



Date: \_\_\_\_\_

FP DETAILS: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Where did you hear about Promedica24 \_\_\_\_\_

Next Of Kin \_\_\_\_\_

POA Health  Yes  No

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

POA Finance  Yes  No

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Client has capacity  Yes  No

Information source for assessment \_\_\_\_\_

Who will be funding your care? \_\_\_\_\_

If NHS or S/S - please provide Payee details \_\_\_\_\_

If Direct Payment – Please detail whether this is direct to the client or paid via S/S \_\_\_\_\_

**PART 1 – DEPENDENCY ASSESSMENT**

Use one score from each section, numbered 1 - 14.  
In section 15, if the Service User scores in several areas, add all of these scores to the total.

**1. Eating and Drinking**

|  |                          |          |
|--|--------------------------|----------|
| Eats without assistance or prompting with or without adapted utensils                                      | <input type="checkbox"/> | <b>1</b> |
| Eats with prompting and or encouragement or needs food to be modified e.g. cut into small pieces or pureed | <input type="checkbox"/> | <b>2</b> |
| Requires constant supervision and some assistance  | <input type="checkbox"/> | <b>3</b> |
| Requires complete assistance to eat/is at risk of choking  | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

## 2. Mobility

|   |                          |          |
|---|--------------------------|----------|
| Fully mobile, including ascending and descending stairs   | <input type="checkbox"/> | <b>1</b> |
| Mobilises independently with the use of mobility aids/low falls risk                                  | <input type="checkbox"/> | <b>2</b> |
| Moderate falls risk, mobilises with encouragement or supervision or assistance from one person        | <input type="checkbox"/> | <b>3</b> |
| Requires assistance from more than one person or the use of a hoist to transfer or is confined to bed | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

## 3. Memory

|   |                          |          |
|---|--------------------------|----------|
| Good memory no issues                                 | <input type="checkbox"/> | <b>1</b> |
| Occasionally forgetful or some short term memory loss | <input type="checkbox"/> | <b>2</b> |
| Short and some long term memory loss                  | <input type="checkbox"/> | <b>3</b> |
| None or very little memory                            | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

## 4. Orientation

|   |                          |          |
|---|--------------------------|----------|
| Fully orientated in time/place/surroundings/people  | <input type="checkbox"/> | <b>1</b> |
| Occasionally disorientated or orientated in a familiar environment or with familiar people only | <input type="checkbox"/> | <b>2</b> |
| Frequently disorientated, tends to wander   | <input type="checkbox"/> | <b>3</b> |
| Completely disorientated at risk of getting lost  | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

## 5. Communication

|  |                          |          |
|--|--------------------------|----------|
| Good communication, able to hold a conversation and remembers information  | <input type="checkbox"/> | <b>1</b> |
| Able to communicate needs, remembers some information and responds appropriately   | <input type="checkbox"/> | <b>2</b> |
| Can sometimes communicate needs but cannot hold a coherent conversation or unable to communicate verbally but uses some non-verbal communication e.g. by nodding or shaking head | <input type="checkbox"/> | <b>3</b> |
| Non-communicative/withdrawn  | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

**6. Co-operation and acceptance of support**

|   |                          |          |
|---|--------------------------|----------|
| Fully co-operative, actively accepts support/assistance where required      | <input type="checkbox"/> | <b>1</b> |
| Normally co-operative and accepts support but occasionally needs persuasion | <input type="checkbox"/> | <b>2</b> |
| Regularly needs persuasion (more than once a week)                          | <input type="checkbox"/> | <b>3</b> |
| Needs persuasion on a daily basis   | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

**7. Behaviour**

|   |                          |          |
|---|--------------------------|----------|
| Able to manage own emotions   | <input type="checkbox"/> | <b>1</b> |
| Occasionally upset but settles easily with distraction or reassurance         | <input type="checkbox"/> | <b>2</b> |
| Frequently upset but will settle after a period of distraction or reassurance | <input type="checkbox"/> | <b>3</b> |
| Frequently upset and difficult to settle even with distraction or reassurance | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

**8. Night time support needed**

|                                    |                          |          |
|------------------------------------|--------------------------|----------|
| None                               | <input type="checkbox"/> | <b>1</b> |
| Occasionally 1-2 times per week    | <input type="checkbox"/> | <b>2</b> |
| Occasionally 3-5 times per week    | <input type="checkbox"/> | <b>3</b> |
| Frequently several times per night | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

**9. Insight**

|  |                          |          |
|--|--------------------------|----------|
| Understands care and support needs and the need to keep themselves safe                                    | <input type="checkbox"/> | <b>1</b> |
| Fair understanding of care and support needs and the need to keep themselves safe, occasionally vulnerable | <input type="checkbox"/> | <b>2</b> |
| Poor understanding of care and support needs and the need to keep themselves safe, can be vulnerable       | <input type="checkbox"/> | <b>3</b> |
| No insight into care and support or personal safety needs, frequently vulnerable                           | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

**10. Dressing**

|   |                          |          |
|---|--------------------------|----------|
| Can dress independently but may need help in choosing clothes | <input type="checkbox"/> | <b>1</b> |
| Can dress themselves but needs supervision                    | <input type="checkbox"/> | <b>2</b> |
| Needs supervision and assistance                              | <input type="checkbox"/> | <b>3</b> |
| Unable to dress without full assistance                       | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

**11. Personal Hygiene**

|  |                          |          |
|--|--------------------------|----------|
| Manages all aspects of personal hygiene independently              | <input type="checkbox"/> | <b>1</b> |
| Manages personal hygiene with some prompting/assistance            | <input type="checkbox"/> | <b>2</b> |
| Requires supervision and physical assistance with personal hygiene | <input type="checkbox"/> | <b>3</b> |
| Unable to undertake any aspect of their personal hygiene           | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

**12. Continence**

|   |                          |          |
|---|--------------------------|----------|
| Fully continent   | <input type="checkbox"/> | <b>1</b> |
| Continent if regularly assisted to the toilet                       | <input type="checkbox"/> | <b>2</b> |
| Frequently incontinent despite regular assistance to use the toilet | <input type="checkbox"/> | <b>3</b> |
| Regularly incontinent   | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

**13. Social Activities**

|   |                          |          |
|---|--------------------------|----------|
| Able to choose whether or not to socialise/participate in activities or may prefer to occupy themselves | <input type="checkbox"/> | <b>1</b> |
| Will socialise/participate in activities if reminded or prompted to do so                               | <input type="checkbox"/> | <b>2</b> |
| Resists socialising or participating in activities.   | <input type="checkbox"/> | <b>3</b> |
| Isolated, refuses to socialise/participate in activities.   | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

### 14. Medication Management

|   |                          |          |
|---|--------------------------|----------|
| Self-administers without supervision  | <input type="checkbox"/> | <b>1</b> |
| Administered or supervised by staff, accepting of medication, co-operative                                  | <input type="checkbox"/> | <b>2</b> |
| Administered by staff, occasionally refuses medication/swallowing or choking issues                         | <input type="checkbox"/> | <b>3</b> |
| Administered by staff, frequently refuses medication/spits medication out or attempts to secrete medication | <input type="checkbox"/> | <b>4</b> |

Score - comments - for office use only \_\_\_\_\_

### 15. Complex Care Interventions

|  |                          |          |
|--|--------------------------|----------|
| Complex medication regime e.g. insulin, controlled drugs, syringe driver                   | <input type="checkbox"/> | <b>4</b> |
| Poor tissue viability, pressure areas, skin breakdown                                      | <input type="checkbox"/> | <b>4</b> |
| Specialist interventions e.g. Colostomy, Ileostomy, Tracheostomy, Nasogastric or PEG feeds | <input type="checkbox"/> | <b>4</b> |
| Clinical monitoring e.g. blood pressure, blood sugars, blood tests, urine tests            | <input type="checkbox"/> | <b>4</b> |
| Wound care/dressings   | <input type="checkbox"/> | <b>4</b> |
| Palliative care  | <input type="checkbox"/> | <b>4</b> |
| End of life care   | <input type="checkbox"/> | <b>4</b> |

### Additional information – medical conditions etc

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### Scores and Ratings:

|                 |   |
|-----------------|---|
| <b>0-15</b>     | <b>Low</b> dependency   |
| <b>16-22</b>    | <b>Medium</b> dependency  |
| <b>23-38</b>    | <b>High</b> dependency  |
| <b>Above 39</b> | <b>Highly Complex Care Needs - Specialised Care Plan needed *</b> |

### Notes:

- The decision to accept a Service User with a majority of high dependency scores can only be made by the Registered Manager, in consultation with the Executive Director / Quality Assurance Director.
- \* Service Users with **Highly Complex Care Needs** may not be accepted into the service. Further assessment will be needed.

**PART 2 - ADDITIONAL INFORMATION**

|   |  |
|---|--|
| Shopping Arrangements, shops nearby?  |  |
| Breaks - who will cover breaks?   |  |
| Pet - please detail what pets   |  |
| Smokers   |  |
| Living Arrangements<br><i>room, bed, storage, TV, Internet, private space</i> | FP seen the property <input type="checkbox"/> Yes <input type="checkbox"/> No If No why not? _____ |
| Car Availability (Manual or Automatic)  | <i>Have arrangements been discussed re Insurance cover?</i>  |
| Others Living in the House  |  |
| Family Involvement  |  |
| Food  | <i>Please detail here, what the arrangements are for Food provision for the CW.</i>                |
| Anything else?  |  |

**To be sent to care agreements and followed up by a Care Manager**

Completed by \_\_\_\_\_ Date \_\_\_\_\_