outside) Outcomes - (Mobility) 	Low Needs Low Needs Low Needs Low Needs High Needs
Overall Health	Moderate Needs
<ul style="list-style-type: none"> General Health - (Overview) Senses - (Ability/Aids) Tissue Viability - (Tissue health) Strokes - (Stroke History) Epilepsy - (Diagnosis/Risk) Respiratory - (Needs/Risks) Heart - (Needs/Risks) Diabetes - (Needs/Risks) Pain Assessment - (Pain Level) Digestion - (Concerns) 	Moderate Needs Low Needs High Needs Low Needs Moderate Needs Moderate Needs Low Needs Low Needs
Personal Care	High Needs
<ul style="list-style-type: none"> Personal Care - (Ability/Assistance) Bathing - (Needs) Injury Risk - (Factors) 	High Needs High Needs Moderate Needs

4. Care File / Risk Assessment (Page 2)

Sally Smith



4.1 Care Review Information

Updated on 03/10/2016 by Hayley Harris

Date Of Birth: 13 June 1935

Photograph

Room Number: 1

Keyworker: Janis Irving

Date Updated: 03/10/2016

Written By: Hayley Harris

Date/Time of Review: _____

Location of Review: _____

Next Review Date: April 2017



Care review participants

Resident Signature: _____

Keyworker: Janis Irving

Keyworker Signature: _____

Name: _____ Relationship: _____

Signature: _____

Name: _____ Relationship: _____

Signature: _____

Name: _____ Relationship: _____

Signature: _____

Name: _____ Relationship: _____

Signature: _____

Care File / Risk Assessment

Sally Smith



Residents Rights

Updated on 08/09/2014 by Coreen Lakes (Draft)

Statement of Purpose:

Sally requires full assistance to access the home's statement of purpose and residents' guide. She should be given these documents and carers should ensure information of how to access these documents is available. She should be reminded as appropriate. Information contained within these documents will allow her to take advantage of all the facilities the home has to offer.

Complaints Procedure

Sally requires an advocate to raise any complaints with the home as she is unable to understand or access the home's complaints procedure herself. Sally's advocate should be given a written copy of the home's complaints procedure to enable concerns to be raised on her behalf.

Care File

Sally requires support from her advocate to ensure that her care file is independently reviewed and promotes her rights and wellbeing.

Care / Medical History

Updated on 08/09/2014 by Coreen Lakes (Draft)

Personal History

Sally is the youngest of 7 children, and the only surviving family member. She has four children, three sons and a daughter. Each is married with children. So Sally has a large family of children, grandchildren and great-grandchildren.

Medical History

2012 - Alzheimer's disease

2009 - Shingles

Work History

Sally has been a housewife her whole life and she has dedicated her time to keeping home and raising her children. Sally recalls a small cleaning job she held in the 1970's 'when times were tight'.

Care File / Risk Assessment

Sally Smith



Consent

Updated on 08/09/2014 by Coreen Lakes

Consent to receive care

Sally has been assessed as being unable to make informed decisions that affect her life and well-being. The Mental Capacity Assessment and associated care plan needs to be considered when delivering care.

Sally has provided consent to receive on-going care and any necessary treatment. Written consent may not be currently on file. In addition she has specifically consented to have photographs taken as necessary and used for the purposes of providing care plus any treatment that may be necessary from time to time.

Property and Affairs Lasting Power of Attorney has been granted to a third party allowing them to make financial decisions for Sally; these include property selling, banking administration and similar.

Power of Attorney details:

Son - John Vincent
Churchill

Sally and her advocate were present when her assessment and care plan was completed.

Details of advocate members present:

Advocate: Harriet Collins - AgeUK

Sally wishes to have a key to her room. Sally may at times be unable to locate her room key, therefore we have suggested that we offer Sally the opportunity to wear the key on a lanyard. We have provided Sally with a bright yellow lanyard and have attached her key. A spare key can be located in the manger's office.

Consent signature

Name of Advocate: Harriet Collins

Relationship to Sally:

Signature:

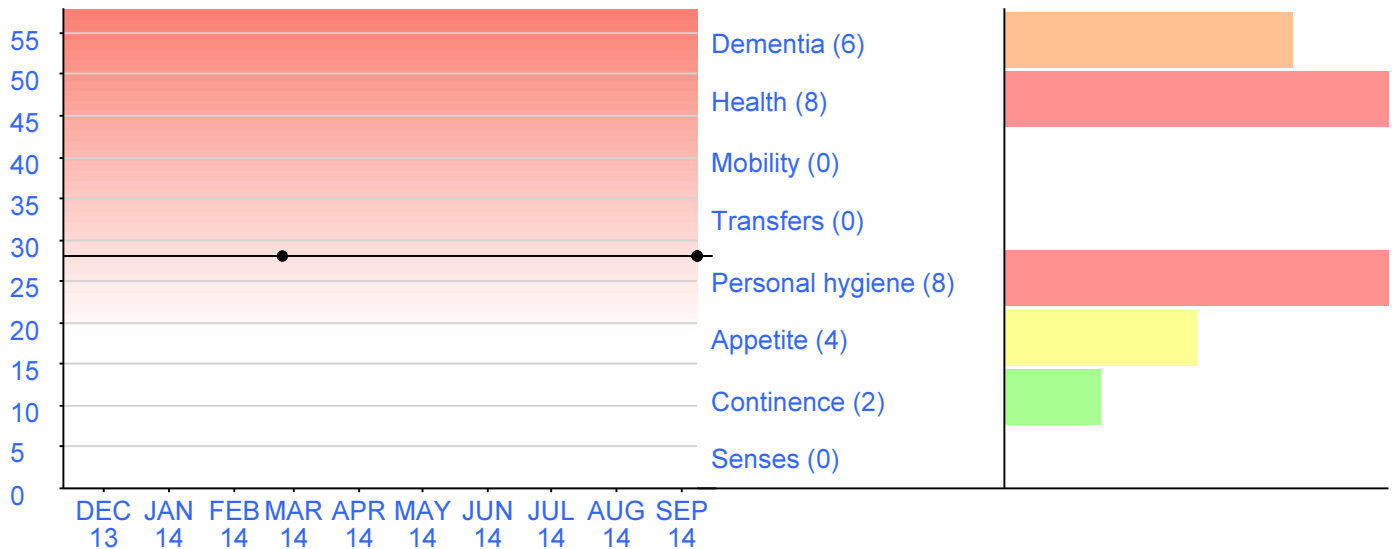
Care File / Risk Assessment

Sally Smith



Care Needs Summary

Updated on 08/09/2014 by Coreen Lakes



Overall Needs: High Needs (28)



Care Needs Summary

- Sally has a low risk of falling.
- Her 'MUST' score indicates her malnutrition risk is high.
- At mealtimes, Sally may occasionally need assistance or specific aids.
- Her Waterlow score of 21 indicates her risk of developing pressure sores is high.
- With washing, bathing and general hygiene, Sally requires assistance.
- Sally needs carers to administer any medication needed.
- Sally has dementia that influences her abilities and lifestyle, she will need guiding step by step to complete most tasks.

2012 - Alzheimer's disease

2009 - Shingles

Communication / Senses

Sally has limited understanding of what is said to her; she may need alternative approaches.

- Sally will talk and believes she is saying the correct words but this is often not the case.
- Sally has good eyesight and hearing.

