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: | 02/09/1941 | Name: | Robin Woodhead | | Date: | 28/07/2023 | |
| BACKGROUND | | | | | | | |
| Who am I, summary of life history/story/interests | | | | | | | |
| About me: Rob has been a plumber for his entire working career. He and Marjorie have been married since 1963 and have 2 children: James (Jim) Woodhead and Lianne Blurton who both live in Perth. Children and the grandchildren and great grandchildren maintain contact.  Important People: Family. Keeps in touch with some old friends from model club.  What matters: Model airplanes. Having access to oxygen.  I want to be able to continue to live at home independently and engage in activities that are important to me.  To access support when Marj is not in the home.  A good day: Feeling energized having less trouble breathing.  A bad day: Feeling distressed - lack of oxygen.  Strenghths: Supportive wife and family  Rob is aware of his care needs and is able to commjunicate clearly.  Positive can do attitude.  Likes and dislikes: Rob made model airplanes but this is beyond him now. He enjoys word puzzles, reading, watching TV and surfing the computer. Footy, tennis, car racing, you tube planes, reading, | | | | | | | |
| OVERALL HEALTH | | | | | | | |
| Medical History: | | | Identified Health Risks: | Mobility Support: | | | Communication Support: |
| Cardiomyopathy - has defibrillating pacemaker., Lung cancer - 2002 - half lung removed, Oedema , Pneumonia 2020 + Legionnaires Disease. R THR | | | Rob has difficulty breathing on smallest exertion, Home Oxygen 24/7, Limited walking capacity. Specialists have advised there is no more they can do for him.  Chest pain at times. Has PPM with defibrilator. | Independent transfers inside the home.  Standby assist transfers outside the home.  Independent ambulation inside the home.  Physical assist ambulation outside the home.  Mobility aids: Four wheeled Walker,Wheel chair for longer distances | | | Hearing impaired,Vision impaired (glasses)  Rob is able to communicate needs effectively. Glasses for reading. Hearing aids but doesn't often wear them. |

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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 home phone,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,Contact my emergency contacts** |
| Specific instructions for me |
| Key safe location: **No key safe**  Key safe number:  My emergency planning preferences (in order): |

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| **Shared Risk Plan** | | **Purpose: Develop an agreed shared risk plan to support the client’s dignity of risk, quality of life and care by engaging collaboratively with clients and their nominated representatives, regarding choices that impact on safety.**  **Actions: Clarify risk(s) consider options and mitigation strategies.**  **Goal: Support individual preference and dignity of risk, maximise quality of life and care and reduce potential for harm.** | | | |
| **Client Nominated Activity:  What I (or client name) would like to do/not do** | | Refer to shared risk plan OR 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:**  Rob is orientated to person, time and place and appropriately engages in conversation. He is aware of his care needs and is able to communicate these. | Robin will engage in meaningful activity on a daily basis and effectively complete all of his activities of daily living. | | Robin is cognitively independent |  |  |
| **PERSONAL SAFETY:**  Robin lives with his spouse who is able to support him to access assistance in case of emergency. | Robin will have the ability to gain timely access to emergency services as needed. | |  | Provision of PERS to be discussed with Robin. |  |
| **PERSONAL CARE:**  Rob takes his time and will sit to dress. Shower chair in situ that he will sit to shave himself. The entire process exhausts him but he is Rob is independent currently. | Robin will maintain independence with personal care. | | Robin will contiune to attend to his own personal care. | Review as required |  |
| Continence: Independent with toileting and continence, no incontinence described. |  | | Continence: Independent with toileting and continence |  |  |
| **MEDICATION MANAGEMENT:**  Robin manages his own medication using a dossette box. | Robin's medication will be managed safely and effectively | | Robin will continue to manage and self administer his own medication in consultation with his GP and pharmacist. | Southern Plus will provide oxygen equipment as required. |  |
| **NUTRITION:**  Robin has a self care deficit related to meal preparation secondary to activity intolerance | Robin will be adequately nourished and hydrated. | | Marjorie will complete shopping general food items and provide some support for Robin with his meals/nutritional intake on a day to day basis. | Southern Plus will facilitate the provision of prepared and home delivered meals through Light and Easy.  Robin will contribute to the set up, cost of the food portion of and ongoing ordering of meals. |  |
| **DOMESTIC ASSISTANCE:**  Self care deficit related to household cleaning secondary to reduced mobility and activity intolerance (CHF)  Self care deficit with HGM | Goal: maintain a clean and safe home envirionment.  Maintain safety and access to and around home | |  | Southern Plus support workers will assist with cleaning and DA tasks weekly as per schedule  Southern plus will facilitate monthly gardening services as per budget. |  |
| **FUNCTIONAL SAFETY IN THE HOME ENVIRONMENT:**  Robin has had an OT assessment and home modifications installed. | Environmental risks will be identified, reduced/mitigated. | |  | Railing has been installed in clients shower and toilet to increase safety and mobility. | Wellness Partner will review home safety annually. |
| **PSYCOSOCIAL SUPPORT:**  Rob rarely goes out due to the effort involved in doing so. Minimal walking - requires resting after 15 metres before continuing due to breathing difficulty. Rob does not drive. | Robin will report that he is satisfied with the amount of social interaction that he receives.  Robin will report that frequently engage in activities and have opportunity to build and maintain the relationships that are important to him. | | Robin will maintain social connections and access the community with the support of family/independently. | Assistance with transport as required.  Rob and Marjorie will continue to independently do there shopping (Marjorie prefers to do this as it keeps her active,) as well as social and other activities. |  |
| **TRANSPORT:**  Robin does not drive and requires support to ambulate in wheelchair when out and about. | Robin will be able to access the community to attend medical and allied health appointments. | | Robin 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. |  |
| **MAINTAINING PHYSICAL ACTIVITY & FUNCTION:**  Rob has home Oxygen 24/7 difficulty with breathing after 10 meters. Requires assistance with ambulation in a wheelchair for longer distances outside the home (>10m). Rob rarely leaves the home due to this. Rob transfers and walks with short shuffling steps. | Falls will be prevented.  Robin will report he feels safe and confident when ambulating. | | Robin has his own 4WW for mobilizing around the house independently. | Rob manages his mobility independently around the house.  Support workers will assist Rob with ambulation in his wheel chair when on outings and providing transports.  Southern Plus will assist to facilitate Physiotherapy and Occupation therapy reviews and recommendations as required. |  |
| **RESPITE:** |  | |  |  |  |
| **CLINICAL CARE**  **ALLIED HEALTH SUPPORT** |  | |  |  |  |

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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 |  |  | 2 hour DA service |  |  |  |  |
| 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 | |