

**The Enabling Care Priorities document**

*We wish to be able to provide the best care possible for all residents and their families, but to do this we need to know more about what is important to them and what their needs and preferences are.*

***For residents without mental capacity this will be known as an Enabling Care Priorities form [E.C.P].The rationale for this is to enable decisions to be made in the resident’s ‘best interests’ with as much input from the resident & their relatives as possible***

The aim of any discussion is to develop a better understanding and recording of a person’s priorities, needs and preferences with the help of their families/carers; this should support the provision of care and enable us to best meet their needs.

This philosophy of ‘hoping for the best but preparing for the worst’ enables a more proactive approach, and ensures that it is more likely that the right thing happens at the right time.

This is a ‘dynamic’ tool that can be adapted and reviewed as needed and is in addition to Advanced Directives, Do Not Resuscitate plan, or other legal document.

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| Patient Name:  Address:  DOB: Hosp / NHS no: | Date completed:  Care Home:  GP Details:  Hospital contact: |
| Family members involved in Enabling Care Priorities discussions:  Name: Contact tel: | |
| Name of healthcare professional involved in Enabling Care Priorities discussions:  Role: Contact tel: | |

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| **Next of kin / carer signature (if present/optional)** | Date |
| Care home / Healthcare professional signature | Date |
| Name: | Review dates: |

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| At this time in their life what makes your friend/relative happy/comfortable?2. What elements of care are important to them and what would they like to happen? **3.** Is there anything that you feel they would worry about or dread happening in their care? What would you **NOT** want to happen? |
| 4. Is there a Living Will or Legal Advance Decision document? (This is in keeping with the Mental Capacity Act and enables people to make decisions that will be useful if at some future stage they can no longer express their views themselves) No / Yes Date:If yes please give details (eg who has a copy?) |
| 5. Proxy / next of kinHave you discussed who else your loved one would you like to be involved if it becomes difficult for him/her to make decisions or if there was an emergency? Do they have official Lasting Power of Attorney (LPoA)? **Contact 1 …………………………………………… Tel…………………….. LPoA Y / N**  **Contact 2 …………………………………………… Tel…………………….. LPoA Y / N** |
| 6. Preferred place of careIf their condition deteriorates where would you most like them to be cared for? **1st choice**  **2nd choice**  **Comments** |
| 7. Are there any other special requests, preferences, or other comments? **8.** See also separate DNAR document |