



Ark[®]
People
Housing
Care

Care Planning Procedure

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Mar 2023	Sean Taylor	2.0	Cyclical Review Merge of Risk and Vulnerability and Good Life Planning Procedures. Name change. Job role name changes. Removal of Good Life Plan documentation references. Removal of Good Life Documentation appendices.
Sept 2020	Nikki Fildes	1.1	Addition of Good Life templates as appendices
July 2020	Nikki Fildes	1.0	New procedure



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1.0 Introduction

The Ark personal planning process is based on the personal outcomes approach and risk management, this is referred to as 'Care Planning'.

Risk-taking is an important part of building confidence and raising self-esteem. The ability and opportunity to take risks and learn from them is important in the development and maintenance of skills, abilities and relationships.

The people we support have the right to self-determination; they can make choices and decisions about their own lives. We will uphold this right while ensuring we meet our professional and organisational duty to care.

We will advise the people we support about the potential risks and benefits to their decisions and choices, support individuals to make informed choices and seek to manage, reduce or eliminate risks.

Care Planning comprises:

- Service Agreement (see Appendix 1).
- Good Life Support Plan / Risk and Vulnerability (R&V) (see **Appendix 2 & 3** for guidance).
- Good Life Support Review (see **Appendix 4** for guidance).

Note that when updating the Good Life Support Plan / R&V, previous versions will always be kept on Ark Information Management System (AIMS). Any paper or electronic copies of documentation must be also be retained as per **G24c Retention of Documents**

Managing risk is integrated into Good Life Plan / R&V. Our approach to managing risk is human-rights-based. This means using the PANEL principles described by the Human Rights Commission (SHRC, 2020):

P – Participation

A – Accountability

N – Non-discrimination

E – Empowerment

L – Legality

We will frame risk assessment within a person-centred practice model, incorporating underlying human rights' principles of fairness, equality, respect, dignity and autonomy.

2.0 Understanding risk and positive risk-taking

2.1 Risk

Risk is the probability that an event will have either beneficial or negative outcomes for an individual or others with whom they come into contact.

While risk-taking is usually thought in terms of damage, loss, threat or injury; it can have positive effects.

While an individual may take risks on their own, supported people may have limited or no understanding of the consequences of these risks. This means we may be held accountable for harm to them or others as a result of taking these risks.

2.2 Balance

We have a legal duty to implement a 'suitable and sufficient' risk assessment ([Management of Health and Safety Regulations, 1999](#)). We owe a duty of care to our employees and to the people we support.

We must balance these duties against the wishes of supported people to take part in everyday activities and exercise their right to make choices whilst also considering the benefits of taking the risk, in addition to dangers.

2.3 Positive Risk taking

This is the idea that 'measuring risk involves balancing the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether' ([Morgan and Williamson, 2014](#))

[Morgan \(2004\)](#) explains that positive risk taking should involve using available resources and support to achieve desired outcomes. It should be a carefully thought out strategy for managing a specific situation or set of circumstances.

3.0 Planning and Assessing

Care & Support staff will support individuals to identify their personal outcomes through Ark's Good Life support plan / R&V and 6 monthly reviews. Person-centred planning tools may be used to support the individual to be involved in this process. Other relevant people may also be part of identifying outcomes; for example family, the care manager or a welfare guardian.

Risk & Vulnerability must be identified within the Good Life Support Plan / R&V, risks are highlighted and mitigated wherever possible. Where there are outstanding risks which cannot be eliminated staff must complete a Risk Management Plan.

Risks, and the support needs of the individual relating to that risk must be identified and completed before the service to the individual starts. It may be reviewed for accuracy during the first 6 weeks of the service.

Failure to support an identified risk may result in disciplinary action.

We will work in collaboration with the individual to identify these risks. This aims to promote independence, and uphold the individual's right to self-determination. This means there may be a conflict between the individual's and their support team's threshold of acceptable risk.

We will provide information to the individual in an accessible, person-centred format to enable them to make an informed decision about the risk.

With the agreement of the supported individual, we will work in collaboration with family members and/or relevant agencies in assessing and addressing risks.

4.0 Capacity

Adults are presumed to have capacity until proven otherwise. This means that supported people have the right to make their own choices unless there is a legal order in place restricting them.

If there is concern that an individual does not have capacity to make a decision, or there is no welfare guardian or other legal representative with the power to make the decision on their behalf, the Care & Support Manager must raise this with the relevant Health & Social Care Partnership.

While an assessment of capacity is undertaken, decisions relating to risk-taking should be made by a multi-disciplinary team (to include the individual and their family), with a minute taken stating the decision made and reasons why.

Any intervention made by the multi-disciplinary team must follow the principles of the Adults with Incapacity (Scotland) Act 2000

4.1 Adults with Incapacity

If an individual does not have capacity and a legal guardian has been appointed, the guardian may only make decisions relating to the powers detailed in their guardianship order. This includes: welfare and/or financial guardians, continuing power of attorney, welfare attorney, financial appointee or corporate appointee.

Good Life Support Plan / R&V must contain a copy of the guardianship order to ensure appropriate permission is sought for risk-taking relating to a decision-making power a guardian holds. The Guardianship/POA checklist - Delegation of Powers must be completed and stored within the supported persons file. This document should be completed by the Guardian to inform how the function of the powers, contained in the person Welfare and/or Financial Guardianship, will be executed. It should detail specifically what aspects of the power have been delegated or not and how this will be executed and reported (responsibility of the powers remains with the Guardian).

Legal guardians must sign any documentation relating to decisions that they have exercised on behalf of the supported individual, as the responsibility for that choice rests with the guardian.

4.2 Restrictive Practice

Some risk-management measures may amount to restrictive practice, in that they limit the individual's human rights; for example, keeping medication in a safe the individual cannot

access. Written consent for the restrictive practice must be sought from a guardian, or the multi-disciplinary team. Any restrictive practice must be recorded in the restrictive practice log, see: **CS06 Reducing Restrictive Practice Policy and CS06a Reducing Restrictive Practice Procedures.**

5.0 Care Planning

Service Agreement: this is the agreement (see **Appendix 1**) between Ark and the supported person that details the expectations of using/providing the service. At a minimum, this includes:

- Care & Support Manager (CSM)/Operations Manager (OM) details
- Office address
- Costs
- Complaints and compliments process
- Cancelling support
- Emergency plans
- Cancelling the service

Individuals accessing Self-directed Support Options 1 and 2 may also need confirmation of their budget and what this can be used for detailed in the service agreement. This should be completed and signed by the supported person or guardian and the manager prior to support commencing.

Good Life Support Plan / R&V (Risk & Vulnerability) (see **Appendix 2**): This details the individual's skills, gifts and support needs. It includes medical information, sensory needs and important contacts. This details the outcomes the individual wishes to achieve with support. Outcomes (see **Appendix 3**) are also within daily planners, these are cross referenced to the relevant areas within the Good Life Support Plan / R&V which contain the information on how to support that outcome or task.

Good Life Support – Review Evidence Forms contain evidence of outcomes.

Good Life Support Review (see **Appendix 4**): measures the progress the individual has made towards meeting their outcomes with support.

6.0 Timescales

The completion of Care Planning is the responsibility of the Care & Support Manager (CSM). The CSM may delegate tasks to any Care & Support worker, but remains responsible for accuracy and must audit as per **CS23a Quality Assurance (Care & Support)**.

Service Agreement: This is based on the contract with the local authority and should therefore be ready when the individual's service starts.

Ark may not have a contract with the local authority for people accessing Self-directed Support Options 1 or 2. The terms of the service agreement must be clear to the individual and anyone who helps them make choices prior to the service starting.

Good Life Support Plan / R&V: This is recorded on AIMS prior to an individual receiving a service from Ark, use should be made of any transition meetings or similar to start this.

A paper copy of the Good Life Support Plan / R&V can be left with the individual or their family for them to add to in their own time. It must be completed within 6 weeks of the service starting.

This is a 'live' document, which means it should evolve and change throughout the course of the service provision. All new and current supported people must have their Good Life Support Plan / R&V and other documentation reviewed at least 6 monthly or sooner if required, this may be delegated to support workers. The CSM retains responsibility for the accurate completion and audit even when they have delegated these tasks to Care & Support workers, see: **CS06 Reducing Restrictive Practice** and **CS17 Behaviour of Concern**.

Good Life Support Review: Reviews should take place at least every 6 months. There must be evidence of the individual's Good Life Support Plan / R&V changing as a result of the review where changes have been agreed or outcomes evolve and progress.

The individual's care manager should be invited to every review, and must attend at least 1 per year. If the individual does not have a care manager, duty social work or the team leader for the social work team responsible for agreeing funding should be invited instead.

All other plans and records, for example; Positive Behaviour Support (PBS) plan, Risk Management Plan, and Restraint Reduction Log, are subject to the same review schedule. There are several documents which are not contained within AIMS such as the aforementioned plans, logs, protocols devised by health professionals and recording sheets such as finance and medications administration recording sheet. These are stored within the supported persons' home in a Care Planning file (paper copy) and where appropriate these are stored electronically within the Ark file system which is accessed via Citrix.

Timescales remain the same for services using AIMS. Non-compliance with timescales is automatically flagged to CSMs/ROMs.

7.0 Training and learning

Care & Support staff will complete an induction at the start of their employment, which will introduce the personal outcomes approach. A service-level induction must also take place and will include learning about relevant supported people's Good Life Support Planning / R&V documentation. Further training and learning as required is at the discretion of the CSM/OM.

8.0 Implementation and Review

8.1 Implementation

Care & Support Managers/Operations Managers are responsible for the implementation of these procedures by their Care & Support staff.

8.2 Review

Ark Regional Managers' group is responsible for the review of these procedures, at least every 3 years. Any changes to the associated policy as a result must be submitted to the Board of Management for approval.