

Service Delivery Plan

SURNAME	ROOM NUMBER
GIVEN NAME	DOB

We provide the following services as part of your care plan:

- ✓ Choice of shower time.
- ✓ Choice of time for getting up and going to bed.
- ✓ Dining choices.
- ✓ Daily routine room cleaning will be conducted between 8.30am and 1pm, with a more thorough spring cleaning scheduled monthly. Fridges will be cleaned on a weekly basis. If a resident is unable to vacate the room during the scheduled spring cleaning, alternative arrangements can be made at a mutually convenient time.
- ✓ Laundry services include staff collecting laundry in the morning and returning it to residents' rooms either the same evening or the following day. Ironing services are available for basic items such as slacks, button-up shirts, dresses, skirts, tablecloths, and pillowcases. Residents also have the option to use the laundry facilities themselves, which are equipped with an iron and ironing board. Additionally, residents may choose to have their laundry sent home for washing.
- ✓ Daily planned activity, leisure, movie or cultural and spiritual sessions at 10.30am and 1.30pm.
- ✓ Freedom to actively participate in your own care planning and interventions
Individualised physiotherapy programs developed which are based on assessment by our physiotherapist and partnered with the consumer. Once designed, the program can be self implemented under supervision of the physiotherapist whenever the gymnasium is open. Group sessions will also be held daily throughout Huntington Gardens.
- ✓ Hairdressing services can be provided on nominated days by request.
- ✓ Beauty services can be provided on nominated days by request.
- ✓ Allied health services (i.e. podiatry, speech pathologist, dietician, dental and optometry services) can be provided on nominated days by request.

**If we are unable to meet your specific request this will be explained to you. We will discuss alternative options with you to enable you to make an informed decision.*

Consumer's Service Requirements and or Expectations

Preferred shower time?

What type of assistance is required / wanted?

How do you like to start your day? (I.e. what time do you like to get up)

What type of assistance is required / wanted in the mornings?

Preferred bed time?

What type of assistance is required / wanted at bed time?

For personal care preferences, please indicate whether you prefer your bedroom door to be open or shut during the daytime, evening, and nighttime. If you prefer the door to be shut, a risk assessment and action plan will be required.

Preference for Care / Showering? (i.e. no preference, male staff or female staff)

Do you wish to be involved in care planning and interventions? Do you have a person/s you wish to also be involved?

Do you wish to be involved in physiotherapy services?

Do you wish to engage in activities / movie sessions / leisure activities / spiritual or cultural events?

Spiritually (How can we best help you to retain your spirituality)?

Culturally (How can we best help you identify with your culture)?

Do you have any specific communication needs that we should be aware of?

What type of activities interest you?

What is something we can do that would make you happy?

What are your strengths (i.e. skills, abilities, talents, knowledge and / or experiences)

Do you have any fears or concerns?

Tell us simply what you think is the most important thing we should know about you is?

Are there any personal aspects or preferences, including but not limited to sexuality, sexual preferences, and/or sexual identity, that you would like us to be aware of in order to tailor your care to your specific needs and preferences?

How do you wish your laundry services delivered?

By the Home Self To be sent home with a nominated person

Are you happy with cleaning services being delivered as above? Do you have any special requests / requirements?

Do you have any specific dietary requirements either by choice, medically, culturally or religiously?

Do you require assistance at meal times?

What is your preferred meal size (either small, medium or large)?

Where do you prefer to have your meals - either dining room, tray service (in room) or other (please specify)?

Do you have meal time preferences for breakfast, lunch, and dinner? (While there are set meal delivery times if these do not suit your choice, alternative arrangements can be made)

Preferred Extra Service Meal Days (if applicable please list two days)

Newspaper Choice (if applicable)