

People's experiences of leaving hospital

Edited excerpts of stories collected in phone interviews

November 2024

Story 1: D2A patient, JR, since April 2024

Well, it was annoying because I wanted to get home, but they said I needed a carer and they were trying to find a carer for me. I kept saying, I can manage on my own! I may be 87 but I can manage without a carer! I would have liked to go home and get on with things.

When I went home I had to wait until 7pm. I was told that someone would be there but there wasn't, so I arrived to my dark little cottage. It wasn't funny and there was no one there, and all the lights weren't on. A person came about half an hour later, but it was just the assessor, not a carer, asking questions about what I wanted. I said what I wanted was help to unpack my bag, and to be fair to her, she did help me with that. She said I'd have a carer the next day, but no-one came so I got up and washed myself. The carer came at about 10.30 and there wasn't much for them to do, so I asked them to help with the dishwasher, but they put dirty plates in with the clean ones. A carer came every day at 10.30 and then they just stopped coming. I've still got the forms. I was supposed to have night time care too, two visits a day, but that never happened. Suddenly there was nobody. But I was quite pleased because now I can lock up properly at night and draw the curtain across the door and everything. Before, I couldn't do that in case the carer came at 7.30, though they never did.

The girls who came were lovely, they were so kind and some of them were quite fun! They were very chatty and polite. Sometimes I didn't have anything for them to do, so they just watched television. They wouldn't look for work. I've sorted private care since then and that's absolutely fantastic, it's very different.

The community people found out what was happening and brought me a wheelchair and a mattress – I'd never had a mattress like that before, I didn't sleep very well the first night but it's lovely now. They asked me what I'd like to do, and I said I'd like to get out, because I hadn't been out for six months, so they got me a wheelchair and I go out once a week, I go to the market, and it's been lovely.

The carers only came for half an hour. I asked for two days together so that I could have a shower. They said it was a good idea but it didn't happen. One day I had an appointment at Specsavers and I rang to tell them I wouldn't be in but she came anyway and had to do her forms. So next time I was going out I didn't bother to tell them. Sometimes nobody turned up.

It would be good if the carer could ring the person they're coming to and let them know they're on their way, so you're not waiting around. That would be a sensible thing. Because not knowing when someone's going to come through your door, it's just...

I had a marvellous surgeon and I only had to wait two weeks. It was wonderful, that even though I am 87, the surgeon thought it was worth operating on me for three hours! But I stayed in hospital longer than I needed to because they wouldn't let me go home without a carer. I was ready to go home after about five days but I was in there about nine. But they were all very kind and treated me with the utmost respect.

Story 2: D2A patient, JR, Oct-Dec 2023

It was literally just before Christmas and as you can imagine, I wanted to be home. I knew I was weak and dependent, but I still wanted to be home. At the time, it was very unclear to me whether I was going to be able to be discharged or not. The nurses, I think, were making plans for it but it was the junior doctors strike, and the nurses were being run ragged because they were trying to do too many jobs at once, even more than usual and care assistance with it, fitting in where they could. Finally, the doctors were saying, well, yes, you can go home as the blood test results are fine and you're medically stable. The only thing was, the afternoon I was due to be discharged, I had to have an iron injection to take up my iron levels, which were very low.

I was told, and my son and daughter were told, that I would be ready to be discharged at 4pm, that was the plan. My daughter took time off work so that the two of them could come in together for 4pm to collect me and take me home. However, at 4pm, I was still in bed. Not dressed, not ready, not anything. I think there was a problem or delay with getting the medication up from the hospital pharmacy. And eventually I think it was about 5.30pm and we were left hanging about with nobody knowing quite what was going on. It probably happens quite a lot of the time, it wasn't desperately surprising, but with two fairly tired and fraught family members, it was a bit much.

Eventually, they did get me home safely and sat me into bed. Now that's the other thing that sort of made the discharge fairly iffy as normally they can't discharge you unless you've got a care package set up. But nobody wants to start a care package on the 23rd of December. So, they agreed that I could be trusted to the care of my family until the 27th of December when the care package was to start. The first day's visit was a man who came in who sort of talked through everything, i.e. what was going to happen. Most of which I think went over my head if I'm honest. As I said, I really don't remember, but he was there for a long time talking, I think, in considerable detail.

