

Using person centred approaches to Health Action Plan

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Introduction

Health action planning is intended to be part of the person centred planning process. This paper describes what we are learning about developing Health Action Plans (HAPs) as an integral part of a person centred plans.

The Department of Health (Valuing People, p.64) requires that each individual with a learning disability to be offered a personal Health Action Plan by June 2005. It states that the responsibility for this rests with the health facilitator in partnership with primary care nurses and general practitioners.

What does the guidance on Health Action Planning say?

The Department of Health published guidance on Health Action Planning in July 2002 (Action for Health – Health Action Plans and Health Facilitation).

“Health facilitation, whoever does it and whatever way, in whatever setting is about ensuring healthier lives and better health for people with learning disabilities.”

(Department of Health Guidance, section 2 p12}

The Guidance states that facilitation around health action plans needs to be developed at two levels:

Level 1:

Level 1 includes service development work and informing planning and commissioning thus addressing systemic issues in the NHS. This level of systemic work supports achieving the outcomes described in Valuing People, for example ensuring all people with learning disabilities are registered with a GP and identified within the GP practice by June 2004.

Level 1 also covers developing, monitoring and auditing initiatives designed to reduce health inequalities (Department of Health Guidance, section 2, pages 8 & 9)

Level 2:

Level 2 includes person-to-person work with people with learning disabilities who have taken the opportunity to develop a health action plan. At this level health facilitation will focus on individual health outcomes. It is important that the person with learning disabilities has confidence in the person who will facilitate the HAP.

A health professional, support worker, person centred planning facilitator, family carer, friend or advocate could facilitate a Health Action Plan.

In this paper we are focusing on level 2 activities – incorporating HAPs within person centred plans and delivering health interventions using person centred approaches.

The essential responsibilities for health facilitators are:

- identifying and recording health targets for the HAP
- supporting access to all health services including NHS screening programmes
- ensuring the HAP is an integral part of person centred planning.
- helping to identify and meet health education needs
- monitoring individual health outcomes through regular review and where necessary agreeing changes to the HAP.

(See DH Guidance p12 for additional responsibilities)

Health assessments should;

- Be agreed or developed locally, with full involvement from primary care staff and others who will be involved in implementing them.
- Be evidenced based
- Give opportunity to identify issues particular to that individual
- Be administered in a way that is person centred in approach e.g. easy to understand, enough time.
- Reflect current health policy e.g. on screening & immunisation

Assessments should consider health issues of particular importance to that person, for example:

- Mental health, behavioral & psychological issues, relationships and sexuality

Assessments should pay particular attention to:

- Details of the need for health interventions
- Oral Health and Dental Care
- Fitness and Mobility

- Contenance
- Vision
- Hearing
- Nutrition
- Emotional Needs
- Medication taken and side effects
- Records of any screening tests

These key points would be included in a person centred plan.

All person centered planning results in actions, and the actions that result from gathering information about health around these key points would form the health action plan.

Including Health Action Plans within established styles of person centred planning

Essential Lifestyle Planning (ELP)

Essential Lifestyle Planning describes what is important to someone and what is important for them to stay healthy and safe. In the section that describes what it takes to keep the person healthy and safe, there would be a subheading 'what support do I need to stay healthy' and the key points would be described there.

In Appendix 1 we suggest some questions that may be helpful for facilitators in gathering information about the persons health.

Role of the health professional

In Essential Lifestyle Planning the focus person and the facilitator describe who is in the person's life and record this on a relationship circle. If the person has health professionals in their life, then the person or the ELP facilitator will invite the health professional to contribute to the plan, and in particular the HAP part of the ELP.

Where the focus person does not have a health professional in their life, we suggest that a health professional reviews the HAP section. In the North West there is the Northwest Primary Health care network that may be able to assist in identification of an appropriate health facilitator. For assistance with this contact Janet Cobb : janet.cobb@nwttdt.com

The health facilitator may be able to identify issues that need to be addressed, which a non-health professional may not recognize. John had very complex health issues and his HAP was shared with a community nurse. She had concerns that John's HAP described that he had his prescribed tablets were crushed. Her insight made the facilitator aware that the question needed to be asked as to whether crushing the tablets alter their combination or effect.

