CareAdvocate

CASE STRENGTH REPORT

Margaret Ellison

Requested by Daughter (Patricia Ellison)

312 pages analysed -- 30 April 2026 -- CA-2026-00147

RECORDS REVIEWED

Source	Provider	Date Range	Pages
Care Home Notes	Meadowbrook Care Home	Sep 2025 – Apr 2026	187
GP Records	Dr K. Patel, Oakfield Surgery	Jan 2024 – Apr 2026	64
Hospital Discharge	Northfield General Hospital	Jun 2025, Oct 2025	31
Neurology Report	Prof A. Shah, Northfield	Aug 2025	30

CHECKLIST THRESHOLD ASSESSMENT

POSITIVE -- CHECKLIST THRESHOLD MET (3/3 RULES)

Rule	Status	Detail
Rule 1: Two or more domains at Level A	MET	5 domains at A
Rule 2: Five or more domains at B or above	MET	9 domains at B+
Rule 3: Level A in an asterisked (*) domain	MET	Behaviour, Breathing, Drug Therapies & Medication -- all priority domains at A

DOMAIN SUMMARY

Domain	Level	Evidence Items	Evidence Strength	Priority	Gap
* Behaviour	A	14	Strong	Yes	
Cognition	A	18	Strong		
Psychological & Emotional	B	9	Partial		Yes
Communication	B	7	Partial		Yes

Mobility	A	11	Strong		
Nutrition (Food & Drink)	B	8	Strong		
Continence	B	6	Partial		Yes
Skin & Tissue Viability	C	2	Limited		
* Breathing	A	12	Strong	Yes	
* Drug Therapies & Medication	A	10	Strong	Yes	
* Altered States of Consciousness	C	1	Limited	Yes	

* = Priority domain in the NHS CHC Checklist. A Level A in any asterisked domain alone meets the threshold.

Under National Framework Para 85, the checklist threshold is deliberately low. Only a small amount of evidence is required to refer to a full assessment. You should request the checklist now -- do not wait to gather more records first.

Understanding Margaret's Case

This section is written for you as Margaret's representative. Before the scores and the domains, it is important to understand the whole picture -- because the assessor will be looking at records, and you are the person who knows what those records represent in a real life.

What the records show

Margaret is 81 years old. She is living with advanced dementia, moderate-to-severe COPD, and severe mobility impairment. She does not consistently know where she is. She lacks the mental capacity to make any decisions about her own care or accommodation. She cannot safely manage her own medication -- her anticoagulant, her COPD inhaler, her dementia medication and her anxiety medication are all administered by staff under a covert medication protocol, because she refuses them otherwise. She is doubly incontinent. She requires a Zimmer frame and 1:1 supervision for all movement, and she has fallen three times in the assessment period, once seriously enough to injure her hip.

She requires constant oxygen support at night for her COPD and has been admitted to hospital twice in the past year for acute exacerbations. She has been prescribed modified-texture food and thickened fluids following a choking episode, and has lost 6kg in six months. These are the needs of someone who requires continuing healthcare.

Why this assessment matters

The assessor at the checklist meeting will be scoring Margaret against written descriptors -- definitions of what Level A, B and C look like in each domain. Your role as her representative is to ensure those descriptors are applied correctly to the reality of Margaret's life. The records provide the evidence. You provide the lived context that the records may not fully capture.

What this report covers

This report analyses the records you have provided and gives you a clear answer to one question: is the evidence strong enough to support a positive checklist outcome? For Margaret, the answer is yes -- on all three threshold rules.

The report identifies the likely level for each domain, the strength of the evidence supporting that level, and any gaps in the records that could be addressed before the meeting. What it does not do is prepare you for the meeting itself. That is a different task, and it requires different tools.

Your rights at this meeting

You are entitled to attend the checklist meeting. You are entitled to bring a representative or advocate. You are entitled to contribute to the record -- what you say can and should be written into the checklist documentation. You are entitled to disagree with the assessor's scoring and to ask for your disagreement to be recorded in full. You are entitled to a copy of the completed checklist after the meeting.

Knowing that the case is strong is the first step. Knowing how to present it at the meeting -- domain by domain, in real time, when the assessor is making scoring decisions in front of you -- is the second. Most families reach the first step and then walk into the meeting unprepared for the second.

Domain-by-Domain Analysis

For each domain: the assigned level, the evidence behind it, the strength of that evidence, and any gaps that should be addressed before the meeting.

