



Shirley - assessment conversation record - version 1 not good 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. We talked about whether this still had an impact for Shirley but she felt that the more recent things happening were more affecting her. 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 but she feels she had got dependent on her. Her CPN has said this too. She now rings her 5 time a day at least. Shirley is also 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 also really important to Shirley. (See **relationships** section for further detail).

Physical / mental health and emotional wellbeing:

Shirley has a stroke in April this year when she was at the shop. She is paralysed down the left side and said she can't weight bear properly. I've asked for the report from the OT who visited her when she came out of hospital to be sent to me. She's finding everything difficult especially her mood, she is getting really low and a bit suicidal from what I can tell about her messy garden the house not being tidy and being unable to do things she used to do. The DN hasn't been out for a while, Shirley hasn't contacted her but she know what do about pressure care so doesn't need DN visit. I think it's all probably linked and the mood and the physical aspects are all connected together so if she was able to do things again or things we tidier and she felt in control it would stop her feeling depressed. She said she doesn't want to go to her GP because they would tell her to take antidepressants and she doesn't want to do that even though it might help her. She cried a lot when

we were talking and says she cries at the drop of hat all the time. She hasn't had any infections or soreness from using the commode and strip washing as yet but these might be a problem later.

Control over daily life

Shirley is feeling her life is not in her control. She manages things like her banking and shopping online. But things that she has to do in the house and garden, and caring for her Mum and her nieces children, people coming in when she is using the commode she feels out of control with. The garden was the first thing she said didn't feel in control of.

Managing and maintaining nutrition

Not covered by audio: For context – In brief 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.

Maintaining personal hygiene

Shirley told me that "a cat lick" was enough for her in terms of washing. However, I've said she needs to think about this aspect more, just in case she is underestimating the impact of needs here. I think there is a real risk she might develop infections and skin integrity breakdown if she doesn't start washing properly. When we talked Shirley said she hadn't had any problems so far but did get a bit itchy sometimes she hadn't had any infections that she reported. I've said I will get the OT and DN to talk about this with her and see what might be done to stop any infections or problems developing in her groin and bottom areas.

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Managing toilet needs

Shirley has a commode in her living room but is scared people will come in while she is using it. She doesn't want to ask them not to do this as she needs their help and thinks they might be offended if she asks them not to just knock and come in and then they might stop coming and she wouldn't cope. This is really difficult as she finds she has to rush and worries someone will come in when she is on the commode and this isn't dignified for her and not nice for them either. She said she thinks it would be easier to have a catheter instead but doesn't really want one. Having a catheter isn't very nice so I think this shows how desperate she is for people not to see her on the commode. While we were talking about the commode Shirley mentioned she can get by with just a cat lick in terms of washing herself, she's strip washing and using wipes to clean herself after using the commode. She looked quite clean and presentable so I'm assuming she's managing fine in this respect and there's not really much impact. This is an area that needs to be addressed as it's very important to Shirley we've discussed equipment that might help, like an intercom to manage the door and she felt this might be 'a bit complicated but worth a try'.

Being appropriately clothed

Not covered by audio: For context – 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 has an OT assessment just before she came out of hospital. The OT recommended her bed be moved downstairs and that she have a commode because she only had an upstairs toilet and her poor mobility prevented her from getting up and down the stairs easily. I'm asking for a copy of this report from the hospital. Shirley still can't use the stairs properly and she has been told she is at optimum recovery so probably won't. She said she thinks she might get more mobile and wants to see if she can hire a stairlift to help her be able to use the upstairs. Having everything in one room is upsetting Shirley and she doesn't like it when people come to see her in the room with her bed and commode. It's not dignified and she doesn't feel in control at all. I think she should be assessed again by one of our OTs and will request an assessment. Also will get the DN out again to see what she thinks about the commode and whether using this can be made easier and more dignified for her as it's really upsetting Shirley.

