Phoenix Community Care Ltd
Policy & Procedure

Support Planning & Record Keeping

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CONTENTS

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Introduction

PCC believes that service users should be enabled to take control of their own lives. Key to this control is good support planning.

The support planning documentation needs to reflect and show that the service user has been involved with assessments and reviews, and that ongoing reviews have helped them achieve their goals.

The records also are a means of showing not just the service user but the purchasers and PCC whether appropriate support has been delivered and through it the service user has been able to move forward in their life style and skill.

It is important that the support plan as well as helping keep the service user safe always reflects their needs and wishes. Along side this is the need to monitor and prove accountability to stake holders, i.e. service users, managers, PCC and purchasers.

Support planning is an important means of empowering service users and ideally the service user should be encouraged to record their own support plan with appropriate help as necessary. All information collected and recorded during the process is confidential to the service user and those who need to either deliver the service or ensure the service is doing what it claims to be doing.

Support planning involves all staff but should be led by the service user.

Any possible differences of view should be discussed and recorded.

Implementation of effective support planning requires clarity within the service of the relationships between:-

- key working
- supervision
- individual service planning
- roles and responsibilities of service users, key workers and other staff.

Implementation can only be effective if all involved understand the principles of support planning and PCC ‘s core values.

Key principles

With the comprehensive ongoing assessment of needs being the cornerstone of high quality support, the aim of the support plan and review procedure should ensure that:-

- Service users know that their assessed and changing needs and personal goals are reflected in their individual plans.
- Staff and professional services are aware of the assessed and changing needs of the service user.
- Achievable objectives are set and actions by service users and support workers work together to reach the objectives and individual needs.
- Service users and staff are aware of individual responsibilities with regard to the support plan.
- The support plan and review procedure is user led and not service led, centred around the service users and encouraging shared decision making.
- Evidence of the progression is recorded and acknowledged.
- Evidence of decline is recorded and future support tailored accordingly.
- Service user's views are recorded and incorporated into future support planning
- Future review dates are agreed.
- Constantly review the effectiveness of the plan.

Core values

Privacy and dignity
Every individual is valued and has the right to control their own affairs and the extent to which they withdraw from or participate in the community in which they live is respected.

Independence and choice
Every individual has the right to control how they live their life, make decisions and freely express their wishes and preferences.

Equality and inclusion
All people have equal rights and are entitled to protection against any form of discrimination.

Every individual has the right to participate in the economic, social and cultural life of the community.

What effective support planning should achieve

- Demonstrate the service is doing what it claims it is doing.
- Provide evidence to funding and registration authorities that an appropriate service is being delivered.
- Be a tool to enable more effective monitoring of PCC and QAF standards.
- Be an action plan that is written down for staff to use in working with individual service users.
- Record unmet needs.

- Be in a language and format appropriate to the individual service user.
- Be an active daily working document.
- Ensure continuity of service.
- Enable service users and staff to work together to reduce or resolve difficulties.
- Recognise and reflect the individuality of the service user.
- Be relevant to the service user and not reflect priorities of staff.
- Clearly identify how the support plans meet the service user's individual needs.
- Help to safeguard the rights of the service user.
- Enable service users to positively influence and shape the service delivery.
- Enable service users to retain or regain a level of self – determination.

What support plans should not be

- Be a medical treatment plan
- Become a paper exercise completed solely because they are a requirement of PCC or any other agency
- Become a cycle experience with little meaning and always concentrating on the same information.
- Be intrusive or make assumptions.
- Reduce the service user to a mere statistic.

The action plan

1) The support plan and review procedure apply to all service users.
2) The process is undertaken by the support worker with the service user.
3) This process is designed to follow on from the initial needs assessment conducted under the needs and risk procedure and in conjunction with the eligibility criteria.
4) Having considered the service users' assessment / support plan. Their current situation and relevant history, the key worker assesses with the service user and the manager what the service needs to do to provide appropriate support.
5) An individual service plan is then formulated and recorded. This will include identifying how the service will support the service user, timescales for achievement of goals set, individual responsibilities, special needs and a review timescale.
6) The plan should be shared with the staff team and strategies considered to bring it about.

In the process of every day living the plan gives a sense of direction to all concerned. It can also be used to facilitate the service user in changing aspects of their lifestyle.

Review

The effectiveness of the plan should be reviewed with an agreed time scale with the service user. After the first month it should be as often as necessary to identify and reflect service user's changing needs and at least 3 monthly initially.

The review makes sure that the service being provided is appropriate and that goals set by the service user or service have been met. The service should ensure that the service user and all those involved in delivering the service, including external professionals and family as appropriate and contribute to the process by:-

- Reviewing the appropriateness of the current service provision
- Reviewing the achievement of goals.
- Examining the reasons for success or failure
- Evaluating the quality of the service provided.
- Reassessing current needs.
- Redefining service requirements
- Setting timescales and clarifying individual responsibilities.
- Recording unmet needs and actions required.
- Recording the findings of the review.
- Setting the date for the next review.

Policy Statement

All PCC service users must have an agreed support plan. Individual support planning is good practice and although it is recognised that not all service users will wish to participate in drawing up their individual support plans, records must be held by PCC in line with legislative requirements.

Individual support planning based on the single / multiple assessment plan and the standards and the core values of PCC will ensure that service delivery reflects the needs and wishes of the service user. The effective implementation of plans should also help to ensure staff know what they are meant to be doing and are working to the high standard expected by PCC.

