Case studies and examples of changes under Promoting Independence

Examples from workstreams of practical and visible differences under Promoting Independence.

- Strengths based assessment case
- OT first pilot example
- Moving on from residential care
- Preventative assessment
- Housing with care

Case study 1 – enabling in supported living

Assessment:

AB lives in an assisted living accommodation with on-site carers who assist her with every day personal care and domestic tasks. AB told me that when she first moved in she enjoyed having all the carers available to help her however, she would like to get some control back. She told me how she used to be a chef but she is no longer able to prepare or cook any food and she also doesn't get herself any drinks either. She said this is mainly due to the height of the work tops and not being able to reach properly and that staff do this whenever she presses her call button. She also told me that she has assistance with her personal care.

Desired outcome: "I used to be a chef and would love to get independent in meal preparation again. I just want to be able to do more for myself"

Outcome:

AB is much more independent, her worktops have been lowered so that she can now reach everything with much more ease. AB feels as though NFS have helped her greatly to get her confidence back with everyday tasks and she feels that no further help is required anymore.

AB is now independent with her personal care.

AB is much more independent in cooking and can complete tasks like cooking a roast. She is enjoying relearning the skills she had before and coming up with new recipes to try out. The main area of assistance with this was rebuilding confidence and learning different ways of doing things.

NFS have ceased all calls with AB and she now calls for help less often from the workers and has built confidence in other areas.

Occupational Therapist (OT)/Assistant Practitioner (AP) project

Northern and Norwich localities have developed a project model to:

- contribute to budget savings by diversion from commitment to long term care packages
- tackle the locality's SW waiting list in the context, at the time, of less pressure on OT and AP waiting list
- embed the culture of promoting independence within the locality and motivate the team by looking for new and innovative ways of improving service delivery

Two pairs of OT's and AP's focused largely on new referrals coming via SCCE indicating the need for POC where there are no current services. This was to:

- utilise OT functional assessment
- encourage a creative use of resources
- have a strength based focus
- use knowledge of local voluntary, third sector and community resources
- wherever possible prevent, reduce or delay the need for care

Case study 2 – OT/AP project

Assessement:

80 year Mrs T living alone in sheltered accommodation. Request from warden to provide a package of care due to reported concerns about short term memory difficulties and physical frailty.

Outcome:

OT completed a joint assessment with Mrs T and her daughter. OT equipment identified as beneficial to support transfers and personal care tasks. OT also identified assistive technology and falls assessment would be beneficial to support safe home environment.
Working with the daughter also, we identified additional strategies to support (i.e. requesting medication in dossett box). NFS completed three weeks of assessment and support and at the end of the input, combined with provision of OT equipment (commode, bed lever, shower chair), assistive technology (integrated smoke detectors, heat sensors in kitchen, calendar clock), and changes to layout of the property to reduce falls risks, Mrs T was found to be independent and safe. Mrs T was so pleased with changes made, and reported feeling like "a weight had been lifted" from her shoulders. Daughter was also pleased and felt reassured that her mum was safe and could continue living independently within her home, which was the service user's main priority.

Case study 3 – OT/AP project

Assessment:

Referral received for a significant care package from a service user and a family.

Outcome:

The outcome was for a level access shower and raised toilet seat. There was a need for some reablement through the input of NFS for two weeks. Advice and information was also provided alongside carers support. A compliment was sent to the department outlining the support they had been given and the high satisfaction level.

Case study 4 – Ben's workforce

Ben's Workforce

Ben's Workforce was set up in North Norfolk using Strong and Well Funding. Set up by Benjamin Foundation and provide a handyperson's service, using volunteers, which also provides work experience to the volunteers.

Assessment:

Mrs E is an 82 year old lady who is partially sighted and lives on her own. She has been living without a bathroom light for two months. When she contacted Ben's Workforce she explained she had nearly fallen one night so had taken to leaving candles burning on the side of the bath so she could see when using the bathroom.

Outcome:

We went to Mrs E that day. It was a simple case of changing the bulb to repair the light in the bathroom. While we were at the premises, Mrs W agreed for us to do our Home Safety Check. From looking round the house we highlighted quite a few tripping hazards which were easily rectified and some heavily overloaded plug sockets with the old style three sided extension plugs which we replaced with some extension leads with circuit breakers built in. We also spent some time explaining some ways in which she could stay safe in her own home.

Mrs E can visit the bathroom safely at night and from our one hour visit we have reduced the risk of falls and fires within her home.

Case study 5– Mrs F

Assessment:

Mrs F's husband died two years ago and their pride and joy was the garden they had created together. Since his death she had struggled to keep on top of the garden so had employed a gentleman who had turned up on her doorstep one day claiming to be a gardener. She didn't want the gardener to come any more as she couldn't see what he had done and it was expensive, but she was frightened by the thought of telling him she no longer required his services. Mrs F had contacted Ben's Workforce after seeing our advert in the North Norfolk News.

Outcome:

We went over to the house on the day the gardener was coming and explained politely to him that Mrs F would like us to take over the gardening from now on. We then took over her gardening.

We have reduced Mrs F's gardening bill and her garden is now being taken care of properly. Mrs F regularly comes and sits in the garden while we are working and enjoys talking about how she and her husband planned and created it. She has started to do a little bit of gardening herself while we are there.

Sensory Support

Case study 6 - J

Assessment:

Male 32, Sign language user with additional mental health needs. J has little insight into social interactions, value of money and keeping himself safe. Despite being deaf without speech, he seeks people out to befriend and has many hours each day to fill.

Sensory Support Deaf team input:

Provide a crisis intervention to build up J's confidence and to provide an updated support plan to deal with current issues. Previously the team has dealt with homelessness, financial abuse, physical assault and several instances of daily living needs requiring one-off interventions. Without intervention J would almost certainly require a large financial package to manage his safety and well-being. This would also have an inferior outcome due to the communication barriers and having a "time-tabled" service rather than one that is accessible when needed.

Outcome:

J remains living independently without a personal budget. He uses the Deaf centre several times week for support and social interaction to improve his personal skills and social awareness. Deaf Connexions contact the team as unpredictable situations arise and require social work involvement.

Development Workers

Case study 7 - Costessey Memories Group

Assessment:

A chance conversation between development workers and two local residents who were keen to share collection of photos and memories of the local area spanning 50 years. Although the residents were in touch with old school friends they didn't meet up socially.

Outcome:

Development workers worked with the library service, adult education and museum service to create Costessey Memories Group. The group is now independent with 20 – 30 regular members. Monthly meetings with host speakers, wellbeing walk and picnic by local stream, exhibition at Bridewell Museum. Reduced social isolation, enhanced wellbeing, stronger social networks, inter-generational links with relatives via on-line blogs. Members meet outside the group for other social/leisure opportunities.