#

# Policy on MEMBER CENTRED PLANNING

Document Details

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**Policy Statement**

Member centred planning is the cornerstone of the government drive to ensure that members keep as much control as possible over their lives. This includes when they need care and support.

**Care Act 2014**

The emphasis on wellbeing, self-care and needs and preferences are core within the Act. The full involvement of the member in all discussions decisions and how services should be delivered must fully reflect their needs and preferred way of meeting those needs.

**The Policy**

**As an charity we promote member centred values**

* Seeing members as individuals
* Supporting members to have their care and support needs met
* Supporting members to access and implement their rights and understand any responsibilities
* Supporting members to maintain as much independence as possible and where possible improve their degree of independence
* Treating members with dignity and respect and ensuring that they have their choices and preference listened to.
* Working in partnership with the individual and/or their representative so that they can maintain control of their lives

This enables the Member Centred Plan to be;

* Directed by the member concerned (and/or members repsresentative)
* Written in a language everyone is able to understand
* Focused on a member’s strength
* Meeting their care and support needs

**Assessment of Need**

* Discuss who the member would like to be involved in the process. Allow them the opportunity to consider family and or friends and give consent for those member they want involved in the decision making. If this is not possible, follow the protocol for mental capacity assessment and best interests.
* Frequently check that the individual understands what is happening and they feel their preferences are being incorporated into the assessment plan. Consider other methods of communication and whether the member needs further support from interpreters, translator or signers to enable their views to be put across. We support people with profound intellectual and multiple disabilities who are among the most disabled individuals in our community. They have a profound intellectual disability, which means that their intelligence quotient is estimated to be under 20 and therefore that they have severely limited understanding. They often show limited evidence of intention. Communication is compromised by their disablity. We strive to find alternatove communication methods.
* Capacity must be assessed using the charity Mental Capacity Act Assessment Form, and consider things that may need putting in place to support the individual to make decision.
* To build up a complete picture it is often necessary to use information from other professionals who have worked with the member. This needs to be arranged beforehand, so that the member is aware and can give consent as necessary.
* We ensure that we are aware of the range of options available for the member. They may have a preconceived idea of what is available and it is important that they understand the flexibility of services that can be delivered in the community and opportunities available.
* It is important that the individual’s family and friends not only feel free to contribute to the assessment but also to give feedback on the whole process, both positive and negative. We support them in this so that they can present their views to the appropriate member.
* When working with an advocate who is acting on behalf of the individual or if we need to engage an independent advocate in order that the individual’s wishes can be given and understood at the meeting, we ensure that we have consent in place before we share information.
* We ensure that the member of staff carrying out the assessment is trained in and has a good understanding of the Mental Capacity Act.
* If the assessment of need is not carried out in the Member’s own home we aim to make the environment as comfortable and friendly as possible.

However good the assessment process is we recognise that it is still possible to miss “what is important to the individual.” This may be because member sometimes say what they think you want them to say or they don’t like to presume or do not realise the opportunities available. To help overcome this we ask the individual, family or advocate to write a profile.

MY HEALTH ACTION PLAN

* ABOUT ME
* EMERGENCY INFORMATION
* COMMUNICATION
* LOOKING AFTER MYSELF
* PEOPLE WHO HELP ME WITH MY HEALTH
* ABOUT MY HEALTH
* MEDICATION
* MY MEDICINES
* ABOUT MY HEALTH
	+ TEETH
	+ HEARING
	+ EYESIGHT
	+ CIRCULATION AND BREATHING
	+ NUTRITION
	+ MOBILITY
	+ CONTINENCE
	+ EPILEPSY
	+ ASTHMA
	+ WOMEN’S HEALTH
	+ HEALTH APPOINTMENTS or VISITS

Whenever possible we have this self-assessment completed before the assessment of need is completed.

**Planning of care or support**

* It is the information from the assessment of need and the self-assessment that forms the basis for a care and support plan that meets their needs.
* Member Centred Planning promotes wellbeing and we seek to work with the member to maintain their dignity and:
* A sense of hope
* Confidence
* Self esteem
* Ability to communicate needs and wishes
* Ability to make contact with other members
* Ability to show and receive warmth and affection
* Experience of and sharing of pleasure or enjoyment
* Is based on the outcomes that the individual wants to achieve
* Builds on what someone can do. It is about identifying the individual’s strengths and abilities and building on them and filling any gaps.

**Risk assessments**

Risk assessments are an important part of member centred planning. It is acknowledged that everyone is entitled to take risks and we continually assess and plan to ensure that concerns about risks are not getting in the way of member living their lives how they want to. However we continually review risk assessments, talk to the member and seek advice from other professionals to keep the member safe and free from harm.

**Challenging and complaining**

We see that an important part of exercising rights is being able to challenge or complain. If the member sees the service provided as inadequate, we have a clear complaints procedure which supports the member to verbalised or write down their complaint. Complaints are monitored and an important part of the charity’s quality assurance process. Staff are encouraged to respond positively and quickly to any grumble or complaint.

**Challenging decisions**

Members and/or their representative are encouraged to challenge decisions that have been made by others if they do not agree. It could be decisions on personal care, medication, changes in service provision, accommodation, assessment or any part of the service provided.

**Related policies**

Assessment of Needs and Eligibility

Adult Safeguarding

Care and Support Planning

Consent

Complaints

Meeting Needs

Mental Capacity Act

Record Keeping

**Guidance**

**NICE Guidelines**

**Home care: delivering personal care and practical support to older member living in their own homes. NICE guidelines [NG21] Published date: September 2015**

This guideline covers the planning and delivery of member centred care for older member living in their own home. It aims to promote older member’s independence and to ensure safe and consistently high quality care services. As an charity we seek to implement these guidelines, using the resources and tools available.

**Training Statement**

Member Centred Plan is part of the Induction training and continues throughout each training topic. It is discussed on staff meetings and supervisions.