



COMMUNITY CARE REVIEW PROCESS FORM

Client's Name: **Mr Arnold Fitzpatrick**

System Number **18472**

Responsible Team **WDA1**

Before starting the Review, the client's current Monitor Event needs to be closed on CareFirst. The Monitor end date is the same as the Review start date.

You can also use Part 1 to close a case, or to transfer a case between teams. The Monitor end date is the date the case closed or the date of transfer.

Part 1: Monitor Event Outcome

Current Monitor Event Monitor CC Monitor SCM Monitor PCM

Outcome	Reason	Monitor End Date	Overall FACS Priority	Notes
<input checked="" type="checkbox"/> Review (Input Note: Keep Activity)	<input type="checkbox"/> Receiving Services	3/1/06	S	Complete Part 2
	<input checked="" type="checkbox"/> Change in Circumstances			
<input type="checkbox"/> Close / NFA	<input type="checkbox"/> Due to Death (date / /)			Complete SS13
	<input type="checkbox"/> Service Not Required			
<input type="checkbox"/> Transferred	Change of Team			Complete Part 5 and SS13

Input by: _____ Date: _____

Part 2: Review Details

Responsible Team / Worker: **WDA1** Review Start Date: **3/1/06** Priority: Critical Substantial

It is important to check that the client's CareFirst record has Ethnicity recorded. If this is missing or 'XX Not Stated', the client must be asked what they view their ethnicity to be, and CareFirst updated (as per the list on the SAP1 / SS1). Record this in Part 3, below.

Level of Review / Re-Assessment (Activity)	Allocated to (Input Note: Remember to assign the Review Event to the worker if necessary.)	Date allocated	Date required	Input by (init) and Date	Completed (C) or Abandoned (A) and Date	Input by (init) and Date
Waiting List	P Manager (E111)	3/1/06	3/2/06		C 13/1/06	
Desktop Review	J Floyd (E2627)	3/1/06	3/1/06		C 3/1/06	
Face to Face Review	T Langton (E2425)	13/1/06	13/2/06		C 20/1/06	
Waiting List (for Specialist)						
Moving and Handling						
Sensory						
Major Adaptation						
Input Note: When Waiting List 'Completed' - Assign Event to allocated worker			Date allocated	Input by / Date	Date completed	Input by / Date
Review / Re-Assessment reassigned to:						

When Review/Re-assessment Completed - If PCM is required, note PCM worker name: **T Langton (E2425)** Input Note: Add with start date same as Review event.

Part 3: Other Review Details

Ethnic Origin: _____ Who provided this information? _____

Carers Assessment - Has a Joint or Separate Carers Assessment been completed? Joint Separate No

For a joint assessment, record the Carer's details: **Ie Son (Title, Name, Address (inc Postcode), Age or DOB, Telephone or Contact No.)**

If a separate Carers Assessment has been completed or is needed, complete an SS91 and an SS1(APC). (For a Carers Assessment Event.) Done

Input Note: For a Joint Carer Assessment, add the Carer as a Personal Relationship of 'Carer' and as a 'Party' to client's Assessment Event. Make sure the Carer has a role of 'A'. Done

Adult Protection - Any Adult Protection concerns? Yes No If Yes, complete an SS1(SAP) / SS1, and an SS1(APC). (To open an Adult Protection Assessment Event.) Done

Eligibility - FACS Checklist (SS14) completed by (init.): **T. L (E2425)** Date Completed: **20/1/06**

Input Note: Use details on SS14 to record FACS Eligibility. Use Date Completed for both date fields. Change 'Classified by' details to appropriate worker.

Part 4: Review Outcome

Input Note: Use the Review's 'Overall FACS Priority' for any subsequent events, such as Monitoring.

Should any existing Time Limited Services check be kept? Yes No

Input Note: If No, abandon the activity. Use the Review Outcome date.

