# **MADE Care and Support Plan**



#### **Personal Details** Which pathway has this Care and Support Plan step come from? **OOT** Assessment O Enablement Final Review Care Needs Assessment **OLD Transitions** O Review O Short Term Pathway Name John Wilson Date of birth Age 27/11/1946 76 Address Current address Swaleside H M Prison Swaleside H M Prison Church Road Church Road Eastchurch Eastchurch Sheerness Sheerness ME12 4AX ME12 4AX

### **Summary of Telephone Numbers**

•	
Home 0	
Household Structure	
Tenure Type	Unsettled - prison/Young Offenders institution/detention centre
NHS ID	4270108037
Gender	Male

## Is the gender the person identifies with the same as was registered at birth?

O Yes ONo

**Ethnicity** White **Sub-Ethnicity** British Ethnicity Details (if Other) Religion Other Religion

**Preferred Language** English

**Nationality** British

Unknown

Service User Group Physical Support Access and Mobility Only 65+

#### **Sexual Orientation**

**Marital Status** 

O Other sexual orientation not O Heterosexual or Straight O Gay or Lesbian **O Bisexual** listed

Person Name: John Wilson	Person ID: 1579804	MADE Care and Support Pla
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O Person asked and does not know or is not sure	O Not stated (person asked but declined to provide a response)	Not known (not reco	orded)	
Has the person previously ser	ved in the UK Armed Forces?			
O Yes, previously served in Regula Forces	or Armed O Yes, previously serve Forces	ed in Reserve Armed	ONo	
Employment status	Not in Employment - Imprisonmen	t		
<b>GP Details</b>				
Surgery Name and Address				
Contact number				
	the person's mental capacity in b	eing able to participa	te fully in this process?	
Is there any reason to doubt to Yes O Not Known	the person's mental capacity in b	No     No		
Is there any reason to doubt to Yes O Not Known		No     No		
Is there any reason to doubt to Yes O Not Known  Does the person have substan		No     ved in the assessmen		
Is there any reason to doubt to OYes ONOT Known  Does the person have substant OYes  Communication Needs	ntial difficulty in being fully invol	No     ved in the assessmen		
Is there any reason to doubt to OYes O Not Known  Does the person have substant O Yes	ntial difficulty in being fully invol	No     ved in the assessmen		

Additional information - please describe any specific communication needs e.g. 'only contact by text', 'do not call in the morning'.
☐ Interpreter Required?
✓ Please confirm that communication needs have been reviewed
Care and Support Needs Identified at Assessment
Maintaining personal hygiene
Ability to achieve outcome
Unable to achieve without assistance
Significant impact on well-being
Yes
Being appropriately clothed
Ability to achieve outcome
Unable to achieve without assistance
Significant impact on well-being
Yes
Managing toilet needs
Ability to achieve outcome
Unable to achieve without assistance
Significant impact on well-being
Yes

Person Name: Jo	ohn Wilson	Person ID: 1579804	MADE Care and Support Plan
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<b>Being</b>	able	to	use	the	home	safely	y
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Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

### Managing and maintaining nutrition

Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

### Maintaining a habitable home environment

Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

### Making use of necessary facilities in the local community

Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

### Developing and maintaining family and other relationships

#### Ability to achieve outcome

Unable to achieve without assistance

Significant impact on well-being

Yes

#### **Eligible Needs**

Maintaining Personal Hygiene

Being Appropriately Clothed

Managing Toilet Needs

Being able to make use of the Home Safely

Managing and Maintaining Nutrition

Maintaining a Habitable Home Environment

Making use of Necessary Facilities in the Local Community

Developing and Maintaining Family or Other Personal Relationships

## Non-eligible needs

#### Non-assessed domain

Accessing and Engaging in Work, Training, Education or Volunteering Carrying out any Caring Responsibilities the Adult has for a Child

#### Overall eligibility decision

Eligible

## My Support Needs Identified and My Personal Outcomes

Are there any other plans for the person that need to be taken into consideration (such as plans of carers or family members, or Education, Health and Care, multi-agency, Section 117 Mental Health Act and other plans)?
⊙ Yes
Eligible Needs
lanaging Personal Hygiene
☐ Include picture?
ersonal Outcomes
o have support at this time to have a shower. Also to regain his independence as much as possible.
ow the eligible care and support need is being met informally
Jse of shower stool
ow the unmet eligible need will be met by Personal Budget (if relevant)
Carer to encourage and support Mr Wilson with showering daily. Carers to enable Mr Wilson to be as independent as possible and to promote an enabling approach to Mr Wilson.
OH care provided in prison environment. 30 mins AM
ny information and advice to prevent, reduce and delay developing needs
Is this domain a section 117 Mental Health Act eligible need?
O Yes

