



Adriel Supported Living LTD

Support Plan

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Assessment Date:		Assessed by:		
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CONFIDENTIAL

Client Name:	Date of Birth:
Address:	
OVERVIEW OF CLIENT'S CIRCUMSTANCES	
Services requested: 24/7 supported living	

Signed:

Date:

SERVICE PROVIDER

NAME:	
CONTACT:	Care Manager:
COST OF PROVIDING 24HR SUPPORT & COST OF RENTING A FLAT:	I NEED:
Preferred/Recommended placement:	Address of service

Staffing	
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Signed:

Date:

NEEDS ASSESSMENTS & SUPPORT PLANS

COMMUNICATION					
	NEED	INTERVENTION/ACTION AND FREQUENCY	SERVICE USER VIEW	ANTICIPATED OUTCOME/GOAL	MAIN PERSON RESPONSIBLE
SUPPORT PLAN 1 COMMUNICATION				 Support staff
Additional Service User's/ Parent/Advocate views at Review					

Signed:

Date:

MOBILITY

	NEED	INTERVENTION/ACTION AND FREQUENCY	SERVICE USER VIEW	ANTICIPATED OUTCOME/GOAL	MAIN PERSON RESPONSIBLE
SUPPORT PLAN 2 MOBILITY					
Additional Service User's/ Parent/Advocate views at Review					

Signed:

Date:

TRANSPORT					
	NEED	INTERVENTION/ACTION AND FREQUENCY	SERVICE USER VIEW	ANTICIPATED OUTCOME/GOAL	MAIN PERSON RESPONSIBLE
SUPPORT PLAN 3 TRANSPORT				 Support staff Management

Additional Service User's/ Parent/Advocate views at Review

Signed:

Date:

PERSONAL CARE					
	NEED	INTERVENTION/ACTION AND FREQUENCY	SERVICE USER VIEW	ANTICIPATED OUTCOME/GOAL	MAIN PERSON RESPONSIBLE
SUPPORT PLAN 4 PERSONAL CARE				e Support staff Management

Additional Service User's/ Parent/Advocate views at Review

Signed:

Date:

EATING/DRINKING					
	NEED	INTERVENTION/ACTION AND FREQUENCY	SERVICE USER'S VIEW	ANTICIPATED OUTCOME/GOAL	MAIN PERSON RESPONSIBLE
SUPPORT PLAN 5 EATING/DRINKING				 Support staff Management
Additional Service User's/ Parent/Advocate views at Review					

Signed:

Date:

CHALLENGING BEHAVIOUR

	NEED	INTERVENTION/ACTION AND FREQUENCY	SERVICE USER'S VIEW	ANTICIPATED OUTCOME/GOAL	MAIN PERSON RESPONSIBLE
SUPPORT PLAN 6 CHALLENGING BEHAVIOUR					Support staff Management
Additional Service User's/ Parent/Advocate views at Review					

Signed:

Date:

MEDICATION					
	NEED	INTERVENTION/ACTION AND FREQUENCY	SERVICE USER'S VIEW	ANTICIPATED OUTCOME/GOAL	MAIN PERSON RESPONSIBLE
SUPPORT PLAN		Support staffs collect prescriptions and submit it to the pharmacy and collect my medication. Support staff to monitor my medication, However I take my medication without help.		The staff to help me maintain my wellbeing. To manage my diabetes and cancer well throughe Support staff Management GP other professional involved

7 MEDICATION		<p>Support staff to ensure my medication is administered regularly.</p> <p>Staff to ensure they complete and sign the MARs sheet following medication administering.</p> <p>My support staff and the professional involved in my care to inform and explain to me in details about the reasons of any change in my medication.</p>		compliance with medication and attending medical appointments.	
Additional Service User's/ Parent/Advocate views at Review					

Signed:

Date:

ACTIVITIES					
	NEED	INTERVENTION/ACTION AND FREQUENCY	SERVICE USER'S VIEW	ANTICIPATED OUTCOME/GOAL	MAIN PERSON RESPONSIBLE
SUPPORT PLAN 8 ACTIVITIES	<p>I enjoy watching Manchester United football as it my favourite team in my room.</p> <p>I enjoy going out shopping</p>	Support staff to make sure my TV, when I get one, is fixed in my room and am able to watch football.		<p>To minimise risk of isolation.</p> <p>For stimulation whilst acquiring new skills</p>	<p>.....e</p> <p>Support staff Management</p>

	I visit my family house every weekend.	Support staff to encourage me in participating in Santa Monica Resource Centre activities whilst giving me options and choices of the indoors activities and other community activities.		and keeping involved in different activities of my own choice. To promote my physical well-being.	
Additional Service User's/ Parent/Advocate views at Review					

Signed:

Date:

FINANCE MANAGEMENT

	NEED	INTERVENTION/ACTION AND FREQUENCY	SERVICE USER'S VIEW	ANTICIPATED OUTCOME/GOAL	MAIN PERSON RESPONSIBLE
SUPPORT PLAN 9 FINANCIAL MANAGEMENT	I am currently getting benefits and manage my own money at present.	Support staff to support me in managing my money more effectively if it is needed.		To be financially stable and have adequate finance to buy food and other essential things for my day to day.e Support staff Management

		My support staff to supervise if I have any issues with finance at any time.			
Additional Service User's/Parent/Advocate views at Review					

Signed:

Date:

RESPECT AND SUPPORT MY:	WHAT DO I NEED SUPPORT WITH IN THIS AREA?	HOW CAN YOU SUPPORT ME IN THIS?
CHOICES	Support me to make choices about my life.	<ul style="list-style-type: none"> • Make sure you offer me choices wherever possible, such as in activities I want to do and when and where I want to do them. Give me time to process the options you have given me and plenty of time to discuss these with you. • Sometimes there are situations where it is not possible for me to make choices; explain to me why this isn't possible if I want to make choices in these situations.

	To make choices about what I spend my money on	<ul style="list-style-type: none"> Help me to purchase sensibly; show me choices of items I want to buy and help me to choose. Help me to prioritise my purchases to ensure I buy the items I <i>need</i> before the items I want.
RIGHTS	Respect my civil and legal rights	I have the right to freedom and the right to make choices. Make sure I am kept fully informed and remember I have the right to choose my behaviour.
DIGNITY	I have the right to dignity:	Please don't talk about me in front of me. Respect my right to dignity and talk to me If you need to talk about me, please discuss matters when I am not present.
PRIVACY	I have the right to privacy.	My support workers must respect my right to privacy and must not enter my bedroom without my permission. Please respect the mutual arrangement we have in respecting each other's privacy.
DIVERSITY	Respect my likes and dislikes and celebrate my differences	Please don't discriminate against me because of my likes or dislikes. Accept me for who I am and help me to pursue my interests. Recognise I am a unique individual and help others who may judge me to understand this and accept me. Support me in making friends and maintaining a social life.

Signed: Date:

Signed..... Date: