

**Clare's Checklist - A Checklist for people with Learning Disability who have Epilepsy in Supported Living, Extra Care Accommodation, Residential and Nursing Homes**

**Guidance to complete the checklist**

**Purpose of this form:** This checklist was developed as a recommendation from the ['Clare' Learning Review](#) completed in May 2023. This form will assist in maintaining an effective and robust care and support plan to the resident/person with epilepsy

**Timelines:** Annually or when needs change

**Outcome:** This will enable services to maintain a high standard of care for their resident/person with regards to their epilepsy management.

**Person's Details**

Person's Name	
Accommodation Address	
Name of Service Provider	
Type of Accommodation	
What type(s) of seizure does the resident/person experience?	
Placing Borough	
Assessor's Name	
Organisation	
Date	

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**1. Care planning, reviews, risk assessments, medication plans and health passports**

Document	Dated	Version reviewed	Signed	Future review date	Assessor's signature
Care and Support Plan including the seizure protocol					
Seizure chart/diary					
Neurology Review					
Risk Assessment					
Medication Plan					
Health Care					

Are health and medication reviews completed annually? Yes / No

How many care providers does the resident/person have? \_\_\_\_\_

Is there evidence that care plans are jointly completed, dated and signed by all providers?  
Yes / No

Is there an information-sharing agreement between all the concerned providers (this is to ensure all parties are following the most up-to-date guidance/ care plan related to epilepsy management)? Yes / No

**2. Medication administration and health needs**

Checks	Compliance with Guidance	Organisation	Assessor's signature
Medication management complies with NICE Guidelines <a href="#">Nice guidance</a>			
Clear seizure protocol for staff including when to call 999 or seek medical assistance			
Seizure chart monitored and reviewed?			
Instruction leaflet with emergency medication administration dated, and clearly displayed			

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Storage of keys to medication cupboard or combination lock password stored in a safe place but accessible to staff.			
Seizure mat (if applicable) in working order and serviced?			

**3. Compliance of Mental Capacity Assessment**

Checks	Dated	Organisation and team	Assessor's signature
If it is deemed that the individual lacks the capacity to make certain decisions, has an MCA (Mental Capacity Assessment) and Best Interest decision been completed and documented? As per MCA, this will need to be time and decision-specific.			
Have we asked their opinion and documented this?			
Date for capacity review stated			
Family/advocacy involvement			
If no capacity regarding health and welfare decisions, then who holds deputyship or power of attorney for health and well-being decisions?			



