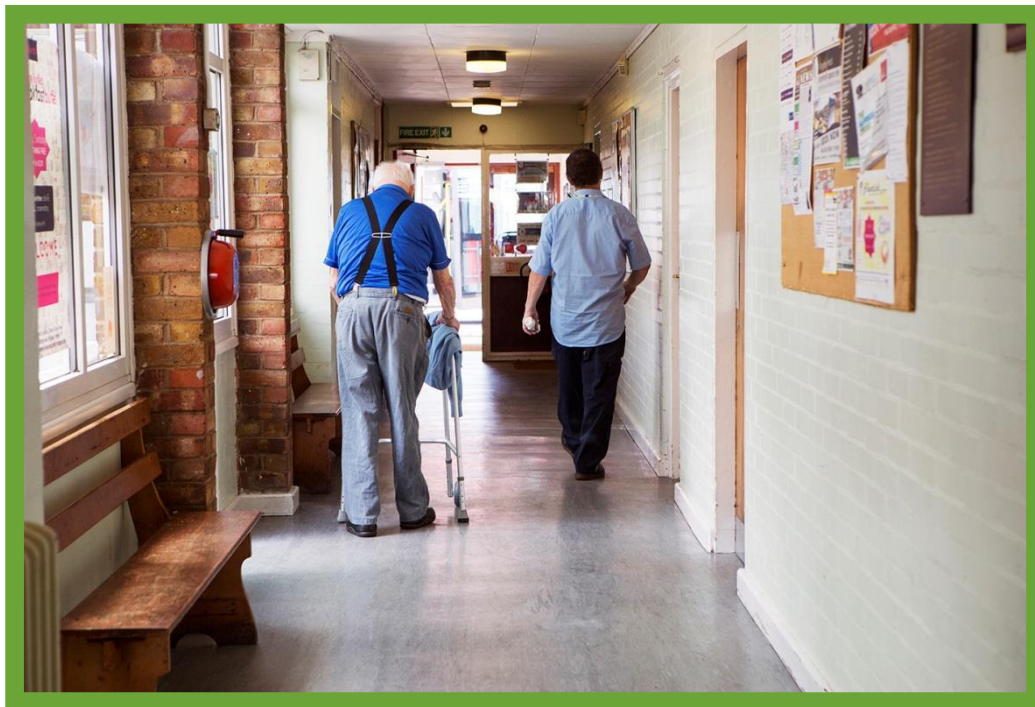


# Capacity to Care

**Livability can help beyond the hospital**



**Care**  
**+ Choice**  
**+ Connections**  
**+ Independence**  
**+ Wellbeing**

**It all adds up to**

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**Livability**



- + Support
- + Care
- + Health

## Care beyond the hospital

**At Livability we recognise that people with learning disabilities are 2.5 times more likely to have health problems than other people.<sup>1</sup>**

Whilst we work to ensure people have regular health checks and encourage healthy lifestyles to reduce risk, we recognise that there are times when people may need some extra support.

Our residential homes can provide an ideal alternative to hospital admission. People who have been living well within their own home, with family members or in supported living accommodation, can become unwell or if a carer does, there might be the need for some additional support. We can provide 24 hour support to ensure someone does not need to be admitted to hospital. In some of our services we also have nursing care, to support those with higher needs.

### Home over hospital

'A young man Jon\* recently came to one of our services for emergency respite following the deterioration in his health, instead of having to go to hospital.

Jon had been previously diagnosed with Multiple Sclerosis and as his condition worsened he could no longer go to work or eventually look after himself properly. Jon had been living in his own home with a care package of visits 4 times a day. Jon was a smoker and most of his time with care staff was spent giving him a cigarette. To him this was more important than food or drink. He could not hold the cigarette himself, he could not feed himself, often having finger food, such as a sandwich or sausage roll which was left on a plate on his bedside table. Jon would spend the time in-between visits trying to get the food to his mouth. Invariably he did not eat. He was bedbound and doubly incontinent.

