



# North Lanarkshire Case Studies

April 2009

## Introduction

The Joint Improvement Team has pulled together a number of case studies from the various partnerships on the uses of telecare services. Where names have been used in a number of case studies these have been changed to ensure anonymity. We would like to thank all partnerships involved in providing JIT with information.

## Maintaining Independence

### Case Study 1



#### **Background**

Mrs Wilson lived alone and had been subject to several bogus callers who had taken cash and valuables from her home. Mrs Wilson's daughter decided to move in with her as she was worried about her mum's safety. However, once she had done this she found that she could not longer go out of the house as Mrs Wilson may let someone in again when she was out.

#### **Intervention**

A door entry system was fitted and this was diverted to her landline phone, this in turn had a divert facility and could be hashed to Mrs Wilson's daughter's mobile.

#### **The Outcome**

Mrs Wilson's door bell no longer rang when her daughter was not in the house therefore she did not open the door to strangers. Mrs Wilson's daughter could answer the phone (doorbell) wherever she was and ask the caller to call back later at a more suitable time. The caller was unaware that Mrs Wilson was in the house alone, as he/she had just spoken to her daughter over the intercom. Both continue to live safely and with less distress in the community.

### Case Study 2

#### **Background**

Mr Andrew was having difficulty finding the bathroom at night. This resulted in him making his way to the living room when he needed to urinate and often resulted in him urinating on the sofa.

#### **Intervention**

A Passive Infra Red (PIR) beam was fitted between his bed and the bedroom door about 12 inches from the ground. If he passed this beam a single zone receiver fitted in his carer's bedroom, next door buzzed. The carer then arose and guided him to the bathroom.

#### **The Outcome**

Mr Andrew could sleep more peacefully knowing that if he need to go to the bathroom his carer would know and be able to assist him. His carer could sleep knowing that she would

be altered if Mr Andrew arose during the night. Household items were no longer being destroyed and both individuals experienced an improvement in their quality of life.

## Case Study 3

### *Background*

Mr Brown's carer was going away on holiday for 6 weeks. Arrangements were made for Mr Brown to go into respite care for the duration of the holiday. Mr Brown became very distressed and wanted to stay at home but there were concerns as he had, on several occasions, gone out during the night and had also nearly set fire to his kitchen in the past. One of Mr Brown's neighbours was willing to assist but could not stay in the house or call regularly during the night to check on him.

### *Intervention*

A PIR was fitted on the stairs and linked into the community alarm service. This ensured that Mr Brown could walk around the top floor of the house and access the bathroom, which he usually did safely, but if he came downstairs, the community alarm service would call his neighbour who would then check on him.



### *The Outcome*

Mr Brown was able to remain in his own home, despite previous concerns, his neighbour was called out only once in the six week period. Mr Brown's carer would be happy to use the PIR again if required and now feels confident in having regular, small breaks away from home.

## Case Study 4

### *Background*

Mr Black lived alone in his 2 bed flat. His daughter is the main carer and visits each evening. His routine was to go to the corner shop each morning for his bread and newspaper. However he has on a few occasions lost his way after leaving the shop and had become anxious when he seemed lost in his journey. His daughter, whilst wanting to support her father with his routine, needed some reassurance over her father's safety. Mr Black was aware that had had on occasion lost his bearings and could recall the upset this caused his daughter.

### *The Solution*

Mr Black had a full assessment of his needs including a mental health assessment. A message light was fitted to remind him to put his coat on when leaving as his coat had ID and had information in the event he lost his bearings when out. Door contacts were fitted with a time of a half hour delay to facilitate walk to shop and return. This in turn would alert community alarms in the event that he didn't return.

### *The Outcome*

Mr Black continues to go to the shop in the morning. On a couple of occasions he lost his way, community alarms were alerted, support worker identified and located Mr Black and took him home. On 2 occasions he lost his way and ID in pocket a local person directed him home. Mr Black's independence continues to be maintained with less risk and his daughter is less anxious after her father being outdoors alone.

## Case Study 5

### *Background*

Miss Clark is 18 and has epilepsy. She lives at home with her mother. Her mother has to work full time and was concerned that when Miss Clark is at home on her own there was no one on hand if she had a fit. Miss Clark attends college but is often home before her mother.

### *Intervention*

An epilepsy seizure monitor and single zone receive were fitted. The single zone receiver also encompassed a digital-dialler. When the epilepsy monitor is activated the digital dialler then rings a series of four identified mobile numbers. If it doesn't get a response from the first number it will then ring the second and so forth. It will continue to do that until it gets a response.



### *The Outcome*

Miss Clark is more confident about being on her own in the home. Her mother now also has reassurance that assistance can be summoned when Miss Clark is on her own in the home.

## Case Study 6

### *Background*

Mr Smith has a learning disability. He was working in supported employment as a litter picker. The job involved learning new routes unfamiliar to him, through housing estates. He had difficulty managing his time spent on individual streets and also remembering the routes.

### *Intervention*

Mr Smith was introduced to a PDA (Personal Digital Assistant). This equipment was programmed with a task scheduling programme of Mr Smiths daily work tasks and also photographs of the streets and routes. Training on how to use the PDA was provided for Mr Smith and the job coach.



### *The Outcome*

The PDA enabled Mr Smith to carry out his job more independently. It also assisted him to expand his role in the work place by increasing his ability to learn more routes. It also helped with his time management and reduced his reliance on his job coach. His family also reported an increased self confidence in relation to his work.

## Case Study 7

### *Background*

Mrs Toms lived alone in a rural part of the community with few neighbours in the vicinity. She was experiencing increasing problems with nocturnal enuresis, her skin was deteriorating and she was becoming very distressed when being assisted to wash and change by the overnight visiting team. The overnight team visited regularly (up to 5 times during the night) but either were too late to assist Mrs Toms to the bathroom or too early and disturbed her sleep.

### *Intervention*

An enuresis monitor was supplied and linked into the community alarm system. Within a few days the care manager was able to identify from computerised print outs of activity that Mrs Toms was likely to pass urine between 2.10am and 3.00am. The overnight visiting team was asked to call at 2.15am and assist her to the bathroom.



### *The Outcome*

Mrs Toms was assisted to the bathroom at a time that suited her. Her anxiety and distress was no longer apparent and she accepted the support from the overnight staff. The overnight team reduced their visits and targeted their resources more appropriately elsewhere. The enuresis monitor was no longer required.