



Case Study – Limited Verbal Communication

Mrs W is an 80-year-old lady who has had a diagnosis of Parkinson's disease for over 8 years. She has also suffered from two small vascular episodes which has resulted in her being unable to speak clearly and she has limited cognitive function and poor concentration.

When arranging to plan and develop the care it was important to involve Mrs W's family and close friend who have helped to support Mrs W for many years. Due to her medical condition we were advised that she was able to communicate more effectively at a specific time of day, therefore the meeting was arranged for this time.

By clear verbal communication, using short sentences and picture cards identifying specific tasks, she was able to be actively involved in the decision making process.

Mrs W was able to identify that she needed assistance with her personal care; using the picture cards she expressed that she preferred a bath everyday, not a shower.

Due to Mrs W having a marked tremor, she agreed that she would need to have assistance with food preparation, supervision with eating and assistance for Mrs W to wash up.

Care Provision

Due to her medical provision Mrs W's family were concerned that the provision should be flexible to allow her to maintain her independence and dignity.

Care is provided for 1 hour every morning, 1 hour at lunchtime and a further hour in the evening, seven days a week.

Care is provided by a team of two workers who were introduced to Mrs W, prior to the start of the care provision.

We have been providing services for the past six months; at a recent review Mrs W's family commented on the improvement in her ability to communicate and function with greater independence, they believed this was due to consistency in the care provision.