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.

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| Date of Birth: | 30/05/1952 | Name: | Kathleen Wilding | | Date: | 28/12/2022 | |
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| BACKGROUND | | | | | | | |
| Who am I, summary of life history/story/interests | | | | | | | |
| About me: Kathleen lives alone.  She had a dog Tanzy that keeps her company and who Kathleen is very fond of.  Kathleen has three children who have all moved away from the Bunbury  Kathleen was born in Busselton she has lived in the Bunbury area since the 1990's  Kathleen worked at the Rose Hotel and was the head waitress for a number ' of years.  Important People: Kathleen has a niece Sue Jacobsen who lives in Bunbury and who keeps in touch and helps when she is able. However Sue has her own health problems and is not always available for support.  What matters: It is important to Kathleen that she looks after her dog Tansy and makes sure all of the dog’s needs are met.  Kathleen likes to have a clean and tidy home.  Kathleen likes to have a nice garden that is well maintained.  A good day: A good day /s when Kathleen’s level of pain is less than usual.  A bad day: A bad day for Kathleen is when she experiences a lot of pain and because of this she cannot move to much.  Strenghths: Kathleen is still independent with personal care, eating and drinking. At this stage she would like to remain independent with her personal care and meal preparation.  Likes and dislikes: Kathleen loves her dog Tansy.  Kathleen dislikes taking or relying on medications for her pain. | | | | | | | |
| OVERALL HEALTH | | | | | | | |
| Medical History: | | | Identified Health Risks: | Mobility Support: | | | Communication Support: |
| Gillian Barr Syndrome (foot and ankle paresis), hypertension, chronic pain (lower back and feet), depression and anxiety. | | | Living alone or with an individual with similar or greater level of needs | Independent transfers  Independent ambulation  Mobility aids: Four wheeled Walker | | | No vision impairment,No hearing impairment  Kathleen is aware of her care needs and can communicate independently. |

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| 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;  select one or more  **Call my mobile,Enter through the unlocked door** |
| If Southern Plus staff are unable to gain access to my home or contact me or my emergency contact/s they are to: |
| **Contact the emergency services (Police, Ambulance)** |
| If Southern Plus staff find me unwell and needing medical attention they should: |
| **Contact Ambulance services** |
| Specific instructions for me |
| Key safe location: **NA**  Key safe number: **NA**  My emergency planning preferences (in order): **NA** |

| 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:** |  |  | Kathleen will use some of her service time to get out into nature (ie sit by the beach, river, lake, natural bush land and experience wildlife) and physically drive and accompany her there.  Support workers will encourage her to do this at least fortnightly.  Other services available for Kathleen to reach out to for strategies to manage depression and anxiety and in times of crisis.  - Beyond Blue Support Service, 1300 22 46 36 and Web Chat  - Lifeline, 13 11 14  - Suicide Call Back Service, 1300 659 467 |  |
| **PERSONAL SAFETY:** |  |  |  |  |
| **PERSONAL CARE:**  Kathleen is currently independent with showering/bathing.  Kathleen has a self care deficit related foot care secondary to reduced mobility and range of motion. |  |  | ALLIED HEALTH: Southern Plus will facilitate access to routine podiatry services.  Kathleen has reported unsteadiness when washing hair and difficulty when stepping into/out of shower.  Please be guided by Kathleen with her personal care — she may shower while Support Workers are in the home, assist as required/requested by Kathleen. |  |
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| **MEDICATION MANAGEMENT:** |  |  |  |  |
| **NUTRITION:**  Kathleen has a self care deficit related to meal preparation (organising and preparation of food ready for client to cook/reheat own meals and snacks as required) secondary to reduced mobility and activity tolerance.  Kathleen is keen to quit smoking so she has more money to purchase healthier foods. |  |  | Shopping Wednesday (f/n): Southern Plus SW will assist Kathleen with a shop by list service (DA) every fortnight on pension week.  Social Support (Wed and Thu): Kathleen may request assistance with her shopping, please assist with shopping and completing other tasks and attending appointment's in town as requested by Kathleen. Kathleen may or may not accompany the support worker in these occasions.  Please take Kathleen’s walker when accessing the community.  Meal preparation: Support workers will assist client to do food preparation as required during in home services as directed by Kathleen  Southern plus RN/WP will be available to support Kathleen to explore and implement strategies to quit smoking as required. |  |
| **DOMESTIC ASSISTANCE:** |  |  | DOMESTIC ASSISTANCE: Clean and tidy kitchen areas — including doing dishes. Clean bathroom and toilet. Assist hanging out/bringing in washing and folding as required. Vacuum throughout. Mop floors. Dusting. Sweep front and/or back areas.  WEEKLY (during In Home Services) -check with Kathleen what day she would like this completed - Strip and remake bed, wash sheets and hang out. Kathleen may also ask for assistance to do other household tasks such as cleaning cupboards and the fridge. - Always use safe work procedures and follow OSH guidelines. |  |
| **FUNCTIONAL SAFETY IN THE HOME ENVIRONMENT:** |  |  |  |  |
| **PSYCOSOCIAL SUPPORT:** |  |  |  |  |
| **TRANSPORT:** |  |  |  |  |
| **MAINTAINING PHYSICAL ACTIVITY & FUNCTION:**  Kathleen's mobility is impaired secondary to the effects of Guillian Barre Syndrome  Kathleen has a slow unsteady gait and has some balance problems.  Kathleen has reported unsteadiness when washing hair and difficulty when stepping into/out of shower. | Falls will be prevented.  Kathleen will report she feels safe and confident when ambulating. |  | Support Workers will check for tripping hazards (ie hose put away) and assist Kathleen to keep her walkways and sitting areas clear of clutter and tripping hazards.  Blue Force Personal Alarm — rental unit — funded via HCP funding.  Southern Plus will assist Kathleen with transport needs by driving her to appointments and take her shopping during service times as directed by Kathleen  Kathleen has a 4W walker, please encourage her to use this at all times, especially when out of the home.  Close standby assistance when out of the home.  Kathleen’s mobility can be affected by her pain levels.  Kathleen is only able to walk short distances. Please allow/encourage her to have a rest for longer distances.  Stay on your feet brochure provided to Kathleen for further information.  Physiotherapy services recommended. |  |
| **RESPITE:** |  |  |  |  |

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| **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 |

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| SERVICE PLAN | | | | | | | |
|  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| MORNING |  |  |  |  |  |  |  |
| AFTERNOON |  |  |  |  |  |  |  |
| EVENING |  |  |  |  |  |  |  |

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| 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 | |