

Protected: Personal Care Plan Template

Owned by: Colin Cass

Signed on: April 1, 2025

Document number: QMS-0017FO

Version: 1.0

Document type:

Document category:

Review date: October 1, 2025

This document was generated on: June 27, 2026, 6:21 pm from <https://northwind.healthcare>

The content of this document belongs to Northwind Healthcare and cannot be redistributed or copied without written permission. Please [contact us](#) if you would like to discuss this document.

My Personal Plan

A Structured Care Plan for Service Users with Complex Care Needs

This care plan is designed to provide person-centred support for individuals with complex care needs in homecare and care home settings. It encompasses the Activities of Daily Living (ADLs) and other critical areas, ensuring compliance with Scottish legislation and guidelines.

Personal Information

Full Name: _____

Date of Birth: _____

Address: _____

Adult with incapacity	Yes	No
------------------------------	-----	----

Adult with incapacity Review

DNACPR status	Yes	No
----------------------	-----	----

DNACPR status Review

Power of Attorney	Yes	No
--------------------------	-----	----

Power of Attorney Review

MEDICAL CONDITIONS

ALLERGIES

Palliative Performance Scale (PPS)	MUST SCORE		
FLUID RESTRICTION	YES	NO	L =

What Matters to Me

This section reflects the individual's personal values, preferences, life history, and aspirations, helping ensure that care is truly person-centred, even when complex medical needs are present.

Notes

What do they enjoy? [e.g. morning walks, Sunday church service, listening to radio dramas, quiet afternoons]. What do they value [e.g. independence, privacy, family connection, being in nature, daily routines, their pet cat, etc.]. They would like to [e.g. remain at home, maintain mobility, continue family visits, manage their own medication where possible].

Summary of What Matters

Their preferred name is _____

They enjoy _____

They value _____

They would like to _____

Likes and Preferences

Likes	Details
Foods	
Music	
TV/Radio	
Sensory	
People/Company	
Environment	

Dislikes

Dislikes	Details
Foods	
Environment	

Routines	
Activities	

Hobbies and Interests Before Condition

Hobby/Activity	Details

Aspirations and Interests Despite Limitations

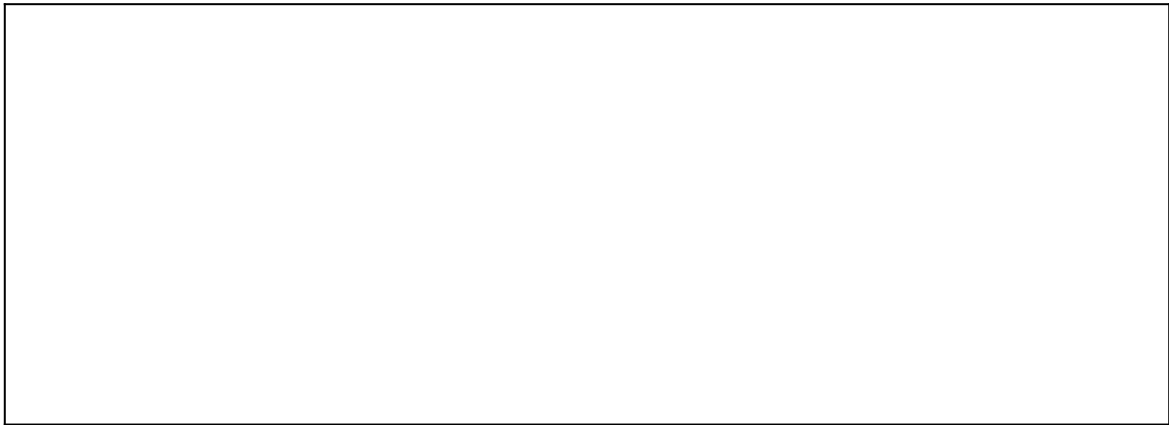
Despite current health challenges, [Individual's Name] would still like to:

- _____
- _____
- _____

1. Mobility

Risk Assessment Summary:

Desired Outcome:

A large, empty rectangular box with a thin black border, intended for writing the desired outcome.

Plan to Achieve Outcome:

A large, empty rectangular box with a thin black border, intended for writing the plan to achieve the outcome.

Complex Needs:

A large, empty rectangular box with a thin black border, intended for writing complex needs.

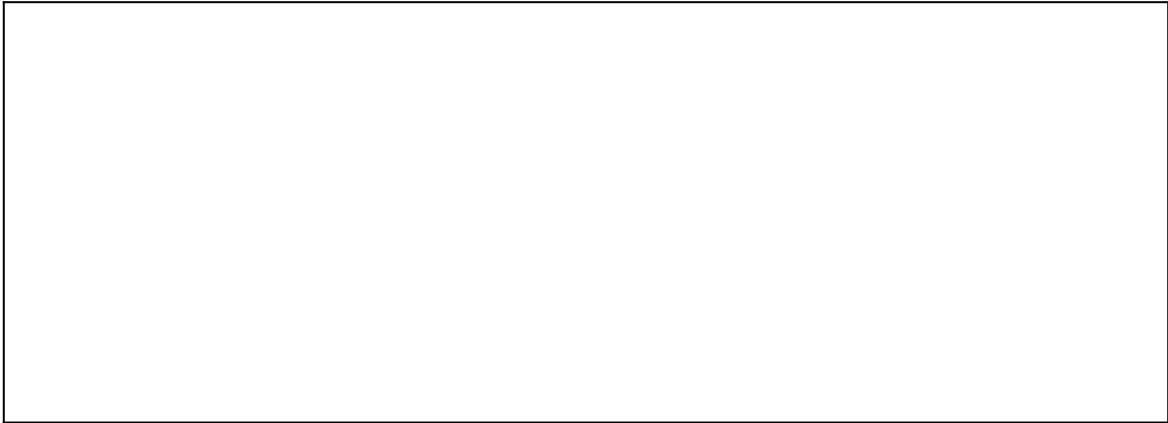
2. Nutrition and Hydration

Risk Assessment Summary:

