



# CASE STUDY

## Mr. Bob – a 107 yr. old male living alone in his home.

- Recent rapid decline in his physical abilities – especially the ability to walk.
- No cognitive impairment – able to converse and interact normally with those around him.
- Great sense of humor. Very socially active with frequent visitors to the home.

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## THE CHALLENGE.

We got a call on a Sunday afternoon from Mr. Bob's daughter. There had been a significant change in Mr. Bob's physical abilities in the previous week – particularly his ability to walk. Prior to that time, Mr. Bob had been independent at home – cooking his own meals, showering and toileting himself, entertaining his lady friend, and maintaining the house. Due to his rapid decline, his two daughters were called upon to be with him 24/7 to help with ambulation, bathing, cooking and keeping house.

His two daughters were the only two caregivers for their father and they are in their 70s. They were not qualified for this task in any way. They lacked any appropriate training, the physical and emotional strength, and the time to provide care. Not only did this situation put Mr. Bob at great risk but also put the daughters at risk. After a few days of providing this care, they were exhausted physically and emotionally.

Having family members step in as caregivers for an aging parent is not uncommon. It is usually not an ideal situation because of the challenges listed above – oftentimes dangerous for both the client and the caregivers. This particular situation was even more dangerous because of the advanced age of the two daughters.

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## THE PATIENT.

Mr. Bob had lived in Raleigh his whole life (since 1903) and in this home for 40+ years. He was very active in the local community. He had a lady friend who visited him daily and had done so for the last 30 years.

Mr. Bob suffered a rapid decline in his physical strength – especially the ability to stand and walk. There was no durable medical equipment in the home to assist in movement. Because he was depending on his elderly daughters to move throughout the house, his options for movement were extremely limited.

It appeared that he had no cognitive impairment. He was able to hold a conversation and interact normally with those around him. His difficulty with standing and walking did not seem to be caused by any loss of cognitive impairment but rather "I feel kind of weak today". He had a great sense of humor and he was very socially active with frequent visitors to the home. He would regularly interact with several people at the same time.

Mr. Bob ate a big breakfast every morning (2 eggs, bacon, sausage, toast, orange juice and coffee). This breakfast was a lifelong ritual. "Breakfast is the most important meal of the day, ya know" he would often comment.

**Caring Senior Service - Raleigh**

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## THE JOURNEY.

The manager of Caring Senior Service went to the home the Sunday of the initial call. We determined that 24/7 care was required. We did a safety inspection of the home and recommended several changes to allow for safer movement around the home (remove throw rugs, install grab bars in the bathroom, clear pathways of furniture). We also recommended equipment be installed (wheelchair, walker, bedside commode, toilet extension).

We began 24 hour care on Monday morning with our staff RN and a caregiver. The nurse did an assessment and signed off on the care plan. We assembled a team of 7 caregivers – 3 primary caregivers for Monday-Friday, 2 weekend caregivers and 2 alternates. Their duties were to help with ambulation, toileting, clothing, cooking, and house cleaning. We were not asked to provide transportation but only to accompany Mr. Bob to doctor appointments. We also worked along with his physical therapist (Duke Home Health) to assist in his daily therapy.

Mr. Bob regained his ability to stand and walk albeit with a walker over the next few months with only a few occasional setbacks. His strength steadily increased. His daughters were able to spend less time in his home during the day and were able to spend their nights in their own homes. He was able to receive and entertain many visitors as well as visit with his lady friend on a daily basis.

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## THE SOLUTION.

Caring Senior Service was able to service this family because of the readiness of the caregiver team to provide a wide spectrum of non-medical, hands on care. Because all of the caregivers have at least 5 years of eldercare experience, they were able to handle the challenges of caring for a 107 year old man.

The extensive background checks, drug screening, and continuing education gave the family the confidence to leave their father alone with our caregivers 24 hours day/7days a week.

Caring Senior Service manager did a caregiver introduction/orientation for every new caregiver. This made the transition to a new caregiver smooth and insured consistency of service. It also provided many opportunities for the family to interact with the management and bring up concerns or changes in care.

The “flat rate, private pay” arrangement (no hidden, weekend, holiday, or trips to the doctor charges) provided the family the assurance that the invoice was not going to change from week to week.

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## THE RESULTS.

Mr. Bob was able to live out his final months at home while enjoying the benefits of excellent care. His elderly children were able to enjoy his company without the stress of providing care (for which they were unequipped).

He was able to continue his relationship with his lady friend as well as his many friends and family visitors. Emergencies were handled with competency and professionalism while he stayed in his home of 40+ years. None of this would have been possible if Mr. Bob was moved to a facility.

Mr. Bob was an amazing man. I count it one of my greatest privileges to have known and spent time with him.