Complete relevant sections of the support plan as they relate to the client; blank sections indicate that support is not provided. Make a note to refer to medication plan, clinical/complex care plan or other specific plan.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: | 20/02/1936 | Name: | Mervyn Jesnoewsky | | Date: | 18/05/2023 | |
| BACKGROUND | | | | | | | |
| Who am I, summary of life history/story/interests | | | | | | | |
| About me: Mervyn lives with his wife Ruby in their rented unit in Busselton, and have lived there for the over 30 years. Mervyn and Ruby have been married for 65 years in 2022. Mervyn was born in Collie, worked as a mechanic and drove buses and semis both in South Australia and WA. Mervyn has two daughters and one son in Adelaide, two sons in Perth, 16 grandchildren, 31 great grandchildren. 4 great great grandchildren.  Mervyn was previously involved with the darts club and carpet bowls at the Senior Citizen's centre however has not attended for some time. Mervyn was a national championship darts player. Mervyn also enjoys fishing, but severe shortness of breath prevents him from being able to attend to attend to social activities now.  (Current as at Feb 2022)  Important People: Wife Ruby. 2 daughters and 3 Sons - not living in Busselton.  Foster daughter Val Chad who lives in Busselton and has frequent contact.  Grandson Nathan is supportive and lives locally. Works at the Esplanade Hotel.  What matters: Family and spending time with them.  Living in my own home.  A good day: Being able to get around without too much shortness of breath or need for oxygen. Being able to get out on the gopher  A bad day: Not being able to do the above due to being too short of breath  Strenghths: Supportive family. Sharp mind and ability to communicate and get on with others.  Likes and dislikes: Like going out on the gopher to go to the beach or visit family. Like driving | | | | | | | |
| OVERALL HEALTH | | | | | | | |
| Medical History: | | | Identified Health Risks: | Mobility Support: | | | Communication Support: |
| Chronic Lower Respiratory Disease, Stomach Ulcer, Pain - back and shoulder, Breathing difficulties/shortness of breath, Restless leg syndrome, Osteoarthritis hands, Acute and chronic ischaemic heart disease (CABG), NIDDM, Chronic renal failure, AF, hypothyroidism, GORD, CCF. | | | Living alone or with an individual with similar or greater level of needs,Receiving life-sustaining services including meals,or technologies such as oxygen,Unlikely to be able to relocate without assistance  Mervyn's health conditions are managed in consultation with his GP and specialists. Mervyn is required to have oxygen at all times including at night and in the shower; has had oxygen for the past 8/9 years. Mervyn reports he has "32% lung capacity." Limited physical activity due to shortness of breath, emphysema, cannot mobilise far. Recurrent lung infections. | Independent transfers  Independent ambulation  Mobility aids: Four wheeled Walker | | | Hearing impaired,Vision impaired (glasses)  Mervyn has hearing and vision impairments however he is aware of his care needs and can communicate these.  Wears hearing aids,Wears reading glasses  Support workers will support Mervyn with communication by speaking clearly and not shouting, facing Mervyn when speaking, reducing the distance between them and Mervyn, reducing background noise, rephrase the sentence as needed, checking to see that Mervyn has understood what has been communicated.  Support workers will prompt Mervyn to wear his hearing aids and glasses.  Support workers will assist Mervyn to ensure that his hearing aids are working effectively. |

|  |
| --- |
| EMERGENCY RESPONSE PLAN |
| Non-response to a scheduled visit: |
| **Expected outcome: in an event of a possible emergency all Southern Plus Staff will know my wishes.**  If I do not answer the door to a scheduled visit, I want Southern Plus to; |
| If Southern Plus staff are unable to gain access to my home or contact me or my emergency contact/s they are to: |
|  |
| If Southern Plus staff find me unwell and needing medical attention they should: |
|  |
| Specific instructions for me |
| Key safe location:  Key safe number:  My emergency planning preferences (in order): |

