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: | 10370 | Name: | Doris Haycock | | Date: | 10/01/2023 | |
| BACKGROUND | | | | | | | |
| Who am I, summary of life history/story/interests | | | | | | | |
| About me: Mrs Haycock has lived in Bunbury since 1960. She has worked as a cleaner at TAFE. Doris's husband passed away over 5 years ago. Doris has 4 daughters, 2 sons, 18 grandchildren and 30 great grandchildren.  Important People: Mrs Haycock's family are important in her life.  Her daughter Phyllis who lives in Perth and son Robert who lives in Bunbury are her nominated emergency contacts. Doris family will take it in turns to stay with her so that she has someone living in with her at all times. Phyllis is Doris' main contact who coordinates care and liaises with Southern Plus.  What matters: It is important for Doris to continue to live at home as independently as possible.  It is also important to Doris that she continues with her social activities as much as possible.  A good day: A good day is one where Doris gets to see friends and family.  Doris feels she has had a good day if she has less pain the usual.  A bad day: Doris can feel frustrated and upset when she is unable to do her usual activities due to mobility restriction and pain  Strenghths: Mrs Haycock can mobilise around her home with the aid of a walker.  Doris has excellent family supports  Likes and dislikes: Mrs Haycock enjoys doing jigsaw puzzles, crosswords and having visitors.  Mrs Haycock dislikes the Support Workers arriving late or having the times of her service's changed. | | | | | | | |
| OVERALL HEALTH | | | | | | | |
| Medical History: | | | Identified Health Risks: | Mobility Support: | | | Communication Support: |
| Arthiritis (chronic pain), CRF, Hiatus Herniam GORD, Macular degeneration, high cholesterol, hypothyroidism, bronchiectasis, L shoulder reconstruction (chronic pain), anal stenosis | | | Mrs Haycock's overall well being is impacted by arthritis and advanced stages of lung disease. She will quickly become breathless and fatigued on exertion. She is on continuous oxygen.  Doris has had shoulder surgery, however still suffers from some pain and has limited movement in this shoulder. |  | | | •Mrs Haycock has a hearing impairment and wears two hearing aids.  •Doris has a tendency to speak very loudly and appears to be shouting at people  •Use clear speech and face Doris when talking to her.  •Prompt and assist Doris to check batteries and apply hearing aids  •Gently remind Doris that she talking loudly when she starts to shout |

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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;  **Use the locked box to gain entry,Call my next of kin** |
| 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,Contact my emergency contacts** |
| Specific instructions for me |
| Key safe location: **Meter box Right side of house (on the corner)**  Key safe number: **1960**  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:**  •Doris is alert and orientated. Nil further assessment indicated.  •Doris suffers poor sleep most nights and has anxiety related to previous home intrusions.  •Apart from having difficulty sleeping Mrs Haycock is very bright and alert. |  |  | Doris's carers and support workers will assist Doris to identify potential issues that are causing anxiety or agitation using the CAUSEd acronym, take appropriate actions and report outcomes.  • Communication issues  • Activity (is it appropriate and available)  • Unwell/Unmet needs  • Story (consider what we know about Doris that may be a clue)  • Environment (what environmental factors are contributing to their feelings of anxiety)  • dementia. |  |
| **PERSONAL SAFETY:** | Doris will have the ability to gain timely access to emergency services as needed. | •Doris family/live in carers will assist Doris to put personal alarm pendant on charge at regular intervals and assist her to put it back on her person prior to leaving.  •Doris family will assist her to test her PERS monthly to ensure it is working effectively. |  |  |
| **PERSONAL CARE:**  •Doris has self care defecit related reduced activity tolerance and ROM secondary to COPD and shoulder injury | •Doris will maintain an satisfactory level of person hygiene and care |  | •Southern Plus will provide daily services to support Doris to complete personal care tasks  •Make Bed and perform Mattress and bed rail check:  Please check that the mattress topper/overlay is fitted centrally on the bed - ie not slipping to one side or the other.  Please ensure that the fitted sheet is secured well around the mattress topper and main mattress to secure the mattress topper to the bed to prevent movement.  There must not be any gap between the mattress and or mattress toppper and the bed rail. Both mattress and mattress topper need to remain firmly up against the bed rail.  Report as an incident if you find that a gap has formed between the mattress and/or mattress topper and the bed rail.  PLease ensure Doris has a water bottle available |  |
|  |  |  | Continence: •Southern Plus will provide incontinence aids as required and with scope of the HCP budget |  |
| **MEDICATION MANAGEMENT:**  Doris has self care deficits related to reaching areas to apply creams and eye drops  Doris has been prescribed continuous oxygen by her respiratory specialist | Safe appropriate and effective use of medications | •Doris (and family) will notify Southern Plus of any medication changes to ensure medication profile is kept current.  Mrs Haycock manages her own oral medication with the aid of a Webster pack.  •Mrs Haycock requires physical assistance only to apply eye drops and topical creams/ointments.  •Doris family will  Supervise/monitor and assist with setting the correct flow rate of oxygen as per her physicians directions.  Wipe air filter on both oxygen concentrator's with damp cloth weekly to remove dust and  change oxygen cannula's three weekly. | •Doris requires prompting for her oral medication  •Support Workers will assist with non packed medications (creams and eye drops) as per medication profile.  •Support Workers will sign for non packed medications.  •Support workers will report if they identify any issues or changes in Doris ability to manage own Webster pack medications. |  |
| **NUTRITION:**  Doris has a self care deficit related to meal preparation secondary to reduced activity tolerance. |  |  |  |  |
| **DOMESTIC ASSISTANCE:**  •Impaired mobility/stamina/balance and endurance  Self care deficit related to maintenance of safe, accessible outdoor areas and access to the home secondary to impaired activity tolerance. | •To maintain a clean, safe and hygienic home environment  Doriss home will be accessable and safe |  | •Southern Plus will provide domestic assistance services as negotiated and per budget  • Vacuum and mop floors.  • Wipe out microwave.  • Change sheets on bed. (MOrning put old sheets in wash, new sheets if time or midday service for new sheets, midday service to put sheets in dryer and evening to put away.)  • Clean bathroom.  • Clean toilet.  • Ironing as requested.  • Folding washing.  •Southern Plus will negotiate handyman services to attend to general household maintenance, window and gutter cleaning as requested / required. |  |
| **FUNCTIONAL SAFETY IN THE HOME ENVIRONMENT:** |  |  |  |  |
| **PSYCOSOCIAL SUPPORT:**  •Doris unable to access healthcare and community events/services without support |  | •Doris family assist with accessing and following up medical/healthcare related appointments  •Doris family members will ensure Doris has someone with her |  |  |
| **TRANSPORT:** |  |  |  |  |
| **MAINTAINING PHYSICAL ACTIVITY & FUNCTION:**  Impaired mobility secondary to reduced balance, strength and stamina | •Doris will maintain optimal mobility,  •Doris' Falls risk factors will be mitigated |  | •Requires standby assistance for transfers and ambulation as Mrs Haycock is at risk of falling.  •Doris requires continuous supplemental oxygen as prescribed by her respiratory specialist. Support workers will assist Doris to manage the tubing while completing ADLs  •Wheel chair for longer distances |  |
| **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 | 8am Personal care 1/2 hour | 8am Personal care 1/2 hour | 8am Personal care 1/2 hour | 8am Personal care 1/2 hour | 8am Personal care 1/2 hour | 8am Personal care 1/2 hour | 8am Personal care 1/2 hour |
| 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 | |