KindCare Individual Support and Care Plan

Individual Support and Care Plan – Fiona Wallace

Plan Approval

Prepared By:	Jeremy Dyson	**Position/Title:**	Support Worker	**Date:**	1 year 4 months ago
Approved by:	Michaela Scott	**Position/Title:**	SW Supervisor	**Date:**	1 year 6 months ago
Next review date:	In two weeks				

Client and Contact Details

Client Details			
Client Name:	**Fiona Wallace**	**Date of Birth:**	**1936**
Gender:	**Female**	**Doctors Name:**	**Dr Kevin Holmes**
Participants involved in care			
Name	**Relationship to Client**	**Area of Support**	
Mary Macleay	Daughter	Cleans home weekly	
Emergency Contacts			
Name	**Relationship to Client**	**Contact No.**	
Mary Macleay	Daughter	0400 009 009	
Saxon Wallace	Son	0400 010 010	
Care Alerts (e.g. Falls Risk, Allergies, Diabetic)			
Early stages of dementia; Refer to Behaviour			

Medication

Current Medication			
Name	**Type (tablet, liquid)**	**Dosage**	**Frequency**
Donepezil	Tables	1 tablet	3 times daily/before meals
Medication			
☒ Prepacked		☐ Measure	
☐ Independent _____	☐ Fully assist _____	☐ Supervise _____	☒ Prompt _____
Specialised Care Plans			
Please see Specialised Care Plans (if ticked) for:			

KindCare Individual Support and Care Plan

☐ Pain Management	☐ Wound Care	☐ Restraint	☐ Physiotherapy

Mobility

Movement		
☒ Able to walk unassisted	☐ Quad stick	☐ Electric wheelchair
☐ Walking stick	☐ Walking frame	☐ Manual wheelchair
Care needs:		
Orientation when wandering		
Transfers		
☒ Independent weight bearing	☐ Hoist	☐ One staff assist
☐ Non-independent weight bearing	☐ Standing hoist	☐ Two staff assist
☐ Slide sheet	☐ Other _____	
Care needs:		
Nil		

Vision and Hearing

Vision	
☒ Wears glasses full time	☐ Wears contact lenses (multiple days)
☐ Uses reading glasses only	☐ Wears contact lenses (daily)
☐ Vision impaired: Level of impairment _____	
☐ White walking cane	☐ Guide dog (Name: _____)
Care needs:	
Remind to put on glasses	
Care goals:	
Maintain current level of vision	
Hearing	
☐ Hearing aid (right ear)	☐ Hearing aid (left ear)
☐ Cochlear implant	☒ No aids
Care needs:	
Nil	

KindCare Individual Support and Care Plan

Care goals:
Maintain current level of hearing

Language and Speech

First Language Spoken	**English**
Second Language Spoken	Nil
Speech disorders (e.g. stuttering, slurring, etc.)	Can have difficulty finding her words

Toileting and Continence

Bladder Continence	
☐ Continent	☐ Total incontinence
☒ Partial/occasional incontinence	☐ Catheter
Bowel Continence	
☐ Continent	☐ Total incontinence
☒ Partial/occasional incontinence	☐ Colostomy bag
☐ Diarrhoea (Frequency _____)	☐ Constipation (Frequency: _when inactive_)
Bowel Management	
☐ High fibre diet	☐ Oral laxatives (Brand/dose _____)
☒ Other: ___Remind to use bathroom _____	
Continence Aids	
☐ Commode	☐ Urodome
☐ Over toilet frame	☐ Bed pan
Toileting Needs	
☐ Independent	☐ Fully Assist
☐ Supervise	☒ Prompt
☐ Other: _____	
Care goals:	
Remind to toilet regularly, particularly when confused or disorientated	

KindCare Individual Support and Care Plan

Showering and Grooming

Showering	
☐ Independent	☐ Fully Assist
☐ Supervise	☒ Prompt
☐ Shower	☐ Bath
☒ Wash hair in shower (Frequency ___every second day_____)	
☐ Bed sponge bath (Frequency _____)	
Showering Aids	
☐ Shower Chair	☐ Other _____)
Toiletries	
☒ Regular soap	☐ Aqueous cream
☒ Deodorant/antiperspirant	☐ Moisturiser ☐ AM ☒ PM
Grooming	
☐ Independent	☐ Fully Assist
☐ Supervise	☒ Prompt
☐ Wet shave	☐ Electric shave
Teeth	
☒ Own teeth	☐ Dentures
☐ Partial denture	☐ None
Own Teeth/Denture acre	
☐ Independent	☐ Fully Assist
☐ Supervise	☒ Prompt
Hand and Fingernail Care	
☐ Independent	☐ Fully Assist
☐ Supervise	☒ Prompt
Foot and Toenail Care	
☐ Independent	☐ Fully A**ssist**
☐ Supervise	☒ Prompt
☐ Podiatrist (Frequency _____)	
Dressing and Undressing	
☐ Independent	☐ Fully Assist
☒ Supervise	☒ Prompt
Dressing Assistance	

KindCare Individual Support and Care Plan

☒ Clothing selection	☐ Underwear
☐ Bra	☐ Belt
☐ Buttons	☐ Zips
☐ Stockings	☐ Socks
☒ Make up	☐ Jewellery
☒ Shoes	☐ Other: _____
Care goals:	
Maintain current level of movement; develop routines or tools to assist client to independently remember to complete tasks	

Eating and Drinking

Meal Preparation	
☐ Independent	☐ Fully Assist
☐ Supervise	☒ Prompt
Type of Diet	
☒ Normal	☐ Soft
☐ Minced	☐ Pureed
Eating	
☐ Independent	☐ Fully Assist
☐ Supervise	☒ Prompt
☒ Right handed	☐ Left handed
Preferred place to eat	
☒ Kitchen or dining table	☐ Lounge room
☐ Tray table	☐ Other: _____
Eating Aids	
☐ Modified cutlery	☐ Modified crockery
☐ Bowl	☐ Clothing protector
☐ Other: _____	
Drinking	
☐ Independent	☐ Fully Assist
☐ Supervise	☒ Prompt
Drinking Aids	

KindCare Individual Support and Care Plan

☐ Modified cup	☐ Straw
☐ Clothing protector	☐ Other: _____

Domestic Needs

Cleaning	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
☒ **Other**: ___Daughter cleans weekly_____	
Meal Preparation and Cooking	
☐ Independent	☒ Fully Assist
☐ Supervise	☐ Prompt
☐ Other: ___Previously worked as a chef; likes to assist but requires prompting for steps and processes _____	
Shopping	
☐ Independent	☒ Fully Assist
☐ Supervise	☐ Prompt
☐ **Other**: ___Assist to write list and get groceries_____	
Laundry	
☐ Independent	☒ Fully Assist
☐ Supervise	☐ Prompt
☐ Other: _____	

Social and Emotional Needs

Race/Culture	
Race/Culture	Scottish (first generation; emigrated at 18 years old)
Religion/Spirituality	
Religion/Beliefs:	Church of Scotland
Place of Worship:	St Johns; 836 High Street
Day, time, to attend:	8.00am Sunday Mass; 6pm Wednesday Mass
Pastoral Care Requirements	
Confession (currently undertaken after Mass at St Johns)	
Pets	

KindCare Individual Support and Care Plan

Pet Type and Name	
N/A	
Pet Care Needs	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
Employment Details	
Company:	
Manager/Supervisor Name:	
Address:	
Contact No:	
Work days and hours:	
Transport to/from work:	
Hobbies and Social Activities	
Hobbies/Interests/Sports/Sporting Teams	
Quilting Cooking Singing	
Social or Community Groups	
Water aerobics; 1pm Tuesdays	
Preferred Social Outings	
Dinner at son's house (weekly; Sunday, 5pm)	
Preferred Activities	
Coffee with daughter (weekly, after daughter cleans; Saturday 10am) Morning walk around the garden after breakfast (8.30am)	

Behaviour

Main Concerns
Wanders and has difficulty find her way back to her room. Frequent memory loss. Becomes confused during conversations. Has some difficulty identifying where she is, who she is speaking to and what year/point in time she is in. Some difficulty forming sentences (predominantly occurs when tired).

KindCare Individual Support and Care Plan

Care Needs
Prompting to complete daily tasks. Reorientation when lost and/or distressed. Validation strategy to allow her to engage with childhood and early parenting memories.
Care Goals
Maintain independence with prompting. Manage behaviours to reduce distress; provide a calm environment; create familiarity and opportunities to reminisce.

Other

Other Relevant Information
Sometimes goes by her maiden name when disorientated; Fiona O'Lachlan. Recently volunteered to assist a homelessness service as a cook (not expected for the voluntary role).