|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Included In Section** | **Required** | **Date**  |
| **Front Section** |
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| My Personal Details | 3 |  |  |
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**My Support Plan**

My Name is

I like to be known as

About Me :

|  |
| --- |
| http://www.localpropertybuyers.co.uk/resources/whiteblue/wp-content/uploads/2014/10/buying-a-home.png I live at  |

|  |
| --- |
| C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\DTRQM7K2\Stick_Family[1].jpg With |
| http://www.voicesofliberty.com/wp-content/uploads/2015/04/my_fingers_by_zita952-d5ni3an.jpg People who are important to me are... |

|  |
| --- |
|  C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\QI5O037Y\Clipart-Free-Gif-16[1].gifThings I like to do are....  |

|  |
| --- |
| **C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\LYS00C0V\Legal-Calendar[1].jpg** I would like my stay in PHEW to be  |

|  |
| --- |
| Important things you need to know to support me are...  |

**My Personal Details :**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | D.O.B: |  |
| Address: |  | Post Code: |  |
| Next of kin: |  | PHEW Key Worker |  |
| **In Case of Emergency** |
| Contact 1 Name: |  | Contact 2 name: |  |
| Relationship:  |  | Relationship: |  |
| Address:  |  | Address: |  |
| Council: |  | Council: |  |
| Postcode: |  | Postcode: |  |
| Phone Number:  |  | Phone Number: |  |
| Mobile:  |  | Mobile: |  |
| Email address: |  | Email address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Social Work/Ref Authority: |  | Address: |  |
| Primary Contact: |  |  |  |
| Phone number: |  | Postcode: |  |
|  |  | Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School/ Locality Support: |  | Address: |  |
| Phone number: |  |  |  |
|  |  | Postcode: |  |
|  |  | Email Address: |  |

|  |
| --- |
| Health Contacts |
| Surgery name: |  | Address: |  |
| Dr Name:  |  |  |  |
| Phone number: |  | Postcode: |  |
|  |  |  |  |
| Other Health Agencies |
|  |  |  |  |
|  |  |  |  |
| Other Important Information: |
| Medical Conditions: |  | Allergies: |  |
|  |  |  |  |
|  |  |  |  |
| Dietary Requirements  |  |  |  |



  **My Updates :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Date | Update Method  | Information from  | Sections update  | Changes made to: | Signature |
|  |  |  |  |  |  |
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****

**Moving and Assistance Profile**

Is a moving and Handling Assessment required?

Is a wheel chair safety check required? YES

I Require …… Staff to work with me

I require …….. Staff to assist me with personal care

I require ……. Staff to supervise me

When out, I require ……… Staff to be with me

When I am going to bed require …………….. type of bed as I have

While out and about:- (Are you able to walk long distances, do you use any aids when out, understanding of dangers, etc…)

|  |
| --- |
|  |

Before assisting me, I would like staff to know the additional information on the following documents:

|  |  |  |
| --- | --- | --- |
| Information Type | Reason | Date Documented Implemented |
|  |  |  |
|  |  |  |
|  |  |  |

**Keeping Me Safe**

![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\LYS00C0V\safety_first[1].jpg]() Safety in and around the Unit:- (Think if you require supervision when making hot drinks or snacks, do I require a room down stairs, etc…)

|  |
| --- |
|  |

![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\LYS00C0V\money2[1].gif]() Money:- (Think about what support you would like from staff with regards to your finances, is there anything you are monitored on the amount purchased, would you like staff to store your money for you, require assistance when purchasing items, etc…)

|  |
| --- |
|  |

![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SCINBDIB\Decision-Making[1].jpg]()Making Choices/ Informed Choices:- (Think about if you would like your room door locked at all times, in what way are choices made- audio, visual, if you are able to make decisions based on your best interests, picking out appropriate clothing, etc…)

