



Shirley - assessment conversation record - version 2 better recording

Background, brief outline of circumstances, what and who is important.

Shirley is 56 years old and lives alone. Her husband died ten years ago following a heart attack, they had no children. Shirley informed me that after her husband's heart attack she needed to sell their home and she had to get a job. She worked as a warden in a sheltered housing scheme and told me she really enjoyed this because "it was great to have people around me" and "I felt I was providing a service to people". Approximately two years ago, Shirley was made redundant, she considered retaining or getting another job, but decided against this and became the main carer for her Mother, Joan. Joan is 76 and lives about 100 yards from Shirley's house. Being able to support her Mother is really important to Shirley. Shirley is really close to her niece, Claire, and she was helping Claire with childcare by looking after her two children twice a week. Shirley described this arrangement saying "I felt I had a real role in life" and felt she had enabled Claire to go back to work. Supporting Claire is extremely important to Shirley as she feels it gives her 'purpose'. Shirley's neighbour, Kath, calls in regularly to see her and has offered to help out. (See **relationships** section for further detail).

Physical / mental health and emotional wellbeing:

In April 2016 Shirley had a stroke whilst out shopping and this has left her with hemiparesis on her left side, affecting her arm and leg and meaning she cannot weight bear well on that side. She told me "I'm struggling with everything, everything, and the worst thing I think is the mental aspect of it". From my conversation with Shirley and my observations it is my opinion that this is indeed likely to be impacting on all areas of daily living (see further detail in relevant sections). Shirley has been visited by the District Nurse (DN), however, she informed there are no further visits planned to allow time to pass to see whether she has reached her optimum level of recovery. Shirley has been managing her own pressure care and said she didn't feel there was a role for the DN at the moment. Shirley is optimistic that she will regain more use of her left side. However, from our discussions it is my opinion that the effects of the stroke are impacting quite

significantly on her mental health emotional wellbeing. For example, she described feeling embarrassed about the tidiness of her garden and home, but more significantly she talked about feeling useless, dependent, and experiencing a 'dark spiral' thinking it would be better if she had not survived the stroke. She became tearful several times during our conversation. I feel that if she can be supported to have a tidier garden, home and to be better able to manage using the toilet [**see following sections for more detail**], she is very likely to feel better in herself, and Shirley herself said she hopes this would be the case. She indicated she does not feel she wants to take any medication.

Control over daily life

Shirley indicated there are several areas of her life where she feels she has less control than she is comfortable with. Further details of this are given in the context of managing her toilet needs; maintaining her home environment (tidiness of home and garden); making use of her home safely; accessing the community; maintaining relationships and being able to care for those people who are important to her. When we talked about control generally she said "I think I've got some control over the important things like, well everything's important, but think like finances thing that I can control from the house and that I can control online", "But in terms of other things I've very little control". She qualified this by saying she felt "I'm dependent, well am I dependent on other people." My belief is that if we can support her to feel more in control, her wellbeing will improve dramatically.

Managing and maintaining nutrition

Not covered by audio: For context - Shirley reported managing OK in this area. She orders her shopping online once per week and her niece, Claire, helps her put things away if she needs support. She is mainly having cereal, ready meals and things like sandwiches that she can prepare with one hand. Shirley already had a perching stool and uses this when making drinks and meals.

Outcomes

Maintaining personal hygiene

Shirley told me that “a cat lick” was enough for her in terms of washing. However, I’ve suggested she think about this aspect as part of the self-assessment we agreed, just in case she is underestimating the impact of needs here. She uses the perching stool to strip wash her upper body in the kitchen and has moist wipes for when she uses the commode. This is sustainable in the short term, however, my experience in similar circumstances suggests that Shirley may be at risk of urinary tract infections and/or breakdown of skin integrity in her groin area. She informed me that she has not experienced anything other than minor discomfort, itching, and has had no infections. I feel she would benefit from occupational therapy input in this area with the aim of preventing these developing. I will mention this aspect when speaking to OT as agreed with Shirley.