As Jon's nutrition was poor, his skin integrity began to break down and he developed a pressure ulcer from the prolonged period of inactivity. As time went on the pressure ulcer worsened significantly and by the time Jon came to our service the pressure area was the size of a closed fist. His skin was so fragile that the spinal cord and vertebrae were visible to the naked eye. Due to his poor condition the need for quick and effective treatment was paramount.

From the first phone call, to the admission to our service the process took 3 hours, which reflected Jon's urgent need for care.

Once admitted to our service a care plan was devised which carefully detailed the care required for the pressure ulcer. The care plan took into account pain relief, a dressing regime from the Tissue Viability nurse, a nutritious high protein diet to promote healing alongside habits and routines important to Jon in his life.

With our care Jon's health is not at risk and he now has a reasonable lifestyle which he is in control of. He is facilitated to do the things that he wants to do, with the support he needs.'

# Supporting hospital discharge

**At Livability we recognise that admissions for people with learning disability associated conditions lasted longer, on average 5.8 days per admission.<sup>2</sup>**

For patients who may need extra support, our residential homes can provide an alternative to a longer hospital stay. We work with patients to develop a personalised care plan and can help develop confidence and independence, building up strength and reliance to help people to get back to supported living.

We are a charity and we only charge the cost of care and so can offer good value for money.

## Care home acting as a stepping stone

A young man in his early twenties, with a diagnosis of Leighs Disease, came to one of our services from hospital. He had a complicated family background but settled in really well, not afraid to speak his mind and more able than a lot of his peers. His biggest challenge was the limitations that his disability brought to him. He had attended main stream school and due to the nature of his condition ended up in a wheelchair in his late teens. This brought for him some challenges around his mental health, and how he perceived his future. To help him overcome these challenges we listened and supported him along with the crisis team with his mental health and tried to boost his self image.

He and his new partner moved into accessible accommodation together and we supported the transition providing care and respite support. He is now married, has a baby and is a volunteer at his local hospital.

# Ensuring a dignified death

**For patients who are nearing end of life, we can offer a personalised service to support people their family members in having a dignified death.**

Our staff are on duty 24/7 and so we can respond quickly as a need arises. Our website has up to date information on which homes have availability or we can send you a brochure to share with family members to help support patient choice.

## Ensuring a dignified death for someone not previously a resident

'A young woman came to one of our services in May 2016 from an elderly placement where she had been nursed in a bed for almost 6 years. When she came to us she was 29 years old and had a hypoxic brain injury after a failed suicide attempt. Prior to her coming to our service she had had hospital admissions for chest infections, however we worked with Continuing Health who agreed to fund 1-1 support if she became unwell again to prevent further hospital admissions. We were able to read the signs and care for her with antibiotics, suctioning, medication and good nursing care.

We were able to get her up into a wheelchair and she spent quality time with her mum and family, attending the local hospice and enjoying sensory stimulation. As her condition deteriorated and antibiotics started to fail her, it was decided that there would be no more medical interventions and we nursed and cared for her until she peacefully passed away in November 2018, with her mother laying on the sofa beside her bed, so they could be together until the end.

2: [Hospital Admissions That Should Not Happen](#), Gyles Glover, Felicity Evison, 2013).

# About Livability

**Livability is the charity that exists to support disabled people to live a life that adds up for them.**

Working together and with the people we support, we tackle barriers that impact disabled people, to enable better wellbeing and participation for all.

Delivering a wide range of care, education, vocation and rehabilitation services, we strive to grow community connections that help people thrive.



## Residential care

Livability's 35 care homes in England deliver residential support and nursing care for around 300 physically or intellectually disabled people. We are committed to creating caring communities that promote inclusion and wellbeing for the people we support. We combine enabling support with a vibrant home life, and maximise opportunities for residents to enjoy a full and independent life. Livability provides modern care services, embracing new and assisted technology and adaptations.

## Supported living

Livability specialises in providing person-centred, flexible care and support in the community for people with a wide range of needs and living situations. Whether people require support for an hour or two, or up to 24 hours a day, we help people to get the most out of life and their local community. The service embraces homecare, community support and day services. The service supports all ages, from late teens to elderly people.

If you have any questions please email [referrals@livability.org.uk](mailto:referrals@livability.org.uk) or call 020 7452 2110