|  |
| --- |
|  |

**![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\DTRQM7K2\88518407_bfac5670b4_z[1].jpg]() Risk Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| Area Of Risk | I manage this safely myself | I need staff support with this | Additional Information |
| Kitchen | Sharp Knives |  |  |  |
| Handling Hot Liquid |  |  |  |
| Microwave |  |  |  |
| Kettle |  |  |  |
| Making hot liquid |  |  |  |
| Eating and drinking |  |  |  |
| Using Hot Water | Running hot water in sink |  |  |  |
| Running my own shower/ bath |  |  |  |
| Fire | Recognise fire hazard |  |  |  |
| Smoking, lighters |  |  |  |
| Recognise fire/ smoke alarm |  |  |  |
| Get out of the building if there is a fire |  |  |  |
| Security | Having a door code |  |  |  |
| Locking door |  |  |  |
| Carrying keys |  |  |  |
| Out and about http://tse1.mm.bing.net/th?&id=OIP.M01769e931e26698bb1bfa1e219d3f33aH0&w=300&h=300&c=0&pid=1.9&rs=0&p=0http://tse1.mm.bing.net/th?&id=JN.FP3Qwb5gD/myVyfcw9pnfA&w=300&h=300&c=0&pid=1.9&rs=0&p=0 | Out on my own |  |  |  |
| Using crossings |  |  |  |
| Crossing the road |  |  |  |
| Handling money |  |  |  |
| Keep safe in hot weather: apply sun cream/ hat |  |  |  |
| Keep safe in cold weather: Dress accordingly |  |  |  |
| Public Transport | Understand local Train/ bus routes |  |  |  |
| Understand wider train/ bus routes |  |  |  |
| Can use public transport |  |  |  |
| Use a taxi |  |  |  |
| Medication | Can self-medicate |  |  |  |
| Behaviour | risk to self / others |  |  |  |
| Risks to me from others |  |  |  |
| Length of time I can be left on my own: |  |
| Do I know how to use a telephone in an emergency |  |
| Length of time I am missing before staff are to use the Missing Person Protocol |  |

 **Strategies to Encourage Positive Behaviour**



|  |  |  |
| --- | --- | --- |
| I have been known to display difficult to control behaviour in the following ways:- (think if it is verbal or physical, towards others or yourself, towards property, etc…) | Challenging Behaviour Risk Assessment Required? **Y/N** | Reference Number |
|  |  |  |

|  |
| --- |
|   The triggers that usually cause this are:-.  |

|  |
| --- |
|  I would like staff to help me address these episodes by:-   |

**Outcome Framework**

As part of my Support Plan, I have spoken to my Key Worker and others who help me and this is what I would like to achieve. While in Phew I would like to work on the following outcomes: (these can be both long term and short term goals and these will be reviewed at each visit as well as at the next review.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome 1** |  | **Outcome 2** |  |
| **Goal** |  | **Goal** |  |
| **Measured By**: |  | **Measured By**: |   |
| **Achieved By:**  |  | **Achieved By:**  |  |
| **Why is this Relevant:**  |  | **Why is this Relevant:**  |  |
| **Time Scale:**  |  | **Tie Scale:**  |  |
| **Who will be involved:**  |  | **Who will be involved:**  |  |
| **Review Date** |  | **Review Date** |   |
| **Achieved?** |  | **Achieved?** |  |

**Outcome Framework Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Review Date**  | **who is involved** | **Review Feedback** |
|  |  |  |  |
|  |  |  |  |
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** Emotions:**

![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\QI5O037Y\smiley[1].jpg]() When I am happy, I may:-

|  |
| --- |
|  |

![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\QI5O037Y\unhappy-739958[1].png]() When I am *unhappy*, I may:-

|  |
| --- |
|  |

![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\DTRQM7K2\scared[1].gif]() Thing that make me scared or anxious are

**![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SCINBDIB\emotions[1].jpg]() Things that are Important to me:**

|  |
| --- |
| Image result for must have Things that I must have in my life are:- |
|  |

|  |
| --- |
| http://previews.123rf.com/images/arcady31/arcady311203/arcady31120300002/12721941-no-entry-sign-Stock-Vector-stop.jpg Things that I must ***not*** have in my life:Essential : |

**My Support Plan**

This plan is all about me and to help you understand things about me.

I might need different people to help me with this but I must be involved at all stages.

It is important that all the people who know and care about me have a chance to contribute to this plan.

I may want to share it with you and the information in it should only be shared with other people if I say it is ok and when my life changes, my plan must change as well.

I have/ do not have a “power of attorney”.

I am able/ unable to sign off changes myself without the counter signature of my Power of attorney.

**People who helped me with this Support Plan are:**

Name: Relationship:

Signature: Date:

Name: Relationship:

Signature: Date:

Name: Relationship:

Signature: Date:

**Outcome Framework**

As part of my Support Plan, I have spoken to my Key Worker and others who help me and this is what I would like to achieve. While in Phew I would like to work on the following outcomes: (these can be both long term and short term goals and these will be reviewed at each visit as well as at the next review.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome 1** |  | **Outcome 2** |  |
| **Goal** |  | **Goal** |  |
| **Measured By**: |  | **Measured By**: |   |
| **Achieved By:**  |  | **Achieved By:**  |  |
| **Why is this Relevant:**  |  | **Why is this Relevant:**  |  |
| **Time Scale:**  |  | **Tie Scale:**  |  |
| **Who will be involved:**  |  | **Who will be involved:**  |  |
| **Review Date** |  | **Review Date** |   |
| **Achieved?** |  | **Achieved?** |  |

