PROMEDICA24
Live-in companionship & care

Preparing for your Care Assessment

The purpose of the Care Assessment is to establish what your care needs, wishes and preferences are, to find out about your health, and what you can and cannot do. We will establish who your support network is, and other health professionals involved in your care. We will look at your living arrangements and environment with you and advise of any risks. We will discuss with you how you want to be supported. This will ensure that you are offered a personalised care plan agreed by you.

The process normally takes about 2 hours depending on your specific care needs but with some planning beforehand this can be made shorter.

Information we will be asking you on the care assessment.

- Biography – if you wish to share some details with us. This will enable us to understand about your past life and history.
- Your circle of support – family and friends contact details.
- Safety – so we can plan with you how we can assist you in keeping you safe in your day-to-day life.
- Decision making – do you need any help and who assists you with any decisions you need to make. Do you have a circle of support (family and or friends).
- Physical Health – what we need to know to manage any care needs.
- Eating and drinking – what are your favourite foods, or do you have any difficulties in this area which you need support with.
- Communication and any sensory impairment – what help do you require in this area.
- Do you have any night care needs?
- Spiritualty, hobbies, occupation, and lifestyle – to enable us to support you in this area and match carers where possible to your hobbies etc.
- What outcomes would you like to achieve from having live in care?
- What is your preferred daily routine – this will help us to provide the care that you want and provide a plan to each Carer with your personalised routine.

Information we will need from you on the day (it would be helpful if this was readily available on the day)

· Contact details of professionals involved in your care:

PROFESSIONALS	NAME / ADDRESS	PHONE NUMBER
GP		
District Nurse		
Physio		
OT		
SALT		
Pharmacy		
Social Worker		
Dentist		
Other		

DOCUMENTS REQUIRED (IF APPLICABLE)

Medication list	Your GP can provide a print out of this	
Copy of DNAR or Respect form	We need to have a copy of this if there is one in place and to be advised of where it is kept in the property	
POAs	We will need copies of this if active and in use to evidence the correct consent.	
Any available care plans you may already have?	We will need an OT assessment if possible if there are manual handling needs where equipment is being used. Any other care plans will help us build your care plan.	

OTHER INFORMATION REQUIRED IF AVAILABLE.

Medical History	
Allergies	
Service dates of equipmentand services phone numbers	
Falls alarm provider details	

ANYTHING ELSE YOU WANT US TO KNOW