Managing toilet needs

Shirley is currently using a commode which is situated downstairs in the living room. She said “It really inhibits me” explaining that her family and neighbour often “knock and come straight in” when calling to see how she is, and that she finds it difficult to raise this as she doesn’t want to offend them and risk losing their support. It affects her to the extent that she said she felt even a catheter would afford more dignity which, given she understands that a catheter can be uncomfortable and increase the risk of infections. I think this indicates the significant impact this is having on her dignity and highlights this as an area where support would make a really big difference. We have discussed the possibility of using assistive technology or equipment, such as an intercom with video, to manage the door. Shirley felt this would make a massive difference and was really keen to try this once I reassured her it wouldn’t be too complicated to operate. Claire empties the commode for Shirley in the morning between taking her children to nursery and going to work.

Being appropriately clothed

Not covered by audio: For context – however, in brief Shirley reported managing OK in this area. She is wearing loose clothes that she can pull on and off reasonably easily with one hand, avoiding buttons and zips as she doesn’t go out much she feels “I don’t need to get dressed up – I just want to have clean comfortable clothes that I can put on myself and feel tidy”. She has sturdy Velcro fastening trainers type shoes for outdoors but mainly wears her slippers indoors. I noted these were in good condition with ankle support, firm non-slip soles and Velcro fasteners and would expect these to help minimise her risk of falls. Claire, niece, is currently doing Shirley’s washing for her once per week.

Being able to make use of the home safely:

Shirley reports having difficulty using the stairs safely and having observed her transferring from the door to the chair I can see this would be the case. Shirley is currently living downstairs because of this. Her bed, commode and the other day-to-day items she needs are all in one room. An Occupational Therapist (OT) visited Shirley’s home to assess her needs before she was discharged from hospital. This arrangement has been in place since she was discharged, three months ago, and has not yet been reassessed. Shirley has consented to us requesting a copy of the original assessment for information. Shirley feels that having everything in one room makes it feel really cluttered and prevents her from feeling in control of her life and is keen to do something about this, we discussed whether there might be equipment that could help. This is also the room that she is in when people come to visit and she told me that is impacting on her dignity. My opinion, based on observation and talking to Shirley about how she feels, is that a further OT assessment and some more input from the District Nurse (DN) would be beneficial. I would suggest that the OT focuses on whether Shirley can be supported to use the stairs more safely and be able to use the toilet and bedrooms upstairs or, if this is not possible, whether things can be arranged differently to reduce the feeling of clutter and allow her more dignity.

Outcomes

Maintaining a habitable home environment -

There were two aspects of her home environment that Shirley felt impacted on her wellbeing the tidiness of her home and also of her garden.

In terms of her home, she explained her views as “the house isn’t particularly tidy”, saying “I manage as best as I can”. Shirley told me that her niece, Claire, does some cleaning and tidying when she calls round. She also told me that her neighbour (Kath) has also offered to vacuum, however, Shirley didn’t feel able to accept this offer despite really wanting to – she said she found it difficult when Kath offered. She told me she is happy to accept help from Claire as she just does it “without making a big song and dance about it”. The impression I got from our conversation is that Shirley hasn’t yet fully come to terms with the impact of the stroke or the fact that she needs some help and being reminded of this makes her feel ‘useless’.

The view out over the garden is important to Shirley, she said “it’s beautiful” and loves sitting admiring it, I could see this was the case by animated she became when she talked about it. My analysis would be that as Shirley no longer goes out very much, looking out at the view is her way of connecting to the outdoors. She used to keep the garden tidy despite not being a great gardener (her own words). Since having her stroke she is unable to manage and feels it is “a complete and utter tip”, and I could see there was a build-up of rubbish. Shirley said “I’m embarrassed that it’s a tip” and explained that she feels this contributes to her lack of dignity, loss of control over life and reminds her constantly of the things she can’t do. She talked about feeling like she is a dead weight to Claire.

Based on what she has told me, and how emotional she became when we discussed these aspects, it is my opinion that her home and garden are both having a significant impact on her wellbeing in terms of personal dignity, emotional wellbeing, control over day to day life, participation in recreation and suitability of living accommodation. She would like to do something about this and I have agreed to contact ‘The Gardening Gophers’ so see if their volunteers can help do an initial clear up. After this Shirley thinks she would feel it was acceptable to ask Kath to help her keep on top of the rubbish.

Developing and maintaining family or other personal relationships

Shirley told me that the relationships with her family, with Claire and Joan, are the most important things in her life. During our conversation, Shirley talked a lot about how she wanted to be able to support both Joan and Claire in different ways.

