PHSSL CARE LIMITED

CONTROLLED POLICY

D01 – PERSON-CENTRED ASSESSMENT, CARE PLANNING AND REVIEW POLICY

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Policy Owner	PHSSL Care Limited
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Applies To	All PHSSL Care Limited staff, workers and relevant contractors
Supersedes	New policy

1. Purpose

This policy sets out PHSSL Care Limited's arrangements for person-centred assessment, care planning and review. It ensures that care is based on each person's assessed needs, preferences, strengths, outcomes, risks, communication needs and choices.

2. Scope

This policy applies to all PHSSL Care Limited staff, workers, managers and relevant contractors involved in assessment, care planning, delivery, monitoring or review of care and support.

3. Policy Statement

People will be actively involved in decisions about their care and support. Care plans will be individual, understandable, proportionate, current and sufficiently detailed to guide safe and consistent practice while promoting dignity, independence, choice and control.

4. Legal and Regulatory Framework

This policy will be applied with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulations 9, 10, 11, 12 and 17 where relevant; Care Act 2014; Mental Capacity Act 2005; Human Rights Act 1998; Equality Act 2010; UK GDPR and Data Protection Act 2018; safeguarding requirements; and current CQC guidance.

5. Initial Assessment

Before care begins, PHSSL Care Limited will obtain sufficient information to determine whether the person's needs can be met safely within the organisation's registered scope, staffing arrangements and competence. Urgent starts will still require proportionate assessment and risk controls.

6. Person-Centred Assessment

Assessment will consider what matters to the person as well as care needs. Relevant areas may include personal care, mobility, medicines, nutrition and hydration, communication, cognition, capacity, continence, skin integrity, emotional wellbeing, daily routines, cultural or spiritual needs, relationships, environment and safety.

7. Strengths and Independence

Assessment and planning will identify what the person can do independently, what they wish to continue doing and what support will help maintain or increase independence rather than creating unnecessary dependency.

8. Desired Outcomes

Care plans should identify meaningful outcomes agreed with the person wherever possible. Outcomes should reflect the person's priorities and be realistic, reviewable and linked to the support PHSSL Care Limited is responsible for providing.

9. Involvement and Choice

The person will be involved as fully as possible in assessment, planning and review. Their preferences, routines, communication style, identity, beliefs, relationships and choices will be respected unless a lawful and proportionate restriction is necessary.

10. Consent

Consent must be sought for assessment, care and support. Consent should be voluntary and informed and reviewed when circumstances change. Staff must recognise and respond appropriately where a person refuses or withdraws consent.

11. Mental Capacity and Best Interests

Where there is reason to doubt capacity for a particular decision, staff will follow the Mental Capacity Act 2005 and PHSSL Care Limited's Mental Capacity, Consent and Best-Interest Decision-Making Policy. Capacity is decision-specific and the person must be supported to participate.

12. Representatives, Family and Advocates

With the person's consent or other lawful authority, appropriate relatives, representatives, attorneys, deputies, advocates or professionals may contribute to assessment and review. Their views must not automatically replace the person's own wishes.

13. Communication Needs

Care plans will record relevant communication needs and how staff should support understanding and expression. This may include language, interpreters, hearing or visual needs, communication aids, preferred terminology or accessible information.

14. Equality, Culture and Identity

Assessment and care planning will consider relevant cultural, religious, dietary, disability, sex, sexual orientation, gender identity and other individual needs without stereotyping or discrimination.

15. Risk Assessment

Foreseeable risks will be assessed alongside the person's choices and desired outcomes. Risk controls should be proportionate and support positive risk-taking rather than automatically restricting independence.

16. Safeguarding

Assessment and review must consider safeguarding concerns, including abuse, neglect, exploitation, domestic abuse, self-neglect and risks from others. Concerns must be reported and managed under safeguarding procedures.

17. Medicines

Where PHSSL Care Limited supports medicines, the care plan must clearly describe the level of support required, responsibilities, risks and any person-specific instructions consistent with the Medicines Management Policy.

18. Moving and Handling

Where moving and handling support is required, assessment must identify safe techniques, equipment, staffing requirements and person-specific instructions. Staff must follow the current handling plan.

19. Nutrition and Hydration

Care planning will record relevant dietary needs, preferences, allergies, risks, assistance requirements and monitoring arrangements where PHSSL Care Limited has responsibility for nutrition or hydration support.

20. Personal Care and Dignity

Care plans should describe how personal care is to be provided while protecting privacy, dignity, preferences, independence and consent. Intimate care should never be treated as a routine task without regard to the person's wishes.

