Common Summary Assessment Report (CSAR)
2010 Amendments and Additions

Introduction
A national audit of CSAR and associated processes was undertaken throughout May and June 2010. This followed a commitment to review the CSAR document after six months in operation. The purpose of the audit was twofold

1. To Audit the CSAR Tool Implementation
   1. Measure the level of CSAR implementation
   2. Identify the degree of compliance with the guidelines
   3. Identify one specific issue requiring change and why

2. To audit the CSAR Process
   4. Identify what local protocols & guidelines are devised, agreed and implemented
   5. Do these comply with national SOPs
   6. Identify the gaps in implementation and the associated causes

The outcome of the audit resulted in amendments and additions to the CSAR as appropriate in light of identified significant concerns regarding the report and to ensure it is fit for purpose. Approximately 500 CSARs were audited.

To best understand and recognise the amendments and additions it is suggested that you read this in conjunction with the 2010 CSAR.

CSAR PAGE 1

Section 1; Consent; The Applicant or the Specified Person is invited to sign that having had the process explained he/she understands the process and consents to the sharing of information as appropriate by relevant health and social care professionals in the processing of this application.

Section2.

PPS Number- this is required to be included

Marital Status & Living Circumstances; these are highlighted as separate as the living circumstances were frequently overlooked when completing the report

Section 3; Principle Carer; space specific to identify the person by name and can be the home help if that is the situation

Section 4 In recognition of the rights of the older person and to be seen to uphold these, this section has been amended to enable the staff completing the CSAR be more specific, it states " ALL APPLICANTS have the right to self-determination and capacity to so do is assumed unless otherwise proven. His/her preference to stay at home or to be admitted to residential long-term care **must be sought and recorded".** The new format is as follows.

Has the person's above preference been discussed with him/her? **YES** □ **NO** □
If YES- brief outline of outcome

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IF NO- Provide a reason and identify with whom it has been discussed & outline outcome

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CSAR PAGE 2

Section 5- remains as was

Section 6(a) CURRENT DIAGNOSIS AND MEDICAL SUMMARY is an amended Section 6

Section 6(b) DETAILS OF THE PERSON'S MENTAL HEALTH STATUS is an amendment of Section 8(d)

Section 7 – remains as was

CSAR PAGE 3

Section 8(a)

The layout of the Barthel Index is altered as outlined below to provide for easier reading and completion. It also provides the option of inserting two assessments recognising that a person's ability can and does alter.

8. (a) ASSESSMENTS					**DATE**	**DATE**
8 A Barthel Index –		**Undertaken**	**Please insert Date(s)**			
WEIGHTING SCORE	**3**	**2**	**1**	**0**	**Score**	**Score**
Bowel (preceding Week)		Continent	Occasional Accident	Incontinent (or needs an enema)		
Bladder (Preceding 24 hours)		Continent	Occasional Accident	Incontinent or catheterised and unable to manage		
Grooming			Independent	Needs help		
Toilet Use		Independents	Needs Some help	Dependent		
Feeding		Independents	Needs Some help	Unable		
Transfer (from bed to chair & back)	Independent	Minimal Help Needed	Major help (1-2 persons) Needed	Unable (no sitting balance)		
Mobility	Independent	Walks with Help of 1 person	Wheelchair Independent	Immobile		
Dressing		Independent (buttons, zips & laces etc)	Needs help (but can do half unaided)	Dependent		
Stairs		Independent (up & down-Must carry own walking aid)	Needs Help (verbal or physical/carrying of aid)	Unable		
Bathing			Independent (getting in & out & washing self)	Dependent		
Findings	Independent =20: Low Dependency = 16-19; medium Dependency = 11-15 High Dependency = 6-10: Maximum. Dependency = 0-5			**TOTAL**		
Completed by Print Name		**Role**		**Date**		**Signature**

Section 8(b)- Please see a minor alteration to layout as outlined below

8. (b) COMMUNICATION	Tick	Date	Sign
No problems			
Retains most information and can indicate needs verbally			
Difficulty speaking but retains information and indicates needs non-verbally			
Can speak but cannot indicate needs or retain information			
No effective means of communication			

CSAR PAGE 3 continued.