Desired Outcome:

Plan to Achieve Outcome:

Complex Needs:

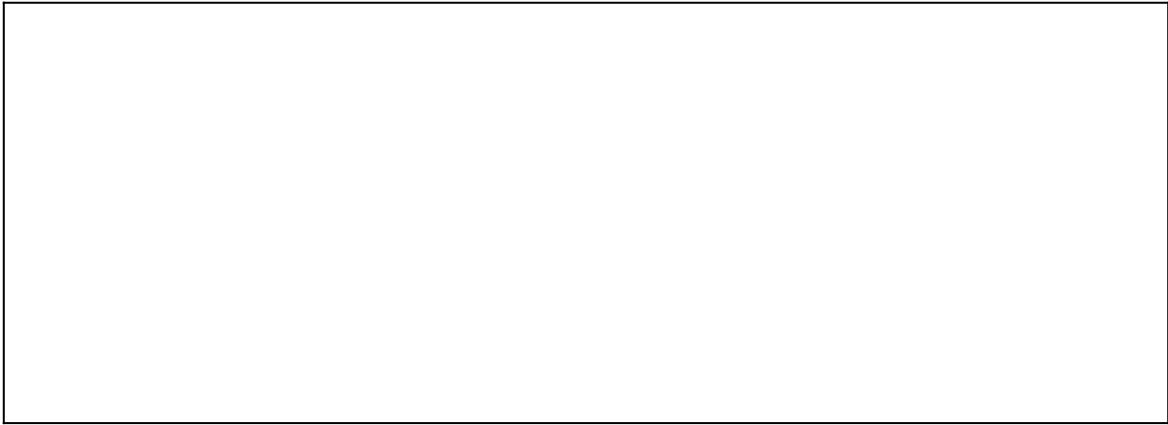
A large, empty rectangular box with a thin black border, intended for recording complex needs.

3. Personal Hygiene

Risk Assessment Summary:

A large, empty rectangular box with a thin black border, intended for recording the risk assessment summary.

Desired Outcome:

A large, empty rectangular box with a thin black border, occupying the top third of the page.

Plan to Achieve Outcome:

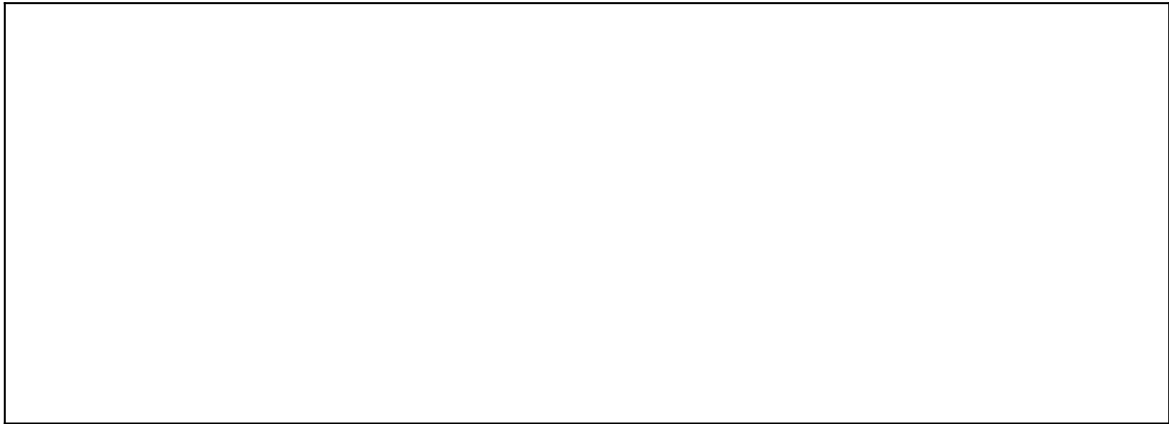
A large, empty rectangular box with a thin black border, positioned below the 'Plan to Achieve Outcome:' label.

Complex Needs:

A large, empty rectangular box with a thin black border, positioned below the 'Complex Needs:' label.

4. Medication Management

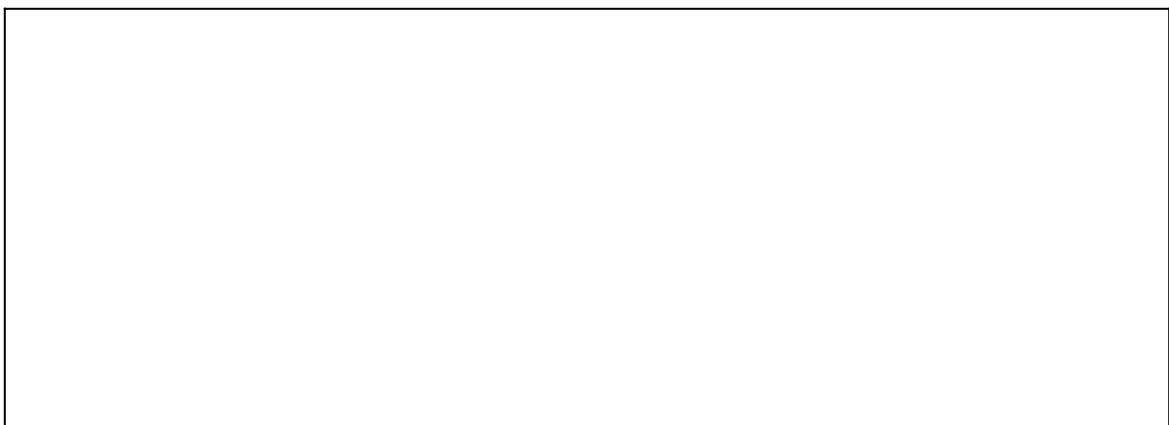
Risk Assessment Summary:

A large, empty rectangular box with a thin black border, intended for writing the Risk Assessment Summary.

