Case Study

E admitted June 2023 – Emergency Step up bed from the community.

Outcome - 10 weeks to return home with package of care and avoided Hospital admission.

E was in poor health, poor mobility, full range of personal and intimate care, potential neurological condition, depression, wakeful day and night with anxiety. Husband struggling to manage at home alone due to his poor health – package of care required.

Weeks 1 – 4:

Mrs and Mr E were supported with reassurance, chosen outcomes, inclusion, decisions, Physio, routine and information.

- Occupational Therapy (OT) assessment
- B12 injection administered
- Lithium Blood test
- Doctor adjusted medication
- Night medication prescribed
- Urine analyse undertaken
- Assessed by Social Worker

Weeks 5 - 6

- Social Worker review
- Therapies review
- Dentist arranged and visited to address mouth care
- Deterioration due to medication changes
- Loss of speech, mobility, swallowing
- Decrease in night medication,
- Gastronomy appointment made
- Review with GP
- Speech and Language Therapies team arranged and visited

Weeks 7 - 10

- Dr from Older Peoples mental health team intervention
- Prescribed medication
- Health condition confirmed
- Medication changes
- OT intervention
- Excellent recovery in health and wellbeing
- At Home Package of Care confirmed
- Meet with Domiciliary Care Provider
- Discharge home with husband
- Future respite recommended for both Mr and Mrs E, particularly around medication changes to avoid crisis.

"This is just a short note to thank you and all your staff for looking after my wife for the past ten weeks. We such greatly appreciate the skills, patience, and medical know-how of so many of your colleagues. We especially appreciate the way you coordinated the visits of the doctors, nurses, and other medical specialists. We made some real friends upstairs at Rose Cross." **Mr E**

Case Study

Care Home received a phone call - 15th June in office hours from Social Worker (SW) to check if we had availability to support a step-up referral from the community for Mrs M, as her son was unable to continue with the level of support Mrs M required at the time and he was struggling to cope.

We confirmed that we did have a step-up bed available and gathered some initial information from SW to establish if we were able to meet Mrs M needs. SW informed us that she required a two week placement in order to do a more comprehensive assessment to understand what level of support Mrs M required to be able to return home.

We contacted Mrs M son to arrange a suitable time and date to undertake our own initial assessment to confirm that we were able to support the request for the two-week stay and the outcome was that we were able to support.

We arranged for Mrs M to come into Hollies the following day. During Mrs M stay we collaborated with various professionals which included a GP, Community Psychiatric Nurse and District Nurse.

SW came out to Hollies to undertake an assessment with Mrs M and gather information from Managers and Residential Care Officers at The Hollies regarding the level of care and support we were providing to Mrs M. The outcome of SW assessment was that she felt Mrs M would be able to return home with a package of care – 4 calls a day. At the time there was a quite a long waiting list for a package of care, we confirmed that we were able to support Mrs M until the care at home was in place.

On 7th September Mrs M son confirmed that a meeting had been arranged with the Domiciliary Care provider on 12th September to undertake various assessments at her home address and to discuss and agree the arrangements with the care times and start date.

On 25th September Mrs M returned home with a package of care, 4 calls a day. We spoke to her son in early October and he informed us that it took about a week for his mum to adjust and settle back in at home and everything is going really well. Mrs M came on the phone to say hello and sounded happy and content. Son was very complimentary regarding the care provider and passed on his thanks to us as a service for the care and support we had provided to his mum during her stay. During our conversation we reassured son that should he need any further support in the future to let us know.