

Care Plan - Service User

Service User: _____ **Service User Reference:** _____

The following pages provides for the building and development of a comprehensive Care Plan for the new Service User. It is based upon information drawn from the following Service User Assessment Records, as appropriate to the Service User's individual needs and circumstances:

- Form 3-001 Service User Personal & Social Profile
- Form 3-002 Baseline Assessment of Needs for Daily Living - Service User
- Form 3-003 Summary of Service Users' Religious & Cultural Requirements
- Form 3-004 Risk Assessment - Service User
- Form 3-005 Service User Mental Health - Vulnerability Risk Assessment
- Form 3-006 Risk Assessment - Workplace Environment (Service User's Property)
- Form 3-007 Risk Assessment - Service User - Bathing & Showering
- Form 3-008 Risk Assessment - Service User - Lifting & Handling
- Form 3-009 Risk Assessment - Service User - Moving & Handling the Larger Person
- Form 3-011 Consent to Care & Treatment - Service User
- Form 3-200 Continence Assessment Checklist
- Form 3-400 Nutrition Risk Assessment
- Form 3-701 Risk Assessment - Safeguarding Vulnerable Adults
- Form 3-702 Safeguarding Vulnerable Persons - Domestic Violence Case History
- Form 3-720 Notification of Safeguarding Incident - Service User

The Care Plan is structured into the following 15 sections:

- 1. WAKING & DRESSING*
- 2. UNDESSING, RETIRING & SLEEPING*
- 3. FOOD, DRINK & DIETS*
- 4. MEDICATION*
- 5. MOBILITY*
- 6. HEALTH & MEDICAL CARE*
- 7. PERSONAL HYGIENE*
- 8. DAILY LIFESTYLE & ACTIVITIES*
- 9. SOCIAL NEEDS & RELATIONSHIPS*
- 10. PSYCHIATRIC & MENTAL HISTORY*
- 11. COMMUNICATION NEEDS*
- 12. RELIGION, CULTURE & BELIEFS*
- 13. AWARENESS & REALITY ORIENTATION*
- 14. BEHAVIOUR & RISKS*
- 15. MONEY & FINANCE*

For each section there is provision for the following signatories:

- the service user or advocate signifying their consent to their care and treatment as set out in their Individual Care Plan;*
- the authorised representative of the Organisation responsible for delivering the care as set out in the Care Plan.*

SERVICE USER:	Care commencing on:	NEXT REVIEW OF CARE PLAN:	
Needs for Daily Living Assessed (Assessment Form No 3-002)	THE CARE PLAN		
	Needs identified	Planned Outcome	How this Outcome will be achieved
1. WAKING & DRESSING			
Preferred time of getting up Needs help with getting up Is able to choose clothes Needs help with dressing Needs help with washing / showering Needs help with using the toilet Commode or toilet			
2. UNDRRESSING, RETIRING & SLEEPING			
Preferred time of going to bed Needs help with undressing Enjoys bath or shower in evenings Dentures Number of pillows Bedtime routines (TV / radio / reading) Bedtime drinks Sleeps well Disturbed sleep pattern - gets up / needs light on Needs bedroom door open Sedation			
For Organisation: Signature: _____ Name (PRINT): _____ Date: _____ For Service User: Signature: _____ Name (PRINT): _____ Date: _____			

SERVICE USER:	Care commencing on:		NEXT REVIEW OF CARE PLAN:
Needs for Daily Living Assessed <i>(Assessment Form No 3-002)</i>	THE CARE PLAN		
	Needs identified	Planned Outcome	How this Outcome will be achieved
3. FOOD, DRINK & DIETS “MUST” score - to assess risk of malnutrition or obesity Appetite Is able to make own snacks and drinks Preferred mealtimes and locations in the house Favourite foods Dislikes Foods forbidden by religion or culture Special clinical diets FOOD ALLERGIES Needs help with cutting food up and / eating Needs food to be soft / pureed / very small portions Adaptation aids needed			
4. MEDICATION Medication Regime (as prescribed by GP) Routes of administration Is able to self-medicate OR to give consent to medicate Is able to self-inject Other medication taken (OTC / household remedies) Alternative / complementary / holistic medicines Needs liquid medicines in other drinks Needs tablets crushed with food / choking risk DRUG ALLERGIES OR SENSITIVITIES			
For Organisation: Signature: _____ Name (PRINT): _____ Date: _____			
For Service User: Signature: _____ Name (PRINT): _____ Date: _____			

