# Home and Hospital Service

A Collection of Case Studies | Part 2

The Impact we have made

***"I can't believe how much help you have given me and how nice people are . I cannot believe I deserve all this. Thank you"***

***"Without your help and support I wouldn't of managed to go home, or stay home"***

***The following is a collection of short personal stories from our Home, Hub and Hospital Service in late 2021.***

***In November 2021, Age UK Cornwall and the Isles of Scilly were commissioned to support Discharges in Community Hospitals. Between Nov 21- Apr 22, working with our community hubs, outreach teams and local communities, we provided over 3976 hours of support to 71 people.***

## Paul

### *Regaining my Strength*

In Feb 2022, we supported Paul. Paul is local to Falmouth and suffers from Alcohol dependency. Paul has had a recent history of excessive drinking - his continued use has caused repeated problems. Meaning a deterioration in his physical & mental health and his overall wellbeing.

Paul has difficulty swallowing and was severely depressed following a recent discharge.

To make matters worse, Paul would often refuse or was unable to cater for his own basic needs - showing signs of self-neglect.

Paul was also a victim of a burglary. Paul's front door was broke, and his home was potentially unsafe. **The recent burglary, and a history of broken promises relating to ongoing care needs, have meant that Paul has trouble trusting people and questioned any type care or kindness shown to him.**

## *Our Actions*

Our first action was to make Paul's home safe and reduce the security risk. Our team worked with a local volunteer to visit and assist with damages to the broken door - ensuring that the property could be locked. This lessened Paul's anxiety, and following a deep clean, Paul was able to move back home.

Following a conversation about 'what matters to the person', Lucy and the team from Falmouth Community Hub developed a package of support. This support included daily welfare checks, help in the home (domestic tasks and cleaning), meals and telephone support for the next 4 weeks. **As noted earlier, trust was an issue for Paul - this meant that welfare calls and daily welfare checks were essential - enabling the team to break down barriers and show Paul that support was available should he choose it.**

Once the team had built a rapport with Paul, they were able to develop, and source, a soft diet meal plan. Whilst developing the plan, **Falmouth Hub worked with Paul to put his wants and needs first, ensuring that he regained control and made his own healthy & balanced choices.**

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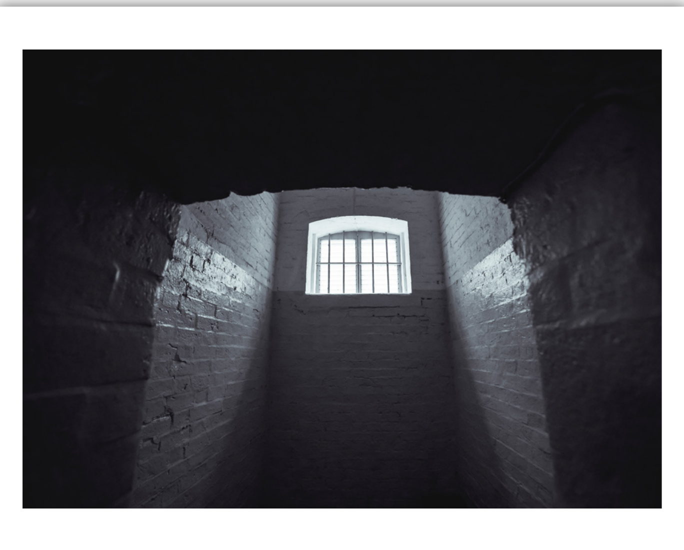
## *Janet*

***Institutionalised and moving back in***

We met Jane following her struggles with a chronic health condition. Janet condition meant that she would often stay in hospital for long periods. Unfortunately, during her last stay in Hospital, Janet was unable to be discharged for several months - Janet had become institutionalised, was extremely anxious and did not want to return home.

**After her discharge, Janet struggled to adapt to 'normality', was socially isolated, lonely and confused- Janet would regularly press her lifeline alarm for assistance. Janet felt safer in hospital as her home felt like a prison.**



## *How we supported Janet*

Our starting point was to connect Janet with our Coordinator at our local hub in Falmouth. We arranged transport for Janet and **had a conversation about what matters to Janet. Following important step, we provided 4 days of care per week at Falmouth and offered warm healthy meal deliveries 3 days per week.**

Support from volunteers and staff at Falmouth Community Hub empowered Janet to join in with regular activities. Janet reaped the benefits of 'Get Active' and 'Craft' based sessions.

**Janet also helped co-design a diet plan, was provided with personal care, attended falls prevention classes and was given confidence to socialise with her peers. Personalised prevention proved extremely beneficial, as Janet slowly came out of her shell and started to break the shackles of anxiety.**

Falmouth also worked with District Nurses to monitor legs and pressure areas.

*"It was just what I needed, your help has made me feel safe, more connected to people - it meant the world to me. I am slowly regaining my confidence and am so happy to attend the hub in Falmouth"*

## *The Future*

**Janet would like to continue attending the community hub and is meeting with our Home and Hospital team, and partners, to create a bespoke domiciliary support package - with the view of anticipating future needs in her home to prevent further escalation.**

Janet would also like the chance to join Age UK Cornwall's Step into Wellness programme - which provides a Digital Cafe. **Janet and her peers will come together in a safe environment, aiming to inspire people to age well and improve their mental, emotional and physical wellbeing.**