



# DIPS

Doncaster Integrated People Solution

# **Reablement (Steps and PSU)**

Training Guide



# Revision History

**File Location:** SOP Guide for contact referral and SS Assessment

DATE	VERSION	DESCRIPTION	AUTHOR
13/3/19	V0.1	draft	Dave Goldson
14/3/19	V0.2	draft	Dave Goldson
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# Contact Assessment Referral

This could be processed by ISAT, RAPT, CDU, Area Teams or SPA workers (for STEPS), or IDT (for PSU).

## Sections 1 – 6

(Mandatory fields only needed here)

## Section 7 – Actions taken

- request 'Reablement Referral' (**RR**) in Actions Taken, same worker referring to continue **RR** so "assign to self" required. DO NOT FINISH the **CAR** until **Reablement Referral** accepted or declined.

# Reablement Referral

## Section 1 – Personal details

## Section 2 – Referral Details

Input required as below -

Sections

- 1. Personal Details
- 2. Referral Details
- 3. Completion Details
- 4. Actions Taken

2. Referral Details

Please provide details of why a Reablement Assessment is required?

Why is a reablement referral required? Are you directing towards STEPS homecare or Positive Step for further assessment? Consider all other routes of support? Detail any support available from family, friends, community? Provide as much information as possible with regards to the person's current situation. How can we enable the person to be as independent as possible? What support is required? What are the health conditions /disabilities/medications impacting on the person's ability to manage daily tasks?

Has the person or their advocate consented to this referral being made?

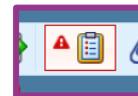
Yes  No  Not asked

What are their views in relation to this referral?

It is important to detail the person's own views in accordance with a strength-based approach

Section completed

## Section 3 – Completion details



To refer to STEPS or PSU, click on the clipboard icon and click send to, select 'find' and choose either the virtual worker for Steps Triage or PSU Referrals and send request. If accepting the referral, the triage worker will continue the **RR** and set a Reablement Assessment and Goal Setting (**RAGS**) assigning it to their team. If declining the referral, they click no and explain in the note why it is declined.

Sections

- 1. Personal Details
- 2. Referral Details
- 3. Completion Details
- 4. Actions Taken

3. Completion Details

To be completed by the receiving team - is this referral accepted?

Yes  No

Please provide reasons why not

Worker name: Worker Three

Job title:

