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(Domiciliary Care Services)

CARE PLAN

**PERSONAL INFORMATION**

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| --- | --- |
| **Title** | XXXX |
| **Name** | XXXX |
| **I like to be called** | XX |
| **Address** | XXXX |
| **Telephone number** | XXXX |
| **D.O.B** | XXX |
| **Next of kin** | Francis Ibe Emecheta (Son)  Contact Number: XXXX |
| **G.P. Details** | GP Name: Dr. Chandok  GP Practice Name: Angel Surgery  Address: Silverpoint 88 - 90 Fore Street, London. N18 2FF  Tel Number: 07930199600 |
| **Pharmacy Details** | Lloyds Pharmacy |
| **My preferred language** | English |
| **DNAR** | None in Place |
| **Carer preference** | Female/Male |
| **Care Plan Date** | **24/04/2023** |
| **GENERAL HEALTH NEEDS & CAPABILITIES** | |
| **Personal Care Plan** | I require full support with all aspects of personal care, due to my health condition. I would like my carers to assist / support me with strip wash and support with dressing in cloths of my choice. I would like my carers to inform the office and document any observed changes. |
| **Mobility- any aid equipment used. How many staff to assist?** | I have reduced mobility and rely on 1 care staff to assist me in all my manual handling activities.  I use walking stick to mobilise. |
| **Hearing and Eyesight Needs** | My hearing and eyesight are on average. I wear glasses and at times I require a family member to speak on my behalf. |
| **Management of Skin Integrity** | My skin is healthy, I do not have any pressure sores. However, because I am less mobile my skin is at risk of breakdown. I require my carers to assist me with regular application of barrier cream to prevent skin breakdown. |
| **Continence Needs** | I am urinary incontinent and wears pad. I use the commode and I require careful physical assistance while changing and disposing my pads. |
| **Dental care** | I do not wear dentures and I require my carers to assist me to wash my mouth to keep up with my oral hygiene. |
| **Mental capacity** | l have mental capacity to make day to day decisions. However, My family support me with complex decisions with my consent.  I would like the carers to document and report changes observed in mental capacity. |
| **Hobbies/Interest** | I like singing and dancing. My Christian life and my family is most important to me. |
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| **Any special dietary requirements?** | I am diabetic and I require my carer to assist my meals preparation and drinking. |
| **Any known allergies** | None |
| **Any communication barriers?** | I speak English and I can communicate. I require my carers to speak to me slowly. |
| **Social circumstances** | I keep in touch with my family and friends |
| **Accommodation and Entry method** | I live with my son in a house. There is no key safe in place. Carers will enter property via front door by ringing the bell and my family will let them into the house. Key to be arranged for the carer at some point |
| **Date of care plan** | 21/02/2023 |

**MEDICAL INFORMATION**

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| **Known medical conditions/problems** | Hypertensive  T2 Diabetes |
| **Prescribed Medication List** | Amlodipine 10mg  Aspirin 75mg  Simvastatin 20mg  Metformin 500mg  Doxazosin 1mg  Stagliptin 100mg  Glicazide 100mg  Hydromellose 0.3% eye drops |
| **PRN Medication** | None |
| **Who is responsible for my medication** | I self-medicate, however, require my carers to prompt medication. My family is responsible for ordering and delivering of medication. |
| **If carers support with medication, please indicate which option and where medication is stored (Prompting/Administering)** | I require my carers to prompt medication.  My medication is in Blister pack and stored in my bedroom. |

**SYSTEM OF WORK**

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| **How I like my care to be delivered** |

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| --- | --- |
| **Service Username:** | **XXXXX** |
| **Date of plan:** | **24/04/2023** |

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| **CALL TIME: 8am to 9am PURPOSE OF CALL: MORNING CALL** |
| \*\*\*\* Carer to access property via front door by ringing the bell.  \*\*\*Carer to introduce self to Mrs E.  \*\*\* Carer to support with personal care (Strip wash in bed) every day, apply barrier cream and monitor skin integrity.  \*\*\*Carer to assisted with using the commode and emptying the commode, putting on continent pad and disposing off appropriately.  \*\*\*Carer to support Mrs E with dental care by washing mouth.  \*\*\*To support and supervise to get dressed, allowing choices and to maintain her independence.  \*\*\* Carer to assist Mrs E mobilise into chair and assist with all manual handling activities.  \*\*\*Carer to support with meals preparation.  \*\*\*Carer to dispose of PPE and incontinence products.  \*\*\*Carer to prompt medication (Barrier cream) and document in MAR Chart.  \*\*\*Carer to change bedding.  \*\*\*Carer to ensure that areas used are left clean and tidy and left safe and secure.  \*\*\*Carer to announce leaving for Mrs E and family.  \*\*\*\*\*Carer to complete daily note in logbook and refer to Oneplan documents for detailed care plan and, to report to management any changes or concerns. |
| **EQUIPMENT IN USE TO DELIVER CARE** |
| **\*\*\*Commode**  **\*\*\*PPEs in place** |

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| **CARE PLAN CONSENT**  I am happy that the information within this care plan is accurate and as agreed.  Service User /Representative  Signed: Date ………………………….  Care Service Provider  Signed: Date ……………………  (Care Plan to be reviewed every six months) |