Being appropriately clothed	
☐ Include picture?	
Personal Outcomes	
To have support to change clothing.	
How the eligible care and support need is	being met informally
Laundry to be undertaken within the priso	on environment.
How the unmet eligible need will be met b	y Personal Budget (if relevant)
Carer to support and encourage Mr Wilson he recovers post op.	n to change his clothes regularly. Carers to enable Mr Wilson to do as much as his mobility permits as
Any information and advice to prevent, re	duce and delay developing needs
☐ Is this domain a section 117 Mental	Health Act eligible need?
O Yes	O No
Managing toilet needs	
☐ Include picture?	
Personal Outcomes	
To be able to get to the toilet and use it w	hen he needs to
How the eligible care and support need is	being met informally e.g. by my carer, the community, equipment
Raised toilet frame provided	
How the unmet eligible need will be met b	y Personal Budget (if relevant)
Any information and advice to prevent, re	duce and delay developing needs

#### Managing and maintaining nutrition

☐ Include picture?

Personal Outcomes		
To have meals and drinks brought to him so	he can eat and drink sufficiently.	
How the eligible care and support need is be	eing met informally	
IPD staff to bring Mr Wilson his meals and d	Irinks. He likes his meals to be very hot.	
How the unmet eligible need will be met by	Personal Budget (if relevant)	
Any information and advice to prevent, redu	ice and delay developing needs	
Is this domain a section 117 Mental He	ealth Act eligible need?	
O Yes	O No	
Maintaining a habitable home envir	onment	
☐ Include picture?		
Personal Outcomes		
To have a clean cell.		
How the eligible care and support need is be	eing met informally	
IPD orderly to support with cell cleaning.		
How the unmet eligible need will be met by	Personal Budget (if relevant)	
Any information and advice to prevent, redu	uce and delay developing needs	

${\mathsf I}$ Is this domain a section 117 ${\mathsf I}$	Mental Health Act eligible need?	
O Yes	O No	
If yes, have you completed the following?		
Making use of necessary fac	cilities in the local community	
☐ Include picture?		
Personal Outcomes		
To be able to attend any appointn	nents.	
How the eligible care and support	need is being met informally	
Appointments to be arranged by Prison minister visits Mr Wilson in	prison staff with necessary support to attend. n IPD	
How the unmet eligible need will be	be met by Personal Budget (if relevant)	
Any information and advice to pre	event, reduce and delay developing needs	
Is this domain a section 117 I	Mental Health Act eligible need?	
O Yes	O No	
Developing and maintaining	g family and other relationships	
☐ Include picture?		
Personal Outcomes		
To be able to speak to his wife reg	gularly.	

How the eligible care and support need is being met informally					
IPD staff to support Mr Wilson to access the phone to c	IPD staff to support Mr Wilson to access the phone to call his family.				
How the unmet eligible need will be met by Personal Bu	idget (if relevant)				
Any information and advice to prevent, reduce and dela	y developing needs				
Is this domain a section 117 Mental Health Act e	ligible need?				
O Yes	O No				
Do you need to record additional information re	ating to Keeping Safe and Well?				
O Yes	O No				
Do you need to add any Day Services?					
O Yes	O No				

#### **Needs Matrix**

Need	Non- Social Care funded support hours per week (Informal)	Social Care Funded support hours per week	Support Type	Your Rationale and detail for Providers/Purchasing

### **About the Carer**

What eligible and non eligible needs is the carer going to be meeting?

not applicable. Mr Wilson is in HMP Swaleside

To what extent is the carer/s both willing and able to provide this support?

not applicable. Mr Wilson is in HMP Swaleside

Has the carer received a carers assessment?

not applicable. Mr Wilson is in HMP Swaleside

## **Contingency Planning**

If there are difficulties, how will they stay safe and well?

Engagement with health professionals for appointments.

Prison staff to arrange appointments.

What will happen if there is an emergency or sudden change in their circumstances?

Urgent medical support summonsed.

Request for review of social care needs if needed.