From then on, I had a week of carers coming in to help me. They came four times a day and did most things for me, but occasionally they would see if I could do some things for myself. And then when they finished, the care company took over. I continued having visits four times a day; however, timings were distinctly haphazard. I'd have a midday/lunchtime carer may be coming in at 11am. And I have a bedtime carer coming in about 7pm wanting to get me ready for bed, which didn't go down terribly well I have to admit!

So that's for six weeks of care from the NHS social care providers and I think it is what you get. It gradually dropped from four times a day to three times a day... and then I think towards the end they gave up on the first, early morning, getting up visit because they decided I could cope for myself.

I mean I could, I guess (well most of the time). I was sort of quite glad because I could do it at my own pace instead of being rushed and washed at speed, had my clothes pulled on and then put in a chair. It took longer without help but I had control. I was, I think, more ill than I probably realised and I was very weak, and I wasn't capable of doing anything much for any length of time.

My daughter-in-law had worked out with me that it was possible to hold a small bowl of water balanced in the well of the Zimmer frame, so that I could take that through to the bedroom and wash myself. This allowed me to give myself an acceptable wash once the morning care visits stopped. And there was somebody to set out my clothes where I could reach them and then each day, I was able to dress myself. So, I wasn't sitting there in my night dress and dressing gown all the time!

I am also very lucky having my daughter and grandchildren were able to pop in and check on me and they helped me look after my dog. My dog is a great companion, but I couldn't have coped on my own at home with him. I would have needed much more care - but dog care rather than person care!

I think the biggest difficulties I had with the care company was that. I never really knew who was coming. I also never really knew exactly when they were coming. For a few of them, English was at best their second language or may have even been their third language, I didn't have any problems with them personally, the level of basic care was just that, basic, but the communication was a considerable problem. It was difficult to communicate quite a lot of the time and led to misunderstandings. I suspect that that's increasingly common, but it could be difficult.

I'm doing much better now; well, I think so. I'm very much more mobile and I use the frame if I have to get up in the night, which I do most nights and first thing in the morning when I'm at my least steady. And then I don't use it around the house during the day. Going outside, I can cope with a walking stick, one stick and I can manage short distances down the road, but I've got to build up my stamina, which is very low at the moment. And I am longing to be able to be confident enough to move my bed back upstairs instead of having it downstairs.

Looking back at the whole journey, I don't know how much difference it would have made but had there been more information available to me, i.e. had I known a bit more about how the discharge was going to pan out would have been useful. But it seems as though it wasn't practical to give me a plan as maybe it wouldn't have been possible to say they were going to stick to it. I think until the last few days that I was there, one of the consultants was saying that she thought a period in respite care might be a good idea. And I said, I thought that would be a seriously bad idea, and fortunately she listened to me and accepted what I was saying.

Story 3: D2A patient, JR, Oct-Dec 2023

I was admitted to the trauma unit for 13 days and I was given some indication of what would happen next, but I can't remember when, or which day it was, and I can't remember exactly what, or who it was who told me but I could be transferred to the enablement sector or I could be sent home to survive and recuperate. So basically, get myself back to square one at home or I could be sent to somewhere else. I can't quite remember. No, nowhere else was specifically mentioned to the best of my knowledge, other than somewhere else.

On the day of my discharge, I was not given any prior indication about my leaving hospital until 6:00am in the morning. I was already awake and was then told to get up and to get yourself ready because someone's coming home. So, I think to myself that I haven't actually been told before this, which meant that the

discharge was all coming about rather quickly. So anyway, I was discharged – picked up at 9:00am and brought home and told that someone on the care side of things would be coming to see me in the afternoon. As explained, later on that day, a lady came to see me and assessed my care needs. It was decided that I would have six weeks maximum care. One in the morning and one in the evening. And sure enough, someone came the first evening at 6:00pm and to put me to bed etc. It was really quite difficult because I had to do a transfer onto my own bed which I haven't had the luxury of having. See, having been in hospital, it was quite a bit easier than at home because the hospital beds were so soft, even though they changed my bed to what they called was a hard mattress, but it wasn't terribly hard, right? So, for weeks, I had care at 8am in the morning, to help me wash, to do the dressings, to get me up and to wash etc...

And I'd asked once or twice in hospital have they got any idea how long I'd have the leg in plaster? And they said for as long as it takes, basically. And so, I was discharged with a long leg cast and that was, the carers coming morning and evening for five weeks and four days, five days, right? And then I was abruptly notified that my six weeks were nearly up and that was on a Friday which left us in a bit of a pickle. Basically, my six weeks were up in effect and my wife had to be shown very quickly what to do in order to help me out of the bed and into the bed etc... This meant it was left to my wife helping me morning and evening. We then had to get my own carer back on board to give me bed baths, but she doesn't help me into bed, and I deal with my incontinence.

