



Southinch

RESIDENTIAL CARE HOME

Personal plan: Kenneth McRae

The information in this plan was gathered from Ken's Single Shared Assessment, from contact with the GP and hospital, and from discussion with Ken and his son. It was pulled together by Jeanette (senior care worker) and will be updated following each review and as required at other times.

Ken has confirmed that he is happy for all staff involved in his care to read this plan.

This plan completed: 7.7.2011

This plan next review due: 5.8.2011

This plan should be read with reference to the following documentation:

- Ken's Multifactorial Fall Assessment
- Ken's Medication Administration Records
- Ken's Anticipatory Care Plan



Date of birth 25.4.1938

Date moved into Southinch 30.6.2011

People in Ken's life

Most important people	Important people	Those who are paid
Ken's son in Australia - Alistair	Ken's cousin John and his wife Helen have visited Ken in Southinche	Home staff – Senior care worker Jeanette is closest
Ken's daughter in law in Australia – Karen	Other residents especially Archie and Kay	Other staff – Sean, Sarah and Anka are close
Ken's grandchildren in Australia – Ken (7) and Jaimie (5)		Ken enjoys a bit of banter with George, Officer in Charge

Ken's life story (Ken is happy to talk through his photo box for further info)

When	What was important	Who was important
Ken grew up in the South side of Glasgow and went to school in Kings Park	<p>Ken's parents had two sons a year apart quickly after getting married and Ken was born after a five year gap. Ken remembers his dad Gordon working hard.</p> <p>When Ken was 5 the family moved to Corby in search of work. The family was poor but Ken's parents valued education and fought hard to keep Ken and his older brothers at school. Ken describes his health as 'brand new' when he was young</p>	Ken was close to his dad and mum, Victoria. Ken kept in touch with his two brothers who both stayed in Glasgow until they died in the 1990s. The middle brother Angus had a cleft palate and mild learning disabilities. Ken always looked out for Angus.
Ken studied engineering at college but moved back to Scotland in his twenties, working for an engineering firm Rutherglen firm for 40 years	Ken felt secure in his job and devised a new type of 'coupling' that brought prestige to the firm. Ken felt proud of this achievement.	Ken had friends at work but is no longer in touch with any of them.
Ken got married to Margaret at age 25 She was the secretary at his work. Margaret went back to work part time with a different company after Alistair started school	It was important to Ken and Margaret to have children but they waited a very long time before their one son Alistair was born. The couple both came from strict Presbyterian families but had a relaxed approach to religion with their own son	Ken and Margaret centred their lives round their son. He 'went off the rails' a bit as a teenager but followed his dad into engineering and has lived for ten years in Australia where he met his wife Karen. The couple had two children
Ken retired at age 65 with a moderate pension.	The couple had several years of travelling after retirement and made it to Australia twice to visit Alistair. Both Ken and Margaret experienced health problems in the past four years which made distant travel impossible. They still took daytrips whenever possible.	Alistair and his wife Karen kept in more frequent contact with Ken and Margaret as their health deteriorated.

Margaret passed away in December 2010.	Ken's motivation and health declined. He had several falls resulting in two hospital admissions. Ken did not want to return home after the second admission and nominated Southinch as his preferred option	Contact with Alistair and the family is very important. Alistair is keen for his two children to know Ken, an enthusiasm shared by all involved
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What matters to Ken

What (outcomes)	How	Who
Keeping in touch with family	Email and mobile calls with family in Australia	Ken supported by Jeanette and Sean, who help with emails
Staying well	<p>Ken has diabetes which is managed through his medication and through limiting his sugar intake. His blood sugar is monitored every evening as part of his evening routine. Signs of a hypoglycaemic episode for Ken include pallour and confusion. In this case, inform the senior carer or office in charge. Ken should be given a sweet biscuit, always available from the front office.</p> <p>Given Ken's history of falls, his blood pressure was checked in his first week, and was fine. Ken has an anticipatory care plan to be consulted in the event of health decline</p>	<p>Ken limits himself to one Kit Kat a day to help with the diabetes as he is motivated to keep walking. Kitchen staff are aware of the sugar limits for Ken. Jeanette will contact the District Nurse if there are changes in Ken's condition. Care staff should always inform senior staff if hypoglycaemia is suspected. Care staff can administer biscuits but for more severe hypoglycaemia, senior staff will decide on action.</p> <p>Ken's blood pressure to be checked fortnightly for the first month by the DN, then review frequency.</p> <p>Jeanette working with Ken to complete anticipatory care plan</p>
Playing scrabble	Happy to play with one, two or three others. Ken also wants to keep the Scrabble going to help with his memory or – 'keeping alert' as he describes it	Ken enjoys playing with residents Archie and Kay – with healthy competition involved. The activities co-ordinator is planning a tournament with Lochend Home in Autumn
Watching news and current affairs	Ken has brought his own TV and remote from home for his bedroom	Ken prefers his own TV to the lounge TV. He hates soaps. Archie sometimes watches TV with Ken in his room
Being outdoors including in the garden	Ken likes to sit outside when it's fair. Ken likes to get out for a daytrip whenever possible. He has bought a window box where he plans to plant irises which were Margaret's favourite	<p>Ken needs support to get outside and will wave or call on his mobile when he wants escorted back.</p> <p>An environmental assessment was completed and garden was checked for loose paving and falls risks in May. It will be checked again in August. Staff ensure there is no gardening equipment lying around when residents are in the garden.</p>

