

### Case studies: Day service outreach during Covid-19 emergency response

#### Mr K

Mr K is 80 years old and has been attending day services for older people since Feb 2010. Mr K is living with a dementia condition and additionally has underlying mental health issues. There has been adult protection activity around Mr K.

Mr K's previous building based day service was for four days per week which totalled 24 hours. Mr K also had home care support four times daily on the days he did not attend day services and three times daily on the days he attended day services. Other support has been minimal due to mental health issues for other family members and Mr K lives alone. Mr K was noted by staff to mainly observe activities in the day service building but not to participate. He was underweight and presented as undernourished and dehydrated since he would throw away the food that home carers made over the fence into neighbouring gardens or down the side of his armchair in the lounge. He also frequently used this armchair as a toilet facility and was resistant to home care staff attempts to support him with showering. Complaints had been lodged by neighbours about a rat infestation which is thought to have been exacerbated by the food stuff that Mr K was throwing out

Mr K has been receiving the day service outreach model at home for 15 hours each week and since the staff of this service have had more time to spend with Mr K than their home care colleagues, they have been able to wait in the house whilst he eats his meals. Mr K has been working with the day service staff in relearning skills for daily living and is now fully participating in keeping his house clean and tidy as well as being compliant with personal care. He has also been undertaking regular strength and balance physical activities with the support of staff which has benefitted his overall physical wellbeing. Staff have also spent time developing cognitive activities for Mr K to take part in.

Mr K's whole life appears to have been turned around by this service and his personal outcomes in relation to his physical and mental health as well as the quality of his living environment and in his relationships with his neighbours. A family member reported that when he popped in to visit his Mr K recently, he found him sitting in his armchair singing and presented as relaxed and contented. Mr K has gained a much needed 9lb in weight since day service outreach commenced.

A reablement approach has been taken by day services staff with Mr K in that he has been fully involved in all activity happening within his home in relation to daily living skills and personal care skills. The success of this approach being used within a day service building would have been limited due to Mr K's dementia condition and an inability to transfer using these skills from one situation to another. Mr K's living situation was not apparent to day service staff until they began the outreach service.

Neighbours have come out to thank staff for "looking after Mr K" since it has improved the vermin issue and they seem happier with the situation and have showed concern for his wellbeing.

#### Ms D

Ms D is a lady with a mild learning disability who has attended building based day services two days per week since Feb 2014. In addition to the day service, Ms D has been supported by homecare twice weekly for showering and each evening for a bedtime visit. Ms D lives alone and has additional support from family relatives extending to a weekly shopping being

brought into her house at the weekend, and visiting her elderly relative who lives close by twice a week for her evening meal.

Ms D has lived her whole life within a family setting with her parents until they passed away. Her parents were always very protective of Ms D and there were no formal services in place whilst they were alive. Ms D always presented well within day services, wearing clean clothes and was very helpful towards other service users who were less able than herself.

Despite being known as a relatively able individual, from the outset of lockdown, Ms D was assessed by day service staff as a priority for a weekly social visit from staff since her relatives whom she would normally be in contact with were both shielding. Ms D was unfamiliar with “strangers” coming into her home since she only knew staff within the day service setting so it took a few visits before a rapport was built and for trust to be established.

It was discovered that Ms D had no understanding of how to live well and manage in her own home. There was a serious infestation of ants, very little food in the house and she was purchasing mainly sweets, biscuits, cold meat and rolls from a small corner shop by way of sustenance (Ms D has diet controlled diabetes). It appeared that prior to lockdown, her main meals through the week were the two evening meals at her aunt’s house and the two lunch time meals when attending the day service. There were signs of significant continence issues and it transpired that Ms D’s bed was too high for her to safely get out of and into the bathroom on time.

Day service staff began daily visits and gradually worked up a personalised programme of life skills activities to include general housekeeping, shopping, cooking skills and personal self-care. Ms D has been supported to learn how to order a repeat prescription and collect her medication from the local pharmacy. In consultation with Ms D and her relatives, staff have supported Ms D to order a more suitable bed which she can get in and out of more easily and through supported engagement with the continence management service she now has access to correctly fitting products which has promoted personal self-confidence and self-esteem. As Ms D has learned more and more skills, the time spent by day service staff has been reduced to 3 ½ hours of support each week which is in contrast to the previous 12 hours spent within a day service building base. There is evidence that Ms D’s needs were overlooked within the day service building setting due to the complexities of other peoples’ needs and support being delivered in large group settings.

Ms D’s outcomes in relation to living well independently, continence and personal care and general life-skills have greatly improved as has her overall diet and health.

Next steps planned are to introduce Ms D to travelling in her local community independently and ultimately when more community activities are open, to support her to be involved with local groups since she enjoys socialising outside of her home.

Ms D’s relatives have reflected that they “mollycoddled” her all her life and never gave any thought to her being able to do things for herself. They are really pleased that she will be able to be more independent going forwards since they have their own health challenges.