CASE STUDY

Enabling **single handed care** for an elderly couple to remain at home

Safe Patient Handling

The current situation

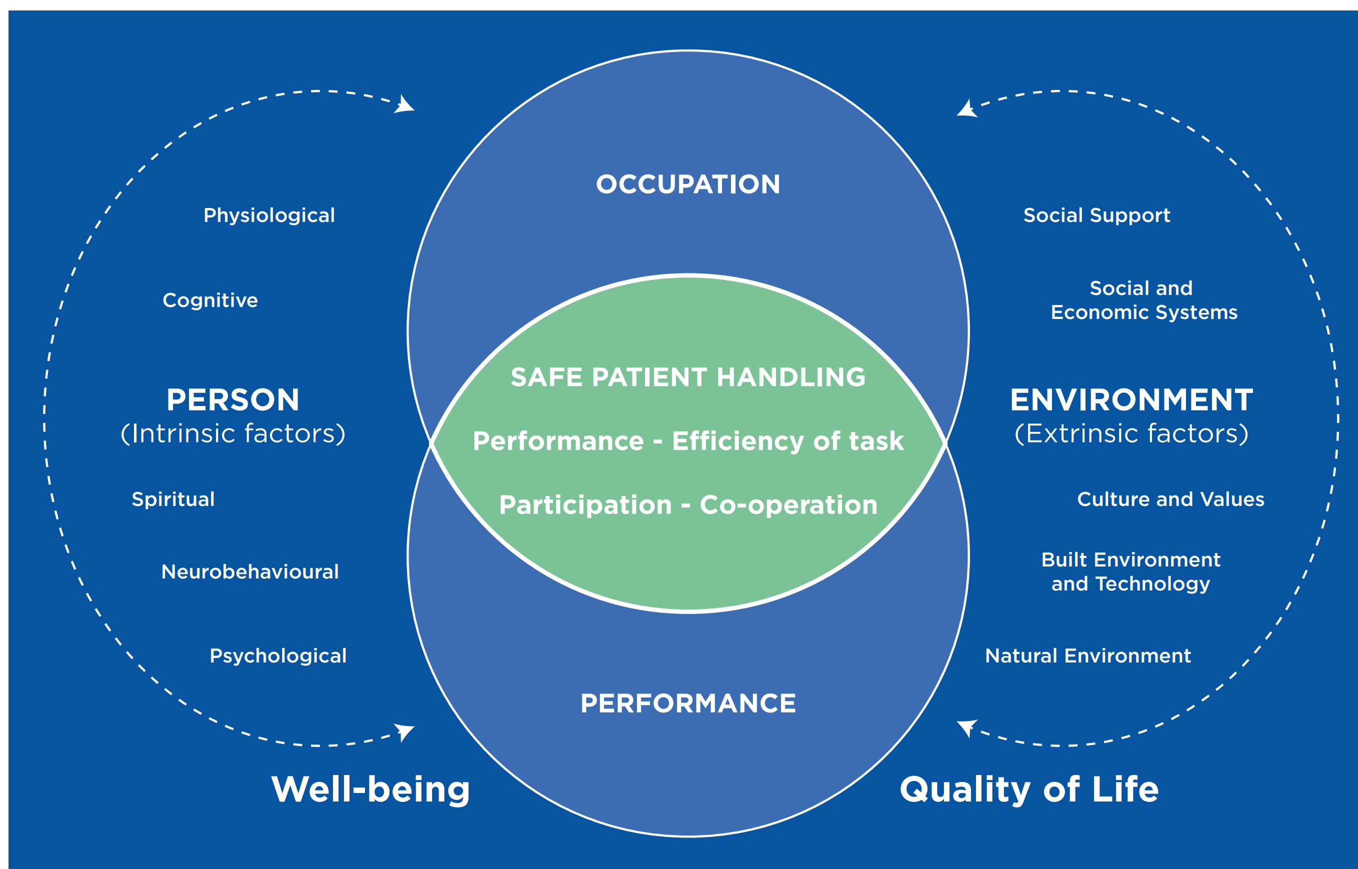
Mr Jones is a 60 year old gentleman admitted into hospital following a fall. He has had a number of falls in the last six months, following a steady decline in his overall mobility. Mr Jones has a history of arthritis. He suffers from sleep apnoea and also has diabetes. He is 5ft 8 inches tall and weighs 12 stone. Mr Jones lives with his wife in a privately-owned bungalow. Mrs Jones has been her husband's sole carer for a number of years and was finding it increasingly difficult to transfer her husband up to the point of his last fall.