Assistance Required



(Assistance from 1 carer)

Care File / Risk Assessment

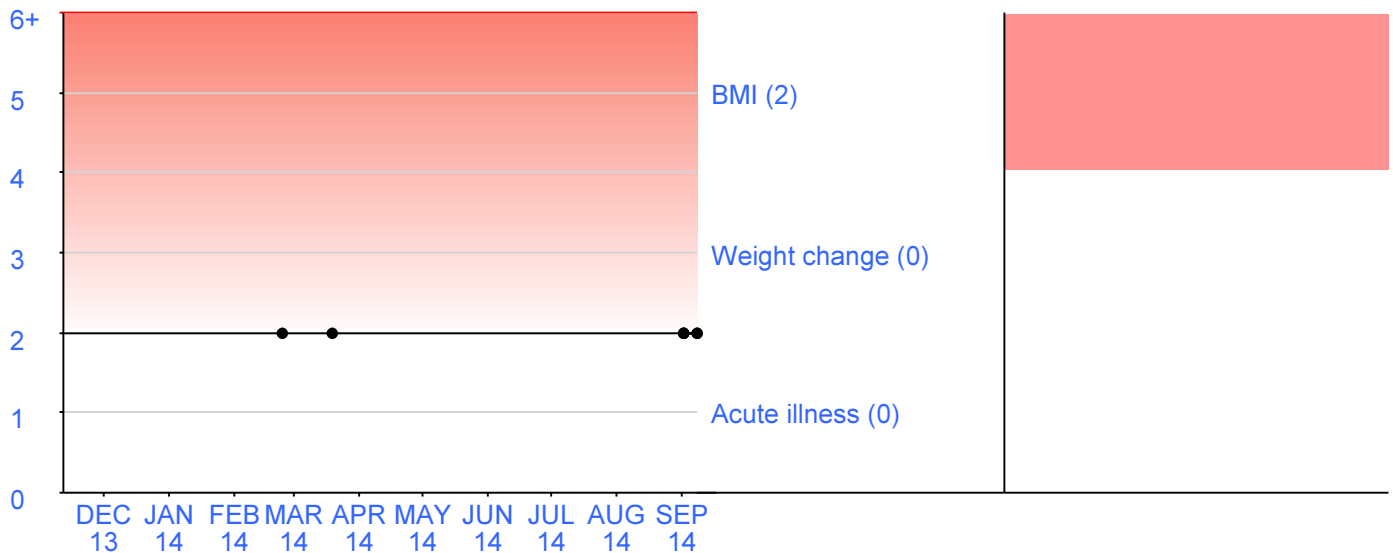
Sally Smith



Nutrition / Hydration / 'MUST'

Updated on 08/09/2014 by Coreen Lakes

'MUST'



Abilities / Needs

Sally will need some help with both eating and drinking.

- She may require help to cut up some of her food.

Sally may require an Ensure squash drink, when she has shown poor appetite for two or more days.

'MUST' Score: High Risk (2)



Risk

- High 'MUST' malnutrition risk.

Action Plan

'MUST' Actions:

- Document dietary intake for 3 days.
- Consider Sally's likes and dislikes and provide help and advice on menu choices.
- Consider additional factors which may affect nutritional intake e.g. Swallowing, oral health problems, dentures, etc.
- Provide assistance and encouragement with eating and drinking when necessary.
- Ensure Sally is positioned appropriately for eating/drinking.
- Identify and provide special equipment as necessary.
- Provide access to snacks.
- Consider completing a food record chart.
- Consider frequency of re-screening and set monitor as appropriate
- Re-weigh and re-screen Sally.
- Sally is likely to require assistance with identifying her utensils and food.

Care File / Risk Assessment

Sally Smith



- Sally may require her food to be cut up.
- When providing drinks to Sally, use her favourite Frank Sinatra mug when this is available.

Outcomes

Sally wishes to promote her current appetite and eating habits to ensure her health, choice and wellbeing is maintained. In order to achieve this, Sally should be given support to maintain her independence, ability and confidence with regards to her eating habits.

Assistance Required



(Assistance from 1 carer)

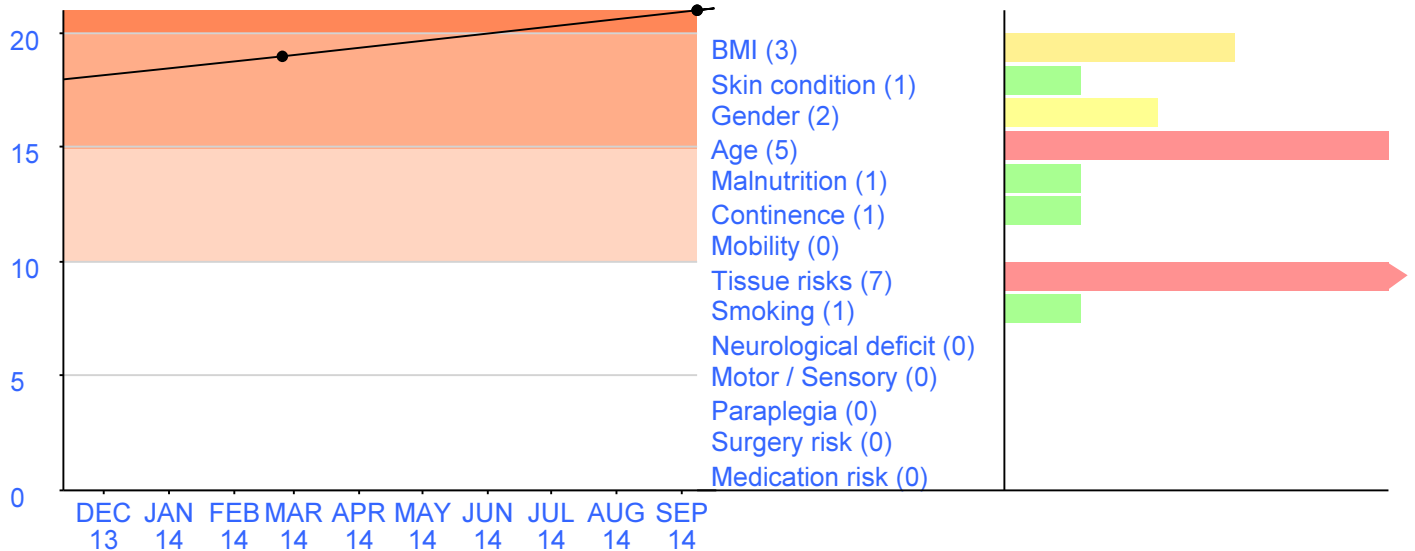
Care File / Risk Assessment

Sally Smith



Waterlow

Updated on 08/09/2014 by Coreen Lakes



Waterlow Score: Very High Risk (21)

Risk

Sally is at a very high risk of pressure sores. Factors which may affect this are:

- Gender.
- Age.
- Skin condition is dry.
- High 'MUST' score malnutrition risk.
- Occasional urinary incontinence.
- Smokes 10-20 cigarettes a day.
- Peripheral vascular disease.
- Anaemia.

Action Plan

The current Waterlow score for Sally is very high, this indicates that one or more of the following should be considered:

- Inspect skin including heels and document daily or weekly as required.
- Review mattress and seating surfaces - replace with pressure reducing alternatives as appropriate.
- Introduce a repositioning schedule that is tailored to Sally's current needs.
- Manage moisture contact with skin using an appropriate hygiene and continence care regime.
- Refer to Nutrition, Hydration and 'MUST' care plan for detailed information regarding nutrition.

Care File / Risk Assessment

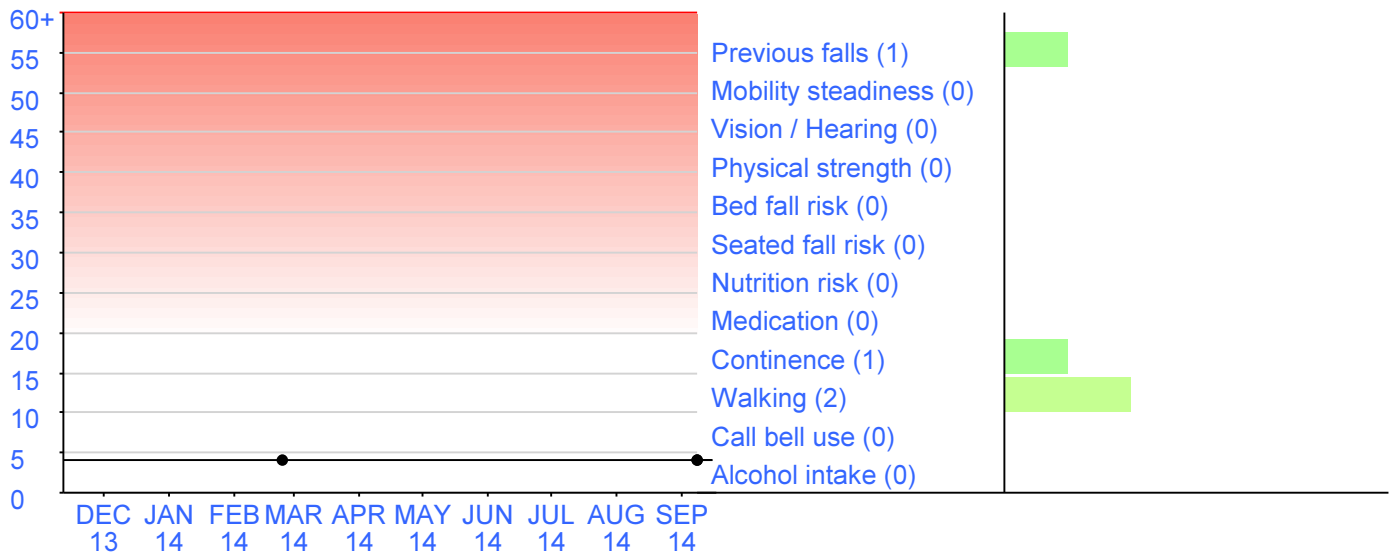
Sally Smith



Mobility

Updated on 08/09/2014 by Coreen Lakes

Falls Risk



Abilities / Needs

Sally has good mobility and has a low risk of falls.

