

Sample Outcome Focused and Personalised Service Plan

Guidance:

- *This sample service plan is an example of what an outcome focused and personalised plan might look like and what might be included in it.*
- *There is no requirement to use this sample although you can. Equally you can use ideas from it if that is useful to you.*
- *It is built on good conversations between the individual, their carers/family and the Provider representative, rather than a series of tick boxes.*
- *There's no need to write it in a kind of special professional language. Who says 'mobilise' and 'nutrition and hydration' in real life? Why not say 'walking' and 'eating and drinking'?*
- *It's focus is on getting to know the real person rather than a list of tasks. It informs staff about what is important to the individual in relation to their support.*
- *You may also want to make it more visually appealing and accessible for the people you support, for example by using a larger font or visuals.*
- *This sample doesn't include other documents which you are required to complete such as risk assessments, medication records, moving & handling plans.*
- *The vital thing is that it enables staff to get to know a real person and how to support them towards a good life.*
- *If you would like a word version of this document email domcarecontracts@kirklees.gov.uk to request one.*



the good care company



Tele: 01234 56789
Email: THCC@xmail.com

INSERT NAME

Service Plan

INSERT PHOTO

CONFIDENTIAL

The information in this service plan is confidential and should only be read by me, the owner, authorised 'the good care company' personnel and others with my consent.

Thank you.

I have written this service plan with
name (** TGGC)
and
name (relationship)
On date
It will be reviewed by date

Important Information About Me

The Basics

My name is ****

I am known as ****

I was born on **** which makes me **years old

I am female/male/specify other

I live at ****

You can contact me on ****

I speak ***

Important People in my Life and How to Contact Them

My family and friends are ****

If I become unwell, please contact: ****

The professionals involved in my care are:

My GP: **

My district nurse: **

My pharmacist: **

My optician: **

My dentist: **

My advocate: **

My CPN: **

My equipment service: N/A

NOTE - ENTER ANY OTHERS

Important Medical Information

○ NOTE – ENTER ALL CRITICAL HEALTH INFORMATION HERE

<p>My One Page Profile 😊</p>	<p>All About Me... ✓</p>
<p>What People Admire About Me... ✓</p>	
<p>What's important TO me ✓</p>	<p>What's important FOR me ✓</p>
<p>How to Best Support Me... ✓</p>	<p>A Good Day... ✓</p>

MY 'TYPICAL' WEEK

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
Mid morning							
Midday							
Mid afternoon							
Teatime							
Mid evening							
Night							
Other							

'the good care company'

DIGNITY AND RESPECT STATEMENT

What needs to be done – every person, every time. No exceptions.

- Remember you are an invited guest in the person's home.
- Treat the person, their family, friends and home with dignity, respect, politeness and kindness.
- This includes the way you act, the things you say and the things you write down.
- Enter the home in the way chosen by the person, always announce your arrival.
- Address the person by their chosen name.
- On entering, ask the person how they are today and act accordingly.
- Remember your role is to support the person to enjoy a good life, not just to work your way through a list of tasks.
- Do your job well and take pride in the work you do.

THANK YOU

1. UNDERSTANDING

What's happening now?

What I want to achieve (my outcomes)

How staff can help me to achieve this

○

2. COMMUNICATION AND HEARING

What's happening now?

What I want to achieve (my outcomes)

How staff can help me to achieve this

○

3. SIGHT

What's happening now?

What I want to achieve (my outcomes)

How staff can help me to achieve this

○

4. MY PHYSICAL HEALTH

What's happening now?

What I want to achieve (my outcomes)

How can staff help me to achieve this?

○

5. MY MENTAL HEALTH AND EMOTIONAL WELLBEING

What's happening now?

What I want to achieve (my outcomes)

How staff can help me to achieve this

○

6. MOVING AROUND INDOORS AND OUTDOORS (MOBILITY)

What's happening now?

What I want to achieve (my outcomes)

How staff can help me to achieve this

○

**NOTE – IS A FULL MOVING AND POSITIONING ASSESSMENT REQUIRED? Y/N
IF YES COMPLETE IT NOW**

7. MANAGING MY MEDICATION

Note: The term medication is not limited to tablets and liquid medicines. It also means; inhalers, cremes, ointments, drops, sprays, capsules, patches and so on.

Note: **** home care providers do not order, collect or dispose of medication on behalf of individuals.

See - <https://www.kirklees.gov.uk/beta/adult-social-care-providers/domiciliary-care-medication-guidance.aspx> (password Kirkleesmeds)

<https://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/29-Home-Care-Medication-Assessment-2018.pdf>

1. Do you use any medication?	YES/NO If 'NO' do not continue completion of this section 7
2. Do you manage <u>all</u> your medication(s) independently?	YES/NO If 'YES' do not continue completion of this section 7
3. How are you supported to take/use/apply/instil each of your	****

medications e.g. family member support/ carousel/ measured dosage system (MDS)/I need home care support	
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Only complete the rest of this form if you have answered in 3. above that you do need home care support.

NOTE: **** Home care provider will look at all available options to enable you to manage your medication independently before taking responsibility for medication support.