The medication in this case was such that it required regular monitoring via blood level testing, the health professional advised the facilitator who realized no monitoring of the medication had taken place for many years. The community nurse was also able to highlight the need for a continence re-assessment and the reason why. These are just a few examples of the invaluable insights we can achieve by asking a health professional to check the HAP.

The actions from an ELP will usually be generated at the ELP meeting. This will usually include health related actions that will form the HAP. The focus person will decide who they want to attend their ELP meeting.

John's health care issues were so complex that it was necessary to have a separate meeting to agree his health related actions.

In the appendix there are two examples of Essential Lifestyle Plans where the Health Action Plan enriches the content of the PCP.

Path and Maps

Health action plans do not fit naturally within Path and Maps as it does with Essential Lifestyle Planning. It is not appropriate for facilitators to ask specific questions about a person's health in this planning process.

Personal Futures Planning

In Personal Futures Planning there is a 'map' that focuses on Health. It is split into two sections:

- Conditions that lead to good health
- Conditions that lead to poor health

The eleven components could be presented as subheadings on this map, for example:

What you need to do to support me to be healthy?

Conditions that lead to me being healthy

Conditions that lead to me having poor health

To keep my teeth and gums healthy

Conditions that lead to me having good oral health care

Conditions that lead to me having poor oral health care

Developing Health Action Plans when a person centred plan has not been developed

The questions that help to develop 'what support do I need to stay healthy' in ELP could be used to develop a health action plan on its own. This could also be a way of beginning a first draft ELP. Once the information has been gathered with the person, and ELP facilitator could then work out with the person what this tells us about what is important to the person

For example,

Extracts from Maggie's health action plan	This suggests that the following is important to her
To always have a Rolto cushion on her wheelchair and a Pegasus mattress on her bed	It is important to Maggy to be comfortable at all times
Support Maggy to wear socks and slippers when she is up and about	It is important to Maggy that her feet are not cold
Not to push Maggy in her wheelchair	It is important to Maggy to get around by herself in her wheelchair

Conclusion

A person centred plan belongs to the person. This means that staff, however well meaning, cannot impose what should be included in someone's plan about their health.

However, in Essential Lifestyle Planning and Personal Futures Planning there are already established sections to ask questions about the persons health. In this paper we suggest questions, that relate to the 10 health statements that facilitators or health professionals can ask, to check that we have addressed all relevant issues concerning someone's health. We have provided examples of how this has been used, and suggested questions that may be helpful.

Health Action Plans within Essential Lifestyle Planning: headings and questions to ask

These are the headings required for a Health Action Plan.

To be successful in supporting (the person) to be healthy (health action plan)

1. What you need to do to support me to be healthy
2. To keep my teeth and gums healthy
3. To keep me fit, active and mobile
4. To keep me continent
5. Looking after and checking my eyesight
6. Looking after and checking my hearing
7. Supporting me to eat healthily
8. Supporting me to take medicine and have medication monitored.
9. Supporting me to have regular health checks
10. Supporting me to be happy and well emotionally
11. Supporting me around my relationships and sexuality

Completing this section of a plan

First, check to see whether a health assessment has been completed and by whom and if it has what available information is there from this. These questions may be helpful to gather information about the person's health to include in their plan.

What you need to do to support me to be healthy

Does the person have any medical conditions?

What do you need to do to support them around this?

Which health professionals are supporting the person with their medical conditions and how?

From the person's perspective what does good support look like?

From the person's perspective what does bad support look like?

Therefore how do we need to support the person?

Therefore what works best for the person?

To keep my teeth and gums healthy

What support (if any) does the person need to clean their teeth?

Is the person registered with a dentist and have regular check ups?

From the person's perspective what works about the support they get to clean their teeth?

From the person's perspective what does not work about the support they get to clean their teeth?

Therefore what works best for the person?

To keep me fit, active and mobile

What support does the person need to be fit, active and mobile?

How active is this person?

Does the person have assistance from a physiotherapist?

From the person's perspective what works about the support they get to be fit active and mobile?

From the person's perspective what does not work about the support they get to be fit active and mobile?

Therefore what works best for the person?

To keep me continent

What support (if any) does the person need to stay continent?

Does the person get advice from a continence advisor?

From the person's perspective what works about the support they get to stay continent?

From the person's perspective what does not work about the support they get to stay continent?

