**Schedule 2 – Pen Pictures**

Pen picture for DQ

|  |
| --- |
| **Customer, age and diagnosis**  DQ is 27 years of age and has a diagnosis of Spastic Quadriplegic Cerebral Palsy, which was diagnosed at the age of 9 months and affects all four limbs. He had Scoliosis surgery at the age of 16 in Oxford and has reflux and gastric problems, eczema and windswept hips to the right. DQ also has Congenital absence of corpus callosum and Microcephaly.  DQ is a wheelchair user and has a custom-built wheelchair to support the shape of his body and he uses this throughout the day indoors and outdoors. DQ also has a Pod chair made of a soft material that moulds to his body on a base with wheels for him to be moved around in the home.  DQ sleeps in a profile bed. There is a ceiling tract hoist for transfers in his bedroom and bathroom.  DQ is PEG feed as he has difficulty swallowing, reflux and his digestive system. This does not replace feeding but instead supports to ensure that DQ has enough nutritional in-take. 500mls of ‘ensure’ is given to DQ daily as recommended by his dietician that he is reviewed by every 3 months or more frequently if weight drops to low. All food has to be pureed.  DQ takes anti-sickness oral tablets twice a day and lactulose through his peg. His mother LQ gives him a prescribed enema once a week due to severe constipation.  DQ should be given choice on a daily basis with decisions such as what time to get up, food to eat and what to wear. Although DQ has no verbal communication he is able to let you know what he is feeling as he will grit his teeth, laugh and is able to follow items with his eyes. Carer familiarity would help.  When major decisions need to be made mental capacity needs to be considered and whether there is a need for a best interest decision to be made and communication made with the family. |
| **Personality, likes**   * Bowling * Cinema * Swimming (hydro pool) * General going out into the community. * Music |
| **Dislikes, difficult situations**   * Fireworks * Loud bangs. * People coming up behind him and making him jump. * Having his haircut. * Being in the sun as has sensitive skin. * Hard food as difficult to digest. * Getting wet in the rain. |
| **Support service/s accessed**  DQ is supported within his supported living home 24 hours a day. He receives support with all daily tasks as due to his physical and cognitive ability he requires support with everything.  DQ attends music club on a Tuesday through Ark in the mornings and attends social club at the Acorn Centre 7-9pm the same evening. On a Friday morning he goes swimming using Ravenswoods hydro-pool, then in the evening he attends a disco through Next Step. The current provider gives 1:1 support throughout all activities. DQ also has the opportunity to go bowling, cinema and trips to parks |
| **Managing assessed needs and risk.**  DQ requires support 24 hours support inclusive of 1:1 waking hours (15) and shared waking night (9 hours). As DQ has a physical and cognitive impairment he is reliant on his carers for every aspect of daily living including his. |
| **What the customer would like from the new service/provider**  DQ is unable to communicate what he would want from a new service or provider but from information from family and current carers it is likely he would like:   * A provider that has knowledge of supporting him with his existing care and health needs. * Carers who can communicate despite the lack of verbal communication from DQ. * Opportunity to have choice with daily living experiences. * The ability to be creative to allow for DQ to have opportunities not yet accessing so that DQ can have a good quality of life. * Consistent carers to be able to build a trusting and familiar relationship with. |
| **Other service accessed**  DQ accesses community opportunities such as bowling, cinema and anything else that his carers will initiate. |
| **Service required (being commissioned for)**  Accommodation and long term care provider to support a shared home with 2 other people.  **Staff experience and training is required in/for**   * Experience of working with the client group including people with challenging behaviour and complex needs as DQ will be living in a shared accommodation. * An understanding of the dynamics and need to foster a positive shared living environment whilst continuing to promote tenant’s individual rights and needs. * An understanding of the impact of support needs on tenants, their families and local communities. * The ability to assist tenants with housing related support issues. * A full understanding of both confidentiality and safeguarding adult issues and procedures. * The ability to work in partnership with key local statutory agencies, voluntary agencies and other housing and support providers. * An understanding of the organisation’s service requirements. * Knowledge of ideas and initiatives concerning best practice in support services. |
| **Recent Issues which may impact on service delivery**  The current provider does not wish to continue to support the young men in this house due to operational challenges. Therefore an urgent response needs to be planned to ensure the tenants needs continue to be met safely. |
| **Share of wake night or sleep over**  DQ requires a waking night to manage incontinence, reflux and general overall well-being. |