21. Environment and Equipment

Relevant environmental risks, access arrangements, equipment, pets, smoking, household conditions and emergency considerations will be recorded where they affect safe care delivery.

22. Children and Young People

Where PHSSL Care Limited supports a child or young person within its lawful service scope, assessment and care planning will be age-appropriate, child-centred and coordinated with parents, carers and relevant professionals while maintaining safeguarding responsibilities.

23. Care Plan Content

The care plan should clearly state the support to be provided, how it should be delivered, relevant preferences, risks and controls, communication needs, responsibilities, escalation arrangements and outcomes. Staff should be able to understand what is expected from the record.

24. Access to the Care Plan

People receiving care should have appropriate access to information about their care plan. Staff must have timely access to the current information required to provide safe care while maintaining confidentiality.

25. Staff Familiarity With Care Plans

Staff must read and understand relevant care plans and risk assessments before providing care. They must seek clarification where instructions are unclear or appear inconsistent with the person's current condition.

26. Daily Records and Monitoring

Care records must show the care provided, significant observations, refusals, changes, concerns, incidents and actions taken. Records should support continuity and enable changes in need or risk to be identified.

27. Changes in Need

Staff must report significant changes in a person's health, behaviour, mobility, cognition, environment, medicines, risks or circumstances promptly. Urgent concerns require immediate action and should not wait for a scheduled review.

28. Review of Care

Care plans will be reviewed at planned intervals and whenever there is a significant change, incident, safeguarding concern, hospital discharge, complaint, new risk, change in capacity or other reason indicating that the plan may no longer be appropriate.

29. Review Meetings

Reviews should involve the person and, with consent or lawful authority, relevant representatives and professionals. The review should consider outcomes, satisfaction, changes in need, risks, incidents, medicines, staffing and whether the current plan remains suitable.

30. Hospital Admission and Discharge

Following hospital admission or discharge, PHSSL Care Limited will obtain and review relevant updated information before resuming or changing care where necessary. Staff must not rely on an outdated care plan where needs have materially changed.

31. Multi-Agency Working

Where several organisations or professionals are involved, PHSSL Care Limited will cooperate and share relevant information lawfully to support coordinated care. Responsibilities should be clear to reduce gaps, duplication or unsafe assumptions.

32. Complaints and Feedback

Feedback, complaints and compliments will be considered during care planning and review where relevant. People should be able to request a review if they believe their needs, preferences or agreed care are not being addressed.

33. Record Accuracy and Version Control

Care plans and assessments must be dated, attributable and updated in a controlled way. Obsolete information should not remain in active use where it could cause unsafe or inconsistent care.

34. Staff Responsibilities

Staff must follow current care plans; seek consent; promote independence; record accurately; report changes and concerns; respect choices and dignity; work within competence; and escalate where the plan cannot be followed safely.

35. Management Responsibilities

Managers will ensure assessments are completed by suitably competent persons; care plans are sufficiently detailed and current; reviews occur appropriately; staff have access to necessary information; and changes, incidents and feedback lead to timely updates.

36. Monitoring and Audit

PHSSL Care Limited will audit assessments, care plans, risk assessments, reviews and daily records for quality, person-centredness, consistency and regulatory compliance. Findings will be used for supervision, training and service improvement.

37. Related PHSSL Policies

- A04 Records Management, Confidentiality and Data Protection Policy
- B01 Safeguarding Adults Policy
- B02 Safeguarding Children and Young People Policy
- B04 Equality, Diversity, Inclusion and Human Rights Policy
- B05 Mental Capacity, Consent and Best-Interest Decision-Making Policy
- D02 Medicines Management Policy
- D03 Infection Prevention and Control Policy
- D04 Moving and Handling Policy
- D05 Nutrition, Hydration and Food Safety Policy
- D06 Dignity, Privacy, Choice and Independence Policy
- D07 Positive Risk-Taking and Risk Management Policy
- E02 Accident, Incident and Near-Miss Reporting Policy
- F01 Information Sharing and Communication Policy

38. Review and Document Control

This policy will be reviewed at least annually and sooner following significant legal or regulatory change, changes to service scope, serious incidents, safeguarding concerns, inspection findings, audit findings or identified weaknesses. The current approved electronic version is the controlled master. Printed or locally saved copies are uncontrolled unless specifically issued and recorded as controlled copies.

Approved by	Lade Awosika
Position	Director
Approval method	Approved electronically
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Next review date	September 2027