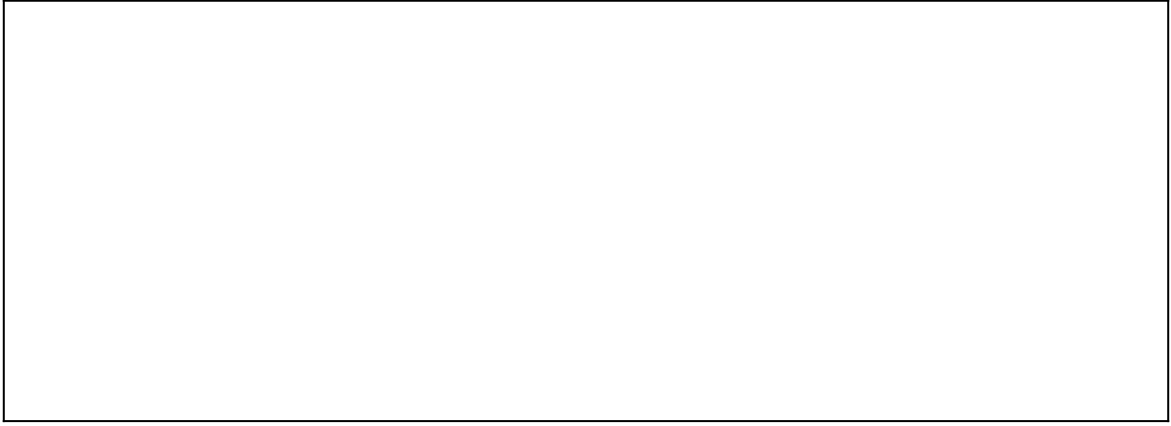
Desired Outcome:

A large, empty rectangular box with a thin black border, intended for writing the Desired Outcome.

Plan to Achieve Outcome:

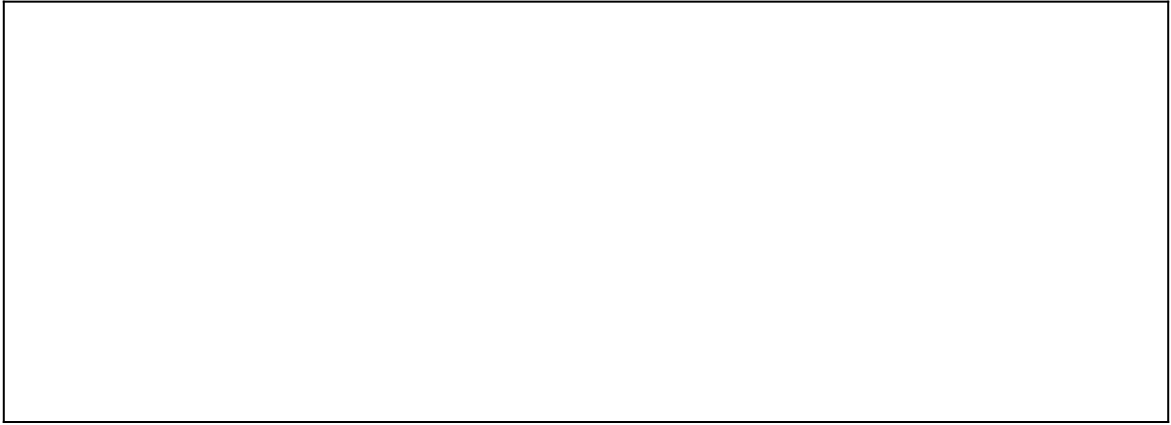
A large, empty rectangular box with a thin black border, intended for writing the Plan to Achieve Outcome.

Complex Needs:



5. Mental Health and Emotional Well-being

Risk Assessment Summary:



Desired Outcome:



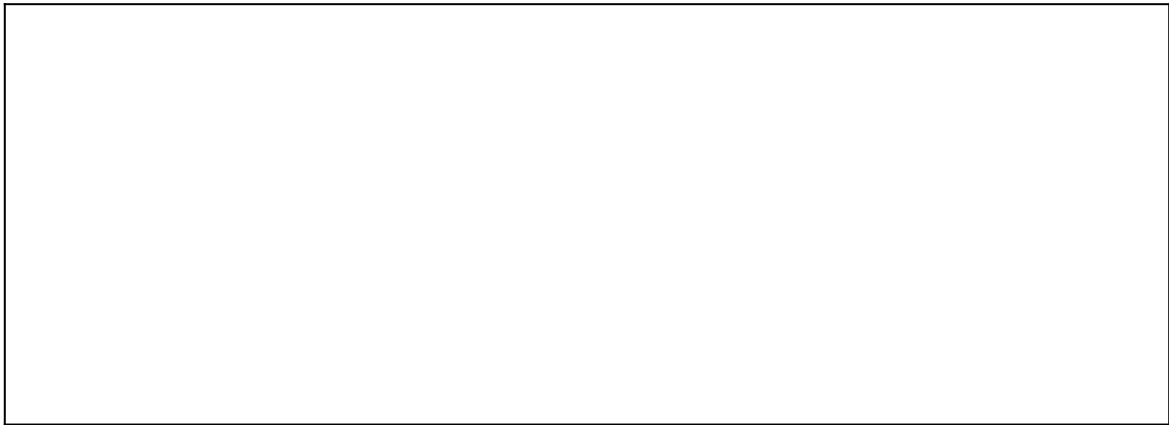
Plan to Achieve Outcome:

Complex Needs:

6. Continence & Elimination Care

Risk Assessment Summary:

Desired Outcome:

A large, empty rectangular box with a thin black border, intended for writing the desired outcome.

Plan to Achieve Outcome:

A large, empty rectangular box with a thin black border, intended for writing the plan to achieve the outcome.

Complex Needs:

A large, empty rectangular box with a thin black border, intended for writing complex needs.

