

Care and Support Plan (14a)



Personal Information

Date of Care and Support Plan:	14/09/2015
frameworki ID	70068485
NHS No.	
Title	Mrs
Forename	Ligaya
Surname	Moore
Address	FLAT 181 GRENFELL TOWER GRENFELL ROAD LONDON
Preferred name	
Postcode	W11 1TQ
Phone Numbers	Home : 020 7229 4494

Date of birth	28/10/1938
Age	76
Ethnicity	Asian or Asian British
Person Ethnicity and Sub Ethnicity	Asian or Asian British British Asian
First language	NONE

☐ Interpreter required

Issues impacting on Communication (e.g. Memory, Vision, Hearing, Talking, Mobility)

Advocacy Support

N/A

Access

Can let visitors in independently.

GP Details

GP name

GP telephone no.

GP address

Main Contacts

Name	Relationship	Telephone Number/s	NoK	Emergency Contact	Key Holder

Personal Summary and Outcomes

Summary of Person's Situation:

Ms Moore lives alone in a 1 bedroom flat. She is experiencing issues that pertain to hoarding (mild). Ms Moore does not acknowledge that she needs assistance to de-clutter and is of the opinion that she will be able to undertake this task herself, but this has not proved to be the case. Housing and Social Services agreed to commission assistance from Clouds End and she had three sessions. Ms Moore has now agreed to be referred to Age UK de-cluttering service but she has declined any further involvement from Social Services. Housing will continue to be involved and will monitor the situation.

Personal Outcomes to be Achieved

Personal Outcome	Well-being Area	Aim	Identified by
Ms Moore reported that she did not have any personal outcomes or goals and did not want support from social services. Ms Moore's TMO neighbourhood Officer reported that she would like Ms Moore to have assistance with de-cluttering. Ms Moore agreed for a referral to be made to Cloud's End and she has received 3 visits, she will now be referred to Age UK's decluttering service for longer term support and Housing will continue to monitor the situation.	Control over day to day life	Improve wellbeing in this area	Ms Moore and the neighbourhood officer, Jan Jones.

Strengths/strategies used to achieve these outcomes by person themself

Ms Moore has agreed to working with Housing, Clouds End and Age UK's decluttering service.

Plan to Meet Needs

Care and Support Needs

Eligibility Outcome	Description	Eligible Need	Who	Plan
Being able to make use of the home safely	Ms Moore has agreed to assistance with helping her to maintain her home environment. Ms Moore	Yes	Cloud's End & Council + Housing and Age UK decluttering service.	A referral was made to de-cluttering service Cloud's End and Age UK to assist Ms Moore to de-clutter her flat. Ms Moore

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Eligibility Outcome	Description	Eligible Need	Who	Plan
	has been referred to Clouds End agency and she received 3 sessions. Ms Moore will now be referred to Age UK decluttering for longer term assistance. Ms Moore has declined any further involvement from Social Services and Housing will continue to monitor the situation.			has received three sessions with Clouds End and she will receive longer term support from Age UK. Housing will continue to monitor as she has declined any further input from Social Services.

Indicative Personal Budget*

Support Arranged By Adult Social Care

SUPPORT ARRANGED BY ADULT SOCIAL CARE

Provider	Tel no	Purpose	Visit Type	Amount	Starttime Duration Days	Priority	Start	End	Cost pw(
Clouds End SE (WCC - ASC)		Housing and Social Services have agreed to joint pay for Clouds End agency to visit Ms Moore on three occasions to see whether any improvements can be made to her home environment. Ms Moore has agreed to being referred to Age UK decluttering service to help with the longer term management of maintaining her home. However, Ms Moore has declined any further involvement from Social Services but she has confirmed that she will continue to work	Flexible	4 hours	Total of 12 hours were provided by Clouds End agency.	RBKC	17/08/20	30/09/20	420

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Provider	Tel no	Purpose	Visit Type	Amount	Starttime Duration Days	Priority	Start	End	Cost pw(
		with housing, who will monitor the situation closely.							

Total Costs (£) per week of all these services

Weekly Direct Payment Support

One Off Direct Payment Support

Agreed Personal Budget/Schedule



Weekly Schedule

Day/s	Times	Support Type	Provider	Comments

Risk factors associated with providing/managing support

What could go wrong (e.g. unpaid carer sickness / holiday, concerns around standard of service, problems with management of finances / personal budget), and how will it be dealt with?

Risk factors and how they will be managed

Risk	Likelihood	Risk Minimisation	Person’s View	Mental Capacity
Mrs Moore has issues with hoarding.	Medium	Mrs Moore needs to engage with services to help her overcome her issues of hoarding.	Mrs Moore reported that she does not need help and did not identify any issues with hoarding.	Yes.

Agreement and Consent

AGREEMENT

I confirm that the contents of this Care and Support Plan are an accurate reflection of my current support arrangements

Customer Name

Ligaya Moore

Customer Signature:

If agreed by someone other than the customer, or if customer does not agree the contents, please provide details:

CONSENT

I agree that this support plan and other assessment information, if required, can be shared with all those involved in my care and anyone who may need to access it in an emergency

Customer Signature:

If customer does not sign, or wishes to restrict the people who can view the support plan, please provide details

If signed by someone other than the customer please provide details of who and why

To the Customer- if there is inaccurate information in this support plan then please let us know right away, otherwise we will presume it is accurate.

Record of Completion

Next review due date

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