SERVICE USER:	Care commencing on:	NEXT REVIEW OF CARE PLAN:	
Needs for Daily Living Assessed <i>(Assessment Form No 3-002)</i>	THE CARE PLAN		
	Needs identified	Planned Outcome	How this Outcome will be achieved
5. MOBILITY			
Capability / Aids needed - standing / walking Capability / Aids needed - stairs and steps Capability / Aids needed - transfer to / from bed / chair Capability / Aids needed - washing / showering / bathing Capability / Aids needed - using the toilet Effect of medication			
6. HEALTH & MEDICAL CARE			
General state of health Vision / Vision Aids / Optician or Ophthalmologist Eye care Speech / Speech Therapy Ear care Continence - urine Continence - faeces Difficulties - urine / faeces Colostomy bag Cognitive loss (Alzheimer's / Dementia) Disabilities / Disability Aids Vital Signs (blood pressure / weight / pulse / temperature) Special requirements			
For Organisation: Signature: _____ Name (PRINT): _____ Date: _____ For Service User: Signature: _____ Name (PRINT): _____ Date: _____			

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Needs for Daily Living Assessed <i>(Assessment Form No 3-002)</i>	THE CARE PLAN		
	Needs identified	Planned Outcome	How this Outcome will be achieved
7. PERSONAL HYGIENE			
Bathing / showering preferences Teeth and Dental Care Chiropody Hairdressing Facials / Beautician / Skin Care / Make-up Shaving Body odours / deodorants Nail Care			
8. DAILY LIFESTYLE ACTIVITIES			
Favourite indoor and outdoor activities Member of a Community Group Religion and worship Favourite TV / radio / music Gardening Shopping Visits to pubs and restaurants Holiday preferences			
For Organisation: Signature: _____ Name (PRINT): _____ Date: _____			
For Service User: Signature: _____ Name (PRINT): _____ Date: _____			

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Needs for Daily Living Assessed <i>(Assessment Form No 3-002)</i>	THE CARE PLAN		
	Needs identified	Planned Outcome	How this Outcome will be achieved
9. SOCIAL NEEDS & RELATIONSHIPS			
Meeting people and keeping company Relates to family history and family life Family conflicts Relates to long friendships Emotional needs and relationships Sexual needs and sexual orientation Social mobility (bus / train / car / ability to drive) Smokes Handling bereavements Pets			
10. PSYCHIATRIC & MENTAL HISTORY			
Eating disorders Alcohol dependency Drug dependency Epilepsy Depression Aggression / History of violence Inappropriate sexual behaviour			
For Organisation: Signature: _____ Name (PRINT): _____ Date: _____			
For Service User: Signature: _____ Name (PRINT): _____ Date: _____			

SERVICE USER:	Care commencing on:	NEXT REVIEW OF CARE PLAN:	
Needs for Daily Living Assessed <i>(Assessment Form No 3-002)</i>	THE CARE PLAN		
	Needs identified	Planned Outcome	How this Outcome will be achieved
11. COMMUNICATION NEEDS			
Command of English Mother tongue - interpreter Hearing aids, spectacles etc Sign language Needs help with writing Preferred mode of address Use of telephone Use of e-mail and internet Confused state leads to poor communication			
12. RELIGION, CULTURE & BELIEFS			
Religion Preferred place of worship Minister of religion Religious festivals and customs Arrangements in the event of death Contact names and numbers			
For Organisation: Signature: _____ Name (PRINT): _____ Date: _____ For Service User: Signature: _____ Name (PRINT): _____ Date: _____			

SERVICE USER:	Care commencing on:	NEXT REVIEW OF CARE PLAN:	
Needs for Daily Living Assessed <i>(Assessment Form No 3-002)</i>	THE CARE PLAN		
	Needs identified	Planned Outcome	How this Outcome will be achieved
13. AWARENESS & REALITY ORIENTATION			
Aware of their own identity, and of significant others Aware of the date and time Recognises everyday objects Aware of current events Understands the need for their care			
14. BEHAVIOUR & RISKS			
Challenging behaviour / aggression History of domestic abuse Paranoia / Hostility Trigger factors Effect of medication on mood changes Need for support Physical Intervention / Restraint Family members Social implications			
For Organisation: Signature: _____ Name (PRINT): _____ Date: _____ For Service User: Signature: _____ Name (PRINT): _____ Date: _____			

SERVICE USER:	Care commencing on:	NEXT REVIEW OF CARE PLAN:	
Needs for Daily Living Assessed <i>(Assessment Form No 3-002)</i>	THE CARE PLAN		
	Needs identified	Planned Outcome	How this Outcome will be achieved
15. MONEY & FINANCES			
Need for money, and access to it Security of money at service user's home Ability to manage own finances Relatives / friends / advocates Assistance with shopping and handling monies Insurances (household etc) Entitlements to benefit			
For Organisation: Signature: _____ Name (PRINT): _____ Date: _____ For Service User: Signature: _____ Name (PRINT): _____ Date: _____			