Ideally the service user should keep and record his or her own support plans to reinforce ownership of the document. All information collected and recorded during the process is confidential to the service user and to those who need to either deliver the service or ensure the service is doing what it claims to be doing.

Record keeping

There are legal requirements for ensuring that the information contained in service users records is, timely, legible accurate and attributable.

Although the service user support plans and reviews are not a legal document, they can be used by professionals during legal action.

Following the introduction of access to medical records act 1990, the data protection act 1984, and the access to medical records act 1998, service users and certain others may apply to see their records.

The following is a guidance on how to complete service users paper work:-

- Always use plain English with accurate spelling and no jargon.
- Have an organised structure to what you are writing.
- Make sure what you are writing is relevant to the service user.
- Keep the information factual, precise and objective with no vague phrases such as ‘ appears to be’.
- Do not write down your value judgements.
- Sign and date each entry with a legible signature.
- Write in times to the events you are describing. Update the entry when a review date / time occurs, or circumstances change.
- Do not write any criticism or offensive remark.
- Always write in black ink to allow for further photocopying.
- Any mistakes should be struck through with one single line, Not scored or covered up with correction fluid.
- Write down any information that has been given to the service user at the time and measures you have taken to respond to that need.
- Give a reflective account of your assessment, the support that you have planned and provided. If you have not documented what you have done it will be assumed that it was not given.
- Write in information on arrangements you have made for the continuing support of the service user such as referral to the social worker.

This policy should be used in conjunction with the following policies, procedures and standards:-

- Access to records policy
- Advocacy policy
- Confidentiality policy
- Equal opportunities
- Diversity policy
- Key working policy
- Quality assessment framework
- Data protection act

Forms and paper work used for service user’s support planning

The first support plan is generated from the first 24 risk assessment APPENDIX 1
After that a support plan is generated from the planning review APPENDIX 2

The planning review will incorporate:-

- Significant life events i.e. child hood and family, education, employment, losses or bereavements.
- Familiar lifestyle i.e. how the service user spends their time, likes and dislikes, holidays and significant times of the year.
- Family and social network i.e. with particular attention paid to relationships that need encouragement and support.
- Abilities, background, interests, wishes and needs of the service user.
- Action necessary to maintain the service user’s abilities and interests and to meet his or her needs and goals.

- Other people who may help e.g. staff, family, friends, community resources or relevant professionals.
- Set clear objectives which are measurable
- Clearly identified time frames for achievement of the objectives identified.

In preparing a review, the support worker will refer to the recorded information over previous months and any previous reviews and support plans. The aim is to provide the objective summary of the service user's circumstances, general condition and any significant changes during the period concerned. The service user should be at the centre of the preparation stage and any comments and views incorporated.

Using the planning review form appendix 2, the support worker should record the:-

- name of the service user
- review date
- who was present at the review
- the summary report
- recommendations of the review.

The recommendations should outline adjustments to the future support plan.

The planning review will show areas that require individual support plans.

The Process

1) The support plan should be drawn up one month after the service user's admission date.
2) The support plan should be agreed through a meeting involving the service user and the support worker. With the agreement of the service user, other parties may be invited such as relatives, advocates, social worker. Health professionals.
3) Service user goals are explored and defined using the planning review form.
4) Identify with the service user the support tasks which the service user requires help with on the planning review.
5) Identify the timescales within which these objectives should be achieved.
6) The service user is at the centre of the process so efforts must be made to engage the service user in the process- for example make arrangements that suit the service users in the preparation and make meetings informal and accessible.
7) Where the service user disagrees with any part of the process or the recorded outcomes, a note should be recorded under comments on the support plan.
8) Once the support plan is complete it should be signed by the service user and the support worker.
9) All the paper work is kept in the service user's folder.

Managing identified risks

The first 24 hour risk assessment and planning review should be undertaken by the support worker as part of the initial needs assessment. A reassessment should be carried out in conjunction with the support worker at each support plan review.

Monitor progress using the ongoing review section at the back of the planning review form.

Review the support plan[s] on a consistent basis according to the time frames agreed. There should be no longer than 6 months between reviews.

Service users can also initiate reviews at any time on request to the manager.

Each time the support plan is reviewed its effectiveness in meeting the service users goals for each area should be recorded in the review summary section.

Make a note where a service user disagrees with any part of the support plan.

The service user and the support worker should sign the reviewed paper work and the service user should be given a copy of the support plans.

At the review update all other pieces of paper work i.e. address's telephone numbers etc.

An individual service review is seen as a form of agreement between PCC and the service user. PCC 's role is not to force the service user to comply with it, it is to work with the service user to identify areas of need resources and strategies to meet within a defined timescale.

Service users folders

On admission a folder is put together containing the following forms:-

- Client reception form [001] APPENDIX 3
- Care plan – needs assessment form [002] APPENDIX 4
- Health form [003] APPENDIX 5
- Legal form [004] APPENDIX 6
- Education form [005] APPENDIX 7
- Contact sheet [058] APPENDIX 8
- Initial needs and risk assessment form
- First 24 hour risk assessment form
- Planning and review form

It is the responsibility of the named key-worker to make sure the folder is put together correctly and that any information that is relevant is given to the manager or other staff involved in the service users support.

The service user's folders are kept at **e**BASE.

When a service user leaves the service the records are kept for 10 years.