- Sally is likely to become disorientated.

Fall Risk: Low Risk (4)



Risk

Sally has a low risk of falling.

Risk factors:

- Regularly walks without obvious purpose.
- Has fallen once in the past year.
- Occasional continence difficulties.

Assistance Required



(Guidance from 1 carer)

Care File / Risk Assessment

Sally Smith



Overall Health

Updated on 08/09/2014 by Coreen Lakes

General Health

- On average Sally smokes between ten to twenty cigarettes a day.
- Sally occasionally experiences urinary tract infections.
- Sally can sometimes experience nausea.

2012 - Alzheimer's disease

2009 - Shingles

Tissue viability

- Skin condition is dry.

Intrinsic factors affecting Sally's skin condition are:

- Age
- Skin condition

Extrinsic factors include:

- Shearing forces

Sally has eczema on her skin, particularly around the tummy area.

Degree of Risk: Extreme Risk



Risk

- Occasional sensations of nausea.
- Smokes 10-20 cigarettes daily.
- Occasional urinary tract infections.

Assistance Required



(Total support)

Care File / Risk Assessment

Sally Smith



Dementia

Updated on 08/09/2014 by Coreen Lakes

Dementia

Sally has dementia and it is a controlling factor in her daily life, due to the major impact it has made on her ability to socialise and do things for herself. It can cause Sally to become confused, hindering communication between herself and others.

Sally occasionally has problems with recalling her past and with her short term memory. This may cause her to repeat herself.

Sally has a very limited awareness of her current surroundings and often loses orientation in time and/or place.

Diagnosed in 2012. Symptoms have been very rapid and have changed Sally significantly in a short period of time.

Needs

- Sally sometimes cannot start a task without prompting, and occasionally she needs help to complete it.
- Has some trouble with fine hand control, leading to occasional problems with zippers, fasteners, utensils or any task requiring dexterity.
- Unable to initiate conversation with other residents; if others speak to her, she finds it difficult to end the conversation, and may instead repeat things she said earlier in the discussion.
- Sometimes finds it difficult to recognise family and friends.
- Walks without obvious purpose, including through the grounds of the care home. This puts her at risk of getting lost or injured.
- Has trouble seeing or recognising things that are in front of her, making it difficult for her to find things like utensils or clothing.
- Sometimes does not recognise herself in the mirror and assumes that the reflection is another person, resulting in confusion and frustration.
- May experience hallucinations; these can cause distress and confusion.

Sally will wander off when in mid conversation. Her conversation is variable and she is often unable to complete a sentence.

Sally finds eating at a table difficult and prefers finger foods.

She can at times appear very lost and lacking orientation.

Care File / Risk Assessment

Sally Smith



Support

Sally is unable to initiate or complete tasks independently. She can be encouraged to work through tasks if carers use single word instructions, gestures and physical prompts to guide her actions. When helping her with necessary tasks, such as dressing, use a gentle stroking action or similar suitable gesture prior to working with each limb. This may prompt her to help complete the action, such as lifting a limb to put on clothing.

The physical sensation of doing tasks is important to Sally, and involvement in a wide variety of activities will help her maintain a stronger sense of self awareness and contentment.

If she has a personal profile, history or notes from her family and friends, this could be used to gain further insight into appropriate activities that she can engage with.

If Sally has difficulties with recognising family and friends that visit she may need assistance recalling who they are. It may be necessary to offer her visitor(s) support if they are unfamiliar with Sally's problems with recognition.

If her reflection causes distress, consider removing the mirror from her room.

Sally often walks without apparent purpose and she may become disorientated: if this appears to be the case, provide Sally with reassurance and direction.

If Sally appears to be trying to join in with others, encourage her to participate. If she prefers to be in certain places in the home, by windows for example, it will be easier for carers to both predict where she'll be and perhaps find ways to make the space more available or more comfortable for her.

Sally may appear frustrated at times; assistance should be offered to keep her involved with life including things like social activities in the home.

Degree of Risk: High Risk



Risk

- May become distressed due to hallucinations.
- May not recognise family and friends, or herself in the mirror.
- Occasional problems with both short and long term memory.

Care File / Risk Assessment

Sally Smith



Action Plan

- Should Sally experience hallucinations, carers need to offer assistance, e.g. if Sally reports there is someone in her room, offer to check her room and reassure her that no-one is there now. This action avoids debate about whether someone was there or not, and instead acknowledges Sally's perception and focuses on what she needs to feel comfortable.
- Sally's long term memory can be very poor. Assistance such as reminiscence therapy, memory albums and similar may help her to maintain a sense of selfhood. Such materials need to be built from her life story, with as much help from friends and family as possible.
- Where it appears to help, reminding her of where she is in a conversation will help her maintain her sense of self and enhance her confidence. Consider providing memory aids, such as picture/prompt cards, memory albums or other media to assist her recollection where possible.
- Ensure Sally always has any memory aids she relies upon with her at all times.
- Remove the mirrors from her room and endeavour to avoid her seeing her reflection when alone if Sally is unduly distressed by her reflection.
- When Sally gets visitors, she may not recognise them. When family and friends visit, carers will need to take time to explain who they are before they arrive. Photos and other reminders may be needed. If her family are not familiar with her inability to recognise them, carers will need to take time to help them come to terms with this, including providing support literature regarding Sally's form of dementia.
- If Sally becomes disorientated, carers need to provide reassurance and remind her of where she is.

Outcomes

Sally wishes to promote safety in day to day life to reduce the likelihood of harm to herself and/or others. In order to achieve this, Sally should be given full guidance to remain safe and raise awareness of potential risks and hazards. Carers should be vigilant and should promote safe practice and behaviour in a safe and supportive environment to inspire confidence.

Assistance Required



(Assistance from 2 carers)

Care File / Risk Assessment

Sally Smith



Mental Health

Updated on 08/09/2014 by Coreen Lakes

Cognition / Memory

Sally occasionally has problems with recalling her past and with her short term memory. It can cause Sally to become confused, hindering communication between herself and others. This may cause her to repeat herself.

Sally has limited understanding of what is said to her; she may need alternative approaches.

- Sally will talk and believes she is saying the correct words but this is often not the case.

Behaviour

Sally has some understanding of who is visiting when family, friends and visitors come to see her.

Psychological / Emotional

Sally's emotional responses can occasionally be inappropriate in some situations. Sally at times appears low in mood and may show signs of frustration.

Care and Support

Sally frequently forgets who is visiting or why. As a result she may get confused, agitated or even walk off.

Action Plan

Carers need to be alert to the care and support Sally may require and assist her as needed, perhaps by:

- Reminding her of who is visiting her, and why.
- Gently guiding her back to her visitors should she walk off.
- If Sally gets upset or agitated, offering her and her visitors the opportunity to take a break to give her space to settle down again.
- Reassuring Sally's visitors if Sally does get upset or agitated.
- Sally and her visitors are likely to need support from carers when they visit. Providing resources such as books or other materials, as well as refreshments and aid from carers who know Sally well, may provide a positive benefit to all parties.

Care File / Risk Assessment

Sally Smith



Personal Care

Updated on 08/09/2014 by Coreen Lakes

General

Sally needs full assistance with personal care tasks such as:

- Washing her hands before or after a meal
- Personal care and hygiene when getting up or when going to bed
- General bathing tasks
- Oral care

Sally wishes to have her hair cut by the home's stylist weekly.

