Mrs G's Rapid Responsive Service: Intensive Home Support

Day 1 11:13

- **999 call:** Mrs G is a 94 year old lady, she lives alone in her own 3 bed semi-detached house. Mrs G has a supportive son and daughter which is supplemented by an existing longterm care package consisting of 4 visits a day.
- **Mrs G had had two falls on the day of the call:** on the first occasion she had fallen in the morning when getting out of bed but her son helped her up. On the second occasion Mrs G had fallen when trying to get out of her riser & recliner chair, her daughter was present and was not able to get her back on her feet.

Day 1 11:23

- **Paramedic and Occupational therapy from the falls repsonse car arrived on scene:** Mrs G's daughter explained that Mrs G's Mobility had been deteriorating over the last 3 weeks and they expressed a wish for residential care, daughter advised she'd contact Adult Social Care yesterday to request a reassessment of needs.
- **Paramedic provided a thorough medical assessment:** within Mrs G's home; checked her vital observations and carried out an ECG. Paramedic concluded that although Mrs G had some bruising, she had not sustained any injuries. The Paramedic did not feel a conveyance to A & E was required.

Day 1 12:00

- **Occupational Therapist Assessment:** During the Paramedic Assessment the OT was also making notes, this saved Mrs G and her family having to repeat themselves, the OT felt confident that Mrs G could engage in an initial OT assessment which would mainly focus on mobility and transfers. OT assessment identified that Mrs G could mobilise short distances with her wheeled zimmer frame and minimal assistance but also noted she was extremely anxious and frightened about mobilising without support. The OT was able to recommend and prescribe further equipment that would enable Mrs G to be able to get around her house and ensure further safety.

Day 1 12:50

- **Occupational Therapy hand over to ICAT:** OT telephoned ICAT with full hand-over of assessment information, including the views of Mrs G and her family. Although the request was for a residential care placement, during handover the OT described symptoms associated with a Urinary Tract Infection. The length of time Mrs G reported to have problems with her bladder corresponded with the length of time her mobility had deteriorated. The hand over avoided further assessment for Mrs G and her family.
- **ICAT Plan:** devised jointly with the OT over the phone. To include rapid Community Physiotherapy Assessment and Support from the locality team, Crisis support 1:1 for 72 hrs, Virtual Ward.

Day 1 13:20

- **ICAT plan confirmed.** Virtual Ward will attend at 14:00pm to test for UTI and provide treatment if necessary. ICAT commissioned Crisis support - to start at 20:00pm the same evening. Physio referral made and triaged and prioritised for the next working day - to give Mrs G time to recover from todays falls. All information obtained was handed over to providers .
- **Virtual Ward Nurse Attended @ 14:00 :** diagnosed UTI and prescribed antibiotics, information handed over to Crisis Care - Mears. The Virtual Ward intervention prevented an unneccessary GP home visit or telephone consulation.

Day 2 and 3

- **Day 2:** Review undertaken with Mrs G's daughter, she was worried about when Crisis Care finishes, she wanted to know the plan. Advice and reassurance given that we will have a clear plan in place to ensure Mrs G's safety, we will see if UTI clears and gather feedback from the Physiotherapist and Crisis Carer.
- **Day 3:** Review undertaken: collating information from V.W., Physiotherapy and Crisis care as well as Mrs G and her family members views. Mrs G does not feel confident that she can be left alone, her symptoms associated with UTI continue , her mobility continues to be precarious. Agreed with Mrs G to commission residential rehabilitation with the goal of improving her mobility & confidence for her to be able to return home with her existing care package.

Mrs G's Rapid Responsive Service: Intensive Home Support

Mrs G's Rapid Responsive Service: Intensive Home Support

My brother and I provide my mum with a lot of support. At the time of she fell he was about to go on holiday, I was worried about how I would cope without his support and input and was wondering whether or not he should cancel. With all the support we've had; I need not have worried.

The falls response car responds very quickly; it is far more reassuring to my mum and myself than having a mainstream Ambulance.

I didn't feel the hospital would have been the right place for my mum, the care and support we have had at home has met her needs far better than the hospital could.

Feedback from Mrs G's daughter; Mrs F :

"All our expectations have been exceeded – I have nothing negative to say about the services we have received".

"I can't believe how easy it was to get this support in place – everything just happened!"

With regards to the crisis care and residential rehab placement all my worries about my mum's safety were alleviated. **The carers were very good.**

My Mum initially felt she needed long term residential care; she has now had some recovery time and is engaging in a rehabilitation plan, although we have no complaints about the residential rehab **my mum is missing her own home and is focused and motivated to getting better so that she can return home.**

We were impressed that the Virtual Ward Nurse visited and prescribed medication within 40 minutes of making the referral, my mum was reluctant to drink as she needed the toilet a lot, but the nurse gave her the advice she needed: that not drinking was having the opposite effect and causing the frequency. Having a nurse tell her this ensured she followed the hydration plan. The nurse was very good with my mum.

Mrs G's Rapid Responsive Service: Intensive Home Support

Acknowledgments

Thank-you to Mrs G for giving us permission to use her story for this case study example, as well as her daughter Mrs F for advocating on Mrs G's behalf and giving us their feedback on the services they have received.

Professionals Involved in the Care of Mrs G :

Gail Smith : Paramedic : **North West Ambulance Service**

Rachel Bedwell : Occupational Therapist : **East Lancashire Hospitals NHS Trust**

Alex Townsend : ICAT Manager : **East Lancashire Hospitals NHS Trust**

Jonathon Leonard : ICAT Co-ordinator : **East Lancashire Hospitals NHS Trust**

Kathy Gill : Virtual Ward Advanced Nurse Practitioner : **East Lancashire Hospitals NHS Trust**

Care Provider : Crisis Support : **Mears Care**

Spring Hill Residential Rehabilitation

Integrated Therapy Team Hyndburn : **East Lancashire Hospitals NHS Trust**