Care Needs Review Report (CNRR)

Use this form for Lifetime Care Scheme and the Workers Care Program

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| Once completed please e-mail this form to: Care-Requests@icare.nsw.gov.au  An Attendant Care Service Request (ACSR) should also be submitted with the CNRR if attendant care services are being requested. | | |
| **The Person** | | |
| **Name** | | **Participant No. or Claim No.** | | |
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Date of review

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How did the review take place? (e.g. at the person’s home, over the phone, third party report)

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## Feedback on current care program

Are you satisfied with your current care program?

Are there any issues or feedback in relation to support workers, shifts, tasks?

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## Feedback from any other party

Are all other parties (family, care coordinator, CLF/ECM/RCM) satisfied with the current care program? Are there any issues or feedback in relation to support workers, shifts, tasks?

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## The person’s current situation

Have there been any changes to your living situation and what you do on a day to day basis? This could include any changes to your health, social circumstances, living arrangements, or care program

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## Feedback on support needs

If there have been changes in your mobility, self-care, day to day routines/responsibilities, participation activities or life and relationships, does this impact on the level of support or equipment required?

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If there is an increase or decrease to hours required for care tasks or equipment required, explain why

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If there has been changes to support needs, have alternatives to care been considered and what was the outcome? This includes realistic alternatives such as equipment, monitoring devices and personal alarms

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## **Additional considerations**

### Cultural and religious considerations

Provide information on any cultural or religious beliefs that impact on the person’s preferences for how support is delivered and by whom

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### Other considerations/risks

E.g. WHS issues, emergency situations and plans if needed

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### Any other comments/feedback

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### Comments/observations

Provide any additional comments or observations that may assist with the safe delivery of care

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| **Proposed dates for this care period** | | |
| **From** | **To** | **Number of weeks** |
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### Next review date

(If 2 consecutive care needs reviews have occurred, a care needs assessment (standard) should be completed at the next review point)

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### Current Care

Previous care needs information – cut and paste assessed care and requested care from certificate

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### Minor changes to care if required

Note any minor changes to care and reasons for this

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### Findings/recommendations

No change or minor change to current level of assessed care

No care requested (ACSR not required)

No change or minor change to current level of assessed care

No change to requested care

Completed ACSR attached

No change or minor change to current level of assessed care

Change to requested care (noted above)

Completed ACSR attached

### Care needs reviewer

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| --- | --- |
| **Name** | **Role/position** |
|  |  |

Organisation

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| **Phone** | **Email** |
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