

Overview of Care Needs

The following information will help evaluate your needs and provide Care Teams with a useful overview of your requirements. **Please fill it in and return to admin@careteams.co.uk or Care Teams (North) 122 Giles Street / Leith / Edinburgh EH6 6BZ**

NAME:

CONTACT:

Dressing

- 5 = Requires full assistance
- 4 = Needs guidance and some assistance
- 3 = Requires minimal supervision/assistance
- 2 = Requires encouragement only
- 1 = Self-care / Independent

Personal Hygiene

- 5 = Requires bed bath or full assistance of 2 or more people
- 4 = Requires 1 member of staff for assistance
- 3 = Requires continual prompting
- 2 = Minimal assistance required
- 1 = Self-care / Independent

Continence

- 5 = Incontinent of urine and or faeces
- 4 = Catheterised – continence programme/aid in use
- 3 = Occasional incontinence
- 2 = Continent but requires assistance
- 1 = Continent – independent with toileting

Behaviour

- 5 = Restless, wandering, hyper-active, hypo-active
- 4 = disturbed behaviour towards self/others
- 3 = Intermittent restlessness
- 2 = Mild confusion/demanding
- 1 = No issues

Hearing

- 5 = Deaf
- 4 = Auditory impairments
- 3 = Limited hearing
- 2 = Good hearing with aids
- 1 = normal hearing

Sleep

- 5 = Bad sleep pattern/hyperactive
- 4 = Irregular sleep pattern/light sleeper/ frequently awake
- 3 = Poor sleep pattern
- 2 = Normal sleep pattern with sedation
- 1 = Normal sleep pattern

Interaction

- 5 = Antisocial/disruptive/aggressive/abusive
- 4 = Deficient interpersonal skills
- 3 = Occasional inappropriate communication
- 2 = Certain skills deficient
- 1 = Communicates appropriately/considerate

Nutritional intake

- 5 = Peg tube/supplementary feeding
- 4 = Needs assistance
- 3 = Eats with moderate assistance
- 2 = Minimal supervision/encouragement/ help by cutting up food
- 1 = Self-care / Independent

Mobility

- 5 = Immobile/hoist needed
- 4 = Always needs help from staff when walking
- 3 – Needs help from 1 staff member, wheelchair/other aid
- 2 = Independent with aids
- 1 = Independent without aids

Medication

- 4 = L3 – Senior Carers SVQ3/Nurses
- 3 = L2 medication – Carer
- 2 = L1 medication – Prompt
- 1 = Independent

Communication

- 5 = Unable to communicate any needs
- 4 = Difficulty in communicating needs
- 3 = Able to communicate most needs
- 2 = Able to communicate some needs
- 1 = Communicates independently

Sight

- 5 = Blind
- 4 = Limited vision
- 3 = Some Loss
- 2 = Good sight with glasses
- 1 = Good sight without aids

Security

- 5 = Severe anxiety/panics
- 4 = Insecure symptoms
- 3 = Secure in certain environments
- 2 = Mild anxiety
- 1 = Appears secure

Social Activities

- 5 = Unable to participate mentally or physically in social activities
- 4 = Totally dependent on staff to interact with activities
- 3 = Requires encouragement & guidance to participate and interact
- 2 = Requires some encouragement
- 1 = Interacts independently and willingly / self-motivated

Dependency as per the following RATING SCORES:

> 56 (greater than 56) = **VERY HIGH** / 5 allocated hours of care

43 – 56 = **HIGH** / 4 allocated hours of care

29 – 42 = **MEDIUM** / 3 allocated hours of care

15 – 28 = **LOW** / 2 allocated hours of care

14 or less = **VERY LOW** / 1 allocated hour of care

Please indicate choice for each category using Highlighter Tool e.g:

5 = Requires full assistance

and then add up and enter total score.

TOTAL SCORE: