



Dementia Community of Practice ECHO Knowledge Network

Patient Case Study

The purpose of this form is to provide top line information of the case being presented.
Please read prior to the presentation.

ECHO ID: DCOP004 *(for administrative use)*

Name of presenter: Rhonda Riachi

Key Theme For Case Presentation

Decide what the key issues you wish to highlight are and, the objectives of the interventions.
Consider the ECHO participants and how you may be able to demonstrate value to them.

Promoting wellbeing for people with dementia
Personalised care
Monitoring changes in dementia-related behaviour

Background information/setting the scene

Introduction to the person, their care context (All ID to be anonymised)

Include key points to help the participants understand the situation. This may include information about the reasons for referral, presenting needs, risk issues, existing problem, service set up, where the intervention took place, particular skills of the nurse pertinent to the objective.

The patient was diagnosed with early onset dementia aged 55. She was cared for at home for 5 years, then in residential care until her behaviour worsened. The care home told her husband that she would have to leave, as they claimed she was violent and aggressive. When the patient came home she was doubly incontinent and bedbound, and was fitted with a catheter in hospital. The patient was no longer able to initiate conversations and was often confused when people spoke to her.

The Patient's husband engaged a domiciliary care agency to assist with the patient's care, as he was struggling to cope on his own, especially with his back. He did not like to use the hoist to lift his wife, so two people were needed to move her in and out of bed.

Care interventions

Key points - Interventions/ actions/ activities

This may include what you did e.g. direct care, therapeutic interventions, advance care planning, education sessions, assessments, care plan etc. Whom you did it to/with e.g. family, person with dementia, other professionals etc. Be clear and explicit; do not assume others will understand your role.

Two careworkers used in the SPECAL method in their care for the patient, in particular: not asking questions, not contradicting, and listening and observing closely for patterns of behaviour that conveyed particular meanings.

One careworker, A, described how she used SPECAL methods and validation techniques with the patient in order to gain her trust. For example, if the patient was looking confused as if trying to find something on the floor, she would get down on the floor and act confused too. By observing the patient closely over several months, A discovered that the patient would tap her leg to gain attention, so that became a way for A to gain the patient's attention too.

A gradually got the patient walking again, especially going into the garden to enjoy sunshine and flowers, and walking with her to the toilet about once an hour. Each morning they would play and dance along to the patient's favourite music from the 1960s until lunchtime. For a while the patient could sing the lyrics to her favourite tunes. After lunch they played more restful music or birdsong.

A continually praised the patient and would act as her ally, especially if visitors came who unsettled the patient for any reason, such as asking her questions that the patient could no longer answer.

With close attention to the patient's needs, the continence problems were solved, she was eating all her meals and she would sleep all night without agitation.

Output

What did it take to achieve the interventions? Key points:

A and another careworker received brief training in the SPECAL method (half a day), and the patient's husband and their adult children read the Contented Dementia book or attended one-day family training.

As care was provided at home, and the family were willing to try anything to help their mother, it was easier to adopt SPECAL methods than in a residential setting.

Outcomes

Impact on client/family, you and/or your service, other services or the health and social care system. Include here any outcomes, changes that were made because of the intervention of either you or the service. Were there any barriers/constraints? What might have happened without this intervention?

The patient was clearly much happier and in better health than when she had left the care home. The family were very pleased with the positive changes. The careworkers using the SPECAL method found caring for the patient much easier and gained pleasure from their work. The domiciliary care was only possible with acare allowance funds for the patient.

Reflections, points for discussion and questions for the community.

Given that SPECAL requires significant changes in carer behaviour, do you think you could implement any of its techniques in your setting?