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: | 03/04/1947 | Name: | Coral Blake | | Date: | 30/03/2023 | |
| BACKGROUND | | | | | | | |
| Who am I, summary of life history/story/interests | | | | | | | |
| About me: Coral was born in Melbourne, she has a brother whom she no longer communicates with, she worked for many years in the insurance industry. Coral married (now divorced) and had a daughter who moved to Western Australia (WA) with her husband. Coral retired from work in 2014, she decided to travel to WA to be near her daughter and the family and moved in with them. Sadly, Coral is now estranged from her daughter and her family. In 2019 Coral moved to Busselton to seek help from the Red Cross, she moved into a shelter until they secured a unit at Bethanie Elanora where she is happily settled.  Important People: Coral is developing a relationship with her neighbors.  Coral rely's on her Southern Plus support workers.  What matters: To be able to live safely and securely in my own home.  To be able to access the community to do my shopping and attend to household needs.  To have some social support and companionship.  A bad day: If I have a fall or I feel unwell.  Strenghths: I am able to engage in conversations and discuss my own care needs and wants.  I am able to mobilize independently.  Likes and dislikes: Coral enjoys spending time on her iPad, she likes to read books and crochet.  Coral enjoys craft, tending to her garden. | | | | | | | |
| OVERALL HEALTH | | | | | | | |
| Medical History: | | | Identified Health Risks: | Mobility Support: | | | Communication Support: |
| High Cholesterol, Vascular Dementia, Hypertension (high blood pressure), Reflux, Vertigo, Small Bowel Resection 2019, Chronic Kidney Disease (CKD), Peripheral Vascular Disease (PVD) | | | Living alone or with an individual with similar or greater level of needs,Unlikely to be able to relocate without assistance  HELEN HAS AN ADVANCED HEALTH DIRECTIVE STATING SHE DOES NOT WANT TO RECEIVE CPR> COPY IN PROCURA DOCUMENTS  Coral experiences' declining cognition impacting functioning, welfare and safety, requires ongoing support with daily tasks. Coral struggles with word finding at times and can be confused about how to respond to questions, she has poor hearing and wears bilateral aids. Coral experiences' declining endurance and fatigue impacting mobility and physical tasks, struggles to walk due to chronic pain in her back and legs, she experiences dizzy spells which have resulted in recurrent falls. | Independent transfers  Independent ambulation | | | Hearing impaired  Coral is aware of her care needs and can communicate independently.  Coral has a hearing impairment.  Coral has a vision impairment.  Wears hearing aids,Wears reading glasses  Support workers will support Coral with communication by speaking clearly and not shouting, facing Coral when speaking, reducing the distance between them and Coral, reducing background noise, rephrase the sentence as needed, checking to see that Coral has understood what has been communicated.  Support workers will prompt Coral to wear her hearing aids and glasses.  Remain calm and talk in a gentle, matter of fact way  Keep sentences short and simple, focusing on one idea at a time  Always allow plenty of time for what you have said to be understood |

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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;  **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:  Key safe number:  My emergency planning preferences (in order): **Village office has a spare key - nursing home entrance off Myrtle St.** |

| 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:**  Coral is alert and orientated and able to communicate effectively.  Coral has mild cognitive impairments mainly around calculation, concentration and short term memory loss. | Coral will report she feels safe and secure most of the time.  Coral will engage in meaningful activity on a daily basis and effectively complete all of her activities of daily living. |  | Corals carers and support workers will assist Coral to identify potential issues that are causing anxiety or agitation using the CAUSEd anacronym, take appropriate actions and report outcomes.  • Communication issues  • Activity (is it appropriate and available)  • Unwell/Unmet needs  • Story (consider what we know about Coral that may be a clue)  • Environment (what environmental factors are contributing to their feelings of anxiety)  • dementia. |  |
| **PERSONAL SAFETY:**  Coral is at increased risk of medical emergency and falls and is often at home alone. | Coral will have the ability to gain timely access to emergency services as needed. | Client has access to a PERS via her accomodation provider. |  | At each review WP will assist client to test her PERS. |
| **PERSONAL CARE:**  Coral requires supervision with personal care tasks.  Coral uses railing and Showering equipment to help her maintain her independence and safety while attending to her own personal care. | Coral will maintain independence with personal care as desired.  Coral will report she is maintaining a satisfactory level of personal hygiene/dress and grooming. | Coral will contiune to attend to her own personal care as needed. | Southern Plus support workers will assist Coral with personal care 3 days per week.  Southern Plus support workers will provide supervision and coaching for Coral to use railing.  Southern Plus support workers will provide prompting and standby assistance to ensure that Coral is able to thoroughly clean and dry perineal, skin folds, between toes and hard to reach areas.  Southern Plus support workers will monitor and report any skin concerns. |  |