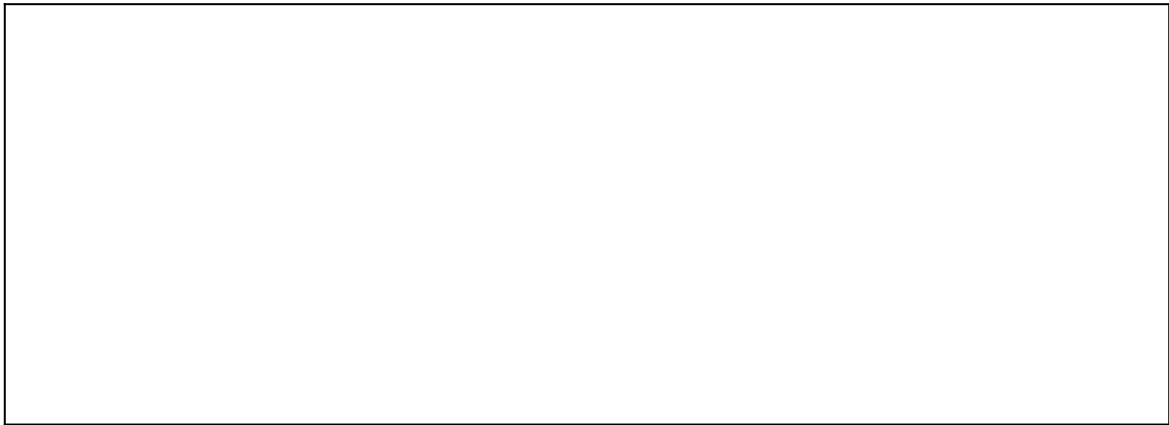
7. Sleep and Rest

Risk Assessment Summary:

Desired Outcome:

Plan to Achieve Outcome:

Complex Needs:

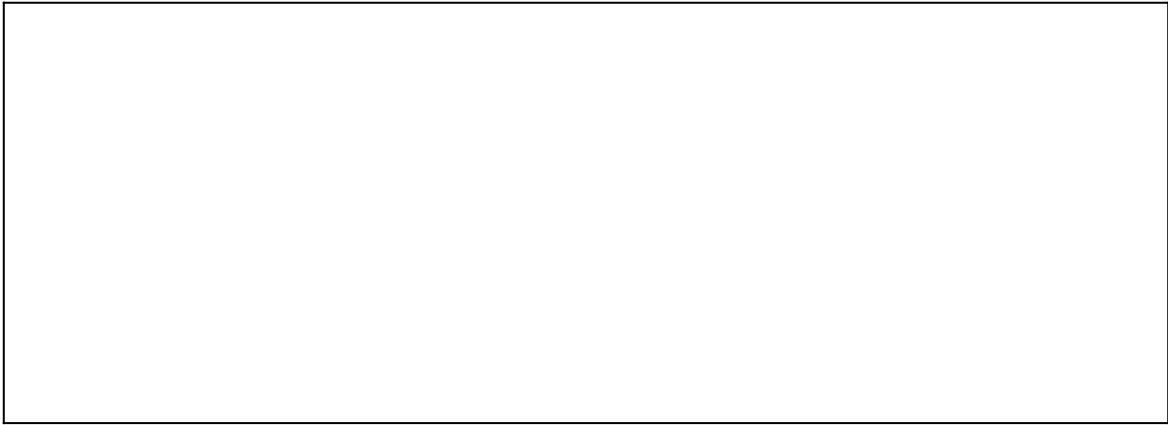
A large, empty rectangular box with a thin black border, intended for entering information related to complex needs.

8. Pain Management

Risk Assessment Summary:

A large, empty rectangular box with a thin black border, intended for entering a risk assessment summary.

Desired Outcome:



Plan to Achieve Outcome:

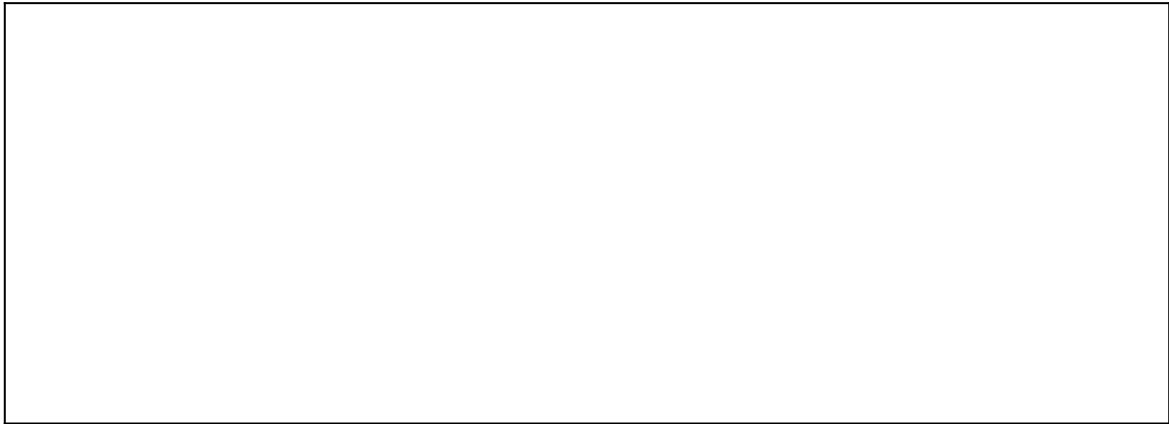


Complex Needs:




9. Social & Recreational Activities

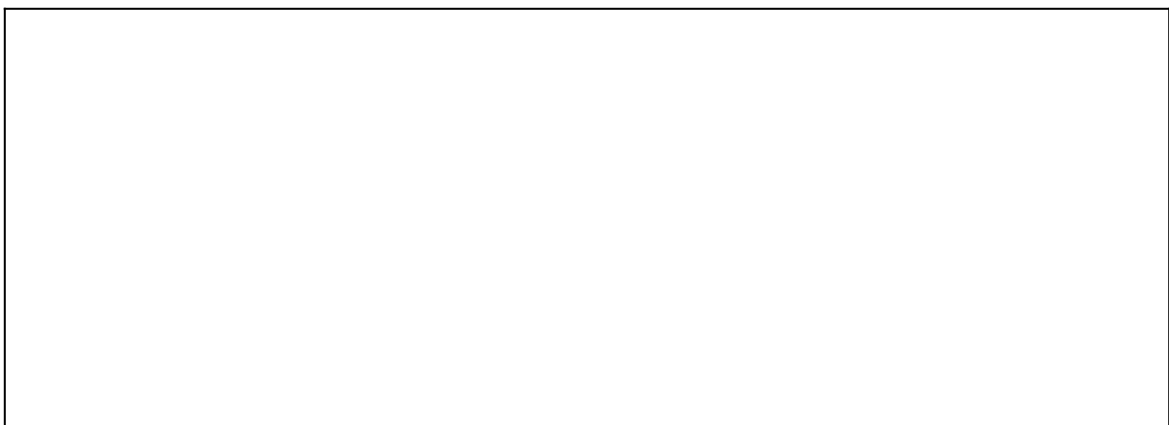
Risk Assessment Summary:

A large, empty rectangular box with a thin black border, intended for writing the Risk Assessment Summary.

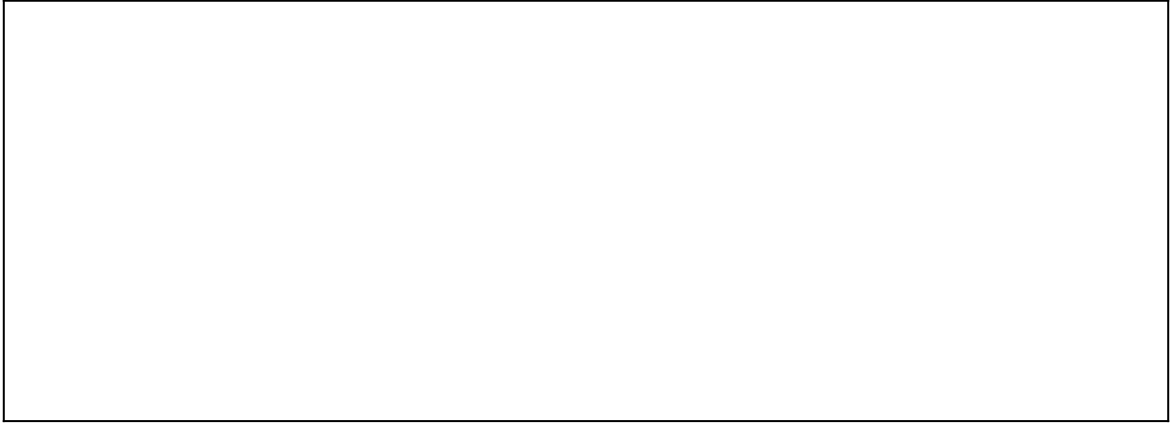
Desired Outcome:

A large, empty rectangular box with a thin black border, intended for writing the Desired Outcome.

Plan to Achieve Outcome:

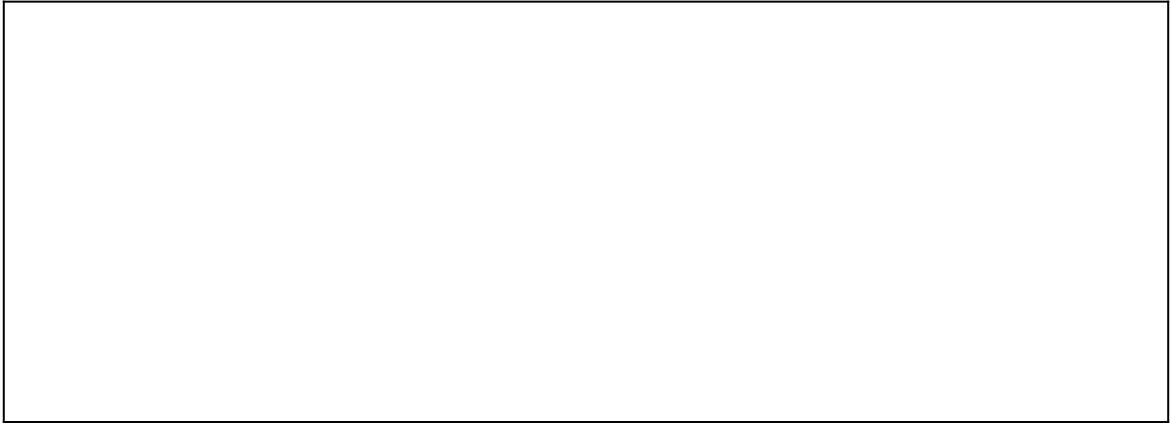
A large, empty rectangular box with a thin black border, intended for writing the Plan to Achieve Outcome.

Complex Needs:



10. Safety & Risk Management

Risk Assessment Summary:



Desired Outcome:



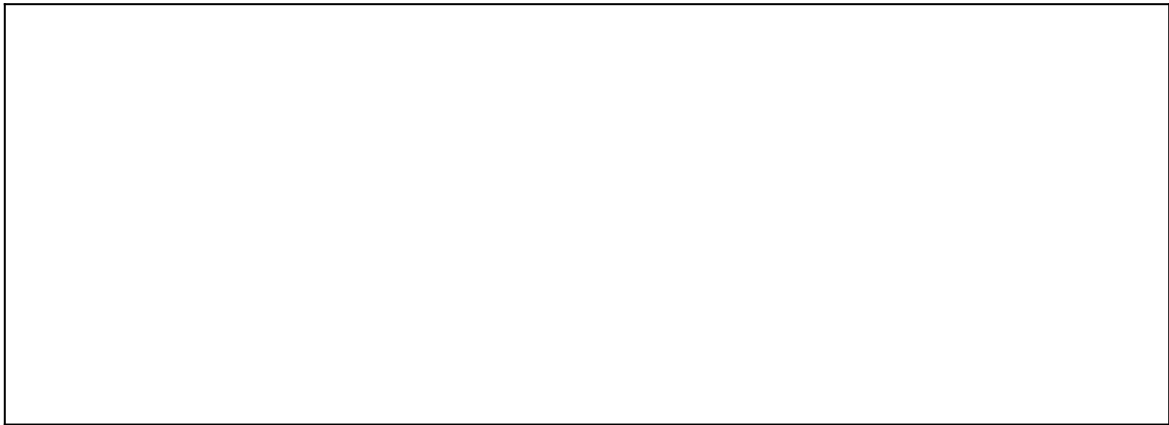
Plan to Achieve Outcome:

Complex Needs:

11. Palliative & End-of-Life Care

Risk Assessment Summary:

Desired Outcome:



Plan to Achieve Outcome:



Complex Needs:



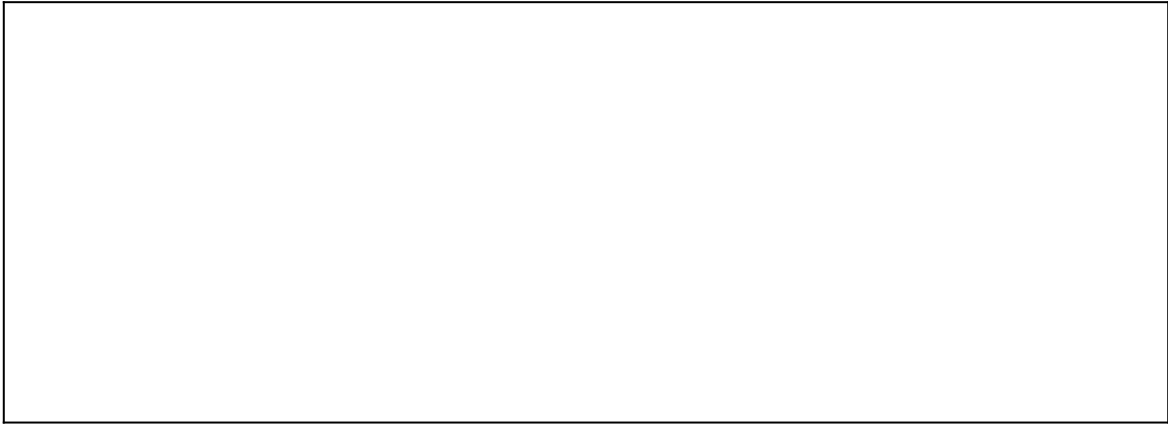
12. Pressure Area Care & Skin Integrity (SSKIN Bundle)

Risk Assessment Summary:

Desired Outcome:

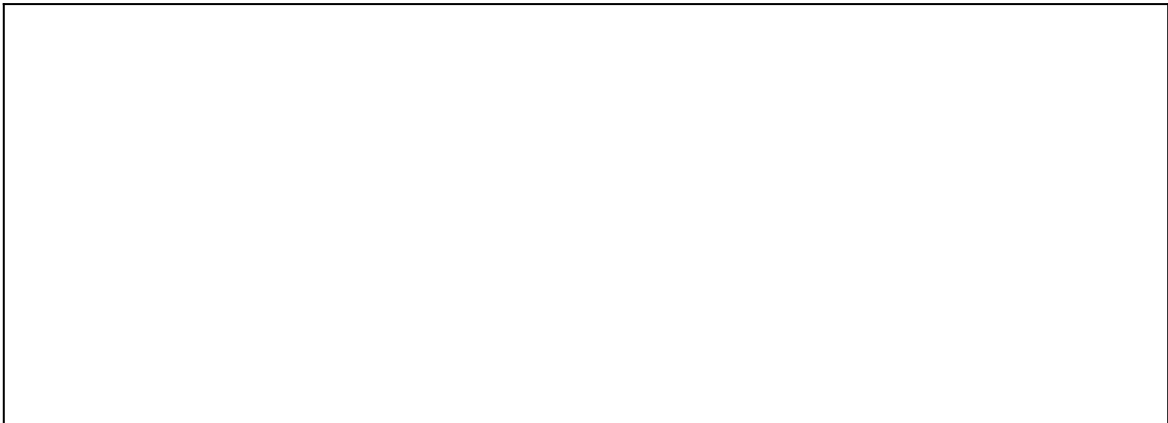
Plan to Achieve Outcome:

Complex Needs:

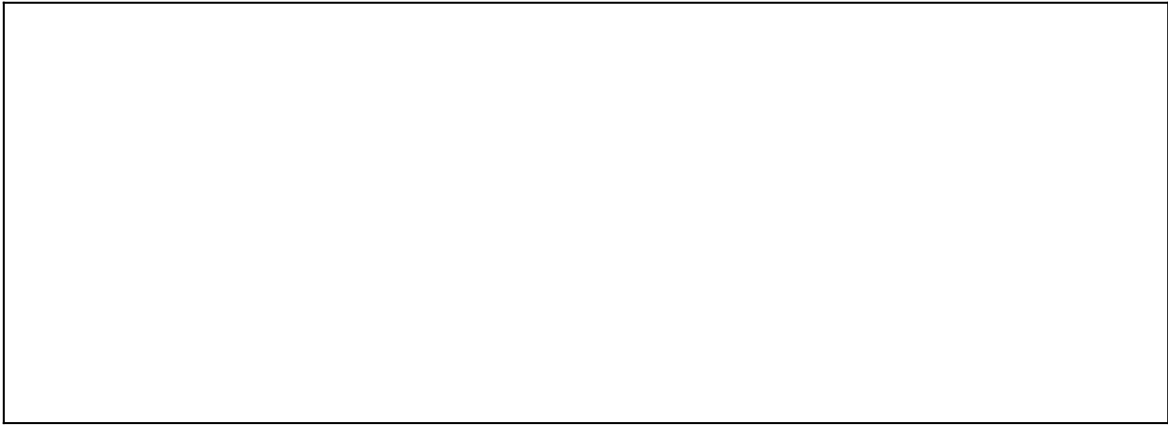
A large, empty rectangular box with a thin black border, intended for entering information related to complex needs.