Therefore what works best for the person?

Looking after and checking my eyesight

What support (if any) does the person need with their eyesight?

Is the person registered with a local optician?

From the person's perspective what works about the support they get with their eyesight?

From the person's perspective what does not work about the support they get with their eyesight?

Therefore what works best for the person?

When was the last time the person had their eyes checked?

When do they need their next check?

What is a good optician's appointment/eye check like?

What is a bad optician's appointment/eye check like?

Therefore what support does the person need to have their eyes checked?

Looking after and checking my hearing (as above)

Supporting me to eat healthily

What support does the person (if any?) need to eat healthily?

From the person's perspective what works to maintain a healthy diet?

From the person's perspective what does a bad diet look like?

Does the person need dietetic advice?

Supporting me to take medicine

What medication does the person take (how much and when and what is it for?)

Does the person have any side effects from the medication?

When was the last time their medication was checked, by whom and how frequently?

What support (if any) does the person need to take their medication?

From the persons perspective what works to maintain good medication regime?

From the persons perspective what does a bad medication regime look like?

Therefore what support does this person need to have the right medication prescribed and monitored?

Supporting me to have regular health checks

What regular health checks does the person have?

Does the person have a good relationship with their GP and wider primary health care team?

Are there any additional health checks that they may need?

What support does the person need (if any?) to have regular health checks?

From the persons perspective what would good support look like?

From the persons perspective what would bad support look like ?

Therefore what support does this person need to have good and regular health surveillance and monitoring?

Supporting me to be happy and well emotionally

What support does the person want to be happy and well emotionally?

What checks are done in relation to emotional well being and mental health?

From the persons perspective what works to stay emotionally well?

From the persons perspective what would have a detrimental effect on emotional and mental well being?

Therefore what support does this person need to maintain emotional wellbeing?

Supporting me around my relationships and sexuality

What support does the person have around relationships and sexuality?

Does the person have access to sexual health services?

Does the person need help with establishing and maintaining relationships?

What support does the person need (if any?) to establish & maintain relationships?

From the persons perspective what would good support look like?

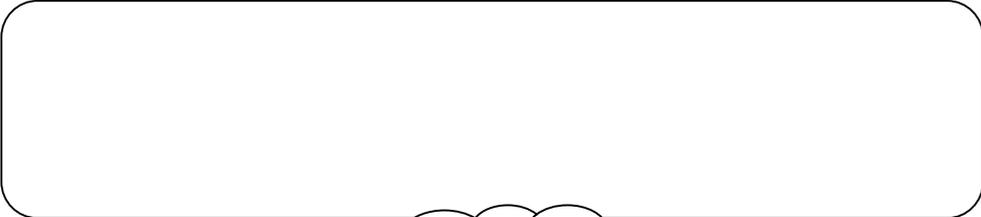
From the persons perspective what would bad support look like ?

Therefore what support does this person need to establish and maintain good relationships?

Appendix 2 – John’s ELP with HAP integrated **John’s Essential Lifestyle Plan**

- Date: 28th October 2003
- John’s Plan is written in the third person as he does not use words to speak and has significant support needs, What is recorded here are out ‘best guesses’ and ongoing learning.
- Those who have contributed to John’s Plan:
 - John – Whose Plan it is
 - Gill - Facilitator
 - Ann – John’s Mum
 - Paul – John’s Dad
 - Julie – Senior Support Worker @ Day Centre (Day Service)
 - Carl – Support Worker – Day Centre
 - Katie – Support Worker – Day Centre

What People who know John like and admire about him

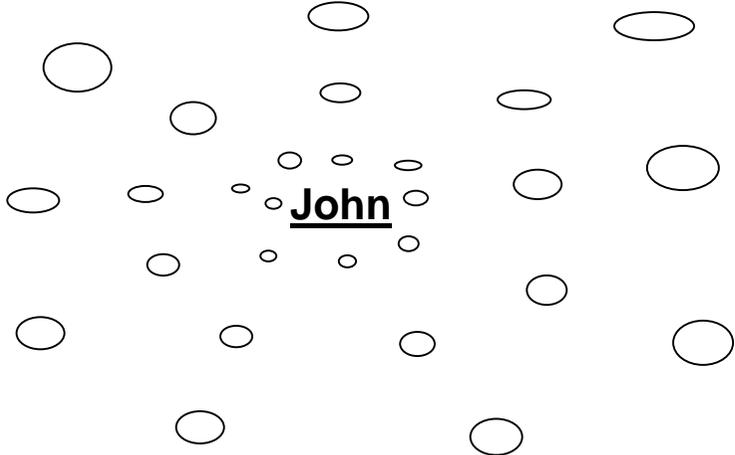


Sense of humour –
Loves a bit of
“craic”