Pen picture for **DY**

|  |
| --- |
| **Customer, age and diagnosis**  DY is a 28 year old man who has a severe intellectual and developmental delay which is a characteristic of his diagnosed condition of Cornelia de Lange Syndrome. Further major characteristics that also affect DY’s abilities are gastro reflux which can make eating unpleasant, behavioural issues of self-injury and a severe language delay.  DY also has through his life had a tendency to extend his feet and walk on his toes which has resulted in a serious problem with the balls of his feet. DY is due to have an operation where his ankles will be fused which mean he will not be able to walk in this way. This will remove the need for him to wear splints which he is required to do at present.  Due to his complex health needs DY is supported by the Learning Disability Team in Wokingham. |
| **Personality, likes**  DY is a friendly and affectionate young man who generally enjoys meeting people.  DY does not communicate verbally, but he has ways of communication with people who know him well. DY will use objects of reference to communicate his need or guide people to what he desires if he is able. When touching someone’s hand this will be an indication that he needs support.  DY’s family are of the view that he understands what is said to him. He does not like people talking about him in front of him and his dad said he does not like crowded places as he is aware of people staring at him. He is very quick to learn about a new toy and to find out where the on/off switch is and to turn the volume up. He reportedly remembers where thing are. He understands when you say no and he understands people’s moods. He does not understand television and he is unable to follow story lines. He loves music and joins in with humming the tune and music is a great way to change his mood when he feels down or upset. |
| **Dislikes, difficult situations**  DY does not places that are overly busy or crowded.  DY will make it very clear if he is not enjoying something either by not engaging in what is happening or in a more extreme way through his behaviour which could include self-injury.  It is not always possible to ascertain what DY may be objecting to through this behaviour but as part of Pro-Active SCIP training things should be eliminated and distraction techniques employed. |
| **Support service/s accessed**  DY lives in 3 bedroom bungalow with a supported living service and shares the accommodation with 2 other young men of similar age that he has known from attending school together.  DY is supported 1:1 during all his waking hours. The majority of his support is via the support provider in his placement. DY also has a Direct Payment service for 1:1 care 25 hours per week, managed by his mother and the care provided by his sister and other independent workers. |
| **Managing assessed needs and risk.**  DY has assessed eligible needs as he is unable to achieve the following outcomes without support:  • To maintain my personal hygiene  • To being able to manage to dress myself  • To be able to manage my toilet needs  • To prepare and eat meals and drinks  • To be able to manage and make use of my home safely.  • To be able to manage day to day living.  • To be able to develop and maintain my family or other significant personal relationships.  • To be able to access necessary facilities or services in the local community including recreational facilities or services. |
| **What the customer would like from the new service/provider**   * Continuity of care. * To continue to live with the present cohort if possible. * Continued support from the LD Health Team. |
| **Other service accessed**  Direct Payment 25 hours a week when DY is supported by independent worker. This varies, but is typically 5 hours per day Monday – Friday. |
| **Service required (being commissioned for)**  The core support in his placement. This amounts to 101 hours per week – including 1/3 in the waking night. 80 of these hours per week are for waking hours of support.  **Staff experience and training is required in/for**  Pro-Active SCIP  Around his diagnosed condition of Cornelia de Lange Syndrome.  Safeguarding |
| **Recent issues which may impact on service delivery**  The current provider does not wish to continue to support the young men in this house due to operational challenges. Therefore an urgent response needs to be planned to ensure the tenants needs continue to be met safely. |
| **Share of wake night or sleep over**  Waking night (shared) |

