

# ASSESSMENT OF NEEDS AND ELIGIBILITY

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## 1. Policy Statement

With the introduction of the Care Act 2014 comes a big change in the assessment of needs and new eligibility criteria the intention of which is to provide a national framework throughout England, where all service users will have the same eligible needs criteria, enabling them to access care no matter where they live.

## 2. Care Act 2014

The importance of the assessment process cannot be overstated within the care and support system. Person – centred throughout, the process must support the person to have choice and control and involve them at all levels, from discussions to decision.

This approach which Local Authorities (LA), have implemented from April 2015 impacts on our current L.A funded service users and on new L.A funded service users as our Local Authority Commission partners start to implement these government changes.

Different types of assessment models will be undertaken but must always be appropriate and proportionate to the situation. Assessment may be face to face, a supported self-assessment using the same tools as the face to face, an online or telephone assessment, a joint assessment, where relevant agencies work together to avoid multiple assessments and a combined assessment where an adult with a carer are completed together. Some of these assessment models are being used already by local authorities. As a company which implements good practice, we have developed some of these models during, where appropriate and proportionate to do so.

*The purpose of the assessment is:*

- ✓ *To identify the persons needs*
- ✓ *To assess how they impact on their wellbeing*
- ✓ *To identify the outcomes that the person wants to achieve in their day to day life*

Local authorities will use the assessment to support the determination of whether needs are eligible for funded care and support by the local authority or a provider such as us, who are contracted to deliver services on behalf of the local authority.

### a) Eligibility

The national eligibility criteria sets a minimum threshold for adult care and support needs. In considering whether an adult with care and support needs has eligible needs local authorities must consider whether:

- i. The adult's needs arise from, or are related to, a physical or mental impairment or illness
- ii. As a result of the adult's needs the adult is unable to achieve two or more of the specified outcomes (see outcomes below)
- iii. As a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing.

### b) Outcomes

The Eligibility Regulations set out a range of outcomes. Local authorities must consider more of these outcomes when making the eligibility determination:

- i. Managing and maintaining nutrition.
- ii. Maintaining personal hygiene.
- iii. Managing toilet needs.
- iv. Being appropriately clothed.
- v. Being able to make use of the home safely.

- vi. Maintaining a habitable home environment.
- vii. Developing and maintaining family or other personal relationships.
- viii. Accessing and engaging in work, training, education or volunteering.
- ix. Making use of any necessary facilities or services in the local community including public transport and recreational facilities or services.
- x. Carrying out any caring responsibilities the adult has for a child.

**a) Wellbeing**

As a consequence there is, or there is likely to be, a significant impact on the adult's wellbeing. This is the third condition that must be met and that local authorities must consider. Wellbeing is core to the eligibility criteria.

**The Key Elements of Wellbeing are:**

- ✓ **Personal dignity**
- ✓ **Physical and mental health and emotional wellbeing**
- ✓ **Protection from abuse and neglect**
- ✓ **Control by the individual over day-to-day life (including over care and support and the way it is provided.)**
- ✓ **Participation in work, education, training or recreation**
- ✓ **Social and economic wellbeing**
- ✓ **Domestic, family and personal**
- ✓ **Suitability of living accommodation**
- ✓ **The individual's contribution to society**

*(The full guidance on Assessment and Eligibility is in the Care and Support Statutory Guidance updated on 9<sup>th</sup> May 2016 issued under the Care Act 2014 - Chapter 6)*

**3. The Policy**

In setting out policy, the organisation is aware that the changes for local authority funded service users will be phased in and will bring challenges to us as a provider. We have set out below how we will manage these changes and we are committed to working collaboratively with our health and local authority partners in order to facilitate and contribute positively as they are implemented.

**4. Principles of Care Needs Assessment**

*Needs assessments are only carried out by competent members of staff who have been appropriately trained and who are specifically authorised for this task. Throughout the care needs assessment process, the staff member carrying out the assessment should communicate with and actively involve the prospective service user and their representative. It is particularly important to find out the service user's wishes and feelings, and to take them into account; to provide the service user with full information and suitable choices; and to enable and encourage service users to make decisions about their own care. We will comply with any special local arrangement for self-assessment by service users.*

**5. Sources of Information**

- a) *The general expectation is that the service user will give us the necessary information, but where this is not possible the service user's carer, relative or representative becomes the most-likely source. In such cases the service user should, if at all possible, be present while information is gathered and recorded; as an indication that they agree that we should have access to the information, and that the information provided to us is true.*
- b) *The staff member carrying out the assessment needs to interview the service user (and carer) either pre-admission, or in the setting in which the service will be delivered. A specific appointment should be offered with a named staff member.*
- c) *The staff member should aim to create a warm and relaxed atmosphere for the interview, should give the prospective service user the opportunity to demonstrate his or her abilities, as well as discussing his or her needs.*
- d) *They should use the time to observe the service user.*
- e) *Information should be recorded at the time of the interview, or as soon as possible afterwards, on the Pre-admission Needs Assessment Form. The staff member should be quite open about recording the information and should show the prospective service user the form if requested.*

## 6. Information Gathering

- a) A full and comprehensive Care Needs Assessment or pre-admission form should be completed with the service user, their relatives or representatives involved where requested. Staff need to ensure that consent is able to be given and where there are capacity issues advice should be sought.
- b) Staff completing the pre-admission assessment should also enquire about medical history from the person's GP
- c) Additional information should be also obtained from the LA