Sally's personal items are bought by a family member.

Sally requires her own chiropodist to visit every twelve weeks.

Bathing / Washing / Oral Care

Sally's preferred method of bathing is a bath. Sally needs some assistance to manipulate taps. She needs some help getting the water temperature adjusted correctly and may find it hard to indicate that it is comfortable for her. Sally shaves when she requires and she is able to do this independently. She needs some help to get thoroughly dry after bathing or washing. Sally is an atheist and this does not affect her bathing.

Sally is registered with a dentist. Sally needs some help maintaining her teeth and oral hygiene. She needs assistance with:

- Brushing her teeth
- Flossing her teeth with dental floss
- Rinsing her mouth out with mouth wash
- Replacing her toothbrush every three months or when required

Dressing

Sally needs full support from carers to get dressed. She needs a little help with zips and fasteners. The home does Sally's laundry for her. Her family buys her clothes for her. Sally needs help to make appropriate dressing choices.

Sally needs assistance with using toiletries.

Sally loves to wear foundation and lipstick daily. Staff to assist by giving clear instructions to Sally.

Degree of Risk: Moderate/High Risk



Risk

- May have difficulty communicating whether or not the water temperature is comfortable.
- May not dry off effectively after bathing or washing.
- Likely to avoid using preferred toiletries due to being unable to apply them correctly.

Care File / Risk Assessment

Sally Smith



Action Plan

- Adjust Sally's water temperature for her using appropriate temperature monitoring equipment.
- Observing Sally's general body language may help indicate if she is uncomfortable.
- Sally may require some assistance to dry herself after bathing.
- Help with choosing the right clothes.
- Physical assistance with getting dressed.
- Offer to help Sally with zippers, small fasteners and buttons when needed.
- When helping Sally to dress, offer assistance with her toiletries as needed.

Outcomes

Sally wishes to maintain her current level of personal care to ensure her health, comfort and wellbeing are maintained. In order to achieve this, Sally should be given support to maintain her independence, ability and confidence with regards to her personal hygiene. Carers should continue to actively monitor her to ensure her independence, wellbeing and safety is promoted at all times.

Assistance Required



(Assistance from 1 carer)

Care File / Risk Assessment

Sally Smith



Night Care

Updated on 15/09/2014 by Coreen Lakes

Night Checks

- Sally tends to settle to sleep around 8pm, but only naps throughout the night.
- Sally would prefer to be checked during the night.
- Every hour, she needs a quick check to see she is ok.
- Sally requires a low air loss mattress and 3 pillows.

Degree of Risk: Low Risk



Risk

- Ventures outside of her room during the night.
- Occasionally restless at night.
- Likely to be unsure when to get dressed or perform other daily tasks.

Action Plan

- Sally should be assisted if she does venture outside her room during the night.
- To aid her time sense, prompt her via routine and conversation. She may try to perform some daily living activities at the wrong time; if this happens, remind her of the time and what she should or could be doing now.

Please refer to the continence section as Sally may require a continence aid.

Assistance Required



(Guidance from 1 carer)

Care File / Risk Assessment

Sally Smith



Medication

Updated on 11/09/2014 by Coreen Lakes

Administration

Trained staff should always administer Sally's medications as indicated on Sally's MAR sheet. Sally is unable to safely administer her own medication without support due to the following reasons:

Sally experiences dementia and would be unable to ensure she followed a GP prescription.

Sally does not remember when to take medication, and which medicines to take at which times. Sally may also get confused with the dose of medicines, and says she prefers that someone else look after this for her.

Sally requires the following to be considered to support her with her medication administration:

- Sally prefers to take medication in her own room and with discretion as taking medicines on front of others makes her feel embarrassed.
- Sally dislikes the taste of medicines, so they should be administered with a glass of lemonade.
- Sally can sometimes hold medicines in her hand and is prone to not swallow them, so trained staff need to ensure these have been taken.
- Sally has some difficulty swallowing tablets or capsules.

Sally can be known for not swallowing the tablets and hiding them in her pocket.

Sally is prescribed the following medications to be provided as needed (PRN - Pro Re Nata).

Paracetamol 500mg. Dose prescribed is 2 times every four hours, with a maximum of 8 in any 24hr period.

- To take when needed for pain relief
- Staff to observe for displayed signs of pain. These can include restlessness, gentle moaning, and holding her head in her hands.
- Follow up should include asking Sally if she feels better after 30 minutes.

Degree of Risk: Extreme Risk



Risk

- Has some difficulty swallowing medication in the form of tablets and capsules.
- Medication allergy details: Penicillin

Possible risks associated with Sally's medication administration are:

- Missed dose
- Side effects
- Adverse reaction
- Administration error

Care File / Risk Assessment

Sally Smith



Action Plan

- Refer to the Patient Information Leaflet (PIL) for specific advice about missed doses.
- Sally to be supported to take medications as prescribed. Before taking a new medication ensure that advice is sought on mixing medications. Refer to the Patient Information Leaflet (PIL) for specific actions to reduce the risk of side effects of Sally's prescribed medication.
- Staff must ensure any prior interventions have been taken before administration of an 'as needed medication'. Staff must complete a MAR chart for all medications. Staff should observe and record if PRN medication has been effective and if any side effects have occurred.
- Staff to observe Sally when commencing a new medication and respond to any adverse reaction as appropriate.
- Trained staff to safely administer medication and to adhere to the medication administration policy at all times. Should a medication error occur, internal protocols should be followed.

Outcomes

Sally wishes to maintain her health and wellbeing by taking any medications prescribed to her or, with PRN medication, take them as needed. Sally will take the correct dose at the correct time(s) and will not overdose or miss doses.

Assistance Required



(Guidance from 1 carer)

Care File / Risk Assessment

Sally Smith



Recreation and Activities

Updated on 08/09/2014 by Coreen Lakes

Current Interests

Sally loves to sing, especially Frank Sinatra. She also has a beautiful picture of him in her room and a personalised mug for her cup of tea, with him on.

Sally likes to watch TV, particularly 'Jeremy Kyle'. Sally also enjoys films, and has a particular love of the old black and white movies.

She also likes to polish household items with a duster.

Support

Sally needs to be encouraged to sing, as this is especially calming for her. She has a favoured Frank Sinatra CD. When making Sally a drink, her favourite mug should be used.

Encourage Sally to attend any film nights, and help her to change the channel in her room so she does not miss Jeremy Kyle or any old movies.

Sally needs to be given a duster and some ornamental items. She will happily sit and polish them for a while.

Outcomes

Sally will be much calmer in mood and behaviour if she is supported to engage in her chosen activities.

Care File / Risk Assessment

Sally Smith



Mental Capacity

Updated on 08/09/2014 by Coreen Lakes

Assessment

Sally is unable to make decisions that affect her life and well-being for herself. The Mental Capacity Assessment and associated care plan needs to be used to assess her needs.

It is likely others, including carers, will be making vital decisions for Sally; when doing so the principles of the Mental Capacity Act need to be adhered to:

- Every adult has the right to make their own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Sally has no mental capacity and is unable to make informed decisions. Sally has been initially assessed as having no mental capacity to make informed decisions about her care. When decisions are made, Sally should be involved to the best of her ability.

Carers should:

- Consult with previous records, case notes and other carers as appropriate.
- Consider her stated wishes and feelings and communicate with family, friends, her advocate, or other professional as appropriate
- Ensure that decisions are made, are done in Sally's best interests, and in a way that is least restrictive as possible for her.

A Best Interests Meeting has taken place within the review period of the current care plan. Meeting held to discuss Sally's continued stay at Buttercup House. Jun 2014. Sally has settled well and continues to need 24hr supervision and care.

Owing to Sally's current lack of mental capacity to make decisions for herself, a standard authorisation for a deprivation of liberty safeguard order has been requested in order to ensure Sally can receive the care she needs. The standard authorisation for a deprivation of liberty safeguard has been granted currently as Sally meets the criteria for requiring this to get the appropriate level of care.

Explanation of Terms

- IMCA - Independent Mental Capacity Advocate.
- RPR - Relevant Person's Representative. Referred to as Sally's representative.
- DoLS - Deprivation of liberty safeguard.

