Cyriger Bordulated Sire

1. Circumstances

VV had been staying with her parents for 6 months – as both of her parent's mental health had deteriorated. VV had temporarily given up her home in Suffolk.

VV and her brother were feeling a high level of carer strain. VV's mother (Mrs C) had a diagnosis of Alzheimer's and V's father (Mr C) was living with a severe cognitive impairment following a stroke but both believed that nothing was wrong and felt they were managing well.

VV and brother angry as evidence of huge issues with parents' medication, nutritional intake, alcohol consumption and risk of falls. There was evidence of weight loss and self-neglect. Both had lived lavish lifestyles previously.

7. What is different now?

- -Son and daughter were encouraged to have frank conversations with their parents.
- -Son and daughter have agreed to manage the direct payments to allow them to go the pub.
- -The OT made the home less risky.
- -The pharmacy tech supported with medication regime.
- -The dementia support worker supported to help with outcomes and socialisation.
- -The dietician with meals and drinks.
- -The direct payments will allow them to access the community on their own terms.
- -Both son and daughter completed carer assessments. Carer stresses were diminished. Daughter returned home to Suffolk and Son was more reassured and was able to concentrate on his job

2. Outcomes identified

Parents - Mr & Mrs C

Parents appearance was their priority.

Parents had always been social drinkers, and this was important to them.

To remain in own home with little change to usual routine.

Informal carers

Parents supported to be safe with medication, nutrition, alcohol intake, mobility, and safety on stairs.

Introduction of supports to allow them to return to families and concentrate on their own lives.

3. How were outcomes delivered?

Supported daughter who spent many hours on the phone crying, with a high level of anxiousness.

Dementia support workers who worked on understanding outcomes via a 'This is me' exercise.

Pharmacy technician introduced to help manage meds via blister packs and a medi-safe. VV and brother supervised.

OT provided stair rails, lighting improved in stairway, other equipment in the kitchen and bathroom, and telecare.

Dementia specialist home care service provided.

Dietician provided advice about nutritional intake.

Dementia friendly pub identified and they attended with support utilising a Direct Payment.



Adapted from 7 minute briefing created by Hywel Dda University Health Board

4. Who else was involved?

Mr and Mrs C
VV and her brother
OT
Dietician
Dementia Support Services
Pharmacy technician
Dementia Friendly pub
Direct Payment funded support
workers

6. Link to Model of Practice

Visited all family members several times – this was to build rapport and relationships.

Conversations were delicate - held both separately and as a group. Sensitive and dignified.

Partnership approach taken with VV, brother, and parents, seeking solutions and compromises.

5. Strengths identified/utilised.

Strength of feeling and love for VV and her brother, by their parents. This helped encourage them to consider changes and willingness to accept support services.

Remained able to understand risks they encountered, and concerns of their daughter and son.

Daughter and son respectful of parents' wishes and choices but remained very concerned. Enabled them to offer significant support while their own lives put on hold.