Team: Purchasing Adult East

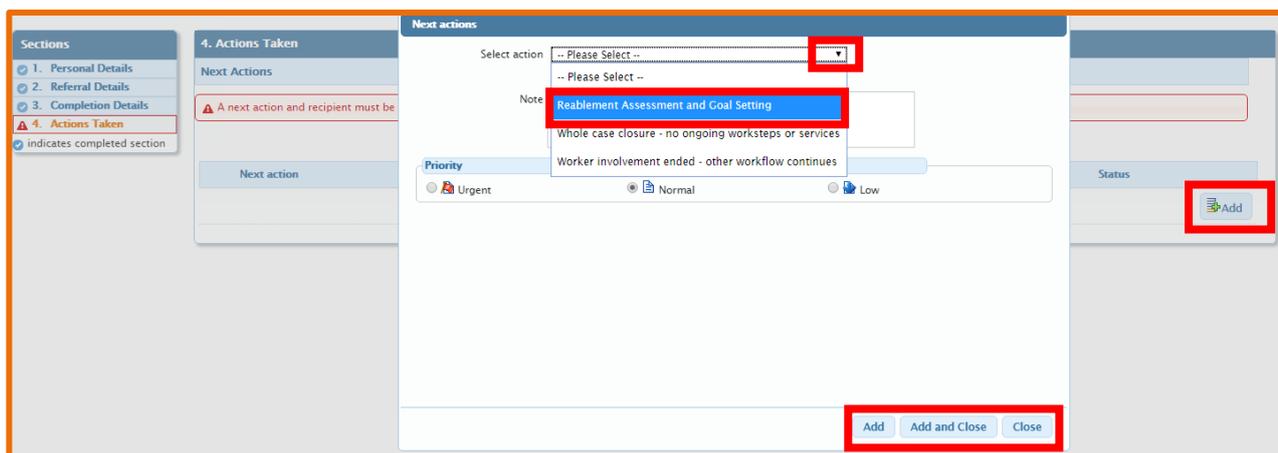
\*indicates required field

Section completed

They would also click 'completed' in the clipboard icon and explain there too. The workflow would be outlined red in referrer's work tray when the triage worker saves/exits the **RR**. Referrer then have the option of either providing further information if they ask for it, (or if the case has been reassessed), and send again back to triage, or close the RR and return to your **CAR** for a different pathway.

## Section 4 – Actions Taken

If Triage worker accepts the referral, they can again assign to their own team when setting the next step – Reablement Assessment and Goal Setting (**RAGS**). Steps/PSU will pick up this subsequent workflow.



## Reablement Assessment and Goal Setting

### Information and advice

### Reablement Assessment and Goal Setting

#### Section 1 – Personal Details

#### Section 2 – Current Situation

Information previously input should have pulled through to the first box in this section. Then consider what further information should be recorded. **RAGS** and then the Reablement Review (**RRv**) is the worker record of the person's progress during the time under Steps care or in PSU.

**Sections**

- 1. Personal Details
- 2. **Current Situation**
- 3. Goals
- 4. Recommendations
- 5. Completion Details
- 6. Actions Taken

indicates completed section

Why is a reablement referral required? Are you directing towards STEPS homecare or Positive Step for further assessment?  
 Consider all other routes of support?  
 Detail any support available from family, friends, community?  
 Provide as much information as possible with regards to the person's current situation. How can we enable the person to be as independent as possible?  
 What support is required?  
 What are the health conditions/ disabilities/ medications impacting on the person's ability to manage daily tasks?

What factor(s) have led to your current situation e.g recent falls, illness, etc?

Further information can be added as applicable that has brought about this situation.

Do you receive any other services e.g home care, day care, etc?

Yes  No

Please provide details

What services are already in place?

Are there any family, friends or carers who give support on a regular basis?

Yes  No

What support do they provide?

Consider what support is already in place?

Ensure the carer is informed of their right to a Carer Assessment

... and lower down in the same section ...

Do you provide support to anyone else?

Yes  No

Brief description of relevant medical history

Input relevant medical history

How do you want to live your life, what do you want to do and achieve and do you think Reablement will help with this? Consider any risks, how they can be reduced and safety maintained.

Input person's wishes and aspirations and particularly about reablement. Include what they can/ can't do, and how risks can be

Section completed

### Section 3 – Goals

Select option boxes as appropriate on wellness scale and frequency of falls with additional information if relevant?

**Sections**

- 1. Personal Details
- 2. Current Situation
- 3. Goals
- 4. Recommendations
- 5. Completion Details
- 6. Actions Taken

indicates completed section

### 3. Goals

**Wellness scales**

How would you describe your ability to care for yourself? Help required for the majority of tasks

How would you describe your quality of life? Poor

**Falls**

Have you had any falls?

Yes  No

How many times? -- Please Select --

**Additional information**

Any additional information regarding falls, such as how they happened, reasons? consequences? impact?

**Functional Performance – Mobility**

Improvement area	Identified goal	How will this be achieved	Current ability
<a href="#">Add</a>			

Mobility – Evidence of current ability

Record as appropriate

... Lower down in the same section ...

**Sections**

- 1. Personal Details
- 2. Current Situation
- 3. Goals
- 4. Recommendations
- 5. Completion Details
- 6. Actions Taken

indicates completed section

### Functional Performance – Personal Care

Improvement area	Identified goal	How this will be achieved	Current ability
<a href="#">Add</a>			

Personal care – Evidence of current ability

Record as appropriate

### Functional Performance – Daily Living Tasks

Improvement area	Identified goal	How this will be achieved	Current ability
<a href="#">Add</a>			

Daily living tasks – Evidence of current ability

Record as appropriate

Equipment Information including equipment already in situ, to be provided or to be purchased

Record as appropriate

Section completed

## Section 4 – Recommendations

## Section 5 – Completion Details

## Section 6 – Actions Taken.

Click on **“assign to me”** if you are the worker continuing the workflow or if not, click **“find”** to find and allocate to STEPS/PSU team or worker.

