

Care Planning Policy



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Policy:	Care Planning
Purpose:	The following policy states Dalmeir Park Housing Association's position with regards to the delivery of robust care plans, using a personal centred holistic approach to meet the changing needs of individuals using our adult and children services.
Implementation date:	20 June 2019
Review Date:	27 April 2022
Next review date:	April 2025
Guidance:	<p>Scottish Social Service Council (SSSC)</p> <p>1.1 Treat each person as an individual.</p> <p>1.2 Respect and, where appropriate, promote the views and wishes of people who use services and carers.</p> <p>1.3 Support the rights of people who use services to control; their lives and make informed choices about the services they use.</p> <p>2.3 Communicate in an appropriate, open accurate and straightforward way.</p> <p>2.3 Respect confidential information and clearly explain my employer's policies about confidentiality to people who use services and carers.</p> <p>Getting It Right for Every Child (GIRFEC)</p> <p>GIRFEC is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people.</p> <p>Quality Care Matters</p> <p>10.1 Care and support should put people in control of their care, with the support that they need to enhance their wellbeing and improve their connections to family, friends, and community.</p> <p>Care Reform (Scotland) Act 2025 introduces several changes that directly impact how care plans should be developed, reviewed, and managed.</p>
Regulatory Standards:	<p>Health and Social Care Standards My support, my life:</p> <p>1.1 I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race background or sexual orientation.</p> <p>1.7 I am supported to discuss significant changes in my life,</p>

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	<p>including death or dying, and this is handled sensitively.</p> <p>1.12 I am fully involved in assessing my emotional, psychological, social, and physical needs at an early stage, regularly and when my needs change.</p> <p>1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.</p> <p>2.9 I receive and understand information and advice in a format or language that is right for me.</p> <p>2.11 My views will; always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.</p> <p>2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.</p> <p>2.27 As a child, I can direct my own play and activities in the way I choose and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.</p>
<i>Other Relevant Policies</i>	<p>Health and Safety Policy Staff Code of Conduct Child Protection and Vulnerable Adults Dignity at Work Equality and Human Rights Privacy Policy</p>
<i>Date reviewed by People and Policy sub-committee:</i>	9 th December 2025
<i>Date approved by Board (or PRWG if delegated):</i>	27 th January 2026
<i>Equality Impact Assessment carries out for policy?</i>	Yes
<i>Publish on the Website</i>	No

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1.0 INTRODUCTION

- 1.1 Dalmuir Park Housing Association (DPHA) is committed to ensuring that Care Services staff are aware of their fundamental responsibility in supporting individuals to meet their full potential.
- 1.2 Through the implementation of this policy, DPHA aims to do everything it can to ensure the process for all care plans are person-centred and person-led, to meet the needs and outcomes of the person intended in ways that work best for them as an individual or family. Both the process and the outcome should be built holistically around individuals wishes and feelings, their needs, values, and aspirations.
- 1.3 DPHA will liaise and refer to West Dunbartonshire Health and Social Care Partnership (WDHSCP) duty social worker where required and is aware of the link between this policy and WDHSCP policies on Health and safety, code of conduct, child protection and vulnerable adults, equality, diversity and GDPR.
- 1.4 All staff will be responsible for following any policies and procedures relating to the implementation of care plans. Policies and procedures are in place to safeguard vulnerable individuals and staff, breaching such policies may be considered under DPHA disciplinary procedures.

2.0 PRINCIPLES OF CARE PLANNING

- 2.1 Care planning is a fundamental requirement, the assessment for care planning takes place as soon as the individual signs up for our service.
- 2.2 Staff will promote person-centred values, working with individuals in partnership to plan for their care. The individual will be at the centre of the care planning process, taking control of their choices and decisions made about their lives.
- 2.3 An individual with full capacity will be given the opportunity to invite their carer or advocate to their review meetings if they wish to do so. If an individual has lack of capacity, then we would encourage them to have someone to represent them at the meeting.
- 2.4 Care planning is a process of assessing, agreeing, collaborating with the WDHSCP supporting an individual across the spectrum of care to ensure their safety and well-being needs are being met.
- 2.5 Individual care plans will have clear identified, specific, measurable, achievable, realistic, timely goals and actions.
- 2.6 Individual care plans are reviewed every six months. However, some individuals will

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require more regular reviews as their needs change, this will be identified each time a care planning review takes place, or changing needs are identified by staff.