| IDENTIFIED NEED | GOAL  What does client want to achieve? | CLIENT/CARER IS ABLE TO / WHAT WILL THEY DO | WHAT WILL SOUTHERN PLUS STAFF OR CONTRACTORS DO | WHAT WILL WELLNESS PARTNER DO |
| --- | --- | --- | --- | --- |
| **COGNITION:**  Occassional: Short Term Memory Problems. Mervyn was well-spoken, gentle, friendly and approachable with no cognitive impairments or concerns about memory loss noticeable. |  |  | NO interventions required at this time. |  |
| **PERSONAL SAFETY:**  Mervyn is at increased risk of medical emergency and falls and is often at home alone.  Potential for delayed access to emergency services. | Mervyn will have the ability to gain timely access to emergency services as needed.  Mervyn's PERS will be functional when tested. | Mervyn will wear his PERS pendant at all times and keep it charged.  Mervyn will test his PERS pendant monthly to ensure it is functional. | Southern plus will arrange for the rental of home monitored Personal Emergency Alarm System |  |
| **PERSONAL CARE:**  Self care deficit related to showering and dressing | To have ongoing support with showering and dressing so I can be safe in the shower and maintain my hygiene. |  | Southern Plus support workers will assist Mervyn to complete showering and dressing 4 times per week Mon, Wed, Fri and Sun  Mervyn has a shower stool and rails in situ. Mervyn is required to use his oxygen whilst in the shower. Mervyn will dry and dress on his armchair in the lounge room. |  |
| Continence: Mervyn is continent and independent with toileting but suffers from urgency and incontinence | Continence: Mervyn will maintain social continence. |  | Continence: Southern Plus will supply incontinence aids as required. | Continence: WP will refer client for continence assessment and follow up. |
| **MEDICATION MANAGEMENT:**  Mervyn has the capacity to manage and administer his own medication | Safe appropriate and effective use of medications | Mervyn will continue to manage and administer his own medication in consultation with his GP and Pharmacist. | Prompt client to take medication during personal care routine to provide physical assistance to apply topical treatments only as initiated and directed by client. |  |
| **NUTRITION:**  Activity intolerance related to the physical activity if meal preparation.  Mervyn's wife receives support via CHSP to do weekly shopping. | Mervyn will be adequately nourished and hydrated. |  | Southern Plus will provide support with meal preparation: 1.5 hour meal preparation service per week and access to home delivery meals services for some variety and to cover some meals of the week as per budget |  |
| **DOMESTIC ASSISTANCE:**  Mervyn and his wife ruby suffer from health conditions that prevent them from being able to attend to heavier household cleaning tasks  Client at risk if he has an incident in his home and emergency access is required | To continue with my current weekly Domestic Assistance service with provider Southern Plus |  | Shopping support - Ruby will complete shopping with her supports in place  Cleaning support - 1.5 hours per week per week to complete heavier household cleaning tasks including but not limited to vac and mop floors, wash and dry linen, remake bed, clean bathroom and toilet and wipe down kitchen and laundry services. Putting away groceries and cleaning and tidying cupboards and fridge.  Keysafe installed. |  |
| **FUNCTIONAL SAFETY IN THE HOME ENVIRONMENT:**  Mervyn uses home oxygen.  Mervyn maintains his home in a safe condition. | Environmental risks will be identified, reduced/mitigated. |  | Support workers will be aware of and adhere to safety requirements when around oxygen. |  |
| **PSYCOSOCIAL SUPPORT:**  Mervyn was a national championship darts player. Mervyn also enjoys fishing, but severe shortness of breath prevents him from being able to attend to attend to social activities now. | To be able to continue with social activities including lawn bowls | Mervyn requires electric scooter so that he can visit friends independently and access the shops/community.  Mervyn has purchased own scooter. |  |  |
| **TRANSPORT:**  Mervyn continues to drive when able.  Mervyn's son who lives with him is able to assist with transport requirements. | Mervyn will be able to access the community to attend medical and allied health appointments. |  |  |  |
| **MAINTAINING PHYSICAL ACTIVITY & FUNCTION:**  Mervyn's mobility capacity has deteriorated significantly in recent months and he is a very high falls risk. His mobility is now limited to distances of around 10-20 metres as he experiences severe shortness of breath on exertion. | Mervyn will maintain independence and safety with mobility | Mervyn will consult with Wellness Partner prior to purchasing any equipment for consideration for Physiotherapy assessment. | Mobility equipment and allied health services to promote/maintain safe mobility as required.  Mervyn has a walking frame for ambulation |  |
| **RESPITE:** |  |  |  |  |

|  |  |
| --- | --- |
| **WELLNESS PARTNER RESPONSIBILITIES** | An individualised home care budget and care plan will be provided and discussed with the client / representative on each occasion there is a change in ongoing care and support services.  Co-ordinating care and services, including external contractors, processing invoices for payment.  Ensure care and services are culturally appropriate.  Complete a formal review of services being provided at least every 6 months, (sooner if client circumstances change) to ensure that directed and responsive services are delivered to meet the ongoing care needs of the client.  Address identified risks to client safety |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICE PLAN | | | | | | | |
|  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| MORNING | Personal care - half hour | Personal care - half hour | Personal care - half hour | Personal care - half hour | Personal care - half hour | Personal care - half hour | Personal care - half hour |
| AFTERNOON |  |  | 1.5 hours Domestic assistance | 1.5 hours meal prep assistance |  |  |  |
| EVENING |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| PARTICIPANTS INVOLVED IN DEVELOPMENT OF SUPPORT PLAN | |
| Client/Carer/Client Representative Name: |  |
| Signature: |  |
| Wellness Partner Name: | Jon Morrell |
|  | |
| This Support Plan has been discussed and agreed to with the (tick as appropriate)  Client  Representative/Carer | |
| Client agrees to the service provider contacting their nominated emergency contact if required  Yes  No | |