**Pen Profile**

**We are looking for a two-bedroom property in Hertfordshire to be used as bespoke support living care model for a 62 years (CLIENT A) old female. The identified care provider must have an ability and expertise to support CLIENT A to live independently with her own carers, always promoting choice and full independence. Outlined below is CLIENT A’s holistic pen profile.**

* **Is there a date by when you need this person placed?**

End of May 2023.

* **If in previous accommodation - where are they currently and why is a move required?**

CLIENT A is currently residing in Hertfordshire on a hospital site. Consultation has taken place and the hospital licence will be revoked soon. As a result of this, we have to source an offsite placement for CLIENT A.

* **Brief description of accommodation required**: **e.g: Supported Living/Residential/Shared Lives?**

Supported Living – Two bedroomed property for CLIENT A and carer. Possible Flat set up.

* **Preferred Location? if out of borough required explain reason why?**

Hertfordshire – CLIENT A has lived in Hertfordshire for many years and therefore moving her from that area would have a negative impact on her emotional and mental wellbeing.

* **Has a capacity assessment been completed, if yes does Best Interest need to be considered? If yes, will it be completed before panel?**

Yes, MCA has been completed & best interest discussions are ongoing due to lack of concrete information on what’s available for CLIENT A.

* **Summary of risks: are there any immediate risks in placement? For example: Verbal Aggression/ Physical aggression to person/ Arson, please state:**

Known to be demanding where she will become agitated and demonstrate behaviours that are classed as challenging such as tearing her clothes, defecating faeces, shouting and scratching her body causing redness/bleeding.  
  
When anxious, she will demonstrate her feelings through self-injurious behaviours such as slapping herself in the face, pulling her hair, picking at old wounds and causing them to bleed, biting herself, pinching herself on her arms, thighs, bust, throwing herself on the floor, head butting on the door, window and frequent change of clothes.  
  
Will often scream loudly and self-harm in order to get staff attention especially if she asks for something and staff are unable to facilitate her request immediately. She will also harm herself if she sees others receiving staff attention, seeing other residents going out when she is not, and seeing others return from activities when she has already been out, having to cope with unforeseen circumstances, crowd, and noisy environments.  
  
CLIENT A's presentation can fluctuate during the day. This is influenced by the extent of timely interaction and the staff on duty. Her presentation can deteriorate when presented with new staff or staff she sees infrequently. If she is overloaded with demands she becomes anxious and may exhibit her frustrations through her behaviour.  
  
Familiar staff members can often support, her more appropriately as she will listen to staff she knows well.

* **Is there history of property damage?**

No.

* **Fire evacuation (does the client require support to evacuate?)**

Yes. Although, she is fully mobile she is cognitively impaired and may not follow instructions in an emergency.

* **Level of care required/support i.e., 1:1, night support etc**:

1:1 support 24 hours. Night support – wake in to be reviewed.

* **Mobility – i.e.  level access, physical health, wheelchair user**:

Independently mobile. Level access preferred.

* **Diagnosed with what condition and how this could affect others?**

- Severe learning disability,  
- Autism and  
- Challenging behaviour

* **Do they have Communication, Sight, Hearing issues?**

Yes. CLIENT A can verbally communicate using minimal words, but one would need to be familiar with her communication needs and requires time to process the information and respond. CLIENT A prefers minimal keywords when speaking to her. Communication passport is in situ and should be used to support her with communicating.

No issues with sight/hearing.  History of reoccurring ear infections. Has recently diagnosed as having early on sight cataracts.

* **Professional and family views considered?**

Brother & MDT believe that CLIENT A should remain in Hertfordshire as it is where she has lived for years and is familiar with. Has no association with Hounslow.

* **All female/male or mixed accommodation preference if important:**

Single occupancy. Preferred females.

* **General description likes and dislikes**:

Likes – Tea, going out daily and for drives, lunches at McDonalds, going to cafés. Being visited by her brother. Tea. Social activities. Being praised. Being pampered such as painting my nails, make up, hand/head massage and aromatherapy. Wearing nice smells such as perfume. Listening to music and singing along to songs.

* **Anything else that’s important for the placement?**

Identified care provider must have the knowledge and expertise of dealing with Learning disability, autism, and challenging needs. They must also have an ability to adapt to ever changing needs of an ageing service user using a holistic approach at all times.