**Pen picture for OC**

|  |
| --- |
| **Customer, age and diagnosis**  OC is 28 years of age and has a severe learning disability and epilepsy. He takes a number of different medications to assist with gastro reflux, epilepsy and nausea tablets.  OC is susceptible to pneumonia and chest infections.  The carers continue to keep a seizure diary and OC is being supported by Mary Codling (LD nurse), Jackie Scott (epilepsy nurse) and Warren Oldray (SALT) to minimise the daily risk to OC and help staff to manage OC’s complex medical history. A new soft diet plan is being put together with OC’s parents, Warren and care staff. There have been suggestions for PEG feeding however OC parents and care workers do not feel that this is in his best interest as he enjoys his food. Therefore a soft food diet will be instead introduced to minimise the risk of choking.  OC uses a epilepsy sensor at night to monitor his seizures. A pulseguard was introduced however this did not work appropriately to meet OC’s needs. Care staff continue to monitor OC throughout the night every 20 minutes to an hour.  OC’s mobility is worst when he is unwell. He has a weakness down his left side and tends to drag his left foot when walking.  OC is given choice on a daily basis with all tasks. Although OC has no verbal communication he is able to communicate through showing carers what he wants. For example if he wants a drink he will bring them his cup or push you away if he does not want to do something. |
| **Personality, likes**   * Parks * Sleeping * Having is feet massaged * A variety of foods * Sensory items * Feeding the ducks * Music * Spending long periods of time in the garden. Enjoys and likes his own space. * If inside the home having straws to pick up. |
| **Dislikes, difficult situations**   * Bad weather stopping him from accessing the garden * Having his face wiped. * Being rushed * Having a shave * Things getting in his way. OC will stomp his feet and make loud noises when he is unhappy. |
| **Support service/s accessed**  OC receives support 24 hours a day consisting of 15 hrs 1:1 and access to a waking night (9 hours).  OC attends music club on a Tuesday through Ark in the morning and attends a social club at the Acorn Centre the same evening fully supported throughout. On a Friday morning he goes swimming at Ravenswood hydro swimming pool and a disco in the evening through Next Step. |
| **Managing assessed needs and risk.**  OC requires support 24 hours support inclusive of 1:1 waking hours and shared waking night. Additional care and support required particularly when OC is unwell as he tends to be more unstable on his feet. |
| **What the customer would like from the new service/provider**  OC is unable to communicate what he would want from a new service or provider but from information from family and current carers it is likely he would like:   * A provider that has knowledge of supporting him with his existing care and health needs. As he has a complex medical history will need to be experienced and prepared to manage with any health issues. * Carers who can communicate despite the lack of verbal communication from OC. * Opportunity to have choice with daily living experiences. * The ability to be creative to allow for OC to have opportunities not yet accessing so that OC can have a good quality of life. * Consistent carers to be able to build a trusting and familiar relationship with. |
| **Other service accessed**  OC has other opportunities to access other activities such as visiting Dinton Pastures, cinema and bowling.  An additional Direct Payment of £50 per month for community activities and clubs is being managed by his mother, KC |
| **Service required (being commissioned for)**  Accommodation and long term care provider to support a shared home with 2 other people.  **Staff experience and training is required in/for**   * Experience of working with the client group including people with challenging behaviour and complex needs as OC will be living in a shared accommodation. * An understanding of the dynamics and need to foster a positive shared living environment whilst continuing to promote tenant’s individual rights and needs. * An understanding of the impact of support needs on tenants, their families and local communities. * The ability to assist tenants with housing related support issues. * A full understanding of both confidentiality and safeguarding adult issues and procedures. * The ability to work in partnership with key local statutory agencies, voluntary agencies and other housing and support providers. * An understanding of the organisation’s service requirements. * Knowledge of ideas and initiatives concerning best practice in support services. |
| **Recent issues which may impact on service delivery**  The current provider does not wish to continue to support the young men in this house due to operational challenges. Therefore an urgent response needs to be planned to ensure the tenants needs continue to be met safely. |
| **Share of wake night or sleep over**  Share of waking night. Currently in place and will need to continue. |