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: | 28/11/1929 | Name: | Edith Stewart | | Date: | 13/04/2023 | |
| BACKGROUND | | | | | | | |
| Who am I, summary of life history/story/interests | | | | | | | |
| About me: Edith Lives alone, her husband Ron passed away in August 2016.  She has two children, a daughter Robyn and a son Murray.  Edith worked for Charles Moore in the hosiery department.  Edith owned her own business in Fig Tree Lane, a doll shop.  Important People: Edith’s husband Ron passed away in August 2016, they where happily married for over 61 years.  Robyn, Edith’s daughter who lives locally plays an important role assisting, with transport to appointments and other activities when she is able to.  Edith’s son Murray also keeps in regular contact with his Mum.  What matters: It is important to Edith to remain living in her own home for as long as possible.  Edith wants to remain as independent as possible with all activities of Daily Living.  Edith would like to maintain her current level of health and well being.  A good day: When Edith is pain free.  A bad day: When Edith has pain.  When she has dizzy spells and is feeling anxious.  Strenghths: Edith is able to manage her own financial affairs, organize appointments and transport to these appointments, with some support form her daughter Robyn.  Edith is able to eat independently and manage her own medications.  Edith is able to have complex conversations and keeps up with world events.  Likes and dislikes: Knitting; football - a Dockers supporter, crocheting, painting, gardening, doll making, ceramics, cooking and animals.  Edith likes to have a routine and for the Support Workers to arrive on time for her services | | | | | | | |
| OVERALL HEALTH | | | | | | | |
| Medical History: | | | Identified Health Risks: | Mobility Support: | | | Communication Support: |
| Falls, Depression and Anxiety Disorders, Hypertension, Hypothyroidism, iron deficiency, bowel obstruction and resection, Dizziness and Giddiness. | | | Edith is independent with most aspects of her ADL’s, however at times she gets dizzy and may suffer from anxiety. At these time she will requires extra support. |  | | | Edith wears glasses all the time and has a slight hearing deficit.  Edith is able to communicate effectively and participate in complex conversations.  She is able to make all her own decisions.  Support workers will support Edith with communication by speaking clearly and not shouting, facing Edith when speaking, reducing the distance between them and Edith, reducing background noise, rephrase the sentence as needed, checking to see that Edith has understood what has been communicated. |

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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,Enter through the unlocked door,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** |
| Specific instructions for me |
| Key safe location: **Key safe located on the door frame of the sun room.**  Key safe number: **1928**  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:**  Edith is alert and orientated.  Edith suffers from anxiety at times.  She is able to make all her own decisions. |  |  |  |  |
| **PERSONAL SAFETY:**  Edith has had an increase in her dizzy spells/funny turns and has had a couple of falls as a result.  Edith is at increased risk of medical emergency and falls and is often at home alone.  Potential for delayed access to emergency services. | Edith will have the ability to gain timely access to emergency services as needed. | Edith has a Care Link Alarm — she is encouraged to wear it at all times. (Safe to wear to bed and in the shower) |  |  |
| **PERSONAL CARE:**  Edith is independent with all personal care tasks. |  |  |  |  |
| Continence: Edith at times has some urinary urgency, and at times suffers from UTI’s. | Continence: Edith will maintain social continence. |  | Continence: Continence aids provided as required. |  |
| **MEDICATION MANAGEMENT:**  Edith is independent with her medication management. |  |  |  |  |
| **NUTRITION:**  Edith has a self care deficit related household management shopping secondary to reduced mobility. | Edith will report she is able to access the community to do her weekly shopping. |  | Southern Plus support workers will assist Edith with shopping by list each week. |  |
| **DOMESTIC ASSISTANCE:**  Self care deficit related to household cleaning secondary to impaired mobility and falls risk  Self care deficit related to maintenance of safe, accessible outdoor areas and access to the home secondary to impaired mobility and falls risk. |  |  | Domestic Assistance:  Clean bathrooms, toilets and laundry.  Change bed linen as required. Assist with washing, hanging out, bringing in and folding as required.  Clean kitchen, including benches, stovetop, fridge and microwave. Vacuum throughout and mop hard floors. Sweep out the front and back.  Assist with other OSH appropriate tasks as requested and time permitting. Annual window cleaning once a year — external provider.  Gardening: Edith has gardening completed monthly by an external preferred contractor.  Home Maintenance: Edith has gutter cleaning and other home maintenance as required. |  |
| **FUNCTIONAL SAFETY IN THE HOME ENVIRONMENT:**  Edith's home is well designed and laid out.  Edith maintains her home in a safe and well maintained condition | Environmental risks will be identified and reduced/mitigated. |  |  |  |
| **PSYCOSOCIAL SUPPORT:**  Edith is well supported and engages with family and friends independently. | Edith will report that frequently engage in activities and have opportunity to build and maintain the relationships that are important to her. | Edith will maintain social connections and access the community with the support of family/independently. | Southern Plus support workers will provide extra companionship/social interaction during support services. |  |
| **TRANSPORT:**  Edith is not confident to drive due to the physical effects of aging. | Edith will be able to access the community to attend medical and allied health appointments. | Edith 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:**  Edith is physically active.  Edith is able to transfer and ambulate independently with appropriate walking aids. | Falls will be prevented.  Edith will report she feels safe and confident when ambulating. | Edith will participate in her home exercise program as per physiotherapy plan.  Edith will use her mobility aid as recommended by her Physiotherapist. | Support workers will encourage Edith to use her walking aid whilst in the community.  Support workers will check and encourage Edith to wear appropriate footwear (information to be included in home folder.)  Support workers will check that walkways are well lit and uncluttered/free of tripping hazards within Edith's home.  Southern Plus support workers will provide standby assists with mobility when in the community. |  |
| **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 |  |  |  | 1.5 hr cleaning, 2 hours shopping assistance |  |  |  |
| 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 | |