13. Breathing

Risk Assessment Summary:

A large, empty rectangular box with a thin black border, intended for entering a risk assessment summary.

Desired Outcome:

A large, empty rectangular box with a thin black border, occupying the top third of the page.

Plan to Achieve Outcome:

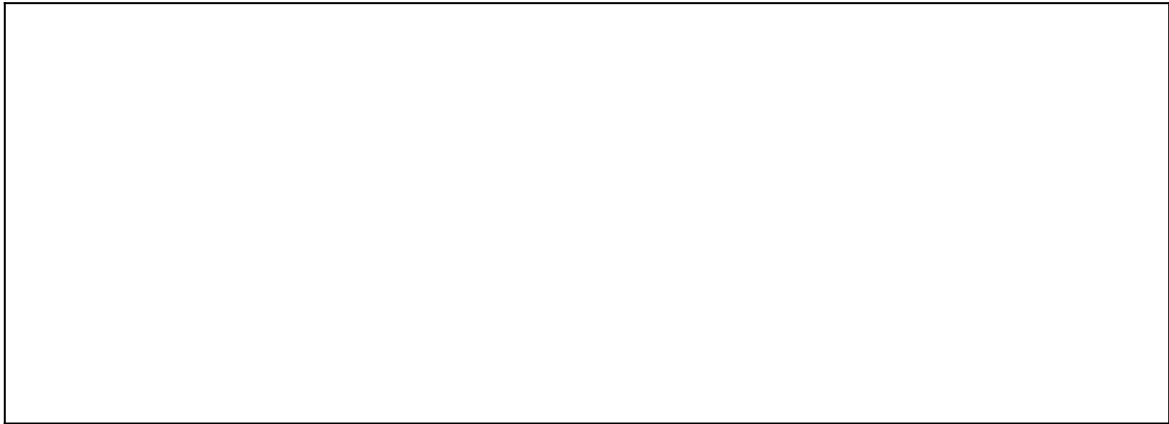
A large, empty rectangular box with a thin black border, occupying the middle third of the page.

Complex Needs:

A large, empty rectangular box with a thin black border, occupying the bottom third of the page.

14. Communication

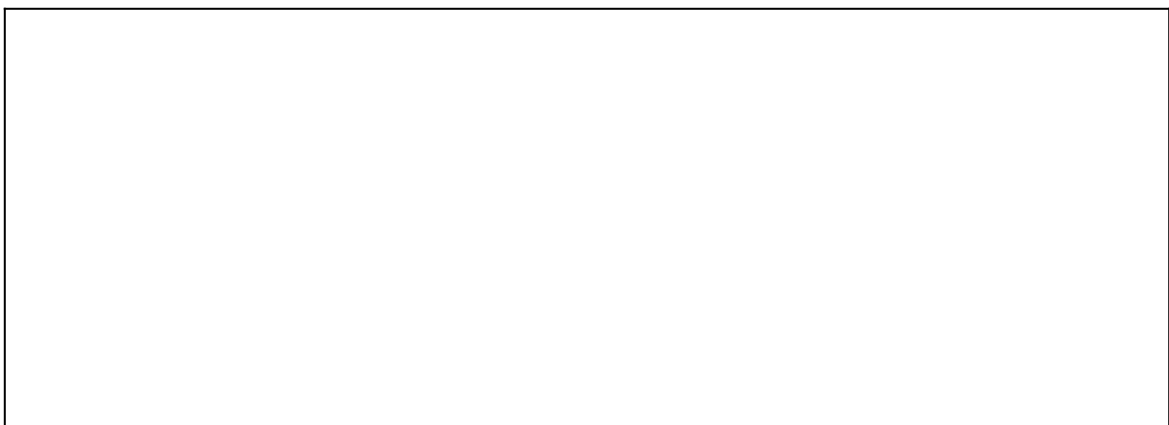
Risk Assessment Summary:

A large, empty rectangular box with a thin black border, intended for writing the Risk Assessment Summary.

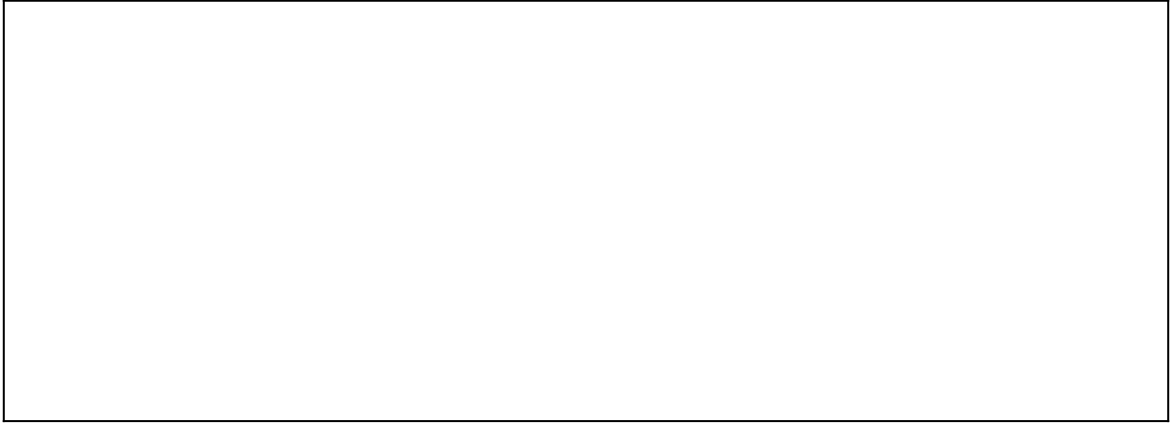
Desired Outcome:

A large, empty rectangular box with a thin black border, intended for writing the Desired Outcome.

