

**Patricia Bristow & Matthew Loynes – Hyndburn Integrated Therapy Team.
Judith Harrison & Wendy Hay – Intensive Home Support Services Nursing.
Kathy Swift & Jacqueline Abbott – Mears Care, Crisis Coordinators/Provider.**

Mr C is 94 years old and lives alone (recently widowed) in his large owner occupied detached house in Great Harwood. Mr C experiences a lot of pain and his mobility has recently become more unsteady because he is awaiting a hip replacement, despite this, he is normally independent with his personal care and preparing meals and his daughter Jane supports him with shopping and cleaning.

Unfortunately Mr C had a fall on Thursday afternoon, it was felt that the cause of the fall was down to his deteriorating mobility and the side effects of prescribed pain relieving medication which made him feel quite nauseas and dizzy. The paramedics provided a full examination for Mr C in his own home and could not find any 'boney' injuries, he was however extremely shaken up by the experience having never fallen before and he knew he continued to be at risk of further falls because he didn't feel as strong as he normally does and wasn't as steady on his feet.

Paramedics asked Jane to ring ICAT to make a referral, which she subsequently did. We agreed to commission crisis care to provide night sitting service – wake and watch (10:00pm till 8:00am) for 3 nights to assist with safe mobility and transfers during the night, to support with personal care and hygiene needs, as well as ensuring adequate nutrition and fluid intake and provide a level of reassurance to both Mr C and Jane that he would be safe with a carer with him. We also commissioned regular and frequent visits throughout the day for Friday, Saturday and Sunday.

A recommendation was made for a Physiotherapy and an Occupational Therapy assessment to look at equipment that would promote safer mobility and equipment to aide transfers that would ensure he is less likely to fall and to promote Mr C's independence to remain at home. We agreed that an IHSS Nursing referral should be made to look at acute symptoms associated with pain management. Whilst these referrals could have been made at the time of the referral (19:30pm) we agreed that because he had had a 2 hour paramedic assessment and crisis support to start at 10pm that we would allow him time to settle in bed for tonight before activating other professionals and services on Friday.

On Friday morning an ICAT review took place, Jane relayed information documented by the night carer – who reported that Mr C was up every hour, either needing to use the toilet or because he was in pain and uncomfortable, he needed assistance with mobility and transfers. The referral was made to Occupational Therapy and Physiotherapy and a referral was made to IHSS nursing input to test for UTI (given the frequency of using the toilet which wasn't normal for Mr C) and look at pain management.

Within an hour of making the referral the IHSS nurses were at Mr C's home, they undertook an initial assessment and took a sample of urine to be tested. Mr C was subsequently diagnosed with a UTI and prescribed antibiotics. The IHSS nurses are visiting Mr C daily to monitor his observations and levels of pain, effectiveness of the pain relieving medication, short term management and reporting to GP of presenting side effects of the new medication and monitoring the effectiveness of the antibiotics for the UTI.

A joint therapy visit took place within 2 hours of making the referral. The Physiotherapist and Occupational Therapist provided a full assessment and subsequently prescribed a wheeled walking frame for both upstairs and downstairs use, prior to this Mr C was using two crutches, he has fed back that he feels much steadier and safer using the frame and has more confidence to mobilise around his own home. The Occupational Therapist provided an environmental assessment,

rearranged the living room to make activities of daily living easier and safer. Mr C was using a perching stool as a coffee table and this has been replaced with a hospital table, furniture has been arranged so that items Mr C needs are within easy reach, rugs have been removed upstairs and downstairs to reduce risk of falls and to enable safer access with wheeled walking frame, a bed lever has been prescribed as he was struggling to get off the bed independently, and a commode for night time use. Mr C has a high back chair and advice given to use a cushion to ensure he can easily raise to a stand, he was also prescribed raised toilet seats with frames (upstairs and downstairs) to ensure easy transfers on and off the toilet. All equipment is ready for when he is on hip precautions including a hip precaution kit which will save further assessments post-op!

On-going care and review:

Mr C feels much safer overnight, crisis care has finished and he now has a short term package of care for 1 week commissioned via ICAT providing four daily visits. Towards the end of the week ICAT will review the service with a view to determining what he might need on-going in the short term at least until he has his operation. Having said that, Mr C is feeling much more independent and confident and is already thinking he does not need carer visits, although his daughter has persuaded him to keep the care in place for at least a week. Mr C has been reviewed today (Monday) and his expected date of discharge from IHSS Nursing is 19/08/2015. Mr C is not reporting to be experiencing any pain at this moment in time.

Feedback comments from Mr C and his daughter Jane:

1. "It's been marvellous how quick everything happened" and has exceeded Mr C's and his daughter's expectations of the services they thought they would receive, especially in terms of responsiveness.
2. "Mary (Crisis carer) has been very good with Dad, The carers were very reassuring and sympathetic and managed to maintain his mobility".
3. "As I work fulltime delivering training programmes throughout England & Wales I didn't need to panic about whether or not work could release me on Friday as I knew Dad was well taken care of. I managed to get a full night's sleep which meant I could be around to liaise with the services that were coming into assess Dad".
4. "The walking frame has given Dad so much confidence, he is walking better than he has for a long time, I feel he is much safer using that as opposed to the crutches".
5. "Using the bed lever and commode in the night makes life so much easier, I was really struggling to get out of bed in the night due to pain and stiffness, now I don't need to walk all the way to the bathroom, this helps because I can settled back in to bed and get back to sleep".