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: | 04/07/1929 | Name: | Sophie Soulos | | Date: | 9/01/2023 | |
| BACKGROUND | | | | | | | |
| Who am I, summary of life history/story/interests | | | | | | | |
| About me: Sophie has lived in the Bunbury area for her whole life.  Sophie’s husband Emmanuel passed away in 2014.  She has two children, a daughter Eleanor and a son Nicholas who both live nearby.  Important People: Sophie has a supportive family. Her son Nicholas lives a few doors down from Sophie and is able to attend meetings and discussions regarding her care.  Sophie’s daughter Eleanor also lives close by and is available for support.  What matters: It is important to Sophie to continue to live as independently as possible in her own home.  Sophie would prefer not to rely too heavily on her family for support as they have their own families and are busy.  It is important to Sophie to have some flexibility in what she can have done when the SW’s arrive. She will decide daily what support she requires for that service.  Sophie has identified that it is important to have regular SW’s to provide assistance with some ADL’s, as well as assistance with shopping, transport to appointments, domestic assistance and PC.  A good day: When Sophie is able to spend time with her family.  When Sophie is able to get out and about.  When Sophie has only a little or no pain.  A bad day: When Sophie is feeling isolated and lonely.  When Sophie is having increased pain and feels she is less able to complete her ADL’s independently.  Strenghths: Sophie is independent with transfers and mobility, she uses a walking frame at all times.  She is independent with eating, drinking and oral hygiene.  Sophie is orientated to time and place and is able to participate in complex  conversations. | | | | | | | |
| OVERALL HEALTH | | | | | | | |
| Medical History: | | | Identified Health Risks: | Mobility Support: | | | Communication Support: |
| CCF, Injury to shoulders, Cervical # Nov 21 | | | She had chronic pain in her left foot, left leg, left shoulder, arm, hand and neck.  She experiences constipation at times.  Sophie has mild hearing impairment (Left side greater impairment).  Sophie is on blood thinning medications.  Sophie has chronic wounds on her lower legs |  | | | Hearing impaired,Vision impaired (glasses)  Sophie has a hearing impairment and has hearing aids but does not always wear them.  Sophie wears glasses for reading.  Wears reading glasses  Support workers will support Sophie with communication by speaking clearly and not shouting, facing Sophie when speaking (stand/sit to her Left side), reducing the distance between them and Sophie, reducing background noise, rephrase the sentence as needed, checking to see that Sophie 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;  select one or more  **Call my home phone,Call my mobile,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: **Key Safe located to the left of front door**  Key safe number: **3062**  My emergency planning preferences (in order): **DO NOT ASK NEGHBOURS about Sophie's whereabouts** |

| 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 |
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| **COGNITION:**  Sophie is alert and orientated and able to participate in complex conversations  Sophie reports she can sometimes feel lonely and isolated since the death of her husband. |  |  |  |  |
| **PERSONAL SAFETY:**  Sophie is at increased risk of medical emergency and falls and is often at home alone.  Potential for delayed access to emergency services. |  | Sophie will wear her PERS pendant at all times and keep it charged.  Sophie will test her PERS pendant monthly to ensure it is functional. | Support workers will prompt/assist Sophie to wear personal emergency response devise and check that it is charged. |  |
| **PERSONAL CARE:** |  |  | Sophie may request assistance with showering, especially if she would like her hair washed.  Support workers will provide standby assistance with dressing and undressing.  Please apply moisturiser to Sophie’s legs at every service.  Southern Plus will facilitate routine podiatry services  Please assist Sophie to put on appropriate footwear.  Please report any bruising or bleeding to the office. |  |
| Continence: Sophie experiences incontinence (stress/urge/mixed) | Continence: Sophie will be able to go out in public without fear of embarrassment  Sophie will maintain social continence. |  |  |  |
| **MEDICATION MANAGEMENT:** |  |  |  |  |
| **NUTRITION:** | Sophie will be adequately nourished and hydrated. |  | Support workers will provide assistance with daily meal preparation as directed by Sophie.  Support workers will provide assistance to do Sophie's shopping during in home services as and when directed by Sophie. |  |
| **DOMESTIC ASSISTANCE:** |  |  | Weekly:  Support workers will Strip bed and remake. Wash sheets and hang out.  Clean toilet, bathroom and laundry.  Assist with washing, hanging out, bringing in and folding and putting away.  Clean and tidy kitchen.  Vacuum and wet/dry mop all hard floors.  Assist with light ironing as requested by Sophie.  Assist with other OSH appropriate jobs as requested by Sophie, time permitting. |  |
| **FUNCTIONAL SAFETY IN THE HOME ENVIRONMENT:** |  |  |  |  |
| **PSYCOSOCIAL SUPPORT:** |  |  | Southern Plus support workers will provide extra companionship/social interaction during support services.  Ask Sophie what she would like to do and if she wants to go out.  Ensure you take Sophie’s walker on all outings.  If shopping assist Sophie with selecting, packing, unpacking and putting shopping away.  Sophie has chronic pain which may restrict her social activities.  Sophie may need to rest often if she has pain.  Report any excessive, unrelieved pain, bruising or bleeding.  Encourage Sophie to drink adequate fluids. |  |
| **TRANSPORT:**  Sophie is unable to access the community without assistance secondary to mobility impairments.  Sophie is not able to drive. |  |  | Southern Plus will assist Sophie with transport needs to medical appointments and shopping during her service times |  |
| **MAINTAINING PHYSICAL ACTIVITY & FUNCTION:** | Falls will be prevented.  Sophie will report she feels safe and confident when ambulating. |  | Southern Plus support workers will provide standby assists with mobility when ambulating outside of her home  Southern Plus support workers will provide supervision with mobility when inside her home  Support workers will check and encourage Sophie 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.  SUpport workers will encourage Sophie to use her walking aid. |  |
| **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 | |