

## CA05 – Support Planning Pack A – Service Commencement

### Letter of Placement Rejection

Type on your letterhead. Change phrasing to suit letter either direct to Service User or representative.

Date:

Dear,

Thank you for expressing an interest in the services offered by our organisation.

I can confirm that we have carried out an assessment of your needs, and unfortunately, I am not able to offer you a service, because we are unable to fully meet the range of your needs which were identified during the assessment.

I am sorry that we are unable to offer you a service. If I can be of any assistance in advising you as to other suitable services that may be available, please do not hesitate to get in touch.

Yours sincerely,

Registered Manager

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### Letter of Placement Offer

Type on your letterhead, change phrasing to suit letter either direct to Service User or representative.

Date:

Dear,

Thank you for expressing an interest in the services offered by our organisation.

I can confirm that we have carried out an assessment of your needs, and that we are able to provide the services which you require

I enclose a copy of our Service Users Handbook which provides information which we are required to give you under Statutory Regulations, combined with some useful information about our services. The two copies of the Service Users Agreement have been signed by a representative of the service. Please sign the Providers Copy (at the back of the Handbook), detach it from the Handbook and returned it to us. You should keep the rest of the Handbook for your own information.

I also enclose a copy of the summary of the latest Service Users Satisfaction Survey carried out in on our service. We are required to make available to you the latest report from the Care Quality Commission. However, as this is a very lengthy document it has not been included here. A copy can be supplied on a request, and the report is also available on the CQC website. If you require a personal copy, please contact me and I will arrange for a copy to be sent to you.

I confirm that we have arranged for [our service start]/ [Mr/ Mrs/ Ms X's service start] for [am/pm] on [date]. Our manager and/or your proposed Key Worker will meet you on the first day in order to explain our services to you in detail, and to ensure that you have all of our contact details.

We look forward to seeing you. Please contact the home any time in the meantime if you have any questions.

Yours sincerely,

Registered Manager

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### Accommodation Risk Assessment

<b>Assessor Name:</b>	<b>Assessment Date:</b>
<b>Service start date (if new check)</b>	
<b>Location:</b>	
<b>Fire Doors:</b>	
<b>Fire Alarms:</b>	
<b>Cleanliness:</b>	
<b>Lighting:</b>	
<b>Temperature</b>	
<b>Ventilation:</b>	
<b>Windows, skylights, transparent doors:</b>	
<b>Window opening checks:</b>	
<b>Sanitary conveniences:</b>	
<b>Washing facilities:</b>	
<b>Drinking water :</b>	
<b>Alarm/ Call bell – bed:</b>	
<b>Alarm/ Call bell – chair (extension lead):</b>	
<b>Chair height:</b>	
<b>Toilet height:</b>	
<b>Grab rails:</b>	
<b>Flooring:</b>	
<b>Bed safety rail:</b>	
<b>Doors and gates:</b>	
<b>Radiator surface temperature:</b>	
<b>Piping surface temperature:</b>	
<b>Hot water tap temperature safe or signed:</b>	
<b>Warning signs:</b>	
<b>Signature:</b>	<b>Date:</b>



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### Generic Risk Assessment – Monthly or more frequent review

Date & Signature	Review Details- Generic Risk Assessment
<b>Now complete a full review using the original risk assessment:</b>	

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### Generic Risk Assessment

To be used for risk areas not covered by specific assessments (not to be used where a specific assessment tool is available in this pack)

<b>Specific risk or hazard being assessed:</b>	
<b>Identification of risk or hazard:</b>	
<b>Existing risk control measures:</b>	
<b>Further control action required (list any risks or hazards not adequately controlled and the action to be taken, where it is reasonably practical to do more):</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Next Review Date:</b>	

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### Service User's Risk Assessment

Date	Review date					Involved	Informed	Diagnosis	
<b>Service User's Name</b>									
<b>Relative/ Advocate</b>									
<b>Key Worker</b>									
<b>Assessor</b>									
<b>Inside the home</b> <b>Outside the home</b> <b>In and out of bed</b> <b>Toilet</b> <b>Transfer</b> <b>Sit/ Stand</b> <b>Bathing</b> <b>Stairs</b> <b>General Movement</b> <b>Emergency situation</b> <b>History of fails?</b> <b>Yes/ No</b>	<b>Independent</b>	<b>Supervised</b>	<b>1 Carer</b>	<b>2 Carers</b>	<b>Hoist (If ticked, note sling size)</b>	<b>Wheelchair Foot-rest Y/N</b>	<b>Other Aids</b>	<b>Fear</b>	<b>Pain</b>
		<b>Falls risk Rating risk</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>				
<b>General Comments:</b>									

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### Mental Health Assessment Tool – Monthly or more frequent review

To be used to conduct reviews, unless changes are sufficient to call for a full repeat of risk assessment.

Date & Signature	Review Details- Generic Risk Assessment
<b>Now complete a full review using the original risk assessment:</b>	

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### Mental Health Assessment Tool

Name				Date:	
				Assessor:	
	0	1	2	3	Comments:
<b>DEPRESSION</b>				Severe depression, specialist services	
<b>MOOD</b>				Unable to be rationalised	
<b>ANXIETY</b>				Severe anxiety	
<b>MEMORY</b>				Unable to form links with the present	
<b>AGGRESSION</b>				Aggressive behaviour a regular occurrence	
<b>CHALLENGING BEHAVIOUR – MODERATE</b>			Abusive	Rummaging	
			Shouting	Invading privacy of others	
<b>CHALLENGING BEHAVIOUR – SEVERE</b>		Violent	Destructive	Severe deviance	
		Screaming	Smearing	Others	
<b>SELF-HARM</b>			Previous history of deliberate self-harm	Severe risk of self-harm	
<b>SELF-NEGLECT</b>				Severe current risk of self-harm	
<b>COMMENTS FROM OTHERS, PROFESSIONAL OR INFORMAL CARER:</b>					
<b>Behavioural issues and strategies to cope:</b>					
<b>Signature:</b>				<b>Date:</b>	

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### Support Needs Assessment Tool – Monthly or more frequent review

To be used to conduct reviews, unless changes are sufficient to call for a full repeat risk assessment.