Beautiful Smile

Determined

Charming



Great Patience

Adaptable

Honest

Sensitive

Expressive Eyes

People in John's Life

See Relationship Circle

Most Important to John

About Relationships:

- To continue to live with Mum and Dad
- To see Jackie (John's Sister) and Jason (Brother in law)
- To get to know Emily, Jackie and Jason's baby
- To be supported by people John knows well and knows how he communicates – see support and communication section
- To be able to see people around him.
- That people around John respond to his mood appropriately
- John enjoys banter and being boisterous with people he knows well – this would not work for him with people he doesn't know well.
- John must have humour and fun in his life and be surrounded by happy people that are not bossy or stern.
- Physically contact with people he knows well being held in a sitting position daily – See Physio plan
- That people take time to sit and chat with John
- And give him time to respond vocally
- That other people who use the day service and know John well spend time with him each day – the people John likes – Karen, Albert, Les and Tracey.

We need to add:

Most Important to John cont.

About Mealtimes:

- That John does not choke or cough when eating or drinking (detail in support section).
- That John knows the person supporting him to eat his meal and feels confident that they are comfortable assisting him.
- That John is supported with his meal peacefully and quietly without any distractions.
- Stephen likes the radio on Piccadilly Gold at a low volume.
- Describe John's meal to him before helping him to eat – e.g. Chicken Casserole, Carrots and Mash, Jam Sponge with Custard.
- Support Worker eating their lunch in John's company after he has eaten.
- That John does have a different meal each day.
- Know that John needs a drink after his meal.

We need to add:

Most Important to John cont.

About attending Anytown Resource Centre at Day Centre for Day Services:

- To continue going to Day Centre Monday to Friday during the day.
- That John is greeted in the morning on arrival and offered a drink.
- That John is supported out of his wheelchair once he has had a drink – that his exercise and positioning plan is followed (detail in support, healthy and safe sections)
- That John is in the company of others throughout the day and that he can see others from where he is positioned.
- Physical contact, lots of conversation personal care to be carried out (see support).
- Comfortable positioning (see support) Praise and encouragement.
- To be positioned in different areas of the room so as John has a different view from all angles.
- Have a gentle foot and hand massage at least once a day – Use any moisturiser.
- Conversation with others throughout they day, support worker to sit in a quiet environment at least once a day to have a chat with John.

We need to add:

Most Important to John cont.

In Rhythm or pace of life:

- John enjoys to chill and relax especially after meals.
- That John is treated gently and smoothly – never rush him.
- John enjoys ½ an hour sleep after his tea, either sat in his wheelchair or on the settee, but not in bed.

We need to add:

John's MUST NOT haves

- John must not be rushed
- People touching his face – may be necessary to wipe John's mouth but do not come down over his face with a tisAnn – do it sensitively bringing the tisAnn up from his neck area and around his mouth.
- Being bored
- Being Crowded
- Being left on his own (except at bedtime – see bedtime routine at back of plan)
- People approaching John in a loud or aggressive manner.
- Being positioned incorrectly in his wheelchair (see physio recommendations at back of plan).
- Staying in his wheelchair or one position for too long (see Physio guidance at back of plan)
- Shopping in busy places e.g. Trafford Centre, supermarkets
- Have sunshine in his eyes, spend too long in the sun (healthy/safe).
- People who do not know him supporting him (see support, healthy/safe, communication sections which explain why).
- Eat Peas.
- John must not be ignored or left out of the action.
- Go out in wet and windy weather.
- Be left on the plinth alone.
- Be left out when everybody else is having a drink
- Have people around him that shout.

We need to add:

Second in importance to John:

Things to Do:

- To go to the Hydrotherapy pool at Tameside General Hospital during the summer months.
- To go out for local walks when the weather is mild.
- To watch lively films on TV.
- Karaoke, Bingo and listening to music – Magic 1152 on the Radio.
- To go trampolining with support from Physio team at Copley
- To go to a live football match
- To go to watch live musical performances – show or band/ solo artist.