* Behaviour -- Level A

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
A	14	Strong	--	--

Margaret's records document repeated episodes of physical aggression during personal care across the full assessment period. The behaviour is frequent, unpredictable, and requires 1:1 staffing during all personal care. The care plan has been formally revised three times in six months to manage aggression risk. This is consistent and clinically documented Level A behaviour.

SAMPLE FROM THE RECORDS

2026-03-03	"Episode of sustained resistance lasted approximately 40 minutes. Three staff involved before Margaret settled. Care plan reviewed following this incident."	Care Home Notes

Cognition -- Level A

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
A	18	Strong	--	--

Advanced dementia (Alzheimer's type) is formally diagnosed and verified across all four record sources. A Mental Capacity Act assessment completed October 2025 confirms total loss of capacity for all decisions. Disorientation is described as constant rather than fluctuating. Level A is unambiguous on the evidence available.

SAMPLE FROM THE RECORDS

2025-10-14	"MCA assessment completed. Margaret lacks capacity to make decisions regarding her care, accommodation and finances. Best-interests framework applies to all care decisions."	GP Records

Psychological & Emotional -- Level B

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
B	9	Partial	--	Yes

Frequent episodes of acute emotional distress are documented in the care records, including prolonged periods of crying and night-time distress requiring 1:1 reassurance. A low-dose anxiolytic has been prescribed but has not eliminated these episodes. The care records support Level B. The evidence strength is Partial because one key document is missing.

[EVIDENCE GAP] No formal psychiatric or older-adult mental health assessment on file. The Checklist Pack identifies the exact documents to request and how this gap affects your position at the meeting.

SAMPLE FROM THE RECORDS

2026-02-14	"Prescribed 0.5mg lorazepam PRN for acute distress episodes following GP review. Episodes continue despite medication."	GP Records

Communication -- Level B

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
B	7	Partial	--	Yes

Verbal communication is severely limited by dementia. Margaret can produce some single words and short phrases but cannot reliably communicate needs, pain, or distress. Staff rely entirely on non-verbal cues. The care plan formally notes this. Level B is supported by the care records. The evidence strength is Partial because one key document is missing.

[EVIDENCE GAP] No Speech and Language Therapy (SaLT) assessment on file. The Checklist Pack identifies the exact documents to request and how this gap affects your position at the meeting.

SAMPLE FROM THE RECORDS

2026-01-08	"Margaret communicates primarily through vocalisation and facial expression. Verbal output is limited to single words and occasional short phrases."	Care Home Notes

Mobility -- Level A

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
A	11	Strong	--	--

Three documented falls in the six-month assessment period, including one resulting in hip and shoulder bruising. A formal physiotherapy assessment rates Margaret as HIGH RISK for falls and recommends constant 1:1 supervision for all mobility. Specialist equipment is in place including a low-profile bed, sensor mat and crash mat. Level A is supported by the physiotherapy rating, the fall history, and the specialist equipment requirement.

SAMPLE FROM THE RECORDS

2025-11-04	"Physiotherapy assessment: high falls risk. Zimmer frame required for all mobility. 1:1 supervision at all times. Low-profile bed and sensor mat recommended."	Physiotherapy Assessment

Nutrition (Food & Drink) -- Level B

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
B	8	Strong	--	--

Margaret has lost 6kg in the six-month assessment period and currently sits below her target weight range. A MUST score of 2 (high nutritional risk) was recorded. Following a choking episode, a modified-texture diet and thickened fluids are in place on clinical advice. Supervised meals are required throughout. Level B is clearly supported.

SAMPLE FROM THE RECORDS

2026-02-03	"MUST score: 2 (high risk). Weight 56kg -- down from 62kg at admission. Dietitian referral submitted."	GP Records

Continence -- Level B

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
B	6	Partial	--	Yes

Margaret is doubly incontinent and requires full continence management, including continence pads at all times and a two-hourly toileting schedule initiated by staff. She cannot recognise or respond to her own continence needs. Multiple episodes of faecal incontinence per week are recorded. Level B is well-supported. Evidence strength is Partial because one key document is missing.

[EVIDENCE GAP] No formal nursing or continence assessment on file. The Checklist Pack identifies the exact documents to request and how this gap affects your position at the meeting.

