# Spectrum logo

# Policy on ASSESSMENT OF NEED AND ELIGIBILITY

Document Details

Version 3

Date Issued October 2018

 SIGNED Date 01/04/2021

Scheduled Review March 2023

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**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 members will have the same eligible needs criteria, enabling them to access care no matter where they live.

**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.

Different types of assessment models are appropriate and proportionate to the situation. Assessment is on a face to face basis, where relevant agencies work together to avoid multiple assessments and a combined assessment where an adult with a carer are completed together. The purpose of the assessment is:

* To identify the member’s needs
* To assess how their needs 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.

**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:

* The adult´s needs arise from, or are related to, a physical or mental impairment or illness
* As a result of the adult´s needs the adult is unable to achieve two or more of the specified outcomes (see outcomes below)
* 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.

**Outcomes**

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

* Managing and maintaining nutrition.
* Maintaining personal hygiene.
* Managing toilet needs.
* Being appropriately clothed.
* Being able to make use of the home safely.
* Maintaining a habitable home environment.
* Developing and maintaining family or other personal relationships.
* Accessing and engaging in work, training, education or volunteering.
* Making use of any necessary facilities or services in the local community including public transport and recreational facilities or services.
* Carrying out any caring responsibilities the adult has for a child.

As a consequence there is, or there is likely to be, a significant impact or 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.

Definition of wellbeing:

* 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 26th October 2018 issued under the Care Act 2014 - Chapter 6.

**The Policy**

We have set out below how we manage assessment of needs and eligibility. We are committed to working collaboratively with our health and local authority partners in order to facilitate and contribute positively.

**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 member and their representative. It is particularly important to find out the member’s wishes and feelings, and to take them into account; to provide the member with full information and suitable choices; and to enable and encourage members to make decisions about their own care. We will comply with any special local arrangement for self-assessment by members.

**Sources of Information**

The general expectation is that the member will give us the necessary information, but where this is not possible the member’s carer, relative or representative becomes the most-likely source. In such cases the member should, if at all possible, be present while information is gathered and recorded so that there is the opportunity for the assessor to observe that they agree that we should have access to the information, and that the information provided to us is true. The staff member carrying out the assessment needs to interview the member (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. The staff member should aim to create a warm and relaxed atmosphere for the interview, should give the prospective member the opportunity to demonstrate his or her abilities, as well as discussing his or her needs. They should use the time to observe the member. Within a domiciliary setting it should be remembered that the member’s home becomes the staff member’s workplace, so a full environmental risk assessment should be completed, as well as discussing what we have to offer.

Information should be recorded at the time of the interview, or as soon as possible afterwards, on the Care Needs Assessment Form. The staff member should be quite open about recording the information and should show the prospective member the form if requested.

**Information Gathering**

A full and comprehensive Care Needs Assessment or pre-admission form should be completed with the member, their relatives or representatives involved where requested. Staff need to ensure that consent is able to be given by the prospective member and/or their family and where there are mental capacity issues, advice should be sought.

**Physical and Mental Health and Abilities**

We record information about the member’s health and abilities. It is the task of the staff member carrying out the needs assessment to decide which items are relevant for the service that this charity is being asked to provide. The form lists a range of possible items for consideration. Although we need as full a picture as possible of the needs of the member, we do not wish to intrude on the member’s privacy any more than is necessary, so staff members must use their judgement as to which items on the form have to be completed.

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 member (and with the carer if applicable) and try to support the member’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 member or carer to obtain and pass to us the necessary reports.

Any written documentation about the member’s care needs should be appended to the form.

**Services Requested**

This information is recorded on the form, detailing the services that this charity is being requested to supply. At this point a service lead 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.

**Passing Information to the Allocated Worker**

When the service lead has decided that we will supply services, identified workers should be allocated to the case. We believe that the matching of the worker to the member 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 member will be informed of the staff team who will undertake the service. The worker will be introduced personally to the member on the commencement of the service. The allocated worker(s) are responsible for reading and understanding the care plan.

**Referrals from Social Services Departments**

In cases where a potential member is referred by a social services department, the service lead must obtain a summary of the needs assessment that the department has undertaken. 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 charity’s own form. We will comply with any special local arrangements for self-assessment by members.

**Emergency Service Provision**

If the charity 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. 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. The charity has a form specifically to record the needs of an immediate response situation. When emergency services are provided, the service lead must complete the basic information required and allocate the case to a worker who is competent to undertake an initial contact assessment. In these circumstances only, experienced service leads of the service will make the decision to respond.

Within three working days, the service lead will arrange for a full assessment to be carried out, and the form to be completed with all relevant details for providing services over a longer term. Where the immediate response is of a short-term basis only, the immediate response form will be used in conjunction with any other details supplied by social services or health to assist in the service delivery. If the service is provided at the request of a social services department, the service lead must ensure that the department completes an assessment within two working days and passes the information to us as described above.

**Changes in a Member’s Care Needs**

It is the responsibility of any worker providing service to report to their service lead any significant changes in a member’s needs and circumstances. The service lead is responsible for considering whether any change in the service is required as a result of the change in the member’s needs. If so, the service lead should initiate a discussion with the member or the member’s carer or representative, if appropriate and with the relevant social services department, if necessary. 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 fees and charges.

**Reviews of Care Needs**

A minimum standard of an annual review is the mechanism for the charity to ensure that the needs of the member are relevant. We will, however, retain the flexibility to initiate a review whenever we feel it is in the member’s best interests.

Whether or not any specific changes to a member’s needs and circumstances have been reported, the service lead should review the appropriateness of the service provided within six weeks, and at least annually thereafter. Throughout the whole assessment process great importance should be attached to the member’s own views of their needs and wishes, and members should be given every encouragement to express themselves. In the local authority areas where systems of self-assessment are in place, service leads should seek advice from their social services department about the precise implications for their procedures. At the initial assessment of needs visit, a discussion will take place regarding the frequency of reviews. Where social services are involved with the member, they retain responsibility for the setting up of reviews. However it should be noted that this charity reserves the right to initiate a review where there are concerns regarding the care or services provided.

# NICE Guidelines

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

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

**Related Policies**

Accessible information and Communication

Autonomy and Independence.

Care and Support Planning

Dignity and Respect

Meeting Needs

Mental Capacity Act 2005

Member’s Contract