Is there an Advance Statement or Advance Decision in place? Please provide details

## **Budget Monitoring and Funding Arrangements**

Are you drafting or finalising	y this support plan?
	O Final
Estimated budget based on	ı assessment of needs
Weekly estimated budget £	196.36
Annual estimated budget £	10238.77
Direct payment amount (if relevant) £:per week	
Frequency of payments	4 weeks
How the personal budget mo	oney will be paid
☐ Direct Payment	
☑ Managed Service	
☐ Client Financial Affa	airs
NHS continuing healthcare	funding
Has NHS checklist been comp	pleted?
O Yes	No     No
O Not applicable	

Reason not completed

Person Name: John Wilson	Person ID: 1579804		MADE Care and Support Plan
Not eligible			
Is the person eligible for CHC	funding		
O Yes	No     No	O Not	known
Date of decision			
NHS funded nursing care			
Does the person need conside	ering for funded nursing care?		
O Yes	O No	O Not	known
Support/ Service/ Provisio	ns to be provided		
The person's care preference	s		
Carers to support whilst recovering	g from hip operation.		
Please identify which of the Support Plan	following have been consider	ed and included within the	e development of the Care and
Technology enabled care			
O Included within the Care and Support plan	O Considered, but declined by person	O Considered, but not appropriate	O Considered, but not available
Not considered			

Enablement			
O Included within the Care and Support plan	O Considered, but declined by person	Considered, but not appropriate	O Considered, but not available
O Not considered			
Occupational Therapy			
<ul><li>Included within the Care and Support plan</li></ul>	O Considered, but declined by person	O Considered, but not appropriate	O Considered, but not available
O Not considered			
Voluntary/ Community Service	es		
O Included within the Care and Support plan	O Considered, but declined by person	Considered, but not appropriate	O Considered, but not available
O Not considered			
Micro Enterprises			
O Included within the Care and Support plan	O Considered, but declined by person	Considered, but not appropriate	O Considered, but not available
O Not considered			
Family and Carers			
O Included within the Care and Support plan	O Considered, but declined by person	Considered, but not appropriate	O Considered, but not available
O Not considered			

#### Other creative solutions

O Included within the Care and Support plan

O Considered, but declined by person

Considered, but not appropriate

O Considered, but not available

O Not considered

#### **Existing services and change required**

Please ensure you record All Service Types that will need to be commissioned. Please also provide any additional information/specific requirements for each service type that may assist in the process of purchasing these services.

#### All Services Required (existing services and changes)

Service Type	Required Service Start Date	Requested Service Change Date (if appl.)	Comments
Homecare			1 calls a day to start asap. Support with showering or washing and changing clothes,

#### Homecare

#### **Schedule of Care and Support**

Task Requirements	Day of week	Specific day(s)	Part of day	Time Sensitive Need (if applicable*)
Support with accessing shower. Support with showering and washing lower half. Enabling approach to be implemented.	Every day		Morning	

Does the client require any double-handed care for moving and handling rather than for behaviour need only?			
O Yes		● No	
Support Plan Approval			
Support Plan Approval			
Name			
Job role			
Team			
Date of approval			
Please provide details of any worker(s)	consulted in order to reach this de	cision	
<b>Completion Details</b>			
Why the event has not been completed			
This care and support plan was	completed		
□ By Phone	□ Face to Face	☐ A mixture of phone and face to face	
Reviewing my care and support	plan		
Date of next review			

# Details of all parties involved in completing this care and support plan

Name	Relationship	Job Title (if applicable)	Telephone
Completion details			
Name			
Job role			
Team			
Date	07/07/2023		
Agreement			
I agree with my care and supp	oort plan:		
O Yes		ONo	
My Signature			
My Name	John Wilson		
Date			
Or: Signature, name & status of			
legal representative*: Representatives Name			
Representatives Name			

Has been specifically authorised by order to the Court of Protection

## **Matrix Summary and Purchase Information**

Information about the care package or breakdown of costings (if applicable)

Support with accessing shower. Support with showering and washing lower half. Enabling approach to be implemented.

Support to mobilise to toilet and to get on and off the toilet. Flush toilet if required.

Support to change pads if needed.

Every day

Morning

Support to mobilise to toilet and to get on and off the toilet. Assistance with cleaning after Mr Wilson has used the toilet. Flush toilet if required until Mr Wilson regains mobility to do this himself.

Support to change pads if needed.

Every day

Lunch

Assistance with cleaning after Mr Wilson has used the toilet. Flush toilet if required until Mr Wilson regains mobility to do this himself.

Support to change pads if needed.

Every day

Afternoon

## **Purchasing a Care Package**

Is this a new package or a package change?				
O New package	O Change to existing package	O No changes required - current services continue	O No package required	
Required start date for package				
Is this package to be joint fur	nded with another team/health?			
O Yes		O No		
Please detail team.				
Please detail split percentage				
Support Needed				
Remaining day time hours				
Day Services (Hours)				
How many hours of				

Person Name: John Wilson	Person ID: 1579804	MADE Care and Support Plai
additional support?		
Ratio (:1)		
Informal		
3:1		
2:1		
1:1		
Shared		
Calculations		
Night time hours		

# **Next Actions**

Person Name: John Wilson

### **Selected Next Actions**

Next Action	Assigned to	Reason
MADE Finalise Care and Support Plan / First Review	Future SI Swale - Prison Virtual Worker	