Empower Support

Onboarding Process 2023

01792 921151

Individual	
Name:	
Date of Birth:	
Wiccis No:	
NHS No:	
Phone:	
Address:	

Referrer	
Name:	
Phone:	
Email:	
Team:	
Funding in situ?	
CTP and Risk Assessment attached?	

Next of Kin/Emergency Contact	
Name:	
Relationship:	
Phone:	
Address:	
Consent to contact for feedback on POC?:	

Is the individual aware of this referral?		Does the individual think they need support?	
Yes	No	Yes	No

Mental Health History			
Mental Health Diagnosis?			
Do they agree with this diagnosis?			
How does this present?			
History/Pen Picture			
Are they subject to any conditions of The Mental Health Act 1983?			
Have they been referred to an IMHA?			
Any recent Capacity Assessments	Date:	By Who:	What was assessed? What was the outcome?
Triggers/Comorbidities?			

e.g Alcohol, Amphetamines abuse	
Relapse Prevention	
Green (Well)	
Yellow (Becoming Unwell)	
Red (Very Unwell)	

Physical Health Needs			
[Overview of Physical Health Needs]			
Does the individual have any of the following:			
	Diabetes requiring insulin		Hearing loss/hearing impairment
	Dementia		Sight loss/visual impairment
	Epilepsy		Traumatic Brain Injury
	Functional Neurological Disorder		Autism Spectrum Disorder
	Mobility issues requiring the use of hoists etc.		Learning Disability
	Speech and Language Impairments		Post-Traumatic Stress Disorder
	Lung, heart, kidney, or liver disease		Motor Neurone disease or M.S.
	Severe allergies requiring an epi-pen		Cancer
	Other (Please specify):		
How are these needs currently being managed? What other support is currently in place? Have referrals been made to the relevant healthcare/nursing teams? Have there been any recent incidents directly related to the conditions/symptoms outlined above?			

Overview of Support							
What days?	M	T	W	T	F	S	S
Call Windows Required?	Morning	(08:00 – 11:00)					
	Lunch	(12:00 – 15:00)					
	Teatime	(16:00 – 18:00)					
	Evening	(19:00 – 21:00)					
We understand the importance of keeping our clients happy and avoiding any unnecessary inconvenience. In order to prioritize your satisfaction, we have chosen to implement call windows instead of rigid set call times. This approach allows us to better manage unexpected situations like traffic or emergencies without causing any unnecessary upset. Our primary focus is on providing continuity of care while ensuring a smooth and hassle-free experience for all our valued clients.							
How many hours?							
What are the aims of the support?							

Support Needs	
Home Environment – laundry, dishes, housekeeping	

Personal Hygiene – showering/ bathing, changing clothes	
Nutrition/Meal Preparation – Cooking/reheating meals, meal planning	
Accessing Community – attending groups, social support, using public transport	
Shopping – weekly food shop, shopping lists, meal planning	
Regular Appointments – medical appointments, social groups	
Other (please specify) -	

Weekly Plan – any regular commitments?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Wellbeing	
What Social Support is currently in place?	
Are they able to access and actively participate in the community?	
What exercise or physical activity do they currently participate in?	
How often do they spend time outdoors? Do they have access to any green spaces in their current property?	
Do they currently have any opportunities for meaningful occupation? Hobbies, volunteering, paid work, practical skills courses, education.	

Medication		
Any Allergies?		
Level of Support Needed? Independent/Prompts or reminders/formal administration		
Are they on any of the following treatment regimens?		
Depot	Clozapine	Lithium
How often do they attend appointments/clinic?		

Please tell us about any regular medications:			
Frequency of Collection?			
Collection Day?			
Medication Name:	Dose:	Quantity:	Times:

Important Contacts			
GP:		Pharmacy:	
Phone:		Phone:	
Address:		Address:	
Consultant Psychiatrist:		Next of Kin:	
Email:		Phone:	

Client Finance	
Manages Independently /Supported by family	Receivership/Court Deputy Manages Finances
Has a financial capacity assessment been completed? Yes / No Date:	
Money Collected From:	
Day money is paid into account:	

Incidents		
Any incidents within the last 3 months?	Type/Details:	Date:
Risk Assessment		

Funding Arrangements (Please place an X in the relevant box)							
	S117 Aftercare		Means-Tested (Local Authority)		Self-Funded/Direct Payments		Joint Funded – Health Board & Local Authority
	Other:						

Carer Preferences?						Double Staffing required?			
	Male		Female		No preference		Yes		No

[For Professionals Only] **Please attach the following documents with this referral.** We will be unable to arrange an Initial assessment or give an estimate of a start date without the following documents:	
Essential	Current Care & Treatment Plan
Essential	Current Risk Assessment
Essential	Proof of funding (e.g., timetable of care, ISA)

Signed:		Date:	

---------- end of referral form ----------

Please return completed form to emily@empowersupport.co.uk to arrange initial assessment.

Empower Initial Assessment	
Name: (Likes to be called):	
Address	
Present for the assessment;	
Assessment carried out by Date of assessment;	
Mental Health Diagnosis? S117? CTO?	
Do they agree with this diagnosis?	
How does this present?	
Relapse Prevention - Any triggers? - Indicators of becoming unwell (green, yellow, red)	
<u>Physical Health</u> **Any of the following?** : Diabetes requiring insulin, Dementia, Epilepsy, FND, Mobility Issues requiring hoists, sensory impairments, communication difficulty, organ failure or disease, allergies, PTSD, Autusm, TBI, MS/MND Management Plan – Are district nursing team involved?	
Medication: - Level of support? - Are they on depot, lithium or clozapine? - Any history of non-concordance or overdose? - Any allergies? - GP - Pharmacy - Weekly or monthly meds collection?	
Home Environment: - Cleanliness, clutter? - Heating/Ventilation? - Smoking indoors? - Access (Keysafe?) - Anyone else sharing the property? - Any repairs needed? - Any support needed?	

Personal Care: - Shower or Bath? - Mobility? - Any Support Needed?	
Nutrition/Meals: - Fresh or microwave meals? - Any dietary requirements? - Food Allergies - Any weight concerns? - Any Support Needed?	
Accessing Community: - Social Support? - Meaningful Occupation? - Mobility? - Any Support Needed?	
Shopping: - Who does shopping? - Where? - How often? - Any Support Needed?	
Finances: - Do they have capacity? Date of last assessment - Who manages bills? - Any debts? - PIP/Benefits – collected when?	
Get to know you: Likes/Dislikes Hobbies & Interests Important People	
Main risks & incidents in last 3 months	
Hours Required/Funded	
Call Windows required: Any regular commitments to be aware of for rostering? Staffing preferences (e.g. Female only)	
Any other info you wish staff to know	

Signed:		Date:	

Support Package Proposal & Costings

Rates - 2023/2024 Financial Year	
1 Hour	£27.94
30 minutes	£18.21
Rural locations may be subject to a higher rate to account for additional mileage and travel time.	

Core Hours						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Flexible Support	
Medication Ordering/Collection (1 hour):	Yes/No
Flexible Support Hours – Social, shopping, appointments, etc.	

Time	Rate	Weekly Quantity	Weekly Total
1 Hour	£27.94		
30 Minutes	£18.21		
			£

Onboarding Meeting:	
Proposed Start Date:	