Best practice for community living through Intermediate care and reablement: A complex case discussion

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Plan for the session

• Brief summary of intermediate care and reablement
• Discussion around complex case scenario
• Implications for the work/resources required
What is Intermediate Care?

• Intermediate care is a range of integrated services designed to:
• promote faster recovery from illness
• prevent unnecessary acute hospital admission and premature admission to long-term residential care
• support timely discharge from hospital and maximise independent living.
Essential elements within Intermediate Care

- Services are locally based
- Care provided close to home
- Services are short term
- Focus is on restoring or maintaining function
- Rehabilitative approach
- Multi professional/multi agency teams

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Key drivers for the development of Intermediate Care

- Pressure on acute hospital beds
- NHS financial pressures
- Local authority financial pressures
- More older people with long term chronic conditions
- Patient choice
- Reimbursement
Intermediate care services are based on:

- Comprehensive, multi professional, multi agency assessment - in line with the single assessment process (DH 2001)
- Provision of a structured individual treatment plan which includes active therapy, treatment or opportunity for recovery.
How is Reablement different to Intermediate Care Services?

• Services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living. (Care Services Efficiency Delivery programme 2007)
• Helping people to maximise their independence, choice and quality of life
• Helping people to remain in their own homes
Reablement

• Providing time limited interventions with services tailored to individual’s needs (Care Service Efficiency Delivery programme 2007)

• Reablement ‘seeks to maximise long term independence, choice and quality of life, whilst minimising the ongoing support required’ Pilkington 2008 p.355
How does this differ from Intermediate care?

- Hospital (secondary care)
- Intermediate care (may be primary or secondary care depending on location)
- Reablement (Predominantly Social care)
Guiding principles

• Person-centredness: Service users should have more control and choice over their support

• The role of adult social care is to help people to maintain or regain their independence, regardless of age, impairment, ethnicity or personal circumstances
Mrs Brown

- Mrs Brown is a 68 year old woman
- Until recently she had shared her privately rented terraced house with her partner of 20 years
- Partner had recently died in traumatic circumstances and she was coming to terms with her loss
Presenting Medical Issues

- Chronic lymphodema affecting both legs.
- Both legs are ulcerated and require daily dressing
- Osteoarthritis affecting both hips and knees
- Obesity
Social Support systems

- No family
- Two good friends who live locally
- Mrs Brown does not know neighbours as neighbouring properties also rented and neighbours change frequently
- No help at home other than District Nurses who visit daily to dress Mrs Brown’s ulcerated legs
Presenting problems and reasons for referral

• Referral to the Intermediate care team by the District Nurses
• Presenting difficulties were:
  • She was not able to mobilise safely around her home
  • She could not access her toilet
  • She could not access her bathroom
  • She could not access her kitchen
Presenting problems continued..

- Mrs Brown’s house was very cluttered and inaccessible
- There were dogs, a cockatiel, two snakes in a vivarium and mice running around the property
- Basic needs were met at ASDA (Wal-Mart) via scooter
- Risks +++
Street of terraced houses
A fairly typical terraced house
Narrow stairs
Dining room
Galley Kitchen
Sitting Room
What did the team do?

• Responded to the referral within 2 hours and completed a risk assessment
• Admitted Mrs brown to an Intermediate care team bed in a local nursing home.
• Contacted environmental health department to remove the dead mice and put down bait for the living mice
• RSPCA took away the snakes and arranged foster care for the dogs and a friend looked after the bird in the cage
Mrs. Brown’s Goals

• To be able to get washed and dressed with minimal assistance
• To be able to access the toilet and get on /off the toilet safely
• To be able to prepare meals safely
• To be able to mobilise around her home safely
• To live in a property which meets her needs and in which she feels safe
Ethical Issues/
Diversity of living conditions?

- Some individuals may stray from societal norms of cleanliness and hygiene
- What are the ethical and practical issues for professionals?
- How can you respond to the challenges?
- What are the potential solutions?
- Would you offer Mrs Brown any interventions, and if so where?
Ethical issues in practice

- There is an ethical dimension to most of what we do in the workplace (Hendrick 2004).
- Professionals need to be able to recognize these and consider the implications for the individual, their families and carers.
- Campbell, Chin and Voo (2007) identify that medical ethics is not the concern of one professional group or discipline but is a matter which should be approached from a multi-disciplinary perspective having relevance to all professionals working in health and social care.
Resolving ethical dilemmas

- Informed by professional codes of practice
- It has been argued that Codes of conduct should be used as a framework for guidance but cannot be expected to resolve complex ethical dilemmas (Terry 2007).
- Supervision
- Multi disciplinary team discussion
- Grids/frameworks/models may help but need to remember that applying ethical decision making models does not produce bias free decisions as personal values will still impact on upon this process (Mattison 2000)
Need to consider..

