KCC Care and Support Plan (Details)

Person Name: Andrew Ratcliffe



Budget Monito	ring and Funding Arra	ngements
Estimated budge	et based on your needs	assessment
Weekly estimated b	udget £	
63.45		
Annual estimated b	udget £	
3308.46		
How I would like	to receive the money in	my personal budget
□ Direct Pay	ment – Kent Card	
□ Direct Pay	ment – Bank Account	
□ Managed	by Kent County Council SC	
□ Third Part	y Direct Payment	
My Agreed Personal Budget is £:per wee My contribution £:per Direct payment	k	
amount (if relevant)	f:	
Frequency of payments	4 weeks	
NHS continuing	healthcare funding	
Has NHS checklis	st been completed	
O Yes		No No
Reason not complet	red	
Not applicable		
NHS funded nur	sing care	
Does the person	need considering for fun	ded nursing care?
O Yes	No	O Don't know

Person ID: 1553321

Person Name: Andrew Ratcliffe

Please provide further information

Not applicable

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

Person ID: 1553321

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

Person Name: Andrew Ratcliffe

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

Person ID: 1553321

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 needs

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 and my personal outcomes

Person ID: 1553321

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 plans)?						
O Yes	O No					

Achieving outcomes section	Achieving outcomes sections									
☑ Maintaining personal hygiene	☑ Being appropriately clothed	☑ Managing toilet needs								
☑ Being able to use 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 and other relationships	☐ Accessing and engaging in work, training, education or volunteering								
☐ Carrying out any caring responsibilities the adult has for a child										

Maintaining personal hygiene

My Care and Support Needs	Well- being area	My Personal Outcomes		needs are being met	Personal Budget (if relevant)	Delivery method	Progress
I need supervision to mobilize to the toilet. I need support to put the plastic covering on my legs to protect the dressing from	Personal Dignity	I would like support to shower every other day.	Yes	Staff at the health care are supporting me to shower every other day.	minutes care calls seven times a week to supervise when mobilizing to and fro the shower, transferring on and off the	Commission service	Not yet started

My Care and Support Needs	Well- being area	My Personal Outcomes	care and support needs are being met	Personal Budget (if relevant)	Delivery method	Progress
getting wet. I need support to wash my back and to ensure that I transfer safely on and off my shower chair.				shower chair and support to shower.		

Being appropriately clothed

My Care and Support Needs	Well- being area	My Personal Outcomes		needs are being met	Personal Budget (if relevant)	Delivery method	Progress
I need support to dress the lower of my body. I have ulcers on my legs and this affects my	Personal Dignity	I would like support to dress the lower part of my body.	Yes	Staff at the healthcare are supporting me to dress and undress.	seven	Commission service	Mainly achieving

My Care and Support Needs	Well- being area	My Personal Outcomes	needs are being met	need will be met by my Personal Budget (if relevant)	Delivery method	Progress
mobility and my ability to dress and undress.				and undressing		

Managing toilet needs

My Care and Support Needs	Well- being area	My Personal Outcomes		needs are being met	(if relevant)	Delivery method	Progress
I am able to manage to use the toilet.	Personal Dignity	I would like to continue to be independent with using the toilet.	No	Care staff are supporting me to clean my cell when I make a dirty protest (according to care staff). Care staff reported that this has now	Not applicable		Mainly achieving

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My Care and Support Needs	Well- being area	My Personal Outcomes	needs are being met	Personal Budget (if relevant)	Delivery method	Progress
			improved and he is managing to use the toilet.			

Being able to use the home safely

My Care and Support Needs	Well- being area	My Personal Outcomes		needs are being met	Personal Budget (if relevant)	Delivery method	Progress
I need a walking stick to walk around my cell and other areas of the prison.	Control over day to day life	I would like to remain independent with walking around the healthcare and other areas of the prison.	No	I have a walking stick for walking around my cell and other areas of the prison.	Not applicable.		Mainly achieving

Managing and maintaining nutrition

My Care and Support Needs	Well- being area	My Personal Outcomes		needs are being met	(if relevant)	Delivery method	Progress
I need support to prepare my meals.	Physical and mental health and emotional well-being	I would like support to prepare my meals.	No	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.	Not applicable.		Mainly achieving

Maintaining a habitable home environment

My Care and Support Needs	Well- being area	My Personal Outcomes		needs are being met	(if relevant)	Delivery method	Progress
I need support to clean my	Suitability of living accomodation	I would like support to	Yes	Care staff are supporting	Wing carers to support	Other	Mainly achieving

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My Care and Support Needs	Well- being area	My Personal Outcomes	needs are being met	need will be met by my Personal Budget (if relevant)	Delivery method	Progress
cell and to remove heavy objects if necessary.		clean my cell.	me to clean my cell.	me with cleaning my cell.		

Please confirm outcomes have been reviewed (and updated if required) or a new Care and Support Plan completed

support,	/ Service ,	Provisions t	to be provid	ed	
Start date					
The person	on's care pi	eferences			

Schedule of Care and Support

Day of week	Specific day(s)	Part of day	Preferred time	Care and support requested

How will I stay safe and well? (contingencies for fluctuating needs, sudden change or emergency)

How will I stay safe and well? (Contingencies for fluctuating needs, sudden change or emergency)

Actions to be taken	By whom	Under what circumstances
To contact emergency services.	Prison staff	In an emergency.
To contact social services	Prison staff and myself.	In case of change in need.

24 Hour Care Start Date Please detail additional 24 Hour Care information End date

Person Name: Andrew Ratcliffe