Mr & Mrs Jones were at the point of referring to the local Community Occupational Therapist (OT) when the last fall occurred.

Following a period of rehabilitation in hospital Mr Jones was unable to regain his mobility, and as such now needs to be hoisted for all transfers. Mr Jones expressed a clear wish to return home but did not want formal care. His wife fully supports his wishes and will continue with his care for as long as she can.

Holistic assessment

The OT's assessment uses the **Person** - **Environment** - **Occupation** (PEO) model as a frame of reference for the assessment. However, you will see how compatible this model is with a basic **Task - Individual - Load - Environment (TILE)** risk assessment structure.



Considering the Person

When considering Mr Jones's wishes the OT established that he did not want assistance from formal carers. Facilitating this would reduce his stress levels as he was also motivated by maintaining the close relationship he has with his wife and her supporting him with his care.

Mr Jones was also motivated by trying to do as much for himself as he could, which in this case was turn himself in bed. This goes beyond that of the **TILE** approach of a person as simply a **load** and considers what the person is able to do and their motivations.

Assessment of the Environment

Mrs Jones is able and happy to support her husband's wishes not to have outside carers. The OT established that Mr Jones could assist when turning in bed, reducing the strain on Mrs Jones and making it possible to support with personal care and fitting a sling. This could be made easier with provision of a patient turning device if required in the future. During the assessment the OT concluded that Mrs Jones would not be able to manage hoisting her husband on and off the bed to a commode or an arm chair using a mobile hoist as it would be too cumbersome and difficult for her to do. In addition, the space did not allow a sufficient turning circle for a mobile hoist. As such, an alternative would be required. However, the fit between the **Person** and the **Environment** remains poor.

Although Mrs Jones would not be able to manage a mobile hoist on her own, she is able to fit a sling around her husband. There was adequate space in one of the families living areas for a height adjustable profiling bed and a mobile commode. The OT carried out a feasibility study to establish if a Ceiling Track Hoist could be fitted, which was confirmed, as well as an overhead gantry option as an interim measure. Provision of such equipment could improve the fit between the domains.

Again, using **PEO** the OT considered the physical environment as required using a **TILE** structure, but also considered the relationships, and the individuals involved in a more holistic manner.

Occupation

The OT looked at the **Occupations** in more detail with Mr and Mrs Jones in hospital, practicing transfers and personal care with Mrs Jones using Moving and Handling techniques, to establish if Mrs Jones could manage the care of her husband at home. This trial was conducted over 5 days.

The OT considered how the provision of equipment would improve the fit between the domains, reducing the disability and aiding Mr and Mrs Jones in attaining their goals. The assessment using the **PEO** model covered all the transfers as required in a **TILE** structured assessment looking at the task, but goes further in linking all the domains together.

The solution

The OT ordered a temporary overhead gantry hoist to be delivered and assembled, as well as a mobile commode, armchair on wheels and a height adjustable profiling bed. This package allows Mr Jones to support her husband with personal care and hoist him to the commode or on to an armchair. Mr Jones's bed mobility makes personal care in bed a lot easier however patient turning options may be required in the longer term. This improves the fit between the domains, reducing the overall disability. The OT also referred on to Community Housing OT colleagues to look at longer term installation of permanent ceiling track hoists throughout Mr & Mrs Jones's home along with bathroom adaptations if also feasible.

The above recommendations supported timely hospital discharge and met the family's requirement not to have formal carers in place, in the interim on discharge. Longer term needs were also considered and a referral made in to Community OT services to continue the assessment for longer term needs such as permanent ceiling track hoist and bathroom adaptations, continuing to support Mr & Mrs Jones's wish for Mrs Jones to be the sole carer, thus supporting a **Single Handed Care** approach. The use of the **PEO** model ensures that a more holistic approach is taken, but at the same time satisfying the need for proper risk assessment, encompassing all the elements of a **TILE** structured approach.

This Case Study is provided as an example of a scenario and possible solutions and is intended for guidance only. A full and thorough risk assessment must be carried out by a trained professional before implementing a care and/or equipment package.

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