Then save, finish and continue to next workflow to pick up incoming work – e.g ‘Purchase Services’ and then **RRv** and continue or reallocate as appropriate. In rare cases, you may have to discharge immediately if the person turns out to be unsuitable for the situation, e.g. admission back to hospital is needed or going home. A Supported Self-Assessment is available from this section if needed or if the person is already on the system, an “ongoing annual review” may already be set up.

If the person is known on the system already, either - update the “ongoing review,” if this is current, to note the situation and select **SSA** from the “Actions Taken” and then allocate as appropriate. If you take the former option, the “ongoing review” if it exists would need to be closed. If the latter, then the **RAGS** should be closed appropriately. You only need one SSA.

## Purchase Service – Reablement

This step is needed to log the provision and costs of the care you are providing.

Click on 'Start'

Purchase Services – Reablement: Luis Cooper (1416)

Start

Person Summary  
Work History

Status  
Not Yet Started

ID

Type	Title	Subject (ID)
	Incoming Work [16]	
	Purchase Services – Reablement	Luis Cooper (1416)

Or from here –

Person Summary – Luis Cooper (1416)

Person Details >

Start >

Case Notes

Chronologies

Documents

Events

Visits

Education >

Health >

Consent

Summary Case History

Demographic Information

Drag a photo here, or click to locate a photo to upload

Context: Adult

Date of Birth: 15/01/1930 (90 years old)

Address:  
(Address Type : Main Address)  
27 High Road  
Balby

Case Status

Open 24/09/2020

Current Work

- Generate Contribution ([Financial Assessment Virtual Worker](#))
- Purchase Services – Non–Personal Budget ([Dave Goldson](#)) [Sta](#)
- Care and Support Plan ([Dave Goldson](#)) [Resume](#) | [Summary](#)
- Basic/Non Assessed Services (Adults) ([Dave Goldson](#)) [Start](#) | [Summ](#)
- Purchase Services – Reablement ([Dave Goldson](#)) [Start](#) | [Summ](#)

...which will bring you to this –

## Adults – Intermediate Care Package

Purchase Services – Reablement : Luis Cooper (1416)

Next actions form **Adults – Intermediate Care Package**

Sections

- 1. Actions Taken

indicates completed section

1. Actions Taken

Subject Details

Find Subject

First Names\*

Last Names

Click on the tab – Adults – Intermediate Care Package... and you come to this –

**Purchase Services – Reablement : Luis Cooper (1416)**

Next actions form **Adults – Intermediate Care Package**

**Provision & Contributions**

Service/Element	Element Type	Start Date	End Date
<a href="#">Update 903 Codes</a>	<a href="#">Draft Purchase Orders</a>	<a href="#">Authorisation Tasks</a>	<a href="#">Add Provision</a>

Click on “Add Provision” and you come to this where you click “Adults – Intermediate Care Package”.

**Add Service – Choose Service Type**

Service Group (select first) **Adults - Intermediate Care Package**

...and it brings up a further option in the next box down – click on “Adults – Reablement Services at home” and then “OK” at the bottom right.

**Add Service – Choose Service Type**

Service Group (select first) **Adults - Intermediate Care Package**

Service **Adults - Reablement services at home**

Which brings you to this screen –

**New Adults – Reablement services at home > Change Standard Settings for Service**

Summary
Dates
Purchaser
Provision
Budget Codes

**Decision date:** Start date:

**Purchaser** Planned end date:

Worker responsible for purchase: Dave Goldson

Purchasing team:

**Provision**

Supplier:

**Budget Codes** Budget Codes: Cost Centre –

Nominal – 30J00 PROFESSIONAL SERVICES

Sub Nominal – 3176 OTHER PROFESSIONAL SERVICES

Sub Cost Centre – J3003 65+ LD SUPPORT

Progress through each tab by either clicking on the next tab itself, or by clicking “next” at the bottom right. Add the start date (and end date if known), the purchasing team which is your own team, (click find, type in the first 2 or 3 letters of your team and select appropriately), then which provision you want, and select the appropriate budget code if it hasn’t pulled through, before finally clicking ok at the bottom right.

**New Adults – Reablement services at home > Change Standard Settings for Service**

Summary
Dates
Purchaser
Provision
Budget Codes

Start Date

Planned End Date

**New Adults – Reablement services at home > Change Standard Settings for Service**

Summary
Dates
Purchaser
Provision
Budget Codes

Worker Responsible for Purchase

Purchasing Team

**New Adults – Reablement services at home > Change Standard Settings for Service**

Summary Dates Purchaser **Provision** Budget Codes

Supplier [None]  
 Age UK  
 Avalon  
 Havfield Resource Hub  
**Short Term Enablement Programme**

**New Adults – Reablement services at home > Change Standard Settings for Service**

Summary Dates Purchaser Provision **Budget Codes**

Budget code type	Budget code
Cost Centre	<input type="text" value="30J00 PROFESSIONAL SERVICES"/>
Nominal	30J00 PROFESSIONAL SERVICES
Sub Nominal	3176 OTHER PROFESSIONAL SERVICES
Sub Cost Centre	J3003 65+ LD SUPPORT

<< Back Next >> **OK** Cancel

Then click on “Add Element” and select appropriately if single or double carer needed and click “OK”.

Elements in this Service	Start Date	End Date	Status	Change Type	Actions

Change Standard Settings **Add Element**

OK Cancel

**New Adults – Reablement services at home > New Element**

Filter the element types list by category

Show element types in this category Notional Costs ▼

Show all element types

Element Type Reablement services at home (in house)  
Reablement services at home (in house) double handed care

...which leads to – Click on the time input icon below to add frequency / times of calls.

Elements in this Service	Start Date	End Date	Status	Change Type	Actions
Reablement services at home (in house)	13/11/2020		Occurrences Missing	New	
No Cost, Uncosted Element					

For example – for one morning call of 30 mins each input as below and click “Add”

Adults – Reablement services at home > Reablement services at home (in house) > Manage Occurrences

Visit Frequency Weekly ▼

Day(s) and periods of Occurrence(s)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input checked="" type="checkbox"/>						
Afternoon	<input type="checkbox"/>						
Evening	<input type="checkbox"/>						
Night	<input type="checkbox"/>						

Duration (format HH:MM) \* 00:30

Start Date \* 13/11/2020

End Date

Add Clear

Which would add the section below to the bottom of the page.

Proposed or Purchased Adults – Reablement services at home Occurrences

Occurrence Details	Frequency	Start Date	End Date	Status	Change Type	Actions
Monday Morning for 00:30	Weekly	13/11/2020		Valid	New	
Tuesday Morning for 00:30	Weekly	13/11/2020		Valid	New	
Wednesday Morning for 00:30	Weekly	13/11/2020		Valid	New	
Thursday Morning for 00:30	Weekly	13/11/2020		Valid	New	
Friday Morning for 00:30	Weekly	13/11/2020		Valid	New	
Saturday Morning for 00:30	Weekly	13/11/2020		Valid	New	
Sunday Morning for 00:30	Weekly	13/11/2020		Valid	New	

Clear Proposal Save Changes Cancel

Click on “Save Changes”, and then “OK” on the next page.

## Next Actions

Click on the first tab “Next Actions” and add “Update Services” to enable you to finish.

Purchase Services – Reablement : Luis Cooper (1416)

Next actions form    Adults – Intermediate Care Package

Sections

- 1. Actions Taken
- indicates completed section

1. Actions Taken

Subject Details

Find Subject

First Names\*

Last Names

## Reablement Review

### Section 1 - Personal Details

### Section 2 – Reablement Review

STEPS or PSU worker to complete details below, the first box lists which week you are reviewing so that more than one **RRv** can be processed.