Relationships:

- To see Great Auntie Beryl a couple of times each year.

Third in importance to John:

Things to Do:

- Music Videos – John enjoys watching any type of music video.
- Listening to Magic 1152 radio station. If others sing along John enjoys joining in.
- Watching others having a busy, noisy time, but John must feel secure by people he knows well being around.
- Help Mum with drying pots – wrap tea towel around John's hand to involve him and help him dry small plates.
- Going out for a walk with Mum at weekend – weather Permitting – or in the garden.
- Going for a ride in the car with Mum and Dad.

We need to add:

Things that you need to know or do to support John in Personal Hygiene, Personal Care and bathing can be found in a separate part of the plan.

This information is available on a need to know basis. The people who need to know this information are those providing direct personal support to John.

It is entitled “Personal Support Section”

What we need to know or do to be successful in supporting John

About Relationships:

- John needs plenty of time to get to know new people and build up a relationship gradually.
- When John is vocalising he wants to feel that you are listening to him – take the time to chat with him.
- That you give John eye contact when talking to him.
- John is most comfortable when supported by people he knows well and trusts.
- John loves a bit of “Craic” and enjoys being involved in conversations.
- That you respond to John’s moods appropriately. John enjoys banter and being boisterous with people he knows well, this wouldn’t work with people he doesn’t know well.
- John’s confidence in you is dependant on you getting to know him really well and feeling conformable and confident in being with him and supporting him.

About Mealtimes:

- Before you support John with his meals or drinks you must receive guidance from somebody who knows John really well. You would need to observe John have his meal a number of times before you should support him.
- John must have his meals peacefully and quietly, without distractions.
- John needs to know you are comfortable and confident in supporting him with his meals and drinks.

We need to add:

What we need to know or do to be successful in supporting John cont.

About Mealtimes cont:

- After John's meal he enjoys some time to just lie and lean on the person who has supported him.
- John's food must be blended to a puree, John is only offered pureed foods.
- John enjoys sitting at the table in his wheelchair after he has eaten, and feel included as the rest of his family have their meal.
- Meal needs to be warm (not hot, or left to go cold).
- Offer a choice for lunch, if tinned meal, hold both tins in front of John and say what they are and John will eye point to the one he wants – the same can be offered around drinks and desserts. – See communication Section.

John's rhythm/pace of life:

John's rhythm/pace of life varies with his mood and his health e.g. he will join in with his exercises happily if he feels well but is very reluctant if he feels off.

- John must be treated gently and smoothly with changing positions.
- Take time to chill out, relax and chat with John, the more often the better.
- Acknowledge John when he is vocalising, never ignore him.
- Be aware that John wants to be able to see what is going on in the room when you are positioning him.

We need to add:

What we need to know or do to be successful in supporting John cont.

About Getting Up:

- John usually wakes up himself.
- Change Pad (Personal Support Section)
- Support John into living room where he has a drink of Noncol, Weetabix and full cream milk, glass of fresh orange juice.
- Clean teeth, goes back into bedroom – wash and dress (Personal Support Section)
- John then sits in his Wheelchair and watches mum generally tidy up the bungalow.
- As Mum moves around the house – kitchen, bathroom, bedrooms – John will sit where he can watch.
- If John does not wake up himself – wake him up gently, usually opening his bedroom door is enough as general moving around the house wakens him.

About Bedtime:

- John is supported to change into his pyjamas in the bedroom about 8pm.
- Back in living room he has supper – Rusks in milk and Ovaltine or Build Up.
- John has a cup of tea around 10pm, change of pad and his inhaler before going to bed.
- John has a bottom sheet, a top sheet and a quilt, one pillow.
- John lies in the middle of the bed on his back. His arms go over his covers and his covers are tucked under his armpits so they cannot go over his face.
- John uses a bedguard on the side of his bed.

We need to add:

What we need to know or do to be successful in supporting John cont.

