

## KEEPING RESIDENTIAL CARE AND HOSPITAL AT BAY

# Albert's story



From his living room in Newcastle, Albert, 81, is about to call his granddaughter. This happens at teatime every Tuesday and it's important because yesterday Albert forgot his granddaughter's name. In fact, last week he couldn't even remember where she lived.

But today, Albert has a screen on his lap. He sees a reminder to 'call Charlotte' and photos of her latest diving trip in Dubai pop up. Albert touches a picture of his granddaughter's face to video call her. When he doesn't want to Skype, he presses 'message Charlotte' and writes a letter instead.

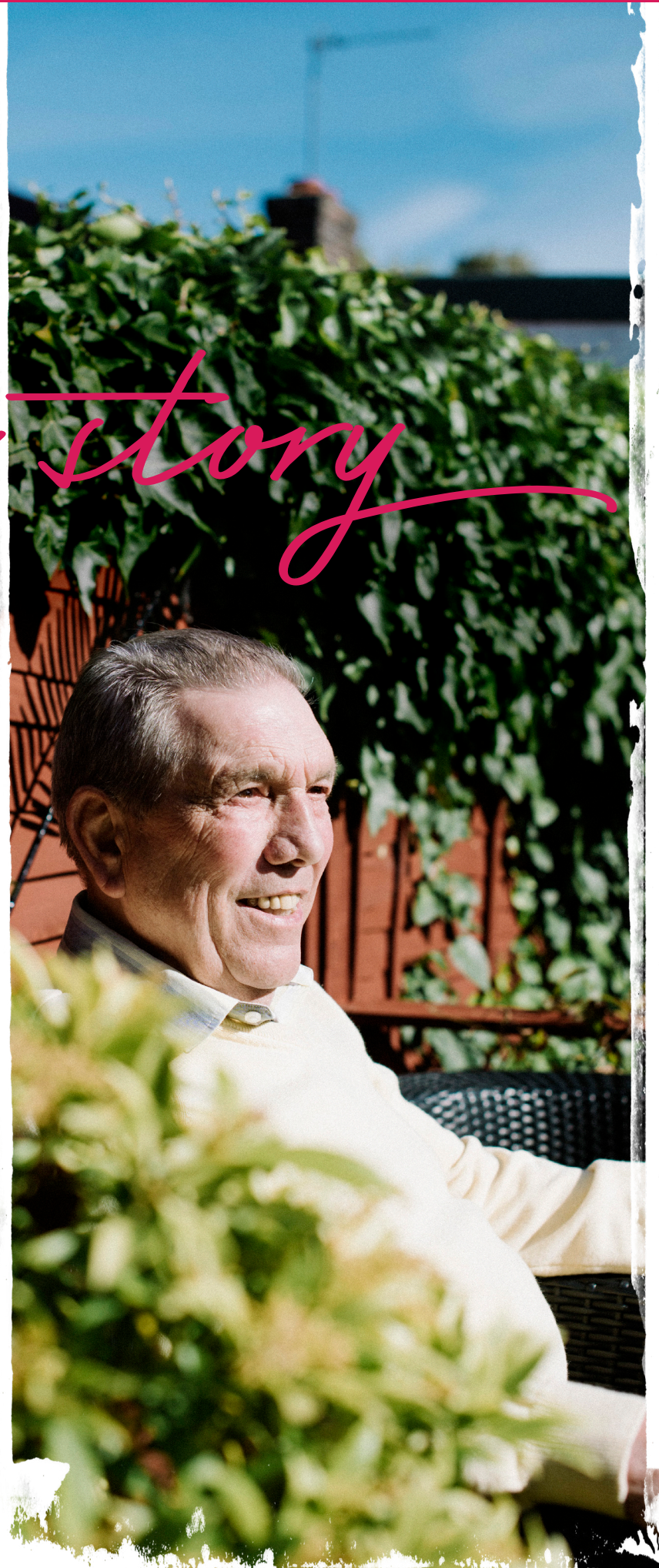
Albert has dementia and last January he lost his driving licence. Six months later, his granddaughter, Charlotte moved to Dubai. Both were big blows. A former engineer, Albert was the 'go-to' person in his family for emotional and physical support. He also cared for his wife who has osteoporosis.