- 2.7 A risk assessment will help identify the ways in which the individual can be supported and managed to minimise any difficulties identified.
- 2.8 Risk relating to falls will be assessed by looking at the individuals specific risk factors along with environmental risk.
- 2.9 Completion of this part of the care plan will be the responsibility of the Key Worker with the support of their Line Manager. Where it is appropriate to do so, specialist advice may be sought from the identified specialist.

3.0 VALUES WHEN SUPPORTING IN HEALTH AND SOCIAL CARE

- 3.1 **Care** – having someone’s best interest at heart and doing what you can to maintain or improve their well-being.
- 3.2 **Compassion** – being able to feel for someone, to understand them and their situation.
- 3.3 **Competence** – to understand what someone needs and have the knowledge and skills to provide it.
- 3.4 **Courage** – not to be afraid to try out new things or to say if you are concerned about anything.
- 3.5 **Commitment** – dedication to providing care and support but also understanding the responsibility you have as a worker.

4.0 CARE PLANNING FRAMEWORK

4.1 Core elements of care planning

- Risk assessment and management
- Drawing up the care plan
- Reviewing of care plan
- Identify outcomes
- Allocated key worker

5.0 RECORDING AND STORING OF INFORMATION

- 5.1 All care plans will be recorded on template forms - see **Appendix 1** for adult services and **Appendix 2** for children services.

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- 5.2 Care plans should be written in a simple personally meaningful language.
- 5.3 All care plans should be signed by staff member assessing the individual, the individual and in the children service a parent and anyone else present at the care planning meeting.
- 5.4 A Copy of the care plan will be available to the individual using the service and others, once consent has been given by the individual.
- 5.5 The Housing Support Assistant will quality assess all care plans for the adult service.
- 5.6 The Project Co-ordinator will quality assess all care plans for the children service.
- 5.7 The Care Service Manager will audit care plans across adult and children service quarterly.
- 5.8 Care plans should be kept securely and in line with Data Protection Act 1998/ General Data Protection Regulation 2018.

6.0 STAFF TRAINING

- 6.1 All new staff members will be given a copy of this policy as part of their induction and onsite training followed up with specialist online training in this subject area.
- 6.2 Existing staff will be provided with yearly training, updates on this policy every 3 years.

7.0 EQUALITY DIVERSITY AND INCLUSION

- 7.1 To ensure that our Care Planning Policy and practices are fair, inclusive, promote an environment of respect and understanding, and do not unlawfully discriminate against people with a protected characteristic, we have carried out an Equality Impact Assessment (EIA) in line with our Equality, Diversity & Inclusion Policy. A copy of the EIA can be made available upon request.

8.0 DATA PROTECTION

- 8.1 We will treat your personal data in line with our obligations under the current data protection regulations and our Data Protection Policy. Information regarding how your data will be used and the basis for processing your data is provided in our Customer Fair Processing Notice

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9.0 MAKING A COMPLAINT

- 9.1 Although we are committed to providing high levels of service, we accept that there may be occasions where you may not be satisfied with the service you have received from us. We value all complaints and use this information to help us improve our services. Our Complaints Policy describes our complaints procedure and how to make a complaint.

10.0 POLICY REVIEW

- 10.1 This policy will be reviewed by the Board every 3-years or earlier if required.