About his Health:

- John must be positioned in a very precise way to sit in his wheelchair, the Physio, experienced member of staff or John's mum/dad would need to show you.
- John does not like to stay in his wheelchair for too long (see communication section) – maximum 30 mins.
- John has an exercise/positioning plan which they Physio would need to offer you training around before you could successfully support John.
- John must be offered drinks regularly through the day and evening – again you would have to be shown how to support John have a drink.
- John's food must be pureed and workers would require training to support John to eat.

We need to add:

To keep John Healthy and Safe

1. What you need to do to support John to be healthy

John has Cerebral Palsy and requires significant support in all aspects of his life.

About chest infections which John is prone to especially during the winter months:

Good Support: When John's chest is bad he needs:

- To see a doctor who will usually prescribe liquid antibiotics
- To be positioned in as upright a position as possible to John to be comfortable to help him breathe more easily.
- Lots of contact with the people supporting John to reassure him he is OK.
- To be offered drinks every hour, John has a small beaker of warm tea with one sugar or Vimto/Blackcurrant cordial (tepid).
- The tisAnn under John's chin to be changed regularly so as his jumper/neck to not become wet due to dribbling.
- To change position every 30 minutes (options re positioning are in John's Physio Plan).

Bad Support: When John's chest is bad would look like this:

- Being supported into his standing frame to assist in the removal of chest secretions if he is feeling poorly.
- Lying Flat
- Going out in wet and windy weather
- Being left alone
- Not being offered drinks
- Not being spoken to and reassures by those supporting him.
- Spending too long (More than 30 minutes) in his wheelchair.
- Clothes becoming wet due to dribbling.
- People supporting John who do not know him well, his inability to express pain means that those around him must know how he communicates through facial expression.
- Being supported to eat or drink in a poor position which could cause food inhalation.

To keep John Healthy and Safe

2. What we need to know/do to keep John's teeth and gums healthy

John needs somebody to brush his teeth and look after his oral health.

Good Support:

- Clean John's teeth whilst he is in an upright position in his wheelchair. John shows no preference for a particular brand of toothpaste.
- Tell John you are going to brush his teeth and place a towel under his chin, rinse brush, apply paste and gently brush teeth with a soft toothpaste.
- Rinse paste off brush and brush teeth and gums gently.
- Give John a drink of water.
- Gently wipe John's mouth to remove water/paste – bring towel up from neck area as John does not like to see a cloth coming towards his face.

Bad Support to keep John's teeth and gums healthy would look like this:

- He is not told what is happening.
- Too much water is in his mouth whilst teeth are cleaned causing him to splutter.
- Too much pressure is put on teeth when they are brushed or the brushing movement is too fast.
- John is lying flat causing water and paste to go into his throat which he would have difficulty swallowing causing the liquid to come through his nose.
- He is not offered a drink
- John's jumper is left wet.

About general mouthcare:

- John salivates a lot and often needs his mouth wiping and T-Shirt/jumper changing if they become wet.
- Be sensitive when wiping John's mouth, take the tissue upwards from his neck area to wipe his mouth.
- John sees the dentist from Union Street Clinic, Hyde (Mr Charnock) every 6 months – everything OK at present.

To keep John Healthy and Safe

3. About keeping John fit, active and mobile.

Good Support:

- John's Physio Plan must be carried out daily, his exercise plan at least daily – twice a day where possible, in order to maintain the range of movement John has at present.
- John needs his position changing every 30 minutes.
- John must be positioned in a very precise way to sit comfortably in his wheelchair – a competent worker would need to show you followed by assessment by the Physio.
- John's straps must all be fastened on his wheelchair when he is using it.
- John knows the people who are supporting him – they are gentle, sensitive and reassuring whilst completing his Physio Plan with him.
- When John is positioned on his stomach over the wedge, somebody stays with him to chat and reassure him as he is not keen on this position.
- The sling used to move John does not become creased or folded underneath him.
- When positioned on the plinth, John is able to see what is going on in the room, also he sometimes is positioned to look out of the windows.
- Lots of conversation with John whilst supporting him.

Bad Support:

- John is showing by facial expression that he wants to come out of his wheelchair after only 10 minutes (see Communication section) – Support Worker does not pick up on what John is telling them and waits until 30 minutes are up before supporting him out of his wheelchair.
- John is telling support workers he is uncomfortable by facial expression and body movements when they are working through his Physio Plan – exercises, standing frame and positioning - they do not recognise that John is telling them and concentrate on sticking to the maximum times written in the Physio Plan rather than responding to how John is feeling.