SAMPLE FROM THE RECORDS

2026-01-08	"Margaret is doubly incontinent. Two-hourly toileting schedule in place. Cannot recognise or respond to own continence needs."	Care Home Notes

Skin & Tissue Viability -- Level C

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
C	2	Limited	--	--

No active pressure ulcers or wounds are documented in the assessment period. A Waterlow score of 15 (high risk) was recorded and a pressure-relieving mattress is in place as a preventive measure. The evidence supports Level C at this stage -- the preventive interventions are in place but no active tissue viability need is documented.

SAMPLE FROM THE RECORDS

2025-11-04	"Waterlow score: 15 (high risk). Alternating air mattress in situ. No skin breakdown currently noted."	Care Home Notes

* Breathing -- Level A

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
A	12	Strong	Yes	--

Moderate-to-severe COPD (FEV1 42% predicted) with two acute hospital admissions in the twelve months prior to the assessment period. Resting oxygen saturation is documented at 91-93% on room air, requiring supplemental oxygen at night. Daily nebulisers are in place. Staff are trained on an emergency action plan and oxygen therapy protocol. Level A is supported by the severity of the diagnosis, the hospital admission history, and the ongoing respiratory monitoring regime.

[WELL-MANAGED NEED] Breathing is currently managed through supplemental oxygen, daily nebulisers and an emergency action plan. The management demonstrates the level of clinical need -- it does not reduce it. This distinction is important and is addressed in full in the Checklist Pack.

SAMPLE FROM THE RECORDS

2025-10-28	"Hospital discharge summary: COPD exacerbation, 4-day admission. IV antibiotics, nebulised salbutamol. FEV1 42% predicted on discharge spirometry."	Hospital Discharge

* Drug Therapies & Medication -- Level A

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
A	10	Strong	Yes	--

Margaret is prescribed 10 regular medications including an anticoagulant, a long-acting bronchodilator, a PRN reliever inhaler, an anxiolytic, and a dementia medication. Due to lack of capacity and repeated medication refusal, all medication is administered under a best-interests protocol with a doctor-signed covert medication consent form. The regime requires daily clinical management. Level A is supported by the complexity of the regime and the documented risk of harm from non-compliance.

[WELL-MANAGED NEED] Medication is administered under a formal best-interests protocol. The protocol is the management of the need -- it does not reduce the underlying need level. This distinction is important and is addressed in full in the Checklist Pack.

SAMPLE FROM THE RECORDS

2026-03-14	"Margaret refused all medication this morning. Distraction techniques used. Eventually administered covertly in porridge after 45 minutes. Documented per covert protocol."	Care Home Notes

* Altered States of Consciousness -- Level C

LEVEL	EVIDENCE ITEMS	EVIDENCE STRENGTH	WELL-MANAGED	EVIDENCE GAP
C	1	Limited	--	--

No seizures, episodes of loss of consciousness, or altered state events are documented in the assessment period. Margaret does not have a diagnosis of epilepsy. Level C is appropriate on the evidence available.

What the Checklist Pack Prepares You For

Margaret's case meets the checklist threshold. The next step is attending the meeting prepared -- not just informed. These are two different things.

At the meeting, the assessor will score each domain in real time. They will propose a level. You will have seconds to respond. If you do not have a clear, evidence-backed position ready for each domain, the assessor's scoring stands -- even if it is wrong.

This is not a reflection on you. It is the structural reality of how the checklist process works. The assessor is trained. The scoring framework is technical. The Checklist Evidence Pack is designed specifically to put you on equal footing.

What the Pack Contains

Domain	Pack Includes	Specific to Margaret
* Behaviour	Objection scripts, descriptor alignment, evidence table	Behaviour management plan history, 1:1 staffing requirement
Cognition	Objection scripts, descriptor alignment, evidence table	MCA best-interests documentation, capacity assessment
Psychological & Emotional	Objection scripts, gap action plan, evidence table	Gap: psychiatric referral -- exact steps to request it
Communication	Objection scripts, gap action plan, evidence table	Gap: SaLT assessment -- exact steps to request it
Mobility	Objection scripts, descriptor alignment, evidence table	Falls history, physio HIGH RISK rating, specialist equipment
Nutrition (Food & Drink)	Objection scripts, descriptor alignment, evidence table	MUST score, 6kg weight loss, IDDSI modified diet
Continence	Objection scripts, gap action plan, evidence table	Gap: nursing assessment -- exact steps to request it
Skin & Tissue Viability	Descriptor alignment, evidence table	Waterlow score, preventive equipment in place
* Breathing	Objection scripts, well-managed argument, evidence table	Well-managed COPD: Para 162 argument fully prepared
* Drug Therapies & Medication	Objection scripts, well-managed argument, evidence table	Covert MCA protocol: Coughlan test argument prepared
* Altered States of Consciousness	Descriptor alignment, evidence table	Level C confirmed -- no challenge required

* = Priority domain. An A in any priority domain alone meets the threshold.