Enjoying food and drink	Ken has 'never been a fussy eater'. He love curry and looks forward to the monthly curry night with fellow enthusiasts at Southinch. Ken likes a dram every evening	Ken eats without assistance but needs large items cut up e.g. chicken breast. The kitchen staff are aware of this. Ken doesn't like to drink anything after 7pm to avoid going to the loo in the night
Walking	Ken likes to know that his walking frame is nearby at all times – see Falls Risk Assessment. Ken likes to know that there is a toilet at short walking distance, and knows location of all Wesbrook toilets. Walking to the dining hall is important. Ken likes to use his wheelchair when outside of Southinch as it is too exhausting to walk a distance	Ken needs somebody with him when walking. He lets staff know when he wants to walk. Staff always review the falls risk assessment regularly (max 3 months) or at any change in situation
Feeling safe	Ken was very nervous of falling on admission. This has reduced already as Ken feels a bit fitter. But it is important to Ken to know that his walking frame is to hand to feel safe. Ken feels safest using a wheelchair outside Southinch.	Staff to ensure at all times that Ken's frame is accessible to him. Ken's frame and wheelchair to be checked on monthly basis.
Privacy/Dignity	Although Ken is happy for staff to view this plan, he doesn't like 'everyone knowing his business'. His key worry is maintaining dignity if there are future continence problems	While staff in Southinch always strive to be discrete, please note Ken's wish to keep continence issues private
Thinking ahead	Jeanette has started work on Ken's anticipatory care plan. Ken wants to think ahead and plan for contingencies. He wants to run the plan past his son when completed. So far Ken has said his son should be contacted if he becomes ill. He wishes to avoid hospital if at all possible and does not wish invasive treatment in the event of another stroke. Ken is satisfied his will is in order	Jeanette will keep the conversation with Ken going when it suits him, with a view to having a plan in place by his first review.

Important to Ken about getting up in the morning

(also see Ken's Falls Assessment and MARS sheets)

What's important	Support required
Ken sets his alarm at 7 every morning. He describes himself as an 'early to bed early to rise' person. He can be slightly disoriented first thing and needs more support and prompting than at other times	Ken knows a member of staff will support him to get up to the toilet. Given that he can be briefly disoriented first thing, support is important due to increased risk of falling.
Ken likes to wash his face before having tea and will wash and dress after breakfast	Put soap on Ken's flannel for him to wash his face and fill the sink with water for Ken to rinse his face. He dries his own face.

Ken then sits down in his bedroom chair to watch the news with a cup of tea.	Make Ken a cup of tea with his own kettle
Ken watches 24 hour TV on Channel 80. The repetition helps him remember what's going on and he works very hard at remembering today's date	Switch the TV on so Ken can hear the news while he washes his face
Ken has a small table on the right side of his chair where he keeps the remote control and has his cup of tea (left side weakness).	Make sure the remote and cup of tea are reachable. Ken is now happy to sit on his own until breakfast. Please make sure the call buzzer is placed on the table so Ken can call if he needs to get up to reduce any risk of falls
Ken has breakfast cereal in his room at eight with another cup of tea.	Bring Ken's cereal and milk for his tea to his room
Ken has his diabetes medication and statins just before breakfast at eight	Remind Ken to take his medication and ensure he has water with it
After breakfast Ken likes to get properly washed and dressed.	Ken sponge washes his top half but needs help with the lower half.
Ken likes a shower every second day. He finds it too tiring to manage every day	A member of staff needs to be beside Ken at all times when showering but he likes the curtain drawn over
Ken likes to spend time on the toilet after breakfast. He worried about soiling himself when he was admitted but this hasn't happened since he came to Southinch. Ken thinks this improvement is due to reduced anxiety	A member of staff needs to allow Ken time to sit on the loo.
Ken uses cream for psoriasis on his elbows and knees every morning.	Staff bring this from the office in the morning. Ken can apply this himself and staff return it to the office after use
Ken likes to choose his own trousers and top / sweater.	He can dress his top half but needs help with buttons and putting on socks