Story 4: D2A patient, Nuffield Orthopaedic, Jan–Mar 2024

Okay, so at the time of discharge, I had to wait for care to be arranged because I live on my own. Because of this, I was in hospital longer than was necessary and there was a weekend in between. But once the care was arranged, it was brilliant. I had hospital transport home, and the care agency lady came to see me about two hours after I'd returned home, and she informed me about the care package.

The carers were very good. I was able to attend to my own personal care washing, etcetera. I'm not sure I would have liked the young men to wash me if it had been necessary. But then I would have asked the agency lady for a female carer. They came twice a day, mornings and evenings, but eventually I became more independent. After about two to three weeks and I just needed one carer a day. All in all, I thought it was very good.

The only thing I would say, was there was one blip at the Nuffield, which I feel I should tell you about in case it happens to anybody else. They were obviously

very short staffed in their defence, which I can understand and the day after my operation they tried to discharge me. The discharge nurse came round and said this at 3pm and said you can go home at 6. I said, well, I have no one to take me home and I have no care package in place. This would have been on the Friday after my operation on the Thursday.

She became rather insistent, and she said if you stay here, you'll have to be moved to the infection ward which I felt was rather intimidating. I stood up for myself and I said because during the pre-op it has been arranged that I would have transport home and carers because I live on my own and it wouldn't have been possible to manage immediately after the operation. So I said to her, I'm not leaving until I've got hospital transport and the care package. At which point she went away and the OTs came after about 5 minutes and apologise to me because I was very upset. But apart from that, that was the only negative thing I have to say about my stay in hospital and my aftercare. That was the only negative thing as I understand the discharge nurse was under pressure to release me.

But as it happened, I didn't go on the infection ward, and I was just moved to another part of the short stay ward. The following week, the lady came round once it had been arranged (my discharge) and she said that somebody will be here to collect me from 8:30am onwards and that a care agency lady will come and visit at 12:30pm. So yes, I felt they were confident in the plan and communicated this with me effectively.

Six months on and I'm doing well. I've been away on a short break and feel more like I used to. It's a miracle operation, it really is. As I say, the treatment and care at the Nuffield is second to none, you know. They all treated me very well, apart from that wallet. And I haven't got a toilet upstairs, so the main reason I needed a carer was to deal with the commode for me. Also, I couldn't stand to wash up all. So for two to three weeks, I was quite dependant.

Story 5: Unpaid carer of D2A patient, JR, since April 2024

M, my husband, has advanced Parkinson's and Parkinson's dementia. The thing about the discharge process is first of all, there are things that are absolutely fantastic. There was the discharge coordinator on the ward most of the time who I could always talk to. The OT people were really good, and the nurses and the healthcare assistants were really good, and they were used to people with dementia. I was keen to get M home, because I've worked in hospitals nearly all my life, and I know that they're dangerous places. I kept being told, "maybe in another week". We had [financial challenges] and I wanted to talk to a social

worker. People didn't actually laugh, but you felt that they were laughing. They said "a social worker will be in touch in due course." The OT workers were very, very good with M but they didn't test him on the stairs, and that actually became a really big issue. They said the OT would be around when you get home. Actually, it took hours.

Eventually we got a discharge date, and I was told that M would have a carer available for when he came home. The consultant and the OT people said to me he has to sleep downstairs. That was a really big thing because we've got an open plan house and I had to get screens from Ikea, we had to get the hospital bed, and we had to put his clothes downstairs and all the rest of it. It was a huge upheaval.

M got back home in the ambulance sometime just after 10. He was really confused. He was wandering around the house and he was unstable, he could fall really easily. He was doubly incontinent and there I was with M, who I was so excited about getting home, I couldn't make a cup of coffee. I couldn't do anything. And there was no sign of the agency. Eventually I phoned them and I spoke to the manager and he said, "oh no, we have to do an assessment before we can send a carer around." The manager came and he was clearly very experienced, and he did an assessment and all the rest of it.

I had asked for three visits a day, and all the time I kept reining back what my needs actually were, because I kept getting messages from social services who would talk to me, the staff on the ward, the discharge coordinator: "They won't be able to do that." And actually I knew what I needed, I needed 24 hour care, but I didn't like to ask for it. So I asked for a waking night carer and two visits a day. One of the visits was going to be in the evening, so I was expecting a carer to come at 5 o'clock.