Care File / Risk Assessment

Sally Smith



Assistance

Both the RPR and IMCA are responsible for helping Sally understand:

- The effect of the authorisation.
- What it means.
- Why it has been given.
- Why they meet the criteria for authorisation
- How long it will last.
- Any conditions to which the authorisation is subject.
- How to trigger a review or challenge in the Court of Protection.

The DoLS assessments have been completed and Sally has been assessed as both eligible and requiring a deprivation of liberty safeguard authorisation to enable her to receive the care she needs.

Degree of Risk: Extreme Risk



Risk

- Sally has a serious impairment of her mind.
- Sally lacks sufficient mental capacity to make specific decisions.

Action Plan

- Further investigation and consultation with all parties involved in her care is advised.
- Sally has been appointed a representative (RPR) who is either a family member or a friend. They need to be consulted and informed about all matters relating to the care or treatment of Sally whilst the authorisation for her deprivation of liberty safeguard lasts.

Assistance Required



(Assistance from 1 carer)

Care File / Risk Assessment

Sally Smith



Advance Care Plan

Updated on 08/09/2014 by Coreen Lakes

Advance Decisions

Sally has recorded her Advance Decisions on a form; this should be made available within her care file. A DNAR (Do Not Attempt Resuscitation) form has been completed by Sally's GP.

Preferred Priorities for Care (Advance Statement)

Sally has discussed and completed a statement of her wishes and care preferences (Preferred Priorities for Care), this will be available within her care file.

Outcomes

To respect and implement Sally's wishes with regards to any Advance Decisions she or her family have made; in addition, to fully take into account any statement recorded relating to her Preferred Priorities for Care where these are available and ensure that any documented decisions outside the scope of these documents are also taken into accounts where appropriate.

Also, Sally's loved ones and/or anyone with any form of Lasting Power of Attorney should be fully involved, informed and their decision and wishes also taken into account and adhered to where applicable or appropriate, regarding all aspects of her on-going care.

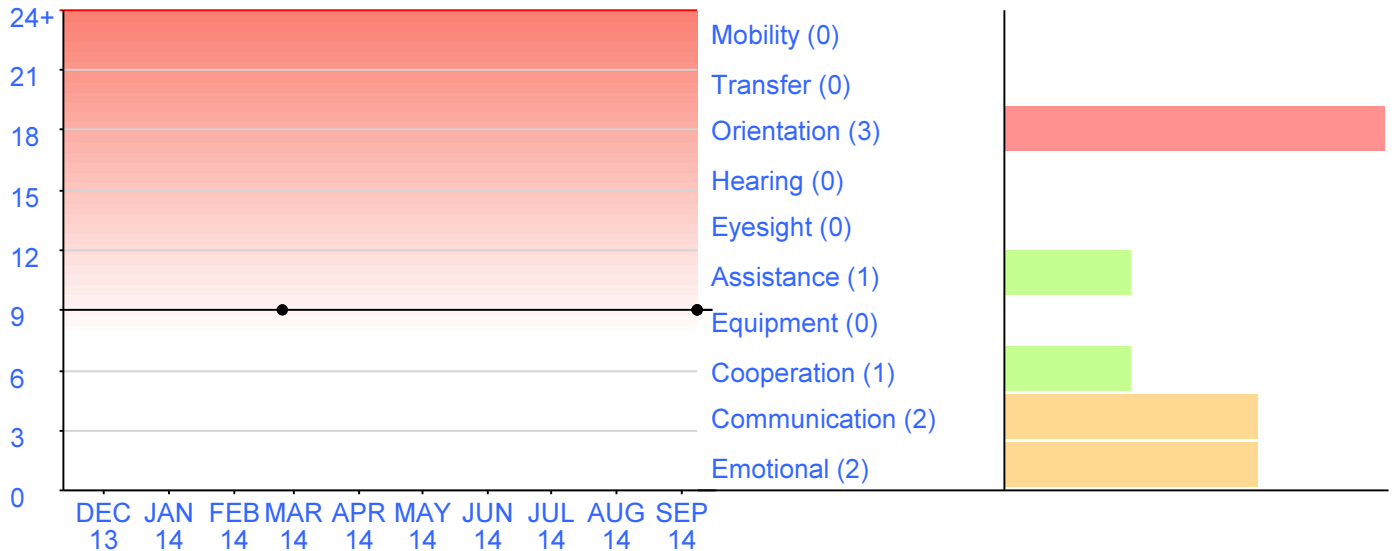
Care File / Risk Assessment

Sally Smith



Personal Evacuation Plan

Updated on 08/09/2014 by Coreen Lakes



Evacuation Risk: Low Risk (9)



General

- Sally may not cooperate with evacuation.
- She may get confused.
- She may become agitated and can be affected by loud noises.
- She does not know the layout of the building or the location of the emergency exits.

Mobility

- Sally needs one person to help her evacuate in an emergency.
- She is independently mobile and has no trouble using stairs.
- The procedure for Sally's evacuation has been detailed below:
Sally can become scared when her routine is altered. Staff should be aware of Sally's vulnerability when proceeding with an evacuation.

Senses and Communication

- Sally has good eyesight and hearing.
- Sally understands basic instructions.

Assistance Required



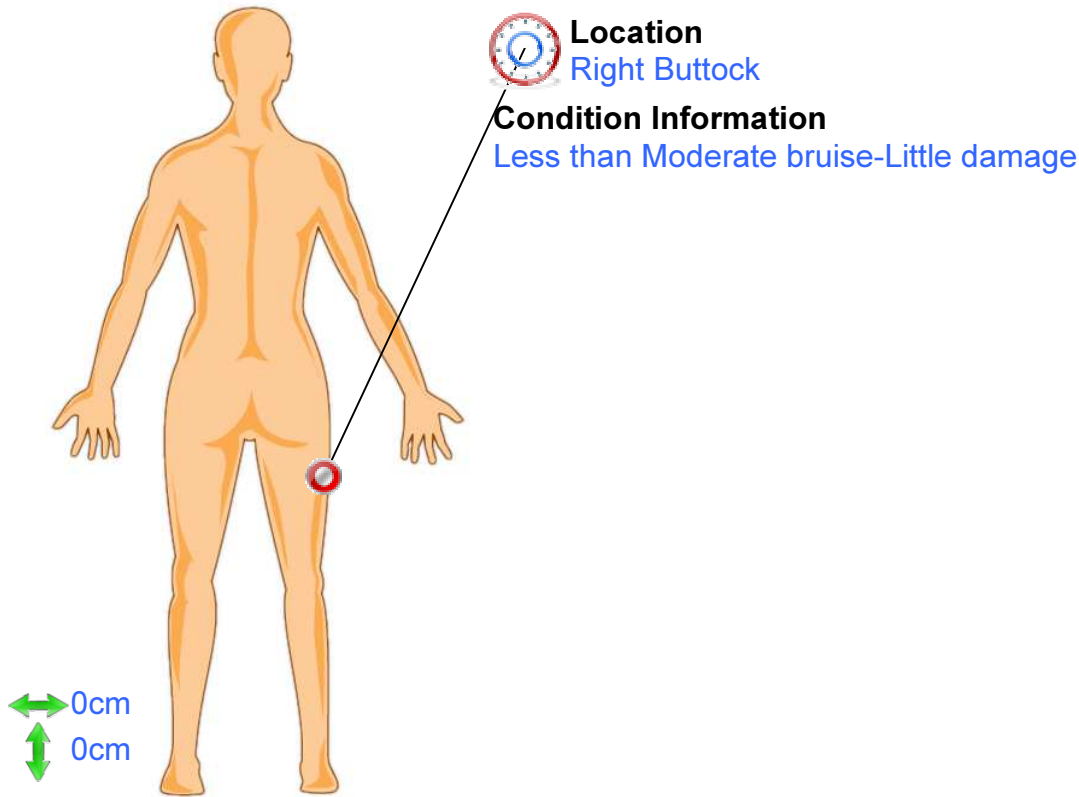
(Guidance from 1 carer)




Body Map - Bruise (Harm score 2)