How do you get your medication? e.g. son orders and chemist delivers	****
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Name of medication	I take it for -	It is packaged in e.g. original packet, bottle, MDS,	I store it in e.g. kitchen drawer, meds cabinet, fridge	I take/use it in the following frequency -	I need the following support to take/use it -

What I want to achieve

How staff can help me to achieve this

○

**DOES A MAR NEED TO BE COMPLETED? YES/NO
IF 'YES' IS THIS A PHARMACIST TASK? IF 'NO' COMPLETE IT NOW
DOES A BODY MAP NEED TO BE COMPLETED? YES/NO
IF 'YES' COMPLETE IT NOW**

8. EATING, DRINKING AND FOOD PREPARATION (NUTRITION)

What's happening now?

What I want to achieve (my outcomes)

How staff can help me to achieve this
○

9. GOING TO THE TOILET (CONTINENCE)
What's happening now?

What I want to achieve

How staff can help me to achieve this
○

10. PERSONAL CARE	
What's happening now?	

What I want to achieve	

How staff can help me to achieve this	
Dressing and undressing Changing underwear Change clothes regularly	

Using a bath or shower Drying after a bath/shower Washing and drying hands and face Washing and drying intimate areas Applying Deodorant Applying moisturising lotions Hair care – combing and washing Cleaning teeth or denture care Shaving Caring for fingernails and /or toe nails Applying make-up Support during menstruation	
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11. SEEING AND MEETING PEOPLE, GOING OUT AND BEING OCCUPIED (SOCIAL SUPPORT)
What's happening now? ***
What I want to achieve (my outcomes) ***
How staff can help me to achieve this ○

12. PERSONAL AND INTIMATE RELATIONSHIPS
What's happening now?

What I want to achieve

How staff can help me to achieve this

○

13. REST AND SLEEP

What's happening now?

What I want to achieve

How staff can help me achieve this

○

14. KEEPING WARM OR STAYING COOL

What's happening now?

What I want to achieve

How staff can help me to achieve this

○

15. EQUIPMENT AND ASSISTIVE TECHNOLOGY

What's happening now?

What I want to achieve

How staff can help me to achieve this

○

16. SAFETY AND SECURITY

What's happening now?

What I want to achieve

How staff can help me to achieve this

○

17. DEATH AND DYING

(Guidance for provider staff – this is a very sensitive and difficult area for many people to discuss. Taking a personalised approach means that you should only raise this if it is appropriate to do so, and then only discuss when you are trained, confident and competent. The conversation may be easier once a good relationship has been formed, don't rush. For some people you support it may not be appropriate at all – e.g. it may be very distressing if you raise this with a young man who has a learning disability and no health issues.

What's happening now?

What I want to achieve

○

18. HOUSEHOLD TASKS

What's happening now?

What I want to achieve

How staff can help me achieve this

○

CONSENT

I confirm that I have been consulted in relation to my service plan and associated risk assessments and risk management plans. I agree to keep **'the good care company'** up to date with any changes in relation to my support needs e.g. if I begin to take medication while at the service or if I begin to experience falls.

A) Written consent

I confirm that I give consent to care workers supporting me with my *care/*care and medication support needs according to my service plan. (*Delete as appropriate)

Signature:

Date:

B) Verbal consent

The above-named service user is able to consent but unable to sign consent due to:

Enter reason:

E.g. **** has had a stroke affecting her ability to hold a pen

Verbal consent has been given for care workers to support with *care/*care and medication support needs according my service plan. (*Delete as appropriate)

Name and Signature of assessor/provider:

Date:

C) Unable to consent

I confirm that I have **'Lasting Power of Attorney'** and am legally able to sign on behalf of the above named person. I give consent to care workers supporting the above-named service user *care/*care and medication support needs according to the service plan. (*Delete as appropriate).

I understand **'the good care company'** will require a copy (or see a copy) of any legal documentation confirming that I am legally entitled to sign on behalf of the above-named person.

Name and Signature:

Date:

Please note: There are 2 types of Lasting Power of Attorney (POA)

- property and financial affairs
- health and welfare

POA for Health and Welfare MUST be in place for a person to legally make decisions for a service user.

'the good care company' must make a record of the date the POA was seen and the date the POA was legally approved.

If a service user does not have capacity to consent or is unable to make certain decisions about their care and medication support and there is no POA in place then **'the good care company'** will need to carry out a best interest assessment/decision, if one has not already been done. Evidence of any best interest assessments must be retained on the service users file.

Full name and signature of **'the good care company'** representative:

Name/Signature

Job title

Date

GENERAL DATA PROTECTION ACT (2018)

'the good care company' will record and retain your personal information in order to assist in the provision of a quality care and support service. **'the good care company'** regards all information as strictly confidential, however, occasionally we may be asked to share information with other professionals such as Health Professionals and Kirklees Adult Social Care. **'the good care company'** will only provide such information with your permission. Additionally, in certain circumstances we may need to disclose information to a third party without your consent. We will only do this where there is a serious risk of harm to you or others, and where we feel that this is fully justified. We would ask you to complete the statements below:-

Please delete as appropriate:-

I* **give/do not give** permission to **'the good care company'** to share my personal information about me with other professionals such as Health Professionals and Kirklees Adult Social Care.

I* **have/have no** objections to my details being held on computer records and being used by **'the good care company'** in pursuit of its legitimate business.

Signature:

Date: