KindCare Individual Support and Care Plan

Individual Support and Care Plan – Rupert Mason

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:	**Rupert Mason**	**Date of Birth:**	**14/5/1961**
Gender:	**Male**	**Doctors Name:**	**Dr Inga Goldberg**
Participants involved in care			
Name	**Relationship to Client**	**Area of Support**	
William Mason	Son	Social outings (football etc.)	
Emergency Contacts			
Name	**Relationship to Client**	**Contact No.**	
William Mason	Son	0400 003 003	
Robert Mason	Brother	0400 004 004	
Care Alerts (e.g. Falls Risk, Allergies, Diabetic)			
Intellectual disability – see notes under behaviour and language **Diabetic**			

Medication

Current Medication			
Name	**Type (tablet, liquid)**	**Dosage**	**Frequency**
Captopril	Tablet	1 Tablet	1 daily (morning)
Medication			
☒ **Prepacked**		☐ Measure	
☒ **Independent** _____	☐ Fully assist _____	☐ Supervise _____	☐ Prompt _____
Specialised Care Plans			

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Please see Specialised Care Plans (if ticked) for:			
☐ Pain Management	☐ Wound Care	☐ Restraint	☐ Physiotherapy

Mobility

Movement		
☒ **Able to walk unassisted**	☐ Quad stick	☐ Electric wheelchair
☐ Walking stick	☐ Walking frame	☐ Manual wheelchair
Care needs:		
Nil		
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:	
Nil	
Care goals:	
Maintain current vision	
Hearing	
☐ Hearing aid (right ear)	☐ Hearing aid (left ear)
☐ Cochlear implant	☒ **No aids**

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Care needs:
Nil
Care goals:
Maintain current hearing

Language and Speech

First Language Spoken	Italian (as a child; no longer fluent)
Second Language Spoken	English (fluent)
Speech disorders (e.g. stuttering, slurring, etc.)	Slight distortion

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: _____	
Continence Aids	
☐ Commode	☐ Urodome
☐ Over toilet frame	☐ Bed pan
Toileting Needs	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
☐ Other: _____	
Care goals:	

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Maintain independence and continence

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 _____)	

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Dressing and Undressing	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
Dressing Assistance	
☐ Clothing selection	☐ Underwear
☐ Bra	☐ Belt
☒ **Buttons**	☐ Zips
☐ Stockings	☐ Socks
☐ Make up	☒ **Jewellery** watch
☐ Shoes	☐ Other: _____
Care goals:	
Reduce assistance with hand/foot care and showering	

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** napkin
☐ Other: _____	

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Drinking	
☒ **Independent**	☐ Fully Assist
☐ Supervise	☐ Prompt
Drinking Aids	
☐ Modified cup	☐ Straw
☐ Clothing protector	☐ Other: _____

Domestic Needs

Cleaning	
☐ Independent	☒ **Fully Assist** goal to be more independent*
☐ Supervise	☐ Prompt
☐ **Other**: _____	
Meal Preparation and Cooking	
☐ Independent	☒ **Fully Assist** goal to be more independent*
☐ Supervise	☐ Prompt
☐ Other: _____	
Shopping	
☐ Independent	☐ Fully Assist
☒ Supervise	☐ Prompt
☐ **Other**: _____	
Laundry	
☐ Independent	☒ **Fully Assist** goal to be more independent*
☐ Supervise	☐ Prompt
☐ Other: _____	

Note: Break into small steps for him to follow

Social and Emotional Needs

Religion/Spirituality	
Religion/Beliefs:	Baptist (non-practicing)
Place of Worship:	Nil
Day, time, to attend:	Nil

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Pastoral Care Requirements	
Nil	
Pets	
Pet Type and Name	
Nil	
Pet Care Needs	
☐ Independent	☐ Fully Assist
☐ Supervise	☐ Prompt
Employment Details	
Company:	Seal Inc.
Manager/Supervisor Name:	Joe Mancini
Address:	496 Industrial Ave.
Contact No:	0400 004 004
Work days and hours:	Monday, Wednesday, Thursday; 10am-3pm
Transport to/from work:	Catches bus – check bus card has credit
Hobbies and Social Activities	
Hobbies/Interests/Sports/Sporting Teams	
Football, music	
Social or Community Groups	
Local football club	
Preferred Social Outings	
Going to the football; listening to music; going to the movies	
Preferred Activities	
Enjoys going to the city and just wandering around and watching the buskers in the mall or street performers. Watches a lot of Netflix	

Behaviour

Main Concerns
Usually very happy and calm. Tendency to be a bit sedentary e.g. spending all day on the couch.

Very keen to do things himself and can get frustrated when unable to do so. Rupert had one aggressive incident a year ago when he found out his sister had passed away. No repeated instances.
Care Needs
Check he has everything he needs before leaving the house. Allow him to make mistakes (independence)
Care Goals
Maintain and increase sense of self reliance.

Other

Other Relevant Information
Son lives interstate but phones every few days and visits monthly (usually takes him to the football). Brother drops in every few weeks. Rupert is very private, so be cautious about sharing personal information with his family.