CU1676 Facilitate Person-Centred Assessment, Planning, Implementation and Review

Aims

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to facilitate person-centred assessment, planning, implementation and review.

Credit 6

Level 3

Le	arning outcomes	Assessment criteria								
Th	e learner will:	The learner can:								
1.	Understand the principles of person centred assessment and care planning	Explain the importance of a holistic approach to assessment and planning of care or support								
		Describe ways of supporting the individual to lead the assessment and planning process								
		Describe ways the assessment and planning process or documentation can be adapted to maximise an individual's ownership and control of it								
2.	Be able to facilitate person centred assessment	Establish with the individual a partnership approach to the assessment process								
		Establish with the individual how the process should be carried out and who else should be involved in the process								
		Agree with the individual and others the intended outcomes of the assessment process and care plan								
		Ensure that assessment takes account of the individual's strengths and aspirations as well as needs								
		2.5 Work with the individual and others to identify support requirements and preferences								

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3.	Be able to contribute to the planning of care or support	3.1	Take account of factors that may influence the type and level of care or support to be provided
		3.2	Work with the individual and others to explore options and resources for delivery of the plan
		3.3	Contribute to agreement on how component parts of a plan will be delivered and by whom
		3.4	Record the plan in a suitable format
4.	Be able to support the implementation of care plans	4.1	Carry out assigned aspects of a care plan
		4.2	Support others to carry out aspects of a care plan for which they are responsible
		4.3	Adjust the plan in response to changing needs or circumstances
5.	Be able to monitor a care plans	5.1	Agree methods for monitoring the way a care plan is delivered
		5.2	Collate monitoring information from agreed sources
		5.3	Record changes that affect the delivery of the care plan
6.	Be able to facilitate a review of care plans and their implementation	6.1	Seek agreement with the individual and others about: who should be involved in the review process criteria to judge effectiveness of the care plan
		6.2	Seek feedback from the individual and others about how the plan is working
		6.3	Use feedback and monitoring/other information to evaluate whether the plan has achieved its objectives
		6.4	Work with the individual and others to agree any revisions to the plan
		6.5	Document the review process and revisions as required

Assessment Requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles.

Learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment

Additional Information

The **individual** is the person requiring care or support. An advocate may act on behalf of an individual.

A **care plan** may also be known by other names, such as a support plan, individual plan or care delivery plan. It is the document where day to day requirements and preferences for care and support are detailed.

Others may include:

- Carers
- Friends and relatives
- Professionals
- Others who are important to the individual's well-being

Factors may include:

- Feasibility of aspirations
- Beliefs, values and preferences of the individual
- Risks associated with achieving outcomes
- Availability of services and other support options

Options and resources should consider:

- Informal support
- Formal support
- Care or support services
- Community facilities
- Financial resources
- Individual's personal networks

Revisions may include:

- Closing the plan if all objectives have been met
- Reducing the level of support to reflect increased independence
- Increasing the level of support to address unmet needs
- Changing the type of support
- Changing the method of delivering support



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