| Continence: Coral experiences incontinence  Coral uses Depend Realfit extra large for women, Super | Continence: Coral will maintain social continence. | Continence: Coral will notify her Wellness Partner when she requires a supply of incontinence aids giving them 2 weeks notice for delivery. | Continence: Support workers will Prompt Coral to check her supply of incontinence aids and notify her Wellness Partner when she requires a supply of incontinence aids giving them 2 weeks notice for delivery. | Continence: The Wellness Partner will order pads as and when requested to ensure delivery within 2 weeks time frame. |
| **MEDICATION MANAGEMENT:**  Coral is independent with managing her medication however has a diagnosis of dementia which may progress necessitating increased support. | Coral's medication will be managed safely and effectively | Coral will continue to manage and self administer her own medication in consultation with her GP and pharmacist. | Southern Plus support workers will check Corals usage of medication and report if she is missing doses or doses are missing from her Webster pack as well monitor for increased confusion with regard to what medication she is taking and when. There will be a weekly dated note reflecting Corals medication usage. | AT each review, Southern Plus Wellness Partner will check Corals usage of medication and report if she is missing doses or doses are missing from her Webster pack as well monitor for increased confusion with regard to what medication she is taking and when. |
| **NUTRITION:**  Coral has a self care deficit related to meal preparation secondary to reduced mobility (falls risk), apathy and impaired concentration. | Coral will be adequately nourished and hydrated. | Coral will contribute to the set up, cost of the food portion of and ongoing ordering of meals.  Coral is able to prepare her own simple meals and snacks. | Southern Plus support workers will assist Coral with shopping by list each week/fortnight assisting to make a shopping list for what she needs and completing the shopping and putting things away.  Southern Plus support workers will assist Coral to order Light and Easy meals as required each week. | Southern Plus will facilitate the provision of prepared and home delivered meals through Light and Easy. |
| **DOMESTIC ASSISTANCE:**  Self care deficit related to household cleaning secondary to chronic pain, falls risk and reduced mobility (use of walking aid)  Coral enjoys gardening and has a small garden plot. The grounds where she lives is maintained by the accommodation provider. | Corals home environment will be maintained in a clean and tidy state.  Corals home will be accessable and safe |  | Southern Plus support workers will provide assistance with cleaning weekly for 1 hour.  Cleaning tasks will include  Vac and mop wet areas.  Ensure bathroom, toilet and kitchen areas are clean and hygienic  Support workers will assist with other household tasks as as requested by Coral as time permits and utilise any spare time to identify other jobs that need doing (empty/put out bins, tidy clean the fridge/microwave/dusting surfaces/skirting/window sills etc.)  Southern Plus support workers will assist Coral to do some light gardening in her flower beds for social support on a monthly basis. |  |
| **FUNCTIONAL SAFETY IN THE HOME ENVIRONMENT:**  Coral is at increased risk of falls and would benefit from review of her home and living spaces to assess and reduce risk factors. | Environmental risks will be reduced/mitigated. |  |  | Wellness Partner will make a referral to TADWA for Occupation Therapy home safety assessment in particularly to assess for appropriate seating. |
| **PSYCOSOCIAL SUPPORT:**  Coral is at risk of social isolation secondary to cognitive impairments/anxiety  Coral requires support to engage in social activities. | Coral will report that frequently engage in activities and have opportunity to build and maintain the relationships that are important to her. |  | Southern Plus support workers will provide extra companionship/social interaction during support services. | Southern Plus Wellness Partner will refer Coral to Community Volunteer Scheme. |
| **TRANSPORT:**  Coral is unable to access the community without assistance secondary to physical and cognitive limitations. | Coral will be able to access the community to attend medical and allied health appointments. | Coral will contact Southern Plus office to advise of transport requirements providing as much notice as possible for requirements to be met. | Southern Plus support workers will provide transport to appointments as required within capacity of HCP funding.  Southern Plus Support workers will prompt/assist Coral to stay up to date with her medical/health related appointments and prompt her/assist her to notify the office to schedule transport. |  |
| **MAINTAINING PHYSICAL ACTIVITY & FUNCTION:**  Coral has experienced numerous falls recently.  Coral has increased risk for deconditioning of muscle strength and functional balance secondary to reduced activity tolerance and sedentary lifestyle.  Coral also experiences dizzy spells.  Coral's mobility is impaired secondary to chronic pain in her leg. | Falls will be prevented.  Improvement in functional mobility and improvements in pain management.  Coral will report she feels safe and confident when ambulating. | Coral will use her mobility aid as recommended by her Physiotherapist. | Support workers will check and encourage Coral to wear appropriate footwear (information to be included in home folder.)  Support workers will provide standby assistance with mobility for transfers and when ambulating in unfamiliar areas and uneven terrain. | Southern Plus will facilitate referral for Physiotherapy.  Southern Plus will facilitate referral for exercise physiology and hydrotherapy. |
| **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 |  |  |  |  | Shopping support 2 hours week  Social Support 1 hour fortnight |  |  |
| AFTERNOON |  |  | Cleaning 1 hour fortnight  Social Support 1 hour fortnight |  |  |  |  |
| 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 | |