Plan to Achieve Outcome:

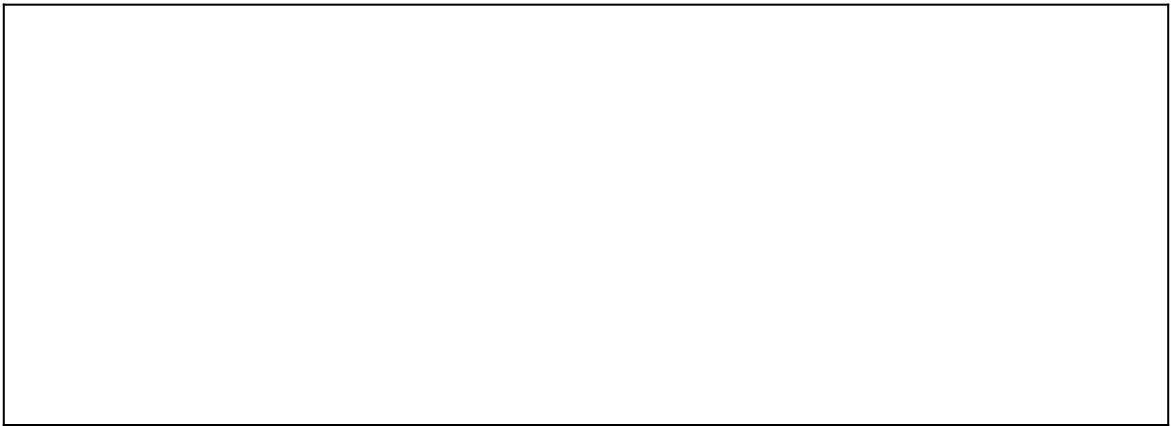
A large, empty rectangular box with a thin black border, intended for writing the Plan to Achieve Outcome.

Complex Needs:



15. Expressing Sexuality

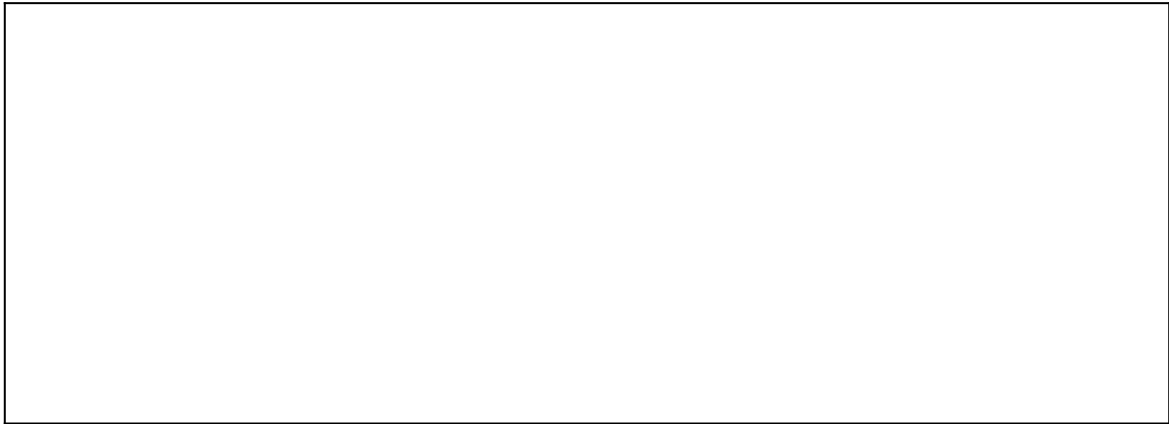
Risk Assessment Summary:



Desired Outcome:



Plan to Achieve Outcome:

A large, empty rectangular box with a thin black border, intended for writing a plan to achieve an outcome.

Complex Needs:

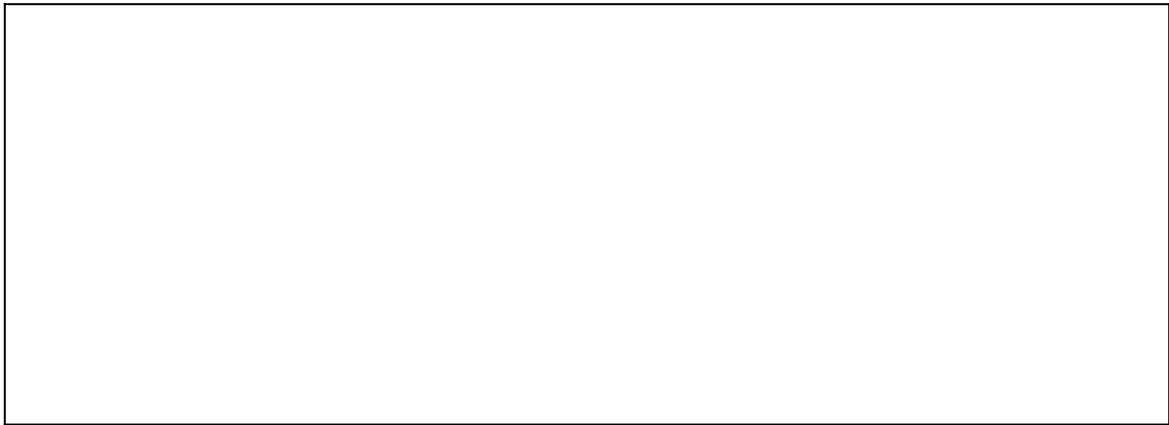
A large, empty rectangular box with a thin black border, intended for listing complex needs.

16. Religion & Culture

Risk Assessment Summary:

A large, empty rectangular box with a thin black border, intended for providing a risk assessment summary.

Desired Outcome:

A large, empty rectangular box with a thin black border, intended for writing the desired outcome.

Plan to Achieve Outcome:

A large, empty rectangular box with a thin black border, intended for writing the plan to achieve the outcome.

Complex Needs:

A large, empty rectangular box with a thin black border, intended for writing complex needs.

Review and Evaluation

This plan will be reviewed:

- At least **every 6 months**
- **Immediately** following any significant change in health, preferences, or support needs

Signatures

Name	Role	Signature	Date
[Individual's Name]	Person receiving care		
[Key Worker / Nurse]			
[Family Representative]			