



One to One Care Meeting

Terms of Reference

1. Background:

The Care Review Meeting is convened to assess and determine whether [Resident's Name], residing in [Name of Nursing Home], requires 1:1 care and support.

The purpose of this meeting is to thoroughly evaluate the resident's current care needs and assess the level of support required to ensure their safety, well-being, and quality of life.

2. Frequency:

Meetings should initially take place as soon as possible following an assessment by Evolve or a Health and Social Care professional that 1:1 care or enhanced care may be required.

Following the initial meeting, the outcome should be reviewed at agreed intervals between the provider and commissioning agency, or when there is any indication that the agreed outcome is not longer in the residents best interests.

3. Purpose:

To conduct a comprehensive assessment of [Resident's Name] to determine if 1:1 care and support is necessary.

To review and document the resident's current care needs, medical conditions, and functional abilities.

To identify any risks or challenges that may require personalized, one-to-one care.

To establish clear criteria and recommendations for the provision of 1:1 care and support.

4. Scope:

Assess the resident's physical, cognitive, and emotional capabilities.

Evaluate the resident's ability to perform activities of daily living independently.

Review the resident's medical conditions, including any specific health care needs.

Consider the resident's safety, behavior, and any risks that may necessitate continuous supervision.

Evaluate the effectiveness of current care interventions and support services.

5. Participants:

Resident: [Name of Resident]



Relevant Persons Representative (if applicable): [Name of RPR]

Family Members or Representatives: [Names of Family Members or Representatives]

Nursing Home Staff: [Names and Roles]

Social Worker/Care Coordinator: [Name and Role]

Healthcare Providers: [Names and Roles]

Any other relevant professionals involved in the resident's care and support.

6. Objectives:

To determine if 1:1 care and support is necessary to meet the resident's care needs effectively

To consider if the resident has the capacity to agree to this care.

To consider if the resident lacks capacity if this is the least restrictive intervention AND is in the best interests of the resident.

To ensure the resident's safety and well-being are prioritized in the care assessment process.

To promote collaboration and communication among all stakeholders involved in the resident's care.

To document outcomes of the assessment and establish clear recommendations for care provision.

To establish a timeline for the implementation and review of 1:1 care and support services

7. Meeting Logistics:

Date: [Scheduled Date of the Meeting]

Time: [Scheduled Time of the Meeting]

Location: [Meeting Venue]

Chairperson: [Name and Role of the Chairperson]

Agenda: A structured agenda will be circulated prior to the meeting, outlining topics for discussion, time allocations, and objectives.

8. Documentation:

Meeting minutes will be recorded to document discussions, decisions made, and actions agreed upon during the care review meeting.

A formal care plan will be prepared summarizing the findings and recommendations for 1:1 care and support.

Copies of the minutes and assessment report will be distributed to the resident, family members, relevant professionals, and maintained in the resident's care records.