

## MADE Care and Support Plan



### Personal Details

#### Name

Andrew Ratcliffe

#### Date of birth

15/05/1957

#### Age

66

#### Address

Swaleside H M Prison  
Church Road  
Eastchurch  
Sheerness  
ME12 4AX

#### Current address

Swaleside H M Prison  
Church Road  
Eastchurch  
Sheerness  
ME12 4AX

#### Summary of Telephone Numbers

Home 0

#### Household Structure

NHS ID 4581099374

Gender Male

**Is the gender the person identifies with the same as was registered at birth?**  
 Yes  No

Ethnicity White

Sub-Ethnicity British

Ethnicity Details (if Other)

Religion Not Stated

Preferred Language English

Nationality British

Marital Status Unknown

Service User Group Physical Support Personal Care and Support 18-64

**Sexual Orientation**  
 Heterosexual or Straight  Gay or Lesbian  Bisexual  Other sexual orientation not listed  
 Person asked and does not know or is not sure  Not stated (person asked but declined to provide a response)  Not known (not recorded)

**Has the person previously served in the UK Armed Forces?**

- Yes, previously served in Regular Armed Forces       Yes, previously served in Reserve Armed Forces       No

Employment status

Not in Employment - Imprisonment

**GP Details**

Surgery Name and Address

Contact number

**Is there any reason to doubt the person's mental capacity in being able to participate fully in this process?**

- Yes       No  
 Not Known

**Does the person have substantial difficulty in being fully involved in the assessment process?**

- Yes       No

**Communication Needs**

**Does the person have any communication needs?**

- Yes       No  
 Not Known

Additional information - please describe any specific communication needs e.g. 'only contact by text', 'do not call in the morning'.

request for new assessment required as moved to IPD.

New assessment not required. Review undertaken due to change of environment

- Interpreter Required?
- Please confirm that communication needs have been reviewed

## Care and Support Needs Identified at Assessment

### Maintaining personal hygiene

#### Ability to achieve outcome

Able to achieve without assistance but doing so endangers or is likely to endanger the health or safety of the person, or of others

#### Significant impact on well-being

Yes

### Being appropriately clothed

#### Ability to achieve outcome

Able to achieve without assistance but doing so causes the adult significant pain, distress or anxiety

#### Significant impact on well-being

Yes

### Managing toilet needs

#### Ability to achieve outcome

Able to achieve without assistance or significant impact on well-being

#### Significant impact on well-being

No

## Being able to use the home safely

### Ability to achieve outcome

Able to achieve without assistance or significant impact on well-being

### Significant impact on well-being

No

## Managing and maintaining nutrition

### Ability to achieve outcome

Able to achieve without assistance but doing so causes the adult significant pain, distress or anxiety

### Significant impact on well-being

Yes

## Maintaining a habitable home environment

### Ability to achieve outcome

Able to achieve without assistance but doing so causes the adult significant pain, distress or anxiety

### 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

No

## Developing and maintaining family and other relationships

### Ability to achieve outcome

Able to achieve without assistance or significant impact on well-being

### Significant impact on well-being

No

### Eligible Needs

Maintaining Personal Hygiene  
Being Appropriately Clothed  
Managing and Maintaining Nutrition  
Maintaining a Habitable Home Environment

### Non-eligible needs

Managing Toilet Needs  
Being able to make use of the Home Safely  
Making use of Necessary Facilities in the Local Community  
Developing and maintaining family or other personal relationships

### 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

No

## Eligible Needs

## Managing Personal Hygiene

Include picture?

### Personal Outcomes

I need supervision to mobilise to the toilet. I need support to put the plastic covering on my legs to protect the dressing from getting wet. I need support to wash my back and to ensure that I transfer safely on and off my shower chair.

### How the eligible care and support need is being met informally

### How the unmet eligible need will be met by Personal Budget (if relevant)

45 minutes care calls seven times a week to supervise when mobilizing to and fro the shower, transferring on and off the shower chair and support to shower.

### Any information and advice to prevent, reduce and delay developing needs

**Is this domain a section 117 Mental Health Act eligible need?**

Yes

No

## Being appropriately clothed

Include picture?

### Personal Outcomes

How the eligible care and support need is being met informally

How the unmet eligible need will be met by Personal Budget (if relevant)

45 minutes care calls seven times a week to support with dressing and undressing .

Any information and advice to prevent, reduce and delay developing needs

**Is this domain a section 117 Mental Health Act eligible need?**

Yes

No

### Managing and maintaining nutrition

Include picture?

### Personal Outcomes

How the eligible care and support need is being met informally

Prison staff prepare my meals. I am able to prepare my snacks and drinks in my cell. I am able to complete my canteen and menu sheet.

How the unmet eligible need will be met by Personal Budget (if relevant)

Not applicable.

Any information and advice to prevent, reduce and delay developing needs



**Is this domain a section 117 Mental Health Act eligible need?**

Yes

No

**Maintaining a habitable home environment**

Include picture?