Appendix 1 – Sheltered Tenants Care Plan and Profile

Sheltered Tenants Care Plan and Profile	
Tenants picture here	
Tenants name: I prefer to be called:	
My address:	Caller ID: My landline contact: My mobile contact:
My close key safe number is:	My front door key safe number is:
My date of birth is:	My faith is:
My entry date is:	Date of termination:
My next of kin details:	
Name of my next of kin:	Relationship to me:
Their address:	Their landline contact: Their mobile contact:
My key holder details:	
Name of my key holder is:	Relationship to me:
Their address:	My landline contact: My mobile contact:

Health service details:
My doctor's name:
My doctor's address:
My doctor's contact number:

Details of other services that support me:			
Support service:	Day of support:	Contact person:	Contact number:
Discuss comments/concerns about other services you receive:			

My family, and who is important to me

Do you have a known Allergy?	YES	NO
If yes, please give us details of your Allergy:		

Details of my medical conditions you should know about to keep me safe:

Do you have communication difficulties?	YES	NO	How can we support you?
Do you have hearing difficulties?	YES	NO	How can we support you?
Do you have sight difficulties?	YES	NO	How can we support you?
Do you have mobility difficulties?	YES	NO	How can we support you?
Are you diabetic? if so, are you dependent on insulin?	YES	NO	How can we support you?
Do you have any dietary requirements?	YES	NO	
Are you living with dementia?	YES	NO	How can we support you?
Are you living with epilepsy?	YES	NO	How can we support you?
Do you have any mental health issues?	YES	NO	How can we support you?

Do you have any other medical conditions that we should know about to keep you safe?

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My medication important medical information you should know about:			
I can take my own medication		YES	NO
I am supported to take my medication		YES	NO
If you require supports to take your medication who provides this?			
You should know where my medication is kept in emergency's			
You should know I get my medication delivered from:			
My medication is delivered on:			

List of my medication in case of an emergency:			
Name of medication:	Dosage:	Frequency:	Condition:

How do you feel your health-mobility has been since the last review?
How can we support you to feel better?
How have you been over the last few months? (Covering- social, emotional, housing – financial family nutritional)
How would you like us to support you to enhance your quality of life?

Advanced Care plan discussion:
How would you like us to support you?

--

Do you have a DO NOT Resuscitate order? (DNR)	YES	NO
If yes, do we have a copy in your Care Plan?	YES	NO

Appointed Power of Attorney			
Is this financial power of attorney?		YES	NO
Is this welfare power of attorney?		YES	NO
Do we have a copy of the paperwork?		YES	NO
Name of appointee	Relationship to you	Address	Telephone number
Has your power of attorney been triggered?			YES NO

Guardianship			
Is this financial guardianship?		YES	NO
Is this welfare guardianship?		YES	NO
Do we have a copy of the paperwork?		YES	NO
Name of appointee	Relationship to you	Address	Telephone number
Has your Guardianship been triggered?			YES NO

Risk assessments:			
Risk number:	Risk identified:	Risk assessment date:	Date of review:

Alarm checks:						
Living room	Kitchen	Bedroom	Bathroom	Hall	Smoke detector Carbon Monoxide	Pendent

Security checks:		
Close key safe	Front door key safe	Front door keys
How can we ensure you feel safe and secure?		

List of adaptations in your home:	

List of actions to be addressed:	
Action point:	Action point to be carried out by:

Who would you like to attend your review meetings?				
Name:	Address:	Relationship:	Signature:	Date:

Important information about your care planning meeting:

This information is requested to meet the requirements of the Care Inspectorate and to ensure that the Sheltered Support Service can be responsive to your health and well-being whilst respecting your privacy and dignity.

The information recorded will meet the conditions of the Data Protection Act 1998/General Data Protection Regulation 2018 will be accessible to certain Dalmeir Park Housing Association employees, Health and Social Care Partnership (HSCP), Health Professionals, Hanover Telecare, West Dunbartonshire Home care service, Hour care out of service and Care Inspectorate and SSSC Official. It will also be used to assist you in emergency situations. All records will be kept secured. The Support plan will be reviewed on a six-monthly basis, and any updates will be recorded appropriately.

Declaration:

I agree that the information contained within this report is accurate and reflective of my current situation. I agree to the conditions detailed above and consent to the information being used for the purpose stated and no other purpose. I agree to advise the support team of any material changes that may affect the Associations ability to provide Sheltered Housing Services.