So, this was the day of discharge, the manager had been, he'd assessed M, he could see how disabled he was, the carer was meant to be coming at 5, I'd called my son to be with us just in case. The carer didn't arrive until 6.15, and M had been doubly incontinent, and he was still confused, he was still wandering, he was still having terrible hallucinations. Anyway, when the carer arrived, I was in the middle of changing M and we'd given him his dinner, and a carer arrived halfway through changing M and he said: "I'll take over." Eventually I said: "I think we'll manage now." He left and I saw afterwards that he'd written in his notes that we didn't need any help or something like that, which was actually untrue.

Then we were expecting a night carer, and the night carer phoned me from [the other side of Oxford] saying she couldn't find our house. She was about an hour

and a half, an hour and a quarter late. And when she arrived, she started to tell me about all her personal problems, almost immediately. But she seemed really experienced and I slept all night, she managed to keep M in bed or got him back to bed, because his nights are terrible. This first day was a terrible experience when it should have been happy.

We had the agency I think for about three weeks. The whole of this discharge process was marked by not knowing what was going to happen. I thought that we had a three-day evaluation period, and then we would know what was happening. On the one hand, I was grateful, because the agency, within their limits, did what they could. Secondly, I had significant help at home for the first time and I was pleased that M was able to come home. But we had – I counted in my head – for a period of three weeks, 22 different carers. We ended up with a night-time carer who came from 10 o'clock at night until 10 o'clock in the morning, and I would meet the carer, hand over to her, I'd go to bed. But I began to realise, I realised in retrospect that although she was very experienced, she had absolutely no idea how to handle somebody with dementia. I think the "care" was harmful. We had one person from that agency who was really experienced at night, and M had a wonderful night with him. The night carer I think made M very much worse.

Now we've got carers [with CHC funding] that we've selected that have experience of dementia or who are doing courses in it, M's nights are very much better. They're not problem-free, they're still problematic, but he's treated in a humane way.

I think that the staff are really doing their best in a really threadbare system, beyond capacity. Staff were often really pessimistic. When I talked to people about having 24-hour care for M, they said: "well that's just not possible". I always had this feeling that I was asking too much, in a service that couldn't manage it. And then eventually, I thought, actually, I can't look after M, and he won't recover, and we need to rehabilitate him. But actually he is very much better now than he was. He has lucid moments, he has moments where he actually says he feels quite well, we're normalising his life, and the carers have got to know him, and they really enjoy him as a person.

What happened when I got the 24-hour care with [specialist] carers I could trust, was that my empathy for M returned. Before that I was getting more and more irritated, and I couldn't look after him properly, I couldn't see him as a person. And it was really wonderful, as he started then to have more lucid moments. There was one point at which he stopped me, and he said: "I've just really got to talk to you." And I didn't know what was going to happen. I sat down and he looked at

me and he said, "I really love you." So, the good care, it's not just about healthcare, it's about quality of life and the relationship and everything – it's just priceless.

Story 6: Unpaid carer of D2A patient, RBH, Jan-Mar 2024

So J's admitted to hospital on that Saturday night in the early hours and 18 hours later, she goes to a bed in the acute medical ward, so it's an 18 hour wait. I come in on the Sunday and generally it's like a battle zone and you can't believe how busy it is. On the Monday I became involved with the occupational therapist, a nice person and all that but obviously limited in what she could do. She said to me – it's not obvious I'm 80, I'm fit and do a lot and so on – "but you do need some support, don't you?" I said, "that'd be very good, yeah." We were getting warm Monday, Tuesday, and then it starts to cool, till we get to the Friday when it was officially stated that J could come out, assuming there was some care. It became obvious that the care would be non-existent and generally there wouldn't be any because she couldn't lay it on. So here we are. I'm at home on the Friday, one wife who's still confused. What do you do? Well, you have to be resilient and what that means is turning to the doctor, making an appointment for the following Monday, and you've got the weekend to contend with.

On the Saturday I got a call from Oxfordshire Care about lunchtime and said, "Generally are you coping?" or "How are you? How's the patient?" And I said, "Well, you know, we're coping, but I'm an 80 year old man. What do you do?" And she says, "I'll see what I can do." I got phoned on the Thursday by Bridges Home Care, who came in to do an evaluation and said, "I will send somebody on for you on Saturday."