Sally Smith



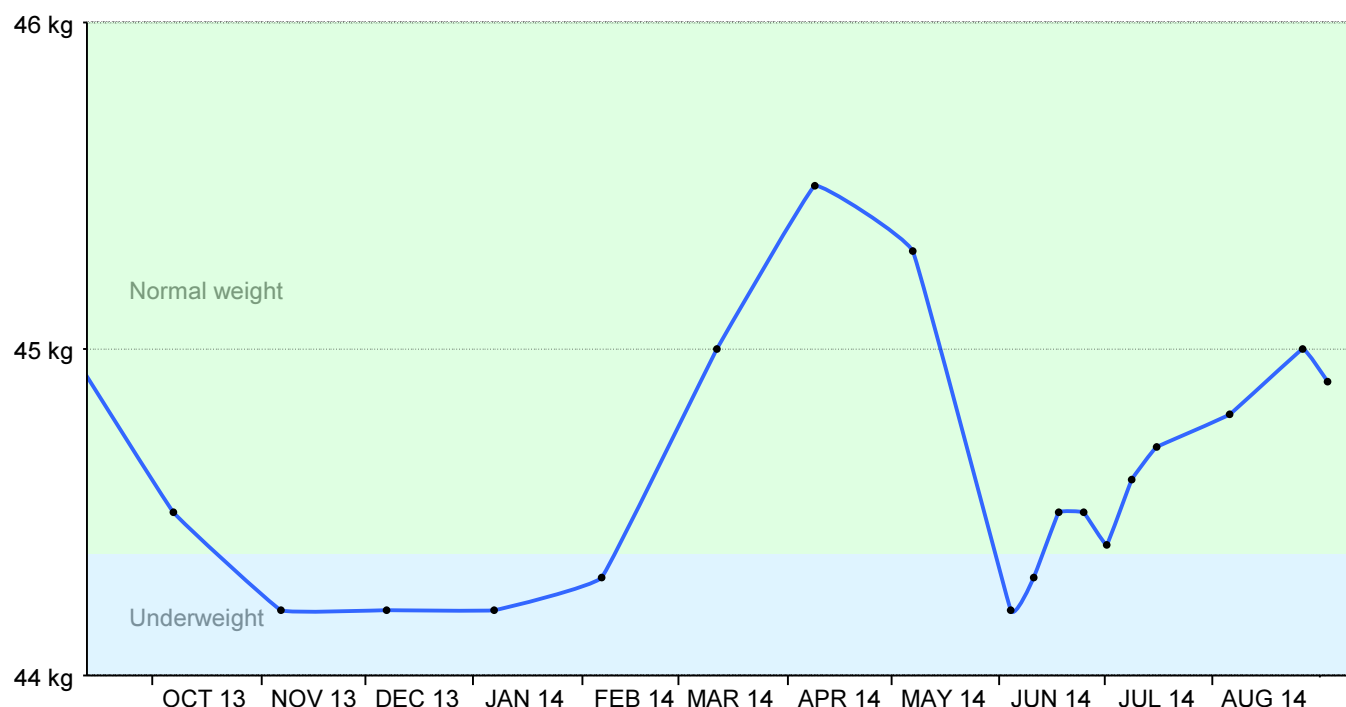
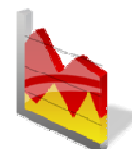
Started: 05/09/2014 Ended: (Ongoing) Date Added: 05/09/2014 Added By: Coreen Lakes



-  **Condition Improvement**
08 September 2014 09:05 [Emotional Mapping: Quite happy]
Sally said that the bruising is less painful, but it can still be a bit sore if she sits in the wrong position. The bruising seems to have lessened and there is no swelling. (Eleanor Hampstead)
-  **First Aid**
05 September 2014 12:57 [Emotional Mapping: Quite happy]
Applied an ice pack to the area to minimise swelling and relieve some of the discomfort. (Coreen Lakes)
-  **General Observation**
05 September 2014 12:54 [Emotional Mapping: Quite happy]
Sally sat down in her chair, but caught the arm of the chair and has a bruise forming. It is also causing her some discomfort, although she seems okay as she joked about how silly it was missing the chair. (Coreen Lakes)

Weight Monitoring Sheet

Sally Smith



Last Entry: 03/09/2014 - Normal weight (44.9 kg) - BMI: 18

Weight corresponding to the lowest death rate for individuals of a specific height, gender.

Date / Time	Variation	Weight	Recorded By
03/09/14 11:53	Decrease 0.22%	(-0.1) 44.9 kg	Coreen Lakes
27/08/14 11:53	Increase 0.45%	(+0.2) 45 kg	Coreen Lakes
06/08/14 11:53	Increase 0.22%	(+0.1) 44.8 kg	Coreen Lakes
16/07/14 11:53	Increase 0.22%	(+0.1) 44.7 kg	Coreen Lakes
09/07/14 11:53	Increase 0.45%	(+0.2) 44.6 kg	Coreen Lakes
02/07/14 11:53	Decrease 0.22%	(-0.1) 44.4 kg	Coreen Lakes
25/06/14 11:53	0.00%	(0) 44.5 kg	Coreen Lakes
18/06/14 11:53	Increase 0.45%	(+0.2) 44.5 kg	Coreen Lakes
11/06/14 11:53	Increase 0.23%	(+0.1) 44.3 kg	Coreen Lakes
04/06/14 11:53	Decrease 2.43%	(-1.1) 44.2 kg	Coreen Lakes
07/05/14 11:53	Decrease 0.44%	(-0.2) 45.3 kg	Coreen Lakes
09/04/14 11:53	Increase 1.11%	(+0.5) 45.5 kg	Coreen Lakes
12/03/14 08:56	Increase 1.58%	(+0.7) 45 kg	Coreen Lakes
07/02/14 09:51	Increase 0.23%	(+0.1) 44.3 kg	Coreen Lakes
07/01/14 09:51	0.00%	(0) 44.2 kg	Coreen Lakes
07/12/13 09:51	0.00%	(0) 44.2 kg	Coreen Lakes
07/11/13 09:51	Decrease 0.67%	(-0.3) 44.2 kg	Coreen Lakes
07/10/13 09:51	Decrease 1.11%	(-0.5) 44.5 kg	Coreen Lakes
07/09/13 09:51		45 kg	Coreen Lakes

Active Medication

Sally Smith




Amitriptyline / 10mg

Instructions: **ONE** to be taken **EVERY DAY**

Start Date: 18/07/2012

Stop Date:

Active: 


Further information: Amitriptyline is used to alleviate symptoms of depression. Amitriptyline is in a class of medications called tricyclic antidepressants. It works by increasing the amounts of certain neurotransmitters in the brain.

Atorvastatin / 50mg

Instructions: **ONE** to be taken **AT NIGHT**

Start Date: 19/07/2013

Stop Date:

Active: 


Further information: Atorvastatin is used with diet changes (restriction of cholesterol and fat intake) to reduce the amount of cholesterol and certain fatty substances in the blood. Atorvastatin is in a class of medications called HMG-CoA reductase inhibitors (statins). It works by slowing the production of cholesterol in the body. Build-up of cholesterol and fats along the walls of the blood vessels (a process known as atherosclerosis) decreases blood flow and, therefore, the oxygen supply to the heart, brain, and other parts of the body. Lowering blood levels of cholesterol and fats may help to prevent heart disease, angina (chest pain), strokes, and heart attacks.

Calcichew D3 Forte / 50mg

Instructions: **TWO** to be taken **TWICE A DAY**

Start Date: 19/07/2013

Stop Date:

Active: 


Further information: Calcium supplements are taken by individuals who are unable to get enough calcium in their regular diet or who have a need for more calcium. They are used to prevent or treat several conditions that may cause hypocalcaemia (not enough calcium in the blood). The body needs calcium to make strong bones. Calcium is also needed for the heart, muscles, and nervous system to work properly.

Olanzapine / 20mg

Instructions: **ONE** to be taken **TWICE A DAY**

Start Date: 18/07/2013

Stop Date:

Active: 


















Further information: Olanzapine is used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). It is also used to treat episodes of mania (frenzied, abnormally excited or irritated mood) or mixed episodes (symptoms of mania and depression that happen together) in patients with bipolar I disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Olanzapine is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain.

Continues on next page...