• Balancing risk with harm
• Positive risk taking
• Respecting autonomy and choice
What Model of practice might you use and why?
Person-Environment-Occupational Performance Model

Baum, Bass, Christiansen (2005)

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Person Level issues
- Health
- Strengths
- Needs
- Goals
- Wishes
- Meanings
- Risks

Occupational Performance
- Community engagement

Occupation
- Activity task role
- What/How/when
- Supports
- Preserved activities
- Bingo/social outings
- Risks
- Benefits

Environment
- Where/Who with?
- Supports
- Demands/
- Home environment
- Risks
- Benefits

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Canadian Model of Occupational performance and engagement
Canadian Model of Occupational performance and engagement

- Self-care
- Washing/dressing
- Showering
- Toileting

- Productivity
- Preparing meals
- Maintaining home

- Leisure
- Walking dogs
- Going to bingo
- Social events – risk of social isolation
Person centred assessment

• Use active observation
  – Standing back – allowing person to be themselves and be “in the flow” of activities
  – Observe the person’s own strategies, routines and pathways and build on them
  – Use activity analysis and synthesis

• Mixed methodology - Informal, formal, standardised and dynamic
Person centred assessment

• Working with the person in their lived environments:
  • Physical environment
    – creating accessible and enabling environments, role of assistive technology and adaptations
  • Social and cultural environment
    – Reducing stigma
    – Reducing occupational deprivation
    – Promoting positive communication
    – Supporting and enabling carers
Which assessments would you choose and why?
Assessments

• Observation of Activities of daily living
• FIM/FAM (base line) Granger et al (1993)
• COPM (Law et al 2005)
• AMPS (Fisher 2003)
• Homefast (Mackenzie et al 2000)
What interventions might you choose and why?
What interventions and why?

- Maintain or improve upper/lower limb strength, ROM and tolerance
- Maximise ADL
- Ensure safety and accessibility in the home - Rehousing
- Assess need and make recommendations for equipment/adaptations
- Explore interests/reduce social isolation
- Assist with psychological adjustment to problems
Who was involved?

• District Nurse
• Physiotherapist
• General Practitioner
• Consultant orthopaedic surgeon
• Therapy Assistants
• Dieticians

• Environmental Health Officers
• Local Housing Department
• Friends
• Foster carers for the pets
Outcome

• Mrs Brown was re-housed within 8 weeks to a local Housing Authority owned bungalow which already had a level access shower
• A hoist was provided for the days when Mrs Brown’s mobility was severely impaired by pain
Outcome

Mrs Brown required bariatric equipment to meet her needs:

• Wheelchair
• Shower chair
• Rise recliner chair
• Profiling bed
• Glideabout commode
Outcome

• Mrs Brown received a package of care which involved carers visiting 4 times each day to assist with personal care, meal preparation and walking her dog - provided free initially for 6 weeks
• Transferred to reablement team then to private care team then she would need to pay for her care through Local Authority
• Her dogs and budgie were returned to her
• The snakes were not!
Implications for work/resources

- Services are free at the point of delivery
- Response times 2 hours from receipt of referral
- Therapy services 7 days per week
- Extended hours of working
- Services are time limited to 6 weeks
- Services are provided close to home or in the home
- Collaboration with the older person and their carers essential
- Collaboration with other team members essential
- Role blurring common
References


• Campbell A, Chin J and Voo T (2007) How can we know that ethics education produces ethical doctors? Medical Teacher 29 p 431-436


References

References

References

• Pilkington, G (2008) Home care reablement: Why and how providers and commissioners can implement a service. Journal of Integrated Care. 16 (2) 38-40
References


Programming with elders: A summary

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Summary: Programming with elders

- Or, interventions with older people
- Services driven by Department of Health policy guidance
- Services driven by ageing population
- Services are designed to meet the needs of local populations
- There is not always a blueprint for how services should be delivered
- Freedom to be able to work in a person centred way with an older person
- Interventions are focussed on the older person’s goals
- Services remain free at the point of delivery
- Services are time limited
A thought to leave you with..

• Older people must not be left to find their way around the hospital system or left in a hospital bed when supported care or rehabilitation is what they need

• They must receive the right care in the right place at the right time. NHS Plan DH (2000)