## 7. Physical and Mental Health and Abilities

- a) We record information about the service user's health and abilities. It is the task of the staff member carrying out the needs assessment to decide which elements of care are relevant to the service user that this organisation is being asked to provide. The pre-admission assessment lists a range of possible needs for consideration. Although we need as full a picture as possible of the needs of the service user, we do not wish to intrude on the service user's privacy any more than is necessary, so staff members must use their judgement as to which needs assessment have to be completed and are relevant.
- b) Care should be taken not to place too great a stress on disabilities. The staff member should emphasise from the outset that a worker will work with the service user (and with the family if applicable) and try to support the service user's independence as far as possible. If there are health issues on which further medical or nursing details are required, the staff member should ask the service user or family to obtain and pass to us the necessary reports.
- c) Any written documentation about the service user's care needs should be appended to the care plan.
- d) **Services Requested@** (*usually by the LA (Social Services), detailed in a support Plan that the may provide regarding a potential service user they commission care, treatment and support for*). This information is recorded on the form, detailing the services that this organisation is being requested to supply. At this point a manager must take the formal decision that we are in a position to provide the requested services, given the details of the care needs assessment or pre-admission form.
- e) **Passing Information to the Allocated Worker:** When the manager has decided that we will supply services, identified key workers (RGN and HCA), should be allocated to the case. We believe that the matching of the workers to the service user is of paramount importance and so due consideration is given to the worker's availability. When all of the required elements have been agreed the service user will be informed of the staff team who will undertake the service. The worker will be introduced personally to the service user on the commencement of the service. The allocated HCA Key worker is responsible for reading and understanding the care plan once it has been devised by the allocated Key Worker RGN.
- f) **Referrals from Social Services Departments:** In cases where a potential service user is referred by a social services department (LA), the RGN in charge must obtain a summary of the needs assessment that the department has undertaken at the time of referral. A care needs assessment form will be completed using some of the details provided by the social services departments own care plan or care diary. The summary of the social services needs assessment should be filed with the service user's care plan. We will comply with any special local arrangements for self-assessment by service users.
- g) **Emergency Service Provision:**
  - i. *If the organisation has been requested to provide services at short notice or in a crisis, there may not be an opportunity to carry out a full assessment before starting to provide a service.*
  - ii. *A telephone discussion, to ascertain as much information as is possible before the commencement of the service, will be recorded and used as the care needs assessment for the first 72 hours of any immediate response on emergency service provision.*
  - iii. *The RGN in charge should request from the LA to provide support plan, detailing the person's needs and complete if necessary over the phone, pre-admission risk and needs assessment specifically to record the needs of an immediate response situation.*
  - iv. *When emergency services are provided, the RGN in charge must complete the basic information required and allocate the case to an RGN who is competent to undertake*

- an initial contact assessment (if practicable). In these circumstances only the manager or deputy manager of the home will make the decision to respond and admission.*
- v. *Within three working days, the deputy manager will arrange for a full assessment to be carried out, and the detailed assessment forms and care planning to be completed with all relevant details for providing services over a longer term.*
  - vi. *Where the immediate response is of a short-term basis only, the pre-admission form will be used in conjunction with any other details supplied by social services and / or GP to assist in the service delivery. If the service is provided at the request of a social services department, the RGN in charge must ensure that the social services provide up to date support plan prior to admission of the person.*
- b) **Changes in a Service user's Care Needs:**
- i. *It is the responsibility of any HCA providing service to report to the RGN in charge any significant changes in a service user's needs and circumstances.*
  - ii. *The RGN is responsible for considering whether any change in the service is required as a result of the change in the service user's needs.*
  - iii. *If so, the RGN in charge should initiate a discussion with the service user or the service user's family or representative, if appropriate the deputy manager or the manager will contact the relevant social services department, if necessary.*
  - iv. *If the changes to the care plan are of a type not exceeding 2 hours more or less than the agreed care plan this will be deemed to be a temporary change. If the change is to be a permanent one a review will be instigated that will include a variation to the care plan, fees and charges.*
- c) **Reviews of Care Needs**
- i. A minimum standard of a monthly review is the mechanism for the organisation to ensure that the needs of the service user are relevant. We will, however, retain the flexibility to initiate a review whenever we feel it is in the service user's best interests.
  - ii. Whether or not any specific changes to a service user's needs and circumstances have been reported, the RGN Key Worker should review the appropriateness of the service provided.
  - iii. Throughout the whole assessment process great importance should be attached to the service user's own views of their needs and wishes, and service users should be given every encouragement to express themselves.
  - iv. In the local authority areas where systems of self-assessment are in place, the deputy or the manager may seek advice from their social services department about the precise implications for their procedures.
  - v. At the initial assessment of needs visit a discussion will take place regarding the frequency of reviews.
  - vi. Where social services are involved with the service user they retain responsibility for the setting up of reviews, however it should be noted that this organisation reserves the right to initiate a review where there are concerns regarding the care or services provided.

## 8. NICE Guidelines

### **Older people with social care needs and multiple long-term conditions [NG 22] Published November 2015**

- a) This guideline covers planning and delivery of care, treatment and support for older people who may have multiple long-term conditions. It promotes an integrated and person-centred approach to delivering effective health and care services.
- b) As an organisation we are working towards ensuring these guidelines are implemented, proportionate to our service, using the tools and resources available from NICE.

#### **Related Policies**

*Autonomy and Independence  
Care and Support Planning  
Dignity and Respect  
Meeting Needs  
Mental Capacity Act 2005  
Service user's Contract*