Outcome	Reason <small>* Delete as appropriate</small>	Review Completion Date	Overall FACS Priority	Notes
<input type="checkbox"/> Monitor Service	Receiving Services			Complete Part 5
<input type="checkbox"/> Close / NFA	<input type="checkbox"/> Services - Not Required* / Not Eligible*			Complete SS13
	<input type="checkbox"/> Due to Death (date / /)			
<input checked="" type="checkbox"/> Transferred	<input type="checkbox"/> Change of Team	20/1/06	S	Complete Part 5 and SS13
	<input checked="" type="checkbox"/> Change of Case Type			
<input type="checkbox"/> Cancelled	Entered in Error			Re-open Monitor

Part 5: Moving the Client back into Monitoring and Setting Up the Next Review

Monitoring Type	Monitoring Start Date	Allocated to	Notes
<input type="checkbox"/> Monitor Care Co-ordination	Same as review completion date	Team	Complete Part 8
<input type="checkbox"/> Monitor Self Care Management	Same as review completion date	Team	Complete Part 8
<input checked="" type="checkbox"/> Monitor Personal Care Management	Same as review completion date	T Langton (E2425)	Complete Part 8

Time Limited Services check allocated to: _____ Date requested: _____ Date required: _____

Review Date: **20/1/07** Review allocated to: **T Langton (E2425)** Type of intended Review: Desktop Face to Face

Part 6: Disability Registration (complete only if agreed with the client) Worker's Name: _____

Input Note: Use date assessment completed

Severe Phys Dis <input type="checkbox"/>	Severe Deafness <input type="checkbox"/>	Registered Blind <input type="checkbox"/>	Dual Sensory Loss from Birth <input type="checkbox"/>
Moderate Phys Dis <input type="checkbox"/>	Moderate Deafness <input type="checkbox"/>	Partially Sighted <input type="checkbox"/>	Acq. Dual Sensory Loss <input type="checkbox"/>
Learning Disabilities <input type="checkbox"/>	Hard of Hearing <input type="checkbox"/>	Pre-Reg Loss of Sight <input type="checkbox"/>	Vis Imp w. Acq Hear Imp <input type="checkbox"/>
Mental Health <input type="checkbox"/>		Date CVI signed: _____	Hear Imp w. Acq Vis Imp <input type="checkbox"/>

Secondary Disability Category (choose one from above): _____ Worker's Name: _____

Part 7: Changes to CareFirst Details Changes to address, change of living alone status, new relationships etc, or any other admin tasks required, note on an SS4(a) and pass for input along with this SS3(P).

Risk Assessment

Input Note: Recorded as a Warning

Type of Risk	High / Mod	Confirm / New / Remove	Date	Where evidenced	Type of Risk	High / Mod	Confirm / New / Remove	Date	Where evidenced
<input type="checkbox"/> V and A					<input type="checkbox"/> Animals/pests				
<input type="checkbox"/> Access					<input type="checkbox"/> Fire risk				
<input type="checkbox"/> Fabric of home					<input type="checkbox"/> Utilities				
<input type="checkbox"/> Infection control									

Part 8: Care Plan / Service Details (This section must be completed for all clients who receive a one-off or ongoing service)

Existing Care Plan Outcome: New / Revised Care Plan Cancelled / Case Closed
 The new care plan's start date is the same as the review start date. Case closure - the care plan's end date is the same as the review end date.

Care Plan's Goal: Support to remain at home safely Rehab or Reablement 24 hr care in alternate setting
 Input Note: Select the Review as the originating event Temp / Permanent (delete as appropriate)

Copied to Client?: Yes No If 'No', add a short note why: _____

Responsibility for the Care Plan: Team Personal Care Manager : **T Langton (E2425)** Self (Client)

New, Continuing or Ending Services

Input Note: Deselect any services that are no longer required.

Service Type	Proposed Start Date	Fully Provisioned on	End Date	Service Declined
Direct Payments (N/A)				<input type="checkbox"/>
Domiciliary Care Ending			20/1/06	<input type="checkbox"/>
Day Care Ending			18/1/06	<input type="checkbox"/>
New Long Stay Residential Care	20/1/06	20/1/06		<input type="checkbox"/>

Authorised by: _____ Date: _____ Input by: _____ Date: _____