She was very clear that helping Claire by caring for her children gave her purpose and meant she felt better able to support Joan. She expressed feeling guilty that she is no longer able to help Claire and is concerned that Claire will feel obliged to care for her as time passes. Shirley was very tearful when talking about this and it clearly has a major impact for her emotionally. She had offered to pay for some childcare to make up for her not being able to do it but Claire would not accept this. We discussed alternative ways that she might support Claire and she came up with the idea of offering to take in Claire’s parcels and online shopping. She felt this would be a good starting point and said she felt able to talk to Claire about how she was feeling. I offered to support her with this if she needed me to. I also mentioned that Claire could have a carers assessment, and asked whether she felt Claire would want this. Shirley felt that Claire would refuse if Shirley asked her about this.

Shirley’s Mum, Joan is 76 and lives nearby, Joan has dementia which, as is common with this condition, is getting progressively worse. The early signs of her Mother’s dementia coincided with Shirley’s redundancy and, whilst she considered retraining or getting another job, she decided to concentrate on supporting her Mother. She told me she felt she had created a dependency and that the Community Psychiatric Nurse (CPN) supporting Joan has reiterated this.

Shirley is very concerned about her relationship with Joan deteriorating and with being able to offer support as Joan’s dementia advances. Prior to her stroke she felt she had created a dependency unnecessarily, but now she feels she is not contributing enough. She reported that Joan becomes confused about why she isn’t coming down to see Joan and, then, comes up to Shirley’s house in an angry and distressed state. This situation is having a significant impact on Shirley’s wellbeing. I feel this aspect needs addressing quite urgently as it is having a fundamental effect on Shirley emotionally. I feel it may

Outcomes

well also be impacting on Joan's wellbeing but this is yet to be substantiated. Shirley has agreed to me contacting Joan's CPN with a view to arranging a meeting at Joan's house involving Shirley, Joan, the CPN and myself. The main aim of this would be to look at how to enable Shirley to reengage with Joan's support and rebuild their relationship as much as is possible as well as investigating the impact on Joan.

Accessing and engaging in work, training, education or volunteering

Work was very important to Shirley and we talked about how caring for Joan and supporting Claire was her way of still contributing or 'offering' something after her redundancy. Feeling useful and being able to offer something came out of the conversation very strongly. (See **relationships** section for more information)

Making use of necessary facilities or services in the local community including public transport and recreational facilities or services

Shirley told me she doesn't really go out at all now. The only time she does is when relative visit from away. Shirley explained that she can feel anxious if they take her, for example, to a café, because she may have to use the toilet and finds it difficult to do this independently when out and about. This puts a strain on Shirley, she feels obliged to accept the offer of going out with them, but describes feeling 'frantic' at the thought whilst pretending to be happy. Claire supports her with medical appointments and some shopping. Shirley does most of her shopping online.

Carrying out any caring responsibilities the adult has for a child. Shirley has no children but prior to the stroke she was caring for Claire's two children on a regular basis so that Claire could return to work. Being able to do this was incredibly important to Shirley (see **relationships** section for further details).

Assessor's Comments:

I'd provided Shirley information prior to my visit and mentioned that she could do some of the assessment herself if she felt she wanted to. When we discussed this, she explained that she had looked at it briefly but hadn't been clear what was expected and had wanted to wait until my visit so she could check with me. During our discussion covered the aspects which Shirley felt were having the greatest impact on her wellbeing. But I was conscious we didn't cover personal care, nutrition and managing clothing in detail. Whilst the brief discussion, and my observations, gave me no evidence for immediate cause for concern about these aspects it is important that we gain a holistic view. During our conversation, I felt it became apparent that Shirley has a good appreciation of her circumstances and of the strengths and assets that might help her regain some independence and control. I judged it appropriate to leave a self-assessment form with Shirley so she could consider the other aspects in more detail after I had left. Shirley had told me that at times she felt "useless" and "dependent" and I felt that spending time thinking about the areas she is managing OK in might help Shirley feel more positive and in control. I discussed this with her and she agreed that it might help and may give her a sense of "being proactive and doing something useful." We agreed which areas she would think about and that I would check back with her in a week to see how she had got on and that she could either return the form to me or we could have a phone or face to face conversation depending what felt right for her.