Version 3

Court
Way
Cambridge CB1 8QD
Phone - Fax

CHS GROUP
housing, care, and community services in Cambridgeshire

MY PERSONAL INFORMATION	
Full Name	
Likes to be known as	
Date of birth	
Telephone no.	
Gender	
Marital status	
Race/Ethnicity	
Religion or belief	
First language	
NHS Number	
Start of Care	

MY ACCESS TO FLAT PREFERENCES	
Flat no.	
Access arrangements	
Security arrangements	
MY MEDICAL INFORMATION	
ALLERGIES	
GP Surgery	
Telephone no.	
Out of hours contact	
District Nurse no.	
Other medical professionals	
I am aware of who to contact if I need advice or feel my health conditions are worsening	
Medical Conditions (Stroke spreadsheet completion required? 6mth 12mth review)	
COMMUNICATION NEEDS	
PACEMAKER	
DNR	

MY AGREED POINTS OF CONTACT

	Name	Relationship	Tel no.	Address	Comments
1st					
2nd					
3rd					

I am aware of how to access my care records and decide which personal information can be shared with other people, including family.	

MY CURRENT CARE AND SUPPORT NEEDS	
Managing and maintaining nutrition	Being able to make use of my home safely
Safe to use electrical items e.g. kettle, toaster	Confident using entertainment equipment e.g. TV, Radio, Online services
Maintaining personal hygiene	Developing and maintaining family and other personal relationships
Managing toilet needs	Accessing and engaging in activities, hobbies or volunteering
Being appropriately clothed	Making use of local community facilities or services

Anything else I feel is important to me -
I feel in control and involved with the planning of my care and support needs.

MY DESIRED OUTCOMES	
Emotional	**Physical**
Am I satisfied with how my life is turning out?	Do I eat healthy and nutritious food?
How well do I manage my stress levels?	What kinds of physical activities do I do?
Am I happy and content most days?	Am I as healthy as other people my age?
Intellectual	**Social**
How often do I try to learn new things?	How often do I socialise with friends?
What do I do to stay stimulated?	Are my relationships a source of satisfaction?
Do I attend cultural or educational events?	Do I invite guests to my home?
Occupational	**Spiritual**
Do I share my knowledge with others?	How often do I meditate, reflect or pray?
How often do I volunteer to do something?	Do I have a sense of purpose and meaning?
Am I bored or do I spend my time wisely?	Do I feel in harmony with the world?

Anything else I feel is important to me
I feel enabled to feed back about my care or support requirements and can get information and advice about my physical, mental and emotional wellbeing.

MY MORNING ROUTINES			
Time Band		No. Carers Required	
How I want the care team to support me in the mornings –			

MY LUNCHTIME ROUTINES			
Time Band		No. Carers Required	
How I want the care team to support me at lunchtimes –			

MY TEATIME ROUTINES			
Time Band		No. Carers Required	
How I want the care team to support me at teatime –			

MY BEDTIME ROUTINES

Time Band		No. Carers Required	

How I want the care team to support me at bedtime –

MY WEEKLY ROUTINE

MY COMMUNICATION

Type	Example	Improvement
Verbal	Face to face Telephone Skype/Facetime Language	Translation Large button equipment Alexa/Siri Tablet
Non-Verbal	Facial expressions Posture Eye contact Hand movements Touch	Flash cards Makaton
Written	Notes Letters Online	Magnifying glass Enlarged print Braile Verbal note taker
Listening	Hearing Understanding Retaining	Hearing aids Speakers Head phones Guidance notes Makaton
Visual	Eye sight Television Reading Online	Glasses Magnifying glass Enlarged print Braile Sub titles

MY ASSISTIVE TECHNOLOGY

Pendant	Falls/Bed alarm	GPS tracker
Smart plugs/lights	Large text/talking clock	Dictation software – text to speech or speech to text
Smart watch	Accessible mobile phone	Screen enlarger
Recordable reminders	Adaptive cutlery	Large text/talking calendar

MY ORAL HEALTH

Risk	Likelihood 1-10	Consequence	Control Measures	Outcome
1) Smoking 2) Poor diet 3) Diabetes 4) Medications 5) Brushing teeth incorrectly 6) Poor/no dental care 7) Genetics 8) Hormonal changes 9) Stress 10) Not brushing and flossing regularly.		Pain/discomfort/infection 1-3 Low Hospital admission 4-7 Medium Death 8-10 High	1) Tenant has full awareness/understanding of current risks 2) Tenant is brushing twice a day for two minutes at a time 3) Tenant is avoiding sugary drinks and foods 4) Tenant is using an antibacterial mouthwash 5) Tenant is visiting dentist for regular checkups.	Considering all current control measures if the Risk is High – work with the individual to put in place some Oral Health actions to help improve their situation

MY DIETARY REQUIREMENTS

MY CONTINENCE CARE

Stay hydrated to flush out bacteria	Avoid harsh hygiene products – soaps, wipes
Maintain proper hygiene – including food, hand and intimate hygiene	Avoid bladder irritants – caffeine, alcohol, spicy foods
Regular bathroom visits	Manage incontinence – pads, pull ups, kylies

