[](https://www.doortodoorholidays.co.uk/)

**A guide to support the completion of the Door to Door Holidays Care Plan**

**Please read this document prior to completing the care plan.**

All questions need to be completed. If the question being asked is not relevant to your service user then please place **N/A** next to the question. This is so that we know that you have acknowledged the question and not missed it.

**Once the care plan is completed please either email or scan back to us, posting is only advised if you are booking well in advance of the holiday, ie 3 months.**

**Ideally, emailing and scanning are the most efficient method of getting this back to us. Please bear in mind we are frequently away running holidays so the posted care plan is the least accessible to us.**

**We understand that some of you will still need to post, can we ask that you send 1st Class only. As we are away often, recorded or signed for delivery can get returned before we get a chance to collect from the post office. Please ensure that you put the correct postage on the envelope also as this can also prompt the post office to hold** onto the care plan.

**Always, keep a copy of the care plan for your records.**

If we are concerned with any of the answers to the questions within the care plan and feel we need further details, we will phone or email you to clarify the information.

**PHOTOGRAPH**

In line with CQC guidelines we now require that you attach a passport size photograph to the care plan.

**YOUR DETAILS**

Please ensure that all the details are completed in this section, these are most important.

If you are going abroad on holiday with us, please makes sure we have the passport details, especially the start and end date. **Also make sure that the details given in regards to first name, middle name and surname are written on the care plan as they appear in the service user’s passport. This is crucial for the check in process. If written incorrectly, this may incur an extra cost during the check in process or could mean that the service user cannot travel.**

**NEXT OF KIN AND EMERGENCY CONTACT DETAILS SECTION:**

Please complete all sections. It is important that we have daytime and evening time telephone numbers in case of emergency.

**PERSONAL CARE SECTION:**

Please complete all sections.

**MOBILITY SECTION:**

Please provide as much detail as possible, ie if the service user can walk short distances but will need to use a wheelchair in the community. This information is very important and informs our staffing ratios.

Please let us know if your service user requires the use of a mobility aid and if this will need to be brought with them. This information informs the amount of space needed within the transport for such items.

**ABOUT YOU SECTION:**

This section is extremely important.

Smoking – it is important to let us know if your service user smokes, how many per day?

Alcohol – again it is important to let us know if your service users drinks alcohol, what they drink, and how many per day. If they are on medication that suggests alcohol should not be consumed but your service user still uses alcohol, can you ensure that we have a doctors letter to say that this has been agreed with them

Sleeping – Please advise if your service users gets up in the night and their usual routine. Do they need support or do they do this independently.

Behaviour – Please provide details regarding the service users behavior. Please bear in mind that we may be meeting your service user for the first time, it is therefore important that you make us aware of all their behaviours, it may be part of the course for those that work with your services users regularly but it is important for us to be aware.

**FOOD AND DRINK SECTION:**

Please provide details regarding special diets required and attach a list of foods that the service user can eat within these diets.

**HEALTH AND MEDICATION SECTION:**

**Epilepsy:**

This is an extremely important section. We need to know details of any epilepsy, type, triggers and the protocol that is in place (a copy of the protocol should be attached to the care plan).

**Diabetes:**

It is important that we know the type of diabetes that you service user has been diagnosed.

Diet Controlled – we will require a list of foods that we should avoid and foods that the service user is able to eat.

Medication Controlled – We shall require to know the medication and dosage (please document in the medication list provided). We shall also require a list of foods to avoid and foods that the service user is able to eat.

Insulin Controlled – We are not medically trained so we would need to have a district nurse to manage the injections. This can be organized but please give us a call on 07877072741 or 07974730439 to discuss in more detail. We would need to know when the injections were due and how many within a 24 hour period.

**Allergies:**

We need to know what allergies your service has, the reaction that we should look out for ie. Hives, rash, headache, swollen lips etc and what your protocol is for managing this situation.

**Self Medication:**

If your service user self medicates in the community we shall still need details of the medication that they take, dosage, times taken and whether they are taken before or with food.

Please make sure that your service user is aware that we keep all services users medication in a locked cabinet on the holidays this is for the health and safety of all our service users and within CQC guidelines.

All medication should be provided in blister packs with a MAR sheet.

Please ensure that the list of medication is fully complete.

If you a service user is known to refuse medication then please outline the strategies that you use so that we remain consistent.

It is important that you let us know if your service users has been hospitalized prior to their holiday.

**THINGS I LIKE AND DISLIKE SECTION:**

In this section, please tell us about your service users likes and dislikes.

**RISK ASSESSMENT SECTION:**

It is most important that you provide us with up to date information here. Please bear in mind that this might be the first time we have met your service user.

**DOOR TO DOOR ACCEPTANCE FORM AND TERMS AND CONDITIONS:**

Please note we cannot accept a booking unless this section is completed. The terms and conditions are attached to the Care Plan.

Once the document is complete then please return to: Door to Door Holidays Limited, 128 Neale Avenue, Kettering, Northants NN16 9HD.

At the time of booking please ensure that you take out Holiday/Travel Insurance whether you are staying in the UK or abroad. If you cancel the holiday due to illness then you will be assured you are covered and your holiday money will be reimbursed through your insurance. We cannot be responsible for any costs you incur as a result of failing to do so.

We do not provide holiday insurance ourselves but this can be purchased via our associates Ancile Insurance which are part of the Fish Insurance Group. You can either contact via this link [www.goodtogoinsurance.com/a/550?=114](http://www.goodtogoinsurance.com/a/550?=114) or by calling them on 0333 331 3770, please quote Door to Door Holidays Limited.

If you are unsure of anything, we are always here to help, so please do give us a call on 07877072741 or 07974730439. Office hours are 9 – 5 Monday to Thursday and 9 – 4 on Friday.

Door to Door Holidays Limited

30/06/19