**Unit 5: Meeting Individual Care and Support Needs**

**Care Study 1: Valerie B. aged 24 years**

Valerie B. was admitted to the community hospital, following surgery for her appendix which burst before she could reach hospital.

Valerie has mental health problems which began when her parents died when she was six years old. Valerie’s surgery was complicated due to her being obese. She has low self-esteem and cannot see why she needs to lose weight or change her lifestyle.

Valerie lives in flat provided by a housing association, but has been bullied by local teenagers because of her obesity.

Valerie’s surgical wound is healing, but she does not want to go home because she is afraid that the bullying will start again. She is unemployed and receives Universal benefit.

Valerie has a hearing impairment but has never been assessed for any support to improve her hearing. Valerie is a vegetarian.

**Case study 2: Tremayne M. aged 54 years**

Tremayne M has autism. He was admitted to the community hospital after being transferred from a larger hospital in the city. Tremayne had fallen and broken his left leg in three places.

Tremayne lives independently and has a team of carers who support him but do not live with him. He was transferred to the community hospital because he has continually tried to remove his cast and the staff felt that he was not ready to go home.

Tremayne has a wheat allergy, but does not understand why he keeps feeling ill. He tends to live on pizza and sandwiches bought from the local shop.

Tremayne is quite disruptive and is subject to outbursts of temper, which cause other users of the service to become distressed.

**Case study 3: Aisha H. aged 82 years**

Aisha M. was admitted to the community hospital, to recover from a bout of pneumonia. Aisha has vascular dementia, which is becoming more severe. Currently, Aisha lives alone, having been single for all of her life so far. She has no family. Aisha is a practising Buddhist.

The neighbour who visits Aisha, said that Aisha often wanders around late at night in the garden, muttering to herself. The neighbour doesn’t think that Aisha is safe living at home, but has no one to look after her, as her siblings are now dead. The neighbour also said, that the flat was dirty and that Aisha didn’t appear to have any food in the cupboards or fridge.

Aisha has developed incontinence since being admitted to the community hospital and requires constant changing. Her vascular dementia is causing her to have delusions, where she appears to hear voices and can be heard speaking to her former friends who she no longer has contact with.

**Case study 4: Billy G. aged 18 years**

Billy is homeless and was admitted to the community hospital by a passing paramedic, when he had an asthma attack in the street. The city hospital did not have beds and so a place was found in the community hospital.

Billy left home following an argument with his mother’s partner, which resulted in a violent fight between Billy and the man. He has been living on the streets since this incident. The weather is cold and damp which contributed to the asthma attack.

Billy has a visual impairment and finds street living difficult. He cannot clearly read road signs or find his way around the city easily. Billy has complained about stomach pains since being admitted to hospital, which could be due to him living mainly on food from rubbish bins, thrown out by local restaurants.

Billy cannot go back home from hospital, because his mother has changed the locks and has refused to visit him.