Daily Notes (25/08/2014 until 11/09/2014)

Sally Smith

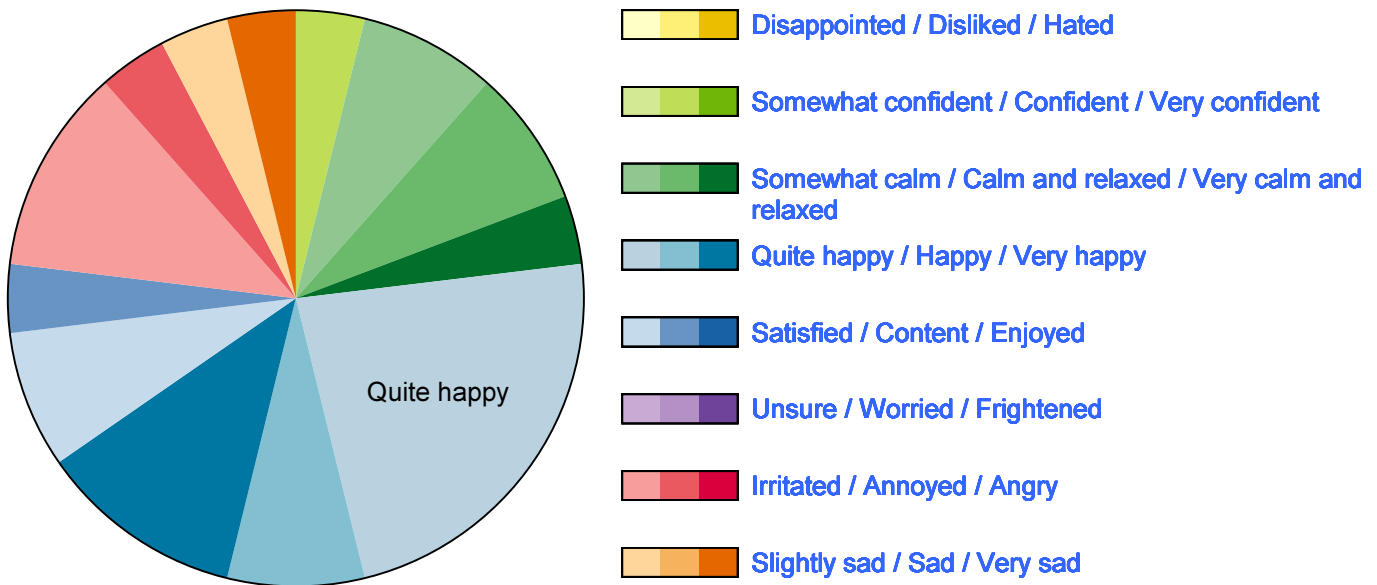


	11 September 2014 14:54 Photo Record	Afternoon Tea 11-9-14 Sally's Choice of Cake (Coreen Lakes)
	11 September 2014 10:51 Photo Record	Photo Record (Coreen Lakes)
	10 September 2014 16:04 Bath	[Emotional Mapping: Calm and relaxed] Assisted Sally in here bath today. She appeared calm and relaxed throughout. She was chatting about her husband. (Joanne Hazel)
	10 September 2014 13:41 Medication Note	[Emotional Mapping: Content] Sally has been given an ensure squash drink today as her nutritional intake has been poor (Eleanor Hampstead)
	10 September 2014 08:38 Breakfast	[Emotional Mapping: Irritated] Sally has refused to eat breakfast this morning. She does not want to come and sit at the table. Sally is eating a jam sandwich "on the move" (Eleanor Hampstead)
	09 September 2014 13:34 Arts and Crafts	[Emotional Mapping: Confident] Sally was happy to see her painting from last week displayed and would like to do more painting, so this week Sally will be painting something that is precious to her. (James Smith)
	08 September 2014 09:05 Condition Improvement	[Emotional Mapping: Quite happy] Sally said that the bruising is less painful, but it can still be a bit sore if she sits in the wrong position. The bruising seems to have lessened and there is no swelling. (Eleanor Hampstead)
	08 September 2014 06:00 Night Check	[Emotional Mapping: Irritated] Sally had an unsettled night and has been walking around for most of the night (Coreen Lakes)
	07 September 2014 08:10 Contenance Note	[Emotional Mapping: Very sad] Sally had a small continence incident this morning. It appears to be because Sally was unable to get to the toilet quick enough. Observe closely as this is unusual for Sally. (Hilary Jackman)
	06 September 2014 21:20 Personal Care	[Emotional Mapping: Somewhat calm] Assisted Sally to have a wash and to get dressed for bed. (Eleanor Hampstead)
	05 September 2014 15:14 Treatment Ended	[Emotional Mapping: Happy] Dressing removed and wound is healed. (Coreen Lakes)
	05 September 2014 13:17 Accident / Injury Form	Sally attempted to sit in the chair next to the window. Sally missed the chair seat and sat badly on the arm. (Joanne Hazel)
	05 September 2014 12:57 First Aid	[Emotional Mapping: Quite happy] Applied an ice pack to the area to minimise swelling and relieve some of the discomfort. (Coreen Lakes)
	05 September 2014 12:54 General Observation	[Emotional Mapping: Quite happy] Sally sat down in her chair, but caught the arm of the chair and has a bruise forming. It is also causing her some discomfort, although she seems okay as she joked about how silly it was missing the chair. (Coreen Lakes)
	04 September 2014 13:12 Manicure	[Emotional Mapping: Very calm and relaxed] Sat with sally and offered her a hand massage and a manicure. Sally was very relaxed throughout. (Joanne Hazel)
	03 September 2014 20:10 Residents Meeting	Sally attended the resident meeting today. The new staff member, Julie, was introduced. We discussed menu changes, and everyone would like fish and chips for supper one evening. (Eleanor Hampstead)
	02 September 2014 10:00 Coffee Morning	Sally attended the coffee morning this morning. The local news was discussed and the history of the balloon fiesta was reviewed as the event took place not long ago. (Eleanor Hampstead)

Emotional Mapping Analysis

11/03/2014 - 11/09/2014

Emotion Analysis - Sally Smith



Total events	97
Events with emotions	26
Percentage of emotional events	27%

Events in which Sally was confident

Arts and Crafts (1)

Events in which Sally was somewhat calm

Personal Care (2)

Events in which Sally was calm and relaxed

Bath (1), Movie (1)

Events in which Sally was very calm and relaxed

Manicure (1)

Events in which Sally was quite happy

Condition Improvement (3), Residents Meeting (1), General Observation (1), First Aid (1)

Events in which Sally was happy

Lunch (1), Treatment Ended (1)

Events in which Sally was very happy

Arts and Crafts (1), Religious Event (1), Family Feedback (1)

Photo Record

Sally Smith

Details

Title	Afternoon Tea	Date	11-9-14
-------	---------------	------	---------

Caption

Sally's Choice of Cake



Sally really enjoyed visiting the tea shop and choosing a cake, and said she should try and bake more for her children. She said she used to make lots of different cakes and fruit loaves, but her favourite job was icing fairy cakes.

Sally talked with several of the other residents about the cakes they made, but seemed to get confused when they said they hadn't made cakes for years.

The background music was changed to Frank Sinatra, and Sally happily sat eating her fairy cake and singing along to the music.

Sally seemed far more relaxed once she had settled down, and remained so for the rest of the shop's opening time.

This is Me (Life Story)

Sally Smith



This is about me on the date this form has been completed, and will need updating as necessary.

I should complete this form, whenever possible. If I am not able to, it should be completed by the person who knows me best.

My Details

My DOB	13/06/1935
My address	Room 1 Buttercup House Unit 6 Apex Court Almondsbury Business Park Bristol, BS32 4JT

My Life

My home and family	I am the youngest of 7 children and the only surviving family member. I now have a large family of my own, although my husband has now passed away. I have four children, three sons and a daughter, and each is married and with children.
My earlier life	I grew up with my brothers and sisters, although the oldest had moved out when I was born. After the war, I finished school and met my husband. We settled down and I was a housewife whilst he worked, and I raised my four children
My later life	When my children started to have their own children, I helped look after them whilst their parents were working. We continued to host Christmas and other big family events and I enjoyed being surrounded by my family.