Sections

- 1. Personal Details
- 2. Reablement Review
- 3. Recommendations
- 4. Completion Details
- 5. Actions Taken
- indicates completed section

2. Reablement Review

Review Details

Review week: 5

Is this the final review?

Yes     No

Wellness scales

How would you describe your ability to care for yourself?

How would you describe your quality of life?

Falls

Have you had any falls?

Yes     No

How many times?

Within what period of time?

Additional information

spilt drink and slipped on it.

Telecare

Was a referral to Telecare/Pendant Alarm made at Assessment?

Yes     No

**Sections**

- 1. Personal Details
- 2. Reablement Review
- 3. Recommendations
- 4. Completion Details
- 5. Actions Taken

Indicates completed section

### Functional Performance – Mobility

Improvement area	Identified goal	How this will be achieved	Current ability	Progress
Mobility – Evidence of current ability Improved balance over 5 weeks to become steady enough to hold balance for short periods Improved distance able to mobilise with frame aid to 5M.				

### Functional Performance – Personal Care

Improvement area	Identified goal	How this will be achieved	Current ability	Progress
Personal care – Evidence of current ability Improved to be able to wash upper body only				

### Functional Performance – Daily Living Tasks

Improvement area	Identified goal	How this will be achieved	Current ability	Progress
Daily living tasks – Evidence of current ability				
Equipment Information including equipment already in situ, to be provided or to be purchased				

Section completed

## Section 3 – Recommendations

### 3. Recommendations

Is reablement ongoing?

Yes  No

Is a supported self-assessment required?

Yes  No

Recommendations and outcomes

It will be if there is a need to 'purchase service' when no care package currently exists,  
 OR if there is a significant change in need  
 OR a re-RAS is required to accommodate an increased care package  
 OR if there is a change in setting e.g. community to residential placement.

Schedule of care and support

Start date 05/06/2019

The person's care preferences

e.g. preferred times of day for care interventions ? vegan/vegetarian ? female / male carers ?  
 (This is information pulled through from 'goal setting'.)

#### Schedule of Care and Support

Day of week	Specific day(s)	Part of day	Time critical calls	Care and support requested
<input type="checkbox"/> Section completed				

This “**add**” option brings up the box below to detail the sort of regime currently already in place WITHIN PSU to give an idea of what homecare package, if any, is likely to be needed.

The screenshot shows a web form titled "Schedule of Care and Support". It contains several sections: "3. Recommendations", "Schedule of care and support", and "The person's care preferences". The form has a table-like structure with columns for "Day of week", "Specific day(s)", "Part of day", "Time critical calls", and "Care and support requested". Five numbered boxes highlight specific elements: Box 1 points to the "Day of week" dropdown menu (set to "Every day"); Box 2 points to the "Specific day(s)" text input field; Box 3 points to the "Part of day" dropdown menu (set to "AM"); Box 4 points to the "Care and support requested" text input field (containing "3 calls daily x 1 carer x 30 mins each"); Box 5 points to the "Add", "Add and Close", and "Close" buttons at the bottom right of the form.

Boxes numbered above -

1. Frequency – e.g. every day, weekdays only, weekends only, specific days
2. Specific days – list which days if selecting this option from box 1
3. Select which part of the day you want that call – AM, Lunch, Tea, PM?
4. Detail basics of care package requested or specifics for what that call is for?
5. Add and close, or if adding second or more calls for that, click “**add**” for each, then click “**close**”

## Section 4 – Completion Details

## Section 5 – Actions Taken

Set up the (next) **RRv** or **SSA** and assign to self or appropriate PSU team worker to continue. The same PSU worker currently keeps the case to pick up the ‘first review of budget’ in due course once the person has been at home for a number of weeks. This workflow or a subsequent RRv can then set up the plan for discharge and could lead to a Supported Self-Assessment if required. If a SSA is required this should be sent to the Virtual Worker for the appropriate area team (via the FIND button) and not the area team work folder.