**Outcome Framework Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Review Date**  | **who is involved** | **Review Feedback** |
|  |  |  |  |
|  |  |  |  |
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**Eating and Drinking**

At meal times I would like staff to support me in the following ways:- (Cut up your food, provide verbal/ physical support, provide food as per dieticians guidelines etc…)

|  |
| --- |
|  |



I use the following aids and adaptations to help me eat independently:- (Use thickener for fluids, adapted cutlery and plates/ cups, texture of food, etc…)

|  |
| --- |
|  |

My favourite foods are:-

|  |
| --- |
|  |

I really dislike the following foods:-

|  |
| --- |
|  |

** Medication Fast fax**

I have the following protocols regarding my medication. They are only to be used as a reference. For further information, please see my Medication Recording Records found in section 19 or in the Unit Medication Administration folder.

|  |  |  |
| --- | --- | --- |
| Protocol Name | Reason | Expiry date |
|  |  |  |
|  |  |  |
|  |  |  |

I require the following medications to be with me at all times for the reasons stated:

|  |  |  |
| --- | --- | --- |
| Medication | Reason | Required for |
|  |  |  |
|  |  |  |
|  |  |  |

I am able to take the following medication when required for the following reasons:

|  |  |  |
| --- | --- | --- |
| Medication | Reason | Required for |
|  |  |  |
|  |  |  |
|  |  |  |

I am able to self medicate with a secondary signature from Staff? Yes No

Has the Risk assessment been completed?

Medical:- (think what level of support you require to take or be given medicine, if you wear glasses and for what purpose, hearing aids, etc…)

|  |
| --- |
|  |

**Outcome Framework**

As part of my Support Plan, I have spoken to my Key Worker and others who help me and this is what I would like to achieve. While in Phew I would like to work on the following outcomes: (these can be both long term and short term goals and these will be reviewed at each visit as well as at the next review.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome 1** |  | **Outcome 2** |  |
| **Goal** |  | **Goal** |  |
| **Measured By**: |   | **Measured By**: |   |
| **Achieved By:**  |  | **Achieved By:**  |  |
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**Outcome Framework Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Review Date**  | **who is involved** | **Review Feedback** |
|  |  |  |  |
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 **Communication**

It is really important that everyone know the best way to communicate with me.

I communicate ![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SCINBDIB\comunicacion_verbal[1].jpg]()*Verbally* *Physically*  *With Aids Other*

|  |
| --- |
|  |

Sometimes, I may not understand what you are saying to me but I may not say so. If I don’t understand, I will let you know by:-

|  |
| --- |
|  |

 If you find it difficult to understand me, please tell me and I will:-

|  |
| --- |
|  |

**![C:\Users\Seniors\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\QI5O037Y\friends[1].gif]()**Me and my Friends: I usually integrate with others by:- (think about if you need encouragement to mix, assistance to mix safely, enjoy particular activities, prefer own company, etc…)

|  |
| --- |
|  |

**My Personal Care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Action | Independent | Verbal/ Physical Prompt | Full Support | More detail below |
| Washing Image result for washing | I can have a bath/ shower  |  |  |  |  |
| I am able to wash myself |  |  |  |  |
| I can wash my own hair |  |  |  |  |
| I am able to brush my teeth |  |  |  |  |
| Drying | I am able to dry myself |  |  |  |  |
| I can dry my own hair |  |  |  |  |
| Dressing | I can put on my own underwear |  |  |  |  |
| I can pick appropriate clothing |  |  |  |  |
| I can dress myself |  |  |  |  |
| I can put on my own shoes |  |  |  |  |
| I can undress myself |  |  |  |  |
| I can take off my own shoes |  |  |  |  |
| Continence | I know when to use the toilet  |  |  |  |  |
| I use continence aids |  |  |  |  |
| Bed time | I can go to bed on my own |  |  |  |  |
| I sleep throughout the night |  |  |  |  |
| I need toileted during the night |  |  |  |  |
| I need aids/ adaptations |  |  |  |  |

|  |
| --- |
| More information:  |

**Outcome Framework**

As part of my Support Plan, I have spoken to my Key Worker and others who help me and this is what I would like to achieve. While in Phew I would like to work on the following outcomes: (these can be both long term and short term goals and these will be reviewed at each visit as well as at the next review.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome 1** |  | **Outcome 2** |  |
| **Goal** |  | **Goal** |  |
| **Measured By**: |   | **Measured By**: |   |
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| **Time Scale:**  |  | **Tie Scale:**  |  |
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| **Review Date** |  | **Review Date** |   |
| **Achieved?** |  | **Achieved?** |  |

**Outcome Framework Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Review Date**  | **who is involved** | **Review Feedback** |
|  |  |  |  |
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