About me	
My hobbies and interests	I like listening and singing along to music, particularly Frank Sinatra. I also enjoy polishing household objects, or enjoying a walk in the garden.
Things that worry or upset me	I sometimes get confused with the date and time and think I have forgotten something.
Things in my life I feel in control of	i am very mobile and can choose where I want to walk or sit in the home.
Things that give me comfort and relax me	Listening to Frank Sinatra and joining in any singing activities in the home.
Things that occupy me and make me feel included	like to polish ornamental items and attend celebrations in the home.
The person who knows me best is	My daughter, Lorraine. Lorraine visits most days and I frequently find myself waiting for her and asking about when she will be visiting next.
The way I communicate	I can talk, but I sometimes get confused with what I am saying and not use the right words.
Other things I would like you to know	don't like to sit down for meals, but prefer to eat on the go. I can get confused with complex tasks, so simple activities are better for me to join in.

Completion Details			
Completed by	Lorraine Snook	Relationship	Daughter
Completed on	11/09/2014	Date to review	11/09/2015

Choice

Sally Smith



LIKES



DISLIKES



Food

Sally likes to eat finger foods, such as cakes and biscuits, sandwiches (tuna and cucumber particularly), and sometimes has crunchier nibbles such as crisps or crackers.

Roast dinners or casseroles



Interests

Frank Sinatra.
Singing (particularly war-time songs).
Walking around the house and gardens.
Sally feels comfortable polishing her ornaments.

Complex tasks such as some of the more creative activities held in the home.



Routine

Sally wakes around 6.30am and has breakfast in the dining room. She prefers toast and jam to cereal.

Sally will spend the morning in the sitting room, but prefers to listen to music or join in singing activities in the afternoon.

Sally settles to sleep around 8pm.

Sally dislikes disruptions to her routine and needs reminding if something different will be happening.

Buttercup House

Unit 6, Apex Court, Almondsbury Business Park, BS32 4JT
Tel: 0845 500 5115

Emergency Admission Pack: [Sally Smith](#)



ADMISSION NOTES

General Practitioner: [Hilary Jones](#)

- EMERGENCY ADMISSION PACK -



Individuals Register

27 March 2017

Current Individuals
No name filter selected
Filter on location: All

Sally Smith

● Physical Needs: High

● Health Needs: High

● Emotional Needs: High

Room Number: 1

Date of birth: 13/06/1935



Leonard Sommers (Len)

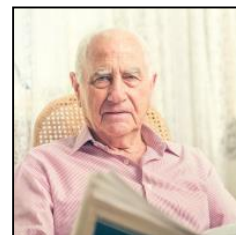
● Physical Needs: Moderate

● Health Needs: High

● Emotional Needs: High

Room Number: 2

Date of birth: 15/07/1915



Timothy Timbers (Tim)

● Physical Needs: Moderate

● Health Needs: High

● Emotional Needs: Low

Room Number: 3

Date of birth: 09/03/1950



Frances Sherrell

● Physical Needs: (No Data)

● Health Needs: (No Data)

● Emotional Needs: (No Data)

Room Number: 4

Date of birth: 16/07/1925



Beryl Cole

● Physical Needs: (No Data)

● Health Needs: (No Data)

● Emotional Needs: (No Data)

Room Number: 5

Date of birth: 12/11/1959



Margerite Jefferies (Rita)

● Physical Needs: (No Data)

● Health Needs: (No Data)

● Emotional Needs: (No Data)

Room Number: 5

Date of birth: 16/09/1935





Handover Report

11/09/2014 13:05



Sally Smith

	08/09/2014 06:00 Night Check	Sally had an unsettled night and has been walking around for most of the night
	08/09/2014 09:05 Condition Improvement	Sally said that the bruising is less painful, but it can still be a bit sore if she sits in the wrong position. The bruising seems to have lessened and there is no swelling.
	09/09/2014 13:34 Arts and Crafts	Sally was happy to see her painting from last week displayed and would like to do more painting, so this week Sally will be painting something that is precious to her.
	10/09/2014 08:38 Breakfast	Sally has refused to eat breakfast this morning. She does not want to come and sit at the table. Sally is eating a jam sandwich "on the move"
	10/09/2014 13:41 Medication Note	Sally has been given an ensure squash drink today as her nutritional intake has been poor
	10/09/2014 16:04 Bath	Assisted Sally in here bath today. She appeared calm and relaxed throughout. She was chatting about her husband.
	11/09/2014 10:51 Photo Record	Photo Record




Doris Bucklesworth

	08/09/2014 17:30 Movie	Doris enjoyed the screening of Singing in the Rain with some of the other residents in the lounge. she spent some time talking with the others about the film and tried to remember the first time she watched it.
	11/09/2014 10:51 Photo Record	Photo Record


Carl Carson

	08/09/2014 17:30 Movie	Carl enjoyed the screening of Singing in the Rain with some of the other residents in the lounge. he spent some time talking with the others about the film and tried to remember the first time he watched it.
	11/09/2014 10:51 Photo Record	Photo Record

Roger Stokes

	08/09/2014 16:22 General Observation	Roger has complained about pain in one of his teeth, will book an appointment to see the dentist.
	08/09/2014 17:23 Reminder	Dentist appointment 10/09/14 14:30
	09/09/2014 12:26 Lunch	Roger asked for a bacon and egg sandwich and lunch today and enjoyed it very much.
	10/09/2014 14:30 Dentist	Roger visited the dentist and had a tooth removed that was causing him some pain. Pain is now gone and Roger is much happier.

David Burrows

	08/09/2014 12:00 Dentist	Dave did not enjoy his visit to the dentist, he left feeling very irritated.
--	-----------------------------	--

Monday 08 September 2014

Breakfast Menu

Grapefruit, prunes, fresh fruit or juice

Assorted cereals

Toast with conserves

Tea or coffee

Lunch Menu

*Roast leg of pork with apple sauce, carrots and cabbage
or*

Egg salad

Milk pudding

Dinner Menu

*Tomato soup with bread and butter
or*

















Assorted sandwiches

Ice cream

Training Matrix September 2014

Staff (A - Z), Training Modules (A - Z)



	 Basic Food Hygiene	 Challenging Behaviour	 Contingence Care	 COSH	 Dementia Care	 Fire Safety	 First Aid	 Food Hygiene for Carers	 Health and Safety	 Induction Training	 Infection Control	 Manual Handling Assessment	 Medication Administration	 Medication Management	 POVA	 SOVA		
Ben Gregory	N/A	N/A	N/A	No rec.	N/A	Jun 14	N/A	N/A	N/A	N/A	Aug 15	Mar 15	N/A	N/A	N/A	No rec.		
Coreen Lakes	N/A	Oct 15	N/A	Dec 16	No rec.	Jun 14	Mar 17	N/A	No rec.	N/A	N/A	Mar 15	N/A	Feb 15	No rec.	N/A	No rec.	
Eleanor Hampstead	N/A	Aug 15	No rec.	N/A	No rec.	Jun 14	Feb 16	No rec.	N/A	OK	Aug 15	Mar 15	N/A	Feb 15	N/A	N/A	No rec.	
Fiona Aldridge	No rec.	N/A	N/A	No rec.	N/A	Jun 14	N/A	N/A	No rec.	N/A	Aug 15	N/A	N/A	N/A	N/A	N/A	N/A	
Gayle Clark	N/A	N/A	N/A	N/A	N/A	Jun 14	N/A	N/A	No rec.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Hilary Jackman	N/A	N/A	N/A	N/A	N/A	Jun 14	Feb 16	No rec.	N/A	OK	N/A	Mar 15	N/A	N/A	N/A	N/A	No rec.	
James Smith	N/A	Aug 15	N/A	Jul 14	No rec.	Jun 14	May 16	N/A	No rec.	N/A	N/A	Mar 15	N/A	Feb 15	No rec.	N/A	Jan 15	
Joanne Hazel	N/A	Aug 15	No rec.	N/A	No rec.	Jun 14	May 16	No rec.	N/A	OK	Aug 15	Mar 15	N/A	Feb 15	N/A	N/A	Jan 15	
Nancy Green	N/A	N/A	N/A	N/A	N/A	Jun 14	Feb 16	No rec.	N/A	OK	N/A	Mar 15	N/A	N/A	N/A	N/A	No rec.	
Sandy Elkin	N/A	N/A	N/A	No rec.	N/A	Jun 14	N/A	N/A	N/A	OK	Aug 15	N/A	N/A	N/A	N/A	No rec.	N/A	