The three things this report does not give you

1

Pre-drafted objection scripts

For each domain at Level A or B, the Pack contains word-for-word responses to the most common assessor challenges -- including the specific legal basis for each. You can hand these to the assessor or read from them directly at the meeting.

2 Full evidence tables with source references

Every evidence item for every domain is mapped to the exact source document and page. If the assessor questions a level, you can point to the record immediately. This report shows item counts. The Pack shows the items.

3 Pre-drafted Representative Statement

A formal written submission in solicitor's letter format, ready to hand to the assessor at the start of the meeting. It covers all five key domains for Margaret's case, invokes the relevant National Framework provisions, and requests Para 25 where needed. You hand it over. It becomes part of the record before scoring begins.

What To Do Next

Margaret's case meets the threshold on all three rules. Here is what to do, in order.

1	**Request the Checklist Assessment -- now** Write to the ICB Continuing Healthcare team and formally request a CHC Checklist assessment. You do not need a GP referral. Under National Framework Para 85, only a small amount of evidence is required at this stage. Send this report with your letter. Keep a copy of everything you send, and note the date. The ICB must respond.
2	**Obtain the missing psychiatric assessment -- this is urgent** The single highest-value action you can take before the meeting is obtaining a formal psychiatric or older-adult mental health assessment for Margaret. This is currently missing from the records and creates a Partial evidence rating in the Psychological and Emotional domain. Contact the GP surgery in writing and request an older-adult mental health referral. Explain it is needed before the CHC Checklist assessment. Keep all written responses.
3	**Obtain the SaLT communication assessment** A Speech and Language Therapy assessment would strengthen the Communication domain with clinical weight. Request this from the GP or care home manager in writing. It is a secondary priority but materially improves the evidence position.
4	**Prepare for the meeting with the Checklist Pack** This report tells you the case is strong. The Checklist Evidence Pack tells you how to present it. It contains domain-by-domain objection scripts, full evidence tables with source references, and a pre-drafted formal statement for Margaret's five key domains. Most families who attend without it are scored lower than the evidence supports -- not because they have a weak case, but because they are not prepared for the way the meeting works.

CHECKLIST EVIDENCE PACK

Everything you need to present Margaret's case at the meeting.

This report confirms the case is strong. The Checklist Pack prepares you to defend each domain level when the assessor challenges it.

-- Objection scripts for all 5 Level A domains -- word-for-word, legally grounded

-- Well-managed need arguments for 2 domains (Breathing, Drug Therapies) -- Para 162 and Coughlan

-- Gap action plans for 3 domains -- exact documents to request and how to use them

-- 96 evidence items mapped to source and page across all 11 domains

-- Pre-drafted Representative Statement covering 5 key domains -- ready to hand to the assessor

-- Para 25 invocation script for any domain where the assessor disagrees

Checklist Evidence Pack -- £500 (included in the £597 bundle with this report)

Access the Checklist Evidence Pack -- careadvocate.co.uk/get-started

Important Notices

Nature of This Document

This document is an advocacy support tool prepared by CareAdvocate. It is not a clinical assessment, medical opinion, or legal advice. CareAdvocate provides advocacy support to help families navigate the NHS Continuing Healthcare process.

Methodology

This report has been prepared using a structured evidence review methodology aligned to the National Framework for NHS Continuing Healthcare (July 2022). Medical records were processed using optical character recognition (AWS Textract) and analysed by AI systems operating in UK data centres. Evidence was extracted, classified by domain, and mapped against the Checklist domains and descriptor criteria used in NHS assessments. All AI-generated content was reviewed by a CareAdvocate team member before inclusion.

Verification

While care has been taken to accurately extract and map evidence from the medical records provided, AI-generated analysis may contain inaccuracies or omissions. We recommend reviewing the evidence extracts against your original medical records and discussing any concerns with a qualified healthcare professional or CHC specialist.

Data Protection

This document contains personal data and special category health data under UK GDPR. Handle securely and share only with parties directly involved in the CHC process. CareAdvocate retains case data for 90 days from report delivery. Contact hello@careadvocate.co.uk for data queries.