**Personal Outcomes**

**How the eligible care and support need is being met informally**

Care staff are supporting me to clean my cell.

**How the unmet eligible need will be met by Personal Budget (if relevant)**

Wing carers to support me with cleaning my cell.

**Any information and advice to prevent, reduce and delay developing needs**

**Is this domain a section 117 Mental Health Act eligible need?**

Yes

No

If yes, have you completed the following?

**Do you need to record additional information relating to Keeping Safe and Well?**

Yes

No

**Do you need to add any Day Services?**

Yes

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?

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

Has the carer received a carers assessment?

## Contingency Planning

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

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

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

## Budget Monitoring and Funding Arrangements

Are you drafting or finalising this support plan?

Draft

Final

### Estimated budget based on assessment of needs

Weekly estimated budget £

Annual estimated budget £

Direct payment amount (if relevant) £:per week

Frequency of payments

### How the personal budget money will be paid

- Direct Payment
- Managed Service
- Client Financial Affairs

### NHS continuing healthcare funding

#### Has NHS checklist been completed?

- Yes
- Not applicable
- No

#### Is the person eligible for CHC funding

- Yes
- No
- Not known

### NHS funded nursing care

#### Does the person need considering for funded nursing care?

- Yes
- No
- Not known

Please provide further information

Not applicable.

## Support/ Service/ Provisions to be provided

### The person's care preferences

**Please identify which of the following have been considered and included within the development of the Care and Support Plan**

**Technology enabled care**

Included within the Care and Support plan

Not considered

Considered, but declined by person

Considered, but not appropriate

Considered, but not available

**Enablement**

Included within the Care and Support plan

Not considered

Considered, but declined by person

Considered, but not appropriate

Considered, but not available

**Occupational Therapy**

Included within the Care and Support plan

Not considered

Considered, but declined by person

Considered, but not appropriate

Considered, but not available

**Voluntary/ Community Services**

Included within the Care and Support plan

Not considered

Considered, but declined by person

Considered, but not appropriate

Considered, but not available

**Micro Enterprises**

- Included within the Care and Support plan
- Not considered

Considered, but declined by person

Considered, but not appropriate

Considered, but not available

**Family and Carers**

- Included within the Care and Support plan
- Not considered

Considered, but declined by person

Considered, but not appropriate

Considered, but not available

**Other creative solutions**

- Included within the Care and Support plan
- Not considered

Considered, but declined by person

Considered, but not appropriate

Considered, but not available

**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			45 minutes care calls seven times a week to supervise when mobilizing to and fro the shower, transferring on and off the shower chair and support to shower, and support to dress and undress.

Service Type	Required Service Start Date	Requested Service Change Date (if appl.)	Comments
Homecare	29/03/2022	04/04/2022	<p>45 minutes care calls seven times a week to supervise when mobilizing to and fro the shower, transferring on and off the shower chair and support to shower, support to dress and undress, prompts to use the toilet and to change incontinence product.</p> <p>Mr Ratcliffe needs extra 30 minutes late lunch time call to prompt with using the toilet and to change incontinence product.</p>

## Homecare

### Schedule of Care and Support

Task Requirements	Day of week	Specific day(s)	Part of day	Time Sensitive Need (if applicable*)
45 minutes care calls seven times a week to supervise when mobilizing to and fro the shower, transferring on and off the shower chair and support to shower, support to dress and undress, prompts to use the toilet and to change incontinence product.	Every day		Morning	

Task Requirements	Day of week	Specific day(s)	Part of day	Time Sensitive Need (if applicable*)
30 minutes late lunch time call to prompt with using the toilet and to change incontinence product.	Every day		Afternoon	

**Does the client require any double-handed care for moving and handling rather than for behaviour need only?**

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 decision

### Completion Details

Why the event has not been completed



## 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

### Agreement

I agree with my care and support plan:

Yes

No

My Signature

My Name

Andrew Ratcliffe

Date

Or: Signature, name & status of legal representative\*:

Representatives Name

Date

Or: If the person does not have a legal representative: Signature of decision-maker:

Name of decision-maker:

Date

\*A legal representative is someone who: Has LPA (Personal Welfare for the purpose of this document), Holds a Personal Welfare deputyship **or** Has been specifically authorised by order to the Court of Protection

**The original signed plan to be retained by the practitioner and a copy of the signed plan to be given to the adult**

## Matrix Summary and Purchase Information

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

### Purchasing a Care Package

**Is this a new package or a package change?**

New package

Change to existing package

No changes required - current services continue

No package required

Required start date for package

**Is this package to be joint funded with another team/health?**

Yes

No

Please detail team.

Please detail split percentage

**Support Needed**

**Remaining day time hours**

**Day Services (Hours)**

How many hours of additional support?

Ratio (:1)

**Informal**

**3:1**

**2:1**

**1:1**

**Shared**

## **Calculations**

### **Night time hours**