Name of tenant:	My story so far....

Brief guide if you have to complain about our service

Complaints Procedure

You can make your complaint in person, by phone, by e-mail or in writing.

We have a **two-stage complaints procedure**. We will always try to deal with your complaint quickly. But if the matter needs a detailed investigation, we will tell you and keep you updated on our progress.

Stage 1: Frontline Resolution

We will always try to resolve your complaint quickly, within **five working days** if we can.

If you are dissatisfied with our response, you can ask us to consider your complaint at stage 2.

Stage 2: investigation

We will look at your complaint at this stage if you are dissatisfied with our response at stage 1. We also look at some complaints immediately at this stage if the complaint is complex or need detailed investigation.

We will acknowledge your complaint within **three working days**. We will give you our decision as soon as possible. This will be after no more than **20 working days** *unless* there is clearly a good reason for needing more time.

You can also complain by contacting the Care Inspectorate

If, after receiving our final decision on your complaint, you remain dissatisfied with our decision or the way we have managed your complaint, you can ask the Care Inspectorate to consider it.

The Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

www.careinspectorate.com

Telephone number: 01382 207100/ 0845 600 9527

Dalmuir Out of School Care Group (DOSCG) *My Personal Plan*



Childs Name:

D-O-B

Start Date:

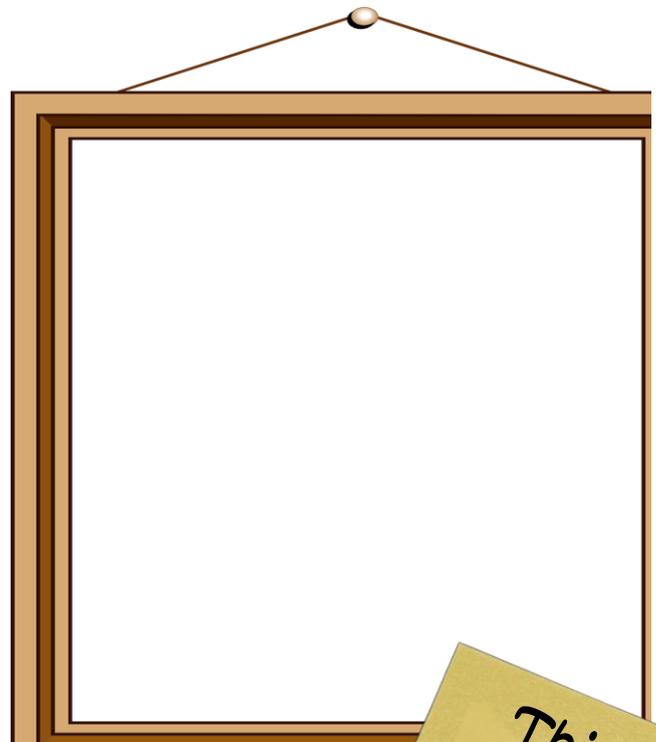
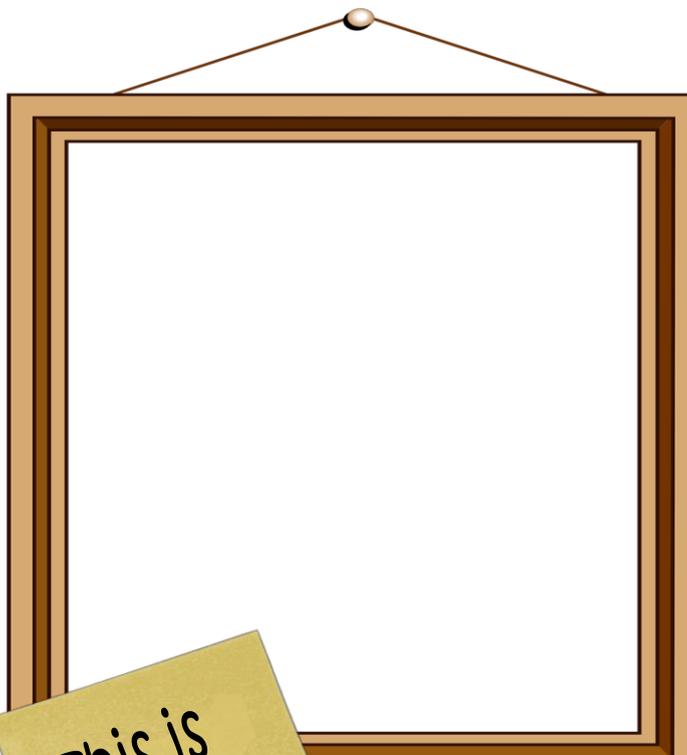
Leave Date