To keep John Healthy and Safe

3. cont About keeping John fit, active and mobile.

Good Support:

- John enjoys having his hands and feet massaged, in between exercises, he enjoys any moisturiser or oils.
- Going to the Hydrotherapy pool during the summer months.

Bad Support:

To keep John Healthy and Safe

4. About Continence

John uses Tenna extra small pads which are changed every 3 hours.

Good Support:

- People supporting John to change his pad follow his routine precisely as detailed in the “Personal Support Section”
- Regular involvement from the Continence Advisory Services.

Bad Support:

- Support Workers lack sensitivity and gentleness
- Sticky tapes on pad catch John’s skin
- Bathroom is cold
- Suppositories - given each time John stays at Smith for a respite break.

To keep John Healthy and Safe

5. Looking after and checking John's eyesight

John's eyes have not been tested for over 20 years, when they were last examined John's mum was told he had astigmatism (an inability of the lens of the eye to focus properly). John was prescribed glasses but has never worn them.

Good Support when John's eyes become matted:

- Bathe John's eyes with cotton wool and tepid water (boiled water which has been left to cool). Explain to John exactly what you are going to do. Be very gentle and reassure John throughout. Dip cotton wool from inside of the eye to outside and throw away, continue using clean pieces of cotton wool for each wipe until all the matter has been removed.

Good Optician visit

- Explain to John what is happening visit before hand to show John around and meet the Optician.
- Arrive at the Opticians on time – not early as John may become distressed waiting.
- The Optician is sensitive to John's feelings i.e. that John may feel vulnerable and would be frightened by the Optician coming towards him with instruments.
- The Optician would have been briefed around what works/doesn't work for John.
- Someone who John knows and trusts is with him at all times.
- The appointment takes no longer than 25 minutes so as John does not become uncomfortable in his chair.
- The Optician kneels or sits by the side of John where possible so as he is not coming down from above to John's face.
- The Optician explains to John what he is doing at all stages and reassures him, whilst examining his eyes.

Bad Support:

To keep John Healthy and Safe

6. Looking after and checking John's hearing.

John's hearing has not been tested for many years not have his ears been examined e.g there may be impacted wax. This needs to be addressed. John appears to hear OK and responds to noises by a hearing test is necessary to establish how good his hearing is, and an ear examination to establish how healthy his ears are.

What a good hearing test/examination would look like:

- Someone John knows and trusts is with him throughout – probably Mum or Dad.
- Arrive on time and go straight in for the appointment.
- Person carrying out the test introduce themselves to John and gently explain what they are going to do – they then talk to John as they carry out the test and ear examination explaining what is happening at each stage. The person has been briefed around what works/doesn't work for John beforehand.
- The person is sensitive to John's feelings and is aware that John will be feeling vulnerable and would be frightened by somebody coming down over his face with instruments – working from John's side is best.
- The procedure takes no longer than 25 minutes so as John does not become uncomfortable, or if it does take longer there is opportunity and suitable seating for John to come out of his wheelchair for a short time.

What a bad hearing test/examination looks like:

- Person John knows and trusts is out of his line of vision.
- Having to wait longer than 10 minutes
- The person carrying out the test/ear examination does not explain what is happening to John and does not reassure him as they go along.
- The person carrying out the test does so very coldly without thought of how vulnerable John may be feeling.
- John has to stay in his wheelchair for longer than 30 minutes and he becomes uncomfortable.

To keep John Healthy and Safe

7. Supporting John to eat healthily.

John needs full support to eat – Support Workers should not help John to eat or drink unless they have been trained and feel confident to do so.

John appears underweight and we need to get his exact weight, also his BMI. Referral to dietician services will also be necessary to look at his diet. We also need to look at John's fluid intake and work out if he is getting enough fluids.

As referred to in area 1 around supporting John to be healthy, a peg tube may be a good course of action for John.

Good Support:

- John is supported to eat his meal with Piccadilly Gold playing quietly in the background, by someone he knows well, there are no distractions.
- TisAnn under John's chin is changed if it becomes damp.
- John's meal is described to him.
- John's meal is pureed and at the right temperature i.e. warm.
- John is offered his main meal, pureed fruit and a drink.
- John is offered a choice of meal and a choice of drink – See Communication Chart.
- After John's meal he enjoys sometime to just lie and lean on the person who has supported him.
- At home John enjoys sitting at the table after he has eaten, and feel included as the rest of his family have their meal.