Maintaining a habitable home environment

We discussed Shirley's home environment in the context of control over day to day life. She is currently living downstairs and her bed, commode and other day to day items she needs are all in one room on the recommendation of the Occupational Therapist who visited to assess the home before she was discharged from hospital. She explained her views as "the house isn't particularly tidy", "I manage as best as I can". but because I can't really get up and down stairs properly everything is she "manages as told me she doesn't feel she has control over the

Shirley thinks her garden is really messy and when I looked out of the window of the property I noticed that the garden is untidy and full of rubbish, like Costa coffee cups and other things she says people have thrown in. It looks a complete and utter tip and is spoiling the view. Shirley was never interested in gardening before really, she kept it tidy but that's it but now she has had a stroke this means she is not able to do anything to keep this tidy now. She said she didn't feel like asking her neighbour to do it even though

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she wants to help and said she would do the hoovering if she wanted. It's getting her down, she gets emotional talking about it and she feels embarrassed. It is probably impacting on her wellbeing in several areas but she talked about it affecting her dignity most. She needs someone to come in and tidy up the garden for her and would be able to pay someone to do this if she is told who she can use.

Developing and maintaining family or other personal relationships

Shirley told me that the relationships with her family, in particular with Claire and Joan, are the most important things in her life. During our conversation Shirley talked a lot about how she couldn't help Claire now that she had had a stroke and that she was trying to give her money to make up for this. I explained that giving her money might not be very helpful as there were tax implications and rules about gifting cash. I asked Shirley to think about other ways she would support Claire and she said she thought that as Claire did lots of shopping on line she would appreciate it if Shirley offered to take these in. She is going to suggest this to Claire and thinks it will help her feel better. Claire does lots for her and she feels like she is a burden, weighing her down and that this will only get worse. She felt that Claire wouldn't want a carers assessment if she asked her about it.

Joan is Shirley's Mum. She is 76 and has dementia. Shirley used to do lots for her Mum but now can only phone her, which she does 5 times a day. Her Mum gets confused and often comes up shouting and having a go at Shirley because she doesn't go down. She forgets that Shirley can't walk now. I consider that This situation is not good for either of them and have agreed that I will ring Joan's CPN to arrange for us all to meet at Joan's and talk about how we can improve things for them.

Accessing and engaging in work, training, education or volunteering

Shirley doesn't go out often because she finds it difficult to use the toilet in cafes and so on. Sometimes her family, who live away, come to visit. When her family come to visit she does go out with them but finds she has to pretend to enjoy it - while she is really feeling frightened about having to use the toilet. I have concerns that she will become more isolated if she doesn't go out more and just stays in looking out of the window.

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

Claire take Shirley to all her appointments at the GP etc. and does her shopping when it's not online.

Carrying out any caring responsibilities the adult has for a child. Shirley has no children but before her 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 really important to Shirley and I think she missed being able to contribute to helping out Claire, the children and Joan. Shirley told me that the relationships with her family, in particular with Claire and Joan, are the most important things in her life. During our conversation Shirley talked a lot about how she couldn't help Claire now that she had had a stroke and that she was trying to give her money to make up for this. I explained that giving her money might not be very helpful as there were tax implications and rules about gifting cash. I asked Shirley to think about other ways she would support Claire and she said she thought that as Claire did lots of shopping on line she would appreciate it if Shirley offered to take these in. She is going to suggest this to Claire and thinks it will help her feel better. Claire does lots for her and she feels like she is a burden, weighing her down and that this will only get worse. She felt that Claire wouldn't want a carers assessment if she asked her about it.

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Assessor's Comments:

When I first spoke to Shirley on the phone when the CPN referred her I'd told her she could complete a self-assessment and had sent her the paperwork to look at before my visit. She hadn't understood what she needed to do and hadn't done anything other than look at it briefly. I think we covered the areas she said were most important to her, and she looked well fed and healthy, so I don't think she is having issues with accessing appropriate food and drink and so on. We didn't talk much about personal hygiene but while we were talking about the commode Shirley mentioned she can get by with just a cat lick in terms of washing herself so I didn't ask her in any more detail about this, she looked quite clean and I didn't get the feeling that she is struggling with anything else so I'm assuming she's managing fine in this respect and there's no impact. I actually kind of think it would be good for her to look at some of the areas herself, it would give her something to do and maybe make her feel less useless. I told her this and said I'd leave the form for her to fill in. Explained that she can either send it back or I'll ring her and she can tell me over the phone, or could always come out again if she really wants me to. I went over all the areas of the form I need her to fill in.