CASE STUDY 1

A 90 year old windowed gentleman had lived in his three bedroom house for over 50 years with his wife and their family.

His daughter became worried about her father living on his own partly because the family didn't live locally.

His daughter suggested moving into sheltered housing.

He loved his home which was full of memories and enjoyed doing his garden and was reluctant to move.

Outcome

He agreed to view the property on the ground floor with a patio area and small garden and closer to his family.

The gentleman decided to accept the tenancy and he moved into the scheme with the support of his family and the support staff.

Now he has settled and made new friends, enjoys the communal lounge every day and social activities.

He enjoys tending his small patio area with a small garden.

He has transformed the area with plant pots full of blossoms and a seating area.

This has given him a more manageable garden space to enjoy and he feels that moving into Sheltered Housing was the best decision he ever made.

CASE STUDY 2

Mrs L had been in hospital for several weeks.

When being discharged she felt weak and not able to do her shopping.

She was overwhelmed with the amount of medication she had to take on a daily basis.

The re-ablement team were in place to support Mrs L with the administration of her medication as part of her planned discharge from hospital.

The Independent Living Facilitator (sheltered housing support staff) made a referral to Care Network who visited Mrs L on a weekly basis to help her with her shopping.

Mrs L also had regular visits from the Independent Living Facilitator (sheltered housing staff)

Mrs L was given contact details for the Red Cross transport service. They assisted her to get to her hospital appointments.

Outcome

This meant that Mrs L was able to continue to live independently in her own home continuing to attend appointments to manage her own well being.

CASE STUDY 3

Mr K lives in sheltered housing and suffers from severe Arthritis which affects his mobility and is prone to falling out of bed.

He wishes to remain in sheltered housing and be independent with on-going care and support.

A care package was put in place and we worked with the assistive Technology team to get a falls detector in place.

Outcome

He automatically receives emergency help if he falls through the assistive technology provided. Both the care package and falls detector have prevented Mr K from readmissions to hospital.