Address:

Phone Number:

Email address:

Password:



This is
picture

This is
drawing



Who I want with me if things go wrong

Emergency Contact Name	Relationship to Child	Contact Number
1		Home:
		Work:
		Mobile:
2		Home:
		Work:
		Mobile:
3		Home:
		Work:
		Mobile:

My doctor's name is

Doctor's Name	
Address	
Phone Number	



The School I go to is:



What you need to know to keep me safe and healthy

What triggers me to feel unwell



I think you should now about my Allergies



What you need to know about my eating habits for snack and baking activities



Other people that help me



Please circle Yes if you consent and no if you do not consent

Do you consent to your child's photograph being taken and being used to promote the service?	Yes	No
Do you consent to your child taking part in any outdoor trips/ outings?	Yes	No
Do you authorize/DOSCG staff members to sign any written consent required by the hospital authorities, if the delay in getting your signature is considered by the doctor to endanger your child's well-being.	Yes	No
Do you consent to your child undergoing any emergency medical treatment necessary during the running of the group?	Yes	No
I authorize DOSCG staff to administer medication as prescribed and on my instruction only.	Yes	No
Signature:	Staff member:	
Relationship to the child:	Date:	
Date:		



DALMUIR OUT OF SCHOOL CARE GROUP

INTERNET POLICY

I **agree/or do not agree** to my child using the computer network for homework, research,

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playing educational games and listening to music.

The use of the computers will be monitored by staff.

Each child wishing to use the computer during term time will be given an allocated slot of 15 minutes per session.

During Play scheme the allocated slot per child will be 30 minutes

Name of the child:

Parent/ Carer Name:

Parent/ Carer signature:

Date:

If your intention for consent changes, it is your responsibility to notify the group in writing

Thank you

PARENT / GUARDIAN



I have read all consent within my child's personal plan and have marked them as appropriate.

I agree to the Terms and Conditions as detailed in the Parents Charter guide.

Signed:

Date:

All information provided in my child's personal plan will remain confidential in accordance with DOŠCG confidentiality policy.



My Medication Recording sheet

Date		Child's Name:	
Medication			
Parents: Date/time of last dosage:			
Date/time of next dosage:		Time given by staff:	
Dosage:		Method used:	
Staff Signature:			
Any reactions:			
Staff Signature:		Parent's Signature	
Date		Child's Name:	
Medication			
Parents: Date/time of last dosage:			
Date/time of next dosage:		Time given by staff:	
Dosage:		Method used:	
Staff Signature:			
Any reactions:			

Staff Signature:		Parent's Signature	
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Medication Record

Triggers off Condition:		Reduction:	
Prevention:			
Support:		Additional Comments	
Staff signature			

Long term parental consent for medication		Date:	
Medication:			
		Additional Comments:	
Time of dosage:			
Any Reaction:			
Parent signature:		Staff signature:	

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MY RISK ASSESSMENT FORM

Department:	DOSCG	Date of Assessment:	
Childs Name:		Date of Birth:	
Medication Risk Assessment / Allergies			
Condition:			
Emergency Contacts:			
Assessment Review Date:			
Hazards /Risk Identified	Persons Affected	Control Measures in Place	Further Action Necessary
High Risk		Med	Low



my Care plan review Log

Date	Change	Child's Signature	Parent/Carer signature	Staff Signature
This information will be reviewed every six months with the support of children, parents, carers and staff				