Bad Support:

- John chokes or coughs when eating or drinking due to poor positioning.
- John is supported in noisy busy environment to eat.
- John's food is hot.
- John's food is cold.
- John's upper clothing becomes wet and uncomfortable.
- No choice of meal or drink.
- John is rushed and supported into a flat position straight after eating.
- Support Workers do not spend time with John relaxing after he has eaten.

To keep John Healthy and Safe

8. Supporting John to take his medication.

Johns present medication: (at October 2003)

- Movical Sachets – 1 sachet each morning
- Diazepam – 1.2mg tablet @ breakfast
1.2mg tablet @ tea
1 ½ x 2mg tablet @ supper
- Tizanidine - 2 x 2mg tablet @ breakfast
1 x 2mg tablet @ mid-day meal
2 x 2mg tablet @ tea
2 x 2mg tablets @ supper
- Liquid antibiotics when prescribed by GP for recurring chest infections.
- John relies totally on others to support him to take his medication. His tablets are crushed and added to his food – crushed tablet is then given to John on the first few spoonfuls of his food.

Questions to ask about John's medication – to be answered via actioned on attached health action plan

- Why is John still being prescribed diazepam, which he has been taking for many years?
- Why is John prescribed tablets – these need to be crushed in order for him to take them – does crushing this tablets alter their combination or effect?
- Why has John's medication not been checked for many years?
- Does John's medication have any side effects which John is unable to tell us about?
- Does the medication prescribed to John require regular monitoring or blood level testing – not happening at present?

To keep John Healthy and Safe

9. About supporting me to have regular health checks.

John does not have any regular health checks at present and we will address this in the health action plan.

John does have the flu vaccination each year – this is the only regular intervention from the GP which happens on an annual basis.

The only times John has had blood tests are on the occasions, over the past two years, when he has been admitted to hospital due to chest infections.

John attends no regular health screening checks

John does not see a Podiatrist at present.

Good Support for GP visits/Health checks:

- Arrive on time and are seen on time.
- John can be positioned in a corner of the waiting room where he can see what is happening and people are not rushing past from behind him.
- Lots of dry tisAnn available for under John's chin.
- Someone John knows well and trusts is with him all the time.
- Talk to and reassure John throughout.
- Person carrying out health check is sensitive to how vulnerable John may be feeling and reassures him throughout – the person has been briefed beforehand re what works/doesn't work for John.
- The health check is carried out with John positioned comfortably on a plinth, upper body and head slightly raised – where appropriate.

Bad Support:

- Long wait in the surgery
- Unable to support John out of his wheelchair due to limited space.
- TisAnn under chin becomes very wet, causing clothing to become damp and uncomfortable.
- Lots of strangers walking around John.
- The person carrying out the health check has not been briefed around what works/what doesn't work for John.
- The person carrying out the health check does so very clinically without thought for how John may be feeling.
- Health check is carried out while John is sitting in his wheelchair.

To keep John Healthy and Safe

10. To support John to be happy and well emotionally.

- Read John's essential lifestyle plan and base your support and relationship with John on it.
- As John does not use words to speak we need to delve further into how he tells us when he is in pain or not feeling well, a communication passport needs to be developed to John – see health action plan, but above all we must seek to understand what John is saying to us by getting to know him really well.

We need to add:

To keep John Healthy and Safe

11. Supporting John around his relationship and sexuality.

Other than family members, the only people John sees are paid workers and other people with a learning disability. We need to address this to avoid isolation and boredom in Johns life.

What would work for John?

Give John opportunities to socialise with other people on his terms – e.g. go out for just half an hour – try different things- learn what John enjoys. Go to a live concert or musical – make arrangements beforehand so as John could be positioned in a safe place on his bean bag to watch. Try the cinema for a film we think John would enjoy. Again arrangements can be made for John to lie on his bean bag at the front of the auditorium – this has happened and worked for John in the past.

Look at how John spends his week and what works/doesn't work for him in specific detail around his social life and relationships.

Above to be actioned.

We need to add:

