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: | 19/12/1926 | Name: | Margaret Bamford | | Date: | 23/01/2023 | |
| BACKGROUND | | | | | | | |
| Who am I, summary of life history/story/interests | | | | | | | |
| About me: Peg has lived at Nova Village since approx. 2015. They moved to be closer to their daughter who lived in Dunsborough but unfortunately she died before they moved. Peg lost her husband in approx. 2020, he was in Residential Care at Ellenvale. At that time, Peggy also lost her niece. Peggy has good support from her son Doug and his wife Jo who live in Safety Bay who visit every 3 weeks plus a grand-daughter to assists occasionally. Peggy attends activities at the complex- including Mah Jong.  What matters: To have extra support to help my desire to be able to stay at home for the rest of my days.  Access transport service to manage my health schedule when required.  Likes and dislikes: Peg is keen West Coast Eagles supporter who enjoys watching AFL.  Peg enjoys a Baileys in the evenings on her ice cream. | | | | | | | |
| OVERALL HEALTH | | | | | | | |
| Medical History: | | | Identified Health Risks: | Mobility Support: | | | Communication Support: |
| Macular Degeneration, Falls, Stress/urinary incontinence, Hypertension, Angina, Pain | | |  | Independent transfers  Independent ambulation  Mobility aids: Zimmer frame,Walking stick | | | Hearing impaired,Vision impaired (blindness)  Peg finds it difficult to put hearing aids in correctly.  Wears hearing aids  PERSONAL CARE:  Application of hearing aids.  Maintenance of hearing aids to be completed every Tuesday as follows:  - remove rubber domes  - turn filter disk (peg has these) to the right until the number #1 slot is empty and  number #2 slot shows a new filter  - push the end of the hearing aid into slot #1 which will remove the old filter  - push the end of the hearing aid into slot #2 which will insert new filter  - wash rubber domes warm soapy water and allow to dry  - mould dry set of the rubber domes back on  - use small brush over hearing aids to clear holes of dust. |

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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,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 number:  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:** |  |  |  |  |
| **PERSONAL SAFETY:**  Margaret is at increased risk of medical emergency and falls and is often at home alone.  Potential for delayed access to emergency services. |  |  |  |  |
| **PERSONAL CARE:** |  |  |  |  |
| Continence: Margaret experiences incontinence (stress/urge/mixed) | Continence: Margaret will maintain social continence. | Continence: Margaret will notify her Wellness Partner when she requires a supply of incontinence aids giving them 2 weeks notice for delivery. |  |  |
| **MEDICATION MANAGEMENT:** |  |  |  |  |
| **NUTRITION:** | Margaret will be adequately nourished and hydrated. |  | SHOPPING  MEALS  SOuthern Plus suppport workers will assist Margaret with shopping by list each week/fortnight. |  |
| **DOMESTIC ASSISTANCE:** |  |  |  |  |
| **FUNCTIONAL SAFETY IN THE HOME ENVIRONMENT:** |  |  |  |  |
| **PSYCOSOCIAL SUPPORT:**  Margaret is at risk of social isolation secondary to impaired mobility.  Margaret is well supported and engages with family and friends independently. | Margaret 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. |  |
| **TRANSPORT:** |  |  |  |  |
| **MAINTAINING PHYSICAL ACTIVITY & FUNCTION:**  Margaret has an increased falls risk  Margaret has increased risk for deconditioning of muscle strength and functional balance. | Improvement in functional mobility and improvements in pain management.  Falls will be prevented.  Margaret will report she feels safe and confident when ambulating. | Margaret will use her mobility aid as recommended by her Physiotherapist. |  |  |
| **RESPITE:**  Margaret is supported by her Son and Daughter in Law who live in Safety Bay. |  | Doug and his wife Jo will support Margaret with accounts management, appointments with her GP and specialists...  Doug and Jo will access supports and resources via the Carer Gateway. |  |  |

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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 |  |  |  |  | One hour Domestic Assistance |  |  |
| 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 | |