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Confidential

Personal Care and Support Plan

A separate questionnaire, "Lone working, Client's Home Inspection Report" deals with the Risk Assessments associated with this individuals care from the Carer's perspective. This questionnaire must be kept wit this Personal Care and Support Plan at all times.

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Company/Organisation Name registered with the CQC

This is a model only. Amend according to your needs. You may decide some of the lines of enquiry are not relevant to your situation.

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Date of the Plan:

Client's Surname:	Forenames:	Title:	Known As:
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Address

Post Code:

Entering Client's Premises Information

This Personal Care and Support Plan draws on information gained during the process of Initial Assessment. It is a document which must be kept under continuous review.

As a result of information provided during the assessment process, the Client's Personal Care and Support Plan is as follows:

Topic	Describe the Intervention/Activity to be undertaken by the Company's Care/Support workers and to be agreed with the Client (Where appropriate/needed/helpful in promoting independence)
General Health	
Reason for Referral for Care and Support	

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Topic	<p>Describe the Intervention/Activity to be undertaken by the Company's Care/Support workers and to be agreed with the Client</p> <p>(Where appropriate/needed/helpful in promoting independence)</p>	
Hearing, understanding and communication		
Sight		
Medication – Self-Administered, or by a “Significant other”	Name of Medication	Dosage/Instructions/Additional Information
	Name of Medication	Dosage/Instructions/Additional Information
	Name of Medication	Dosage/Instructions/Additional Information
Medication – Administered by Company Support Worker	Name of Medication	Dosage/Instructions/Additional Information
	Name of Medication	Dosage/Instructions/Additional Information
	Name of Medication	Dosage/Instructions/Additional Information
Mobility		
Mental Health		

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Topic	Describe the Intervention/Activity to be undertaken by the Company's Care/Support workers and to be agreed with the Client (Where appropriate/needed/helpful in promoting independence)
Money and Finances	
Daily Living	
Leisure Interests and Hobbies, including gardening and plant care	
Getting out and about	
Watching TV/Listening to Radio	
Reading	
Using the Computer	
Preparing meals	
Eating	
Washing Up	
Preparing Drinks	
Getting Dressed/Undressed	
Getting into and out of bed	
Bathing/Personal care, including teeth, dentures	

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Topic	Describe the Intervention/Activity to be undertaken by the Company's Care/Support workers and to be agreed with the Client (Where appropriate/needed/helpful in promoting independence)
Skin care, including make-up, cosmetics	
Hair – washing and routine care	
Spirituality and Religious beliefs	
Shaving/Beard – moustache trimming	
Shopping	
Laundry	
Housework	
Care of Pets	
Healthcare Tasks	

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Improvements to the Client's Life

The Assessment process involves discussing numerous aspects of the Client's life relating, for example, to managing finances, improving aspects of daily living, developing and maintaining relationships etc. The following have been agreed as important elements of the Client's Care and Support Plan, and will be integrated into the schedule of tasks to be undertaken.

Item	Objective	All items are important, but each has been given a priority rating. (High/Medium/Low)

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Health and Safety

After careful review of all of the information gathered during the assessment process, the following hazards represent a risk to the Client.

These hazards have been controlled as follows:

Relationships and Sexuality

The Company promotes equality and diversity in all of its operations. It recognises that the development of meaningful and possibly sexual relationships is an important and integral part of many peoples lives. As such, as and when the relationship between the Company's Care/Support Worker and the Client has reached a satisfactory level, then enquiries of this kind will be pursued so as to achieve the very best outcome for the Client. The Company will promote practices and procedures which are entirely consistent with the CQC's guidance document – Relationships and sexuality in adult care services."

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Signatures

Client (or other nominated individual if the Client lacks mental capacity to sign):

I have agreed with the Company the care to be provided and the tasks to be undertaken as described in this Personal Care and Support Plan, and **provide my consent** to the care and support proposed.

I understand that this **consent will continue** until care and support ends, or is withdrawn.

Client:

Print Name:

Signature:

Date:

Nominated Representative:

Print Name:

Signature:

Date:

Company:

This is the Personal Care and Support Plan agreed with the Client.

Print Name:

Position:

Signature:

Date:

Note: If the Client lacks capacity to provide consent, then this will be sought from an appropriate individual, after following the requirements of the Mental Capacity Act 2005. If the Client has the mental capacity to provide consent, and consents to the care and treatment described, but lacks the physical ability to sign this Personal Care and Support Plan, then this will be recorded

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My Weekly Timetable

What I would like my week to look like:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Night							

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Personal Care and Support Plan Review

This Personal Care and Support Plan is a working tool and should be reviewed in accordance with a review process agreed with the Client. Any change in the Plan must be recorded, and a new Plan produced, and provided to the Client.

Review

This Personal Care and Support Plan is subject to review, either on a regular basis, or when circumstances/needs have changed. The date of the next scheduled review is:

	Date	Date	Date
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The following changes have been made to the Personal Care and Support Plan, as a result of each review

Care (Detail the change)			
Health and Safety (Detail the change)			
	Print Name Signature Date	Print Name Signature Date	Print Name Signature Date