Date & Signature	Review Details- Generic Risk Assessment
<b>Now complete a full review using the original risk assessment:</b>	

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### Support Needs Assessment Tool

Service User's Name:			Key Worker:	
	Low dependency	Medium dependency	High dependency	Comments:
Communication	No problems	Understands, slow to respond	Unable to respond appropriately	
Bath	Independent	Can bath alone	Cannot be left unattended	
Washing	Independent	Can wash most parts of body, help with feet and back	Can wash only face and hands	
Dressing	Independent	Needs help with buttons & straps	Needs full help with dressing	
Grooming	Independent	Can shave with help. Can make up with help	Needs full help with grooming	
Toilet	Independent	Can cleanse self after toilet with support	Unable to cleanse self	
Continence	Independent	Needs support to use toilet	Incontinent	
Eating	Independent	Needs food prepared, can then eat independently	Requires full support and encouragement	
Drinking	Independent	Independent using adopted drinking utensil	Needs full support and encouragement for drinking	
Pressure ulcer support	No problems	Regular pressure relief and overlay mattress	High risk pressure relief monitoring. Specialist chair cushions and bed mattresses	
Social & Recreational	Independent & sociable	Needs encouragement to join activities	Very reluctant to socialise and take part in recreational pursuits	
Moving & Handling	Independent & weight bearing	Weight bearing but needs support	Non weight bearing, hoist only	
Memory	No problems	Short term memory able to communicate	Unable to hold a rational conversation. Disorientated in time and place	
Personality	Socialises well	Prefers solitude and one to one conversation	Withdrawn, or manic	
Moods	No problems	Tending to depression	Depressive illness	
Pain	No problems	Controlled by medication	Severe pain; unpredictable	
Sleep	No problems	Occasional sleepless nights	Very unsettled	
Assessor name:			Assessment date:	

Link Option Agency Services Ltd  
Email: [info@linkoptionservices.com](mailto:info@linkoptionservices.com)

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### Service Commencement Health Assessment

<b>Name</b>		<b>Service Start Date:</b>	
<b>Brief description of current health state:</b>			
<b>Brief description of medical health:</b>			
<b>Mobility, mobility aids:</b>			
<b>Specialist aids and equipment</b>			
<b>Signature:</b>		<b>Date:</b>	

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### The prescription of the Service User's family

<b>The prescription of the Service User's family/ nominated carer in relation to the Service User's proposed transition into support package</b>	
<b>Perception of the Service User or their advocate about their potential service:</b>	
<b>Service User's religious, cultural and terminal support matters (note: normally this section is completed after service start).</b>	
<b>Service User's wishes in respect of cultural and religious matters:</b>	
<b>Service User's wishes in respect of terminal care:</b>	
<b>Signature:</b>	
<b>Date:</b>	

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### Enquiry Sheet

Re. Enquirer			
Name			
Address			
Telephone number			
Re. Prospective Service User			
Name (if different from above, and revealed)			
Relationship to enquirer:			
Address or location:			
Telephone number:			
Date of birth:		Age now:	
Brief detail of needs:			
Agreed dependency level:			
Agreed fee level:			
Long or short term service:			
Potential service commencement date:			
GP name address and telephone:			
Where did you hear of us? Social Services? Hospital staff? GP? Friend? Yellow pages? Other?			
Date of enquiry:		Enquiry taken by:	
If required, use the back of this form for further details.			
Further action required:			
Send information pack:			
Other (Specify):			
Essential Information:			

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### Service Commencement Form

<b>Name:</b>		<b>Preferred mode of address:</b>	
<b>Address:</b>			
<b>Date of birth:</b>		<b>Marital status:</b>	
<b>Start date:</b>	<b>Proposed:</b>		<b>Actual:</b>
<b>Maiden name:</b>		<b>Photo:</b>	
<b>General Practitioner:</b>			
<b>Next of Kin:</b>			
<b>Name:</b>			
<b>Relationship Address:</b>			
<b>Telephone Number:</b>			
<b>Wish to be Contacted Day or Night (Ask service commencement):</b>			
<b>Second contact:</b>		<b>Name:</b>	
<b>Relationship:</b>		<b>Address:</b>	
<b>Telephone number:</b>			
<b>Social Worker:</b>			
<b>Relationship:</b>			
<b>Telephone number:</b>	<b>Home:</b>	<b>Work:</b>	
<b>Social Worker:</b>		<b>Nurse:</b>	
<b>Community:</b>		<b>Speech Therapist:</b>	<b>Dietician:</b>
<b>Minister of religion:</b>			
<b>Religion:</b>			
<b>Solicitor:</b>			
<b>Ethnic origin:</b>			
<b>Nat. Ins Number:</b>			
<b>Names of practitioners involved with service User in previous twelve months:</b>			
<b>Signature:</b>		<b>Date:</b>	