Section 8(c) Cognitive screening has a section of it's own due to its significance and allows for two screening results to be recorded in recognition of potential assessment variations.

8. (c)COGNITIVE SCREENING REPORT - BY DATE ORDER IF MORE THEN ONE AVAILABLE						
Cognitive Assessment (Specify Screening Tool)	**Date**	**Result**	**Sign**	**Date**	**Result**	**Sign**

Section 8(d) Other Assessments- the layout has been altered to provide greater clarity and a "Wandering Risk" assessment has been added owing to the number of wandering risk patients identified in the CSAR forms audited.(The former *Section 8(d) was The DETAILS OF THE PERSON'S MENTAL HEALTH STATUS which is now incorporated into section 6(b)).*

8. (d) OTHER ASSESSMENTS			
Specify Tool used	RESULT	DATE	SIGN
Pressure Sore Risk			
Falls Risk			
Nutritional Risk			
Wandering Risk			
Other - Specify			

Section 8(e) is altered to become **OTHER SIGNIFICANT MEDICAL/SOCIAL/ RISK FACTORS** which was Section 9.

8 (e) OTHER SIGNIFICANT MEDICAL/SOCIAL/ RISK FACTORS that should be considered as part of the care needs assessment

CSAR PAGE 4

Section 9 is now the section which allows for **ADDITIONAL COMMENTS**

9. ADDITIONAL COMMENTS e.g. Employment, Recreational or Social Needs (attach Supporting documentation):

CSAR PAGE 4 Continued

Section 10 (a) no alterations

Section 10(b) minor changes in layout

Section 11; **RECOMMENDATION BY MDT** The CSAR now includes a specific space to enable the attending and assessing MDT to make a recommendation on the applicant's needs for residential long-term care.

11. RECOMMENDATION BY MDT. For Completion by MDT See Guidance Notes	
It is the recommendation of this MDT that this person's overall needs are currently best met within a Long Term Residential Care Setting (Please Tick): **Yes** ☐ **No** ☐	
Confirmation of MDT's recommendation Name;___________________________ Role:____________________ Date________ Signature:_____________________________	**Confirmation of MDT's recommendation** Name;___________________________ Role: ______________________Date________ Signature:____________________________________

Section 12; this has been slightly altered in layout without any significant changes to the information required to be recorded.

12. LPF DETERMINATION OF CARE NEEDS FOR COMPLETION BY LPF ONLY		
It is **the determination** of this LPF that this person's overall care needs are currently best met:		Additional Information
	(Please Tick):	
Long Term Residential Care Setting	☐	
Sheltered Housing	☐	
Other (Specify)	☐	
At Home with Community Supports	☐	

Likelihood of change in personal circumstances	Low Risk		Medium Risk		High Risk	

Confirmation of LPF's Determination	**Confirmation of LPF's Determination**	**Confirmation of LPF's Determination**
Name;________________________ Role:____________ Date______ Signature:_____________________	Name;_________________________ — Role: _________________Date_______ Signature:____________________	Name;__________________________ Role: ____________Date_____________ Signature:_______________________ —

IF LONG TERM CARE IS NOT DETERMINED TO BE APPROPRIATE - THE FOLLOWING SERVICE(S)ARE RECOMMENDED BY LPF

Service Recommended	Home Help/Support		Day Care		Respite		Meals Supply		Laundry		Aids/Appliances	
	PHN/CMHN		Therapy or other discipline				Day Hospital		Other (Specify)		Other (Specify)	
Comment(s)												

CSAR Pages 2-4

The **Applicant's Name and Date of Birth** is required to be recorded in the identified space at the top of pages 2-4 inclusive to ensure the file is correctly and readily identifiable when or if one uses facsimile (fax) or photocopying in relation to this report.