"Before he was diagnosed, my dad would walk around the block and chat to the neighbours", explains his daughter, Rhonda.

"He had a hip replacement and keeping active was important. But now he has to have someone with him. The problem is that my mum's mobility is really poor."

This sudden loss of independence meant Albert became withdrawn. His delusions quickly escalated, and he began having mini-strokes. In just five months Albert went to A&E seven times, with two overnight stays. He was then transferred to respite care for eight weeks.

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"He presented himself well in the nursing home but underneath he wasn't coping," says Rhonda. "He didn't know the difference between the men's and women's toilets."

At the end of his stay, Albert was diagnosed with Parkinson's and mixed vascular dementia.

"Dad was depressed," Rhonda explains. "On top of the new diagnoses he also had angina, diabetes, mobility problems and bleeds behind the eye. Different consultants were dealing with him and it felt like no-one was looking at dad as an individual and co-ordinating his care."

This frustration continued when Albert was discharged because he wasn't offered telecare or digital tools to support him at home.

"All we got was an assessment for adaptations; physical things like grab rails. I knew there were lots of technology that could help dad and us as a family," says Rhonda. "But I also knew that kit on its own wasn't going to work."

The family asked Albert what he wanted. His answer was clear: conversation. "I get up and I don't know what date or month it is. I don't know what the weather is like. I don't know what to talk about."

But there was also something else he wanted support with. "I need your mam to be ok."

The problem was that Elizabeth wasn't ok. She was constantly worrying about him. She wanted someone to make things simple: "There are so many appointments - I feel confused. And I want your dad to feel like he's the head of the house as he's always been."

The family found a simple digital programme via Grandcare that could help. Daily prompts on a tablet now remind Albert to take his medication, do his exercises or listen to his favourite music. Images pop up of today's weather or his grandchildren's travels. When his 12-year old grandson comes over, Albert can press a button and they play online games together.

Technology can only take you so far, says Rhonda. The key is everyone in the family playing their role so that Albert can interact with the whole family and lead as normal a life as possible.

The app has also made things more manageable for Elizabeth. The same programme that helps Albert connect with his family also helps his wife manage his care. Diary alerts remind her of his next appointment and she brings the tablet along so specialists can see his health data.

A small device also goes into Albert's shoe and tracks his location. If he falls, sensors alert a telecare response service. As his needs change the technology can be stepped up, for example to monitor blood pressure and feed health data through to health and care professionals.

**SINCE COMING OUT OF RESPITE CARE 18 MONTHS AGO, ALBERT HASN'T ONCE HAD TO VISIT A&E OR GO BACK INTO RESPITE. HE HASN'T NEEDED A CARE PACKAGE FROM THE LOCAL AUTHORITY.**

The results have been remarkable. Since coming out of respite care 18 months ago, Albert hasn't once had to visit A&E or go back into respite. He hasn't needed a care package from the local authority.

"It's about progression of need," Rhonda explains. "If we hadn't got my dad - and mum - the support they really wanted then I'm sure my dad would now be in a care home and the mini-strokes would have got worse. He would have hated an off-the-shelf arrangement where a different carer comes in every day. From day one he told us that formal care was something he didn't want."

Importantly, Albert's family don't feel it was the kit alone that slowed his illness. "Technology met my dad's needs partially but it was the human touch that made it really work," Rhonda believes.

"If we'd just bought some boxes of equipment - a pendant alarm, a GPS tracking device and put Skype on his tablet then we wouldn't have got those 18 quality months. But we listened to what he truly wanted and gelled the technology with everything else that was going on in his life.

"We use the technology as a family, his health doctors use it and so do his friends. The result is dad feeling relaxed and empowered and, importantly, himself."