MY MOBILITY – NRS 0345 121 3456		
Walking stick/frame	Rollator	Wheelchair – manual/electric
Shower chair	Perch stool	Commode
Profiling bed	Profiling mattress/cushion	Toilet frame/seat raiser
Hoist/slings	Pressure mattress/cushion	Rise/recline chair
Sara steady	Slide sheets	Medical aids

MY MEDICATION	
Dispensing Method (Blistered, Boxes etc.)	
Storage and restrictions Details	
Supplier Details (Chemist, Lloyds, GP etc.)	
Ordered By	
Prescription Collection	
Medication Collection	
Adhoc Medication Collections	
Any Cytotoxic/Cytostatic Medication	
Medication Returns/Disposal	
Time sensitive medication	
Preparation of doses for the tenant to take later	
Medication support from other professionals (GP, District nurses etc.)	
Who has access to medication	
PRN Medication If applicable	To be offered on every visit in accordance with PRN instructions with each medication
Swallowing difficulties	
GP Visits Arrangements	
Hospital Visits	
Transport Arrangements to Medical Appointment	

Anything else I feel is important to me –
I understand if my treatment or medication needs change I know who to speak to about this.

MY BEAUTY TREATMENTS	
Hair treatments	
Manicures	
Chiropody	
Spa treatments	
Anything else that is important to me –	

MY HOME	
Housekeeping	
Laundry	
Shopping	
Anything else that is important to me – (Complete H&S Flat Risk Assessment)	

MY POWER OF ATTORNEY AND ADVANCE DECISIONS

Record below details of any current Power of Attorney in place.

POA	Date in place	Name	Copy in Care Plan
Health and welfare			
Finance			

Palliative Professionals
Funeral Company
Do you have a Will, who can access it

Emotional	Physical	Social
Letters or recordings from family or friends Specific person with you Family photos round bed	Home/Hospice/Hospital Food/drink Washing Pain relief Specific clothing/bedding Curtains/blinds open/closed	Any neighbours or social groups you would like involved or informed Any interest in making videos or recordings
Psychological	**Spiritual**	**Culteral/Religious**
Smells Sounds Comforting items/lighting	Spiritual leader to attend Feet towards window Mirrors covered Photos face down	Religious representative to attend Items round bed Gender of carer Body handled/washed

What is important to me –

Religion – some general information for an idea of what people may find important to them		
Muslim death and bereavement customs are strongly shaped by religious teachings, prayers and cleanliness; required to pray five times a day and face the holy city of Mecca (Saudi Arabia). Remaining ritually clean is a pre-requisite for these prayers and this particularly includes being clean from urine, vomit, blood, semen and stool traces. Muslim visitors may wish to perform prayers while visiting. Many Muslims at the end of life may look to set up charitable donations and Trusts known as Sadaqa Jariyah. Family and friends will often recite verses from the Quran and the Shahadah, the declaration of faith, to help the dying person reconfirm their beliefs.	Church of England (Anglican) Prayers may be valued at the bedside. May ask to receive Holy Communion and/or be anointed or would like to see someone from their church community. Roman Catholic may request visits by someone from their church community, often with Holy Communion, the Sacrament of the Sick with anointing (commonly known as the Last Rites) by a priest. Prayers after death may also be requested. Free Churches will often welcome prayers, but many will not expect to receive Holy Communion. They may ask for prayers before and/or just after death.	Hinduism death is seen as the next step, which may be accepting another physical body, or a state of permanent liberation, to which many Hindu's aspire. They may take great care to create an atmosphere to remind them of their relationship with God e.g. have religious items around the bed. Common items include sacred images of deities or saints, sacred flowers and garlands, rosary and prayer beads, Ganges water and religious texts. Before death it may also be important that they are able to offer food and other articles of use to needy, religious persons or to the temple.
Buddhism places emphasis on the concept of 'mindfulness' so there is an importance to die consciously and with a clear mind. Family, relatives, friends and monks may repeat mantras and chant certain teachings of Buddha, known as sutras and may include meditation, breathing exercises, chanting and study of scripture. Jehovah's Witnesses There are no special rituals or practices for the dying, but patients who are very ill may appreciate a pastoral visit from one of their elders. Jehovah's Witnesses do not support euthanasia, but if death is imminent or unavoidable then life should not be prolonged artificially.	Judaism death is seen as a part of God's plan. Jews believe the body transitions from this life to the next life, known as Olam Haemet 'the world of truth'. Orthodox Jews consider God's law binding and inflexible so as they approach the end of life patients may continue to observe the Sabbath and strict kosher dietary rules. In Jewish tradition, a dying person should not be left alone. Many friends and family will therefore wish to sit with their relatives during the last days and hours and will often spend this time praying and reciting verses from the Psalms.	Sikh common practice for friends and family to gather around the patient and recite verses from the Sri Guru Granth Sahib ji. Meditation and continual recitation of prayers are a priority. A Granthi (Sikh priest) may be asked to step in and recite prayers. In the absence of a Granthi, family members may wish to have a recording of Sikh scriptures playing close to the dying person. Sikhs believe if this state is not reached the soul will not be reborn. At the time of death Sikhs may wish to repeat the word 'Waheguru', meaning the Wonderful Lord.

MY BACKGROUND		
Early	**Mid**	**Current**
Parents names/professions Where/when born Any siblings Earliest memory	School – Favourite lesson Hobbies/Interests College/University Home/Environment Pets	Marriage Children/Grandchildren Hobbies/Interests Job Home/Environment