[The care started with] a lovely lady from Czechia. Then the next day we got a new person, who's Sri Lankan, and so on. And we're doing all right, I mean you know, it's satisfactory, it's getting J out of bed and establishing a routine and so on. I also went to Headway. And Headway are very good. They're a brain charity. I'd raised money for them [in the past] and I thought instantly, let's have a go with Headway. They were very good, we met a counsellor who gave us some extremely good advice. Because when you're in this sort of predicament, you need good quality advice. You know, dos and don'ts. She said you've got to get into a routine so that the patient is starting to feel orientated and it will probably take six months. The carers were allowing us to get into that mode of a routine. OK, they were not the same time every day, but they were close.

Then we have a problem. On the Tuesday I think it was, they send a man. And we never discussed this and it was somewhat a shock to be confronted by a male.

My wife didn't like the concept, so I said to the guy, "You're probably very good," and he seemed a very decent bloke, but really in an intimate domestic setting of the bedroom... I think it's different in a hospital situation from a domestic situation and regretfully had to turn him away. I talked to the care company, Bridges, and they said, fine, tomorrow will be different. Well, it wasn't because they sent another man. A second man. It was the same story, of saying, "Well, I really do think it's not appropriate for a 77 year old woman, you know, she would feel uncomfortable." So we got over that. Then the next day was a lady and in fact it was the manager, which I thought was quite strange that the manager should be coming out. The next day, Saturday, they sent another man. And then on Monday by 11:00 we'd had a no show. I, in exasperation, phoned them and said enough is enough, out of 10 days of care, six days have been with a lady and was satisfactory, 3 days were men who I had turned away and the last day was a no show. Quite honestly, I didn't know where I was, and my wife certainly didn't know where she was.

Story 7: Unpaid carer of D2A patient, RBH, before April 2023

I started with the OT as to, what is the process for discharge I said and how long is it going to be because we need to get planned. I said "there's no way my mother can get upstairs." We have got a downstairs toilet, thankfully. So then she started to ask me for photographs. So I said, "do you come out?" "No, we don't come out," she said, "just take a photograph of her bedroom, tell us the height of her bed, tell us the height of her toilet. And where could you put a hospital bed?" So I said "Well, the obvious place is to where I could move furniture would be the bottom lounge." Lots of photographs sent and all the rest of it. And then this OT who I kept ringing, she kept muttering about Home First, and I said, "What are you talking about, Home First?" And she said, "Well, you know" - I got no explanation. So I did some Internet searching about Home First and discovered who they were and phoned them.

It was very difficult to get through but I got through, explained that my mother had been 10 days in hospital, she was 96. "What do you provide?" I said because I'm not getting any sense from RBH on this. They had all this NHS language, like, "we're an MDT." I said, "You're just talking in riddles, what is it you're going to provide?" Well, you know, "There is this provision for up to four weeks support, delivered through All Care" and I said, "who are All Care when they're at home?"

So slowly I started to find out what the scenario was and in the meanwhile my mother was getting very upset about being stuck, and she said, "I'm just sitting here, I'm not doing anything, so I'd much rather be at home."

RBH rang up and they said they could get a bed, a commode and a walker and a perching stool to me, so that came that following weekend. That was two weeks then. So that arrived and we did put it in the bottom lounge and move furniture around and they were really good. Then all of a sudden we get this phone call to say "Your mother's coming." And they kept emphasising it's up to four weeks, up to four weeks, up to four weeks. The occupational health in Royal Berks said she needed four visits a day.

So Home First rang me and said that somebody would come, not the coordinator, but somebody would come that day just to introduce themselves. So anyway, mum did come home. They did turn up, the office manager came just to get us to sign the forms and she looked around and she saw the bed down the bottom and she went and had a look at the toilet, and I mean, the only way for washing would have to be come up three stairs, walk through the kitchen and go into the utility room, to be honest. But she looked at all that and she said, "Oh, well, we're going to reduce this immediately to two visits a day. You're not having four." She said, "We'll have one in the morning, half an hour. And we'll come and get you to bed." She said, "It will start tonight with getting you to bed with this firm called All Care." And that was that. She said, "Oh, a coordinator will come and see you at some point."

Somebody from the care firm came, but they came about half past 5. Bearing in mind this is the first day mum was home. She said, "Where's your nightie, where's your dressing gown?" And Mum went and I went, "No way." I said, "I'm sorry, I'll struggle myself. We'll get mum down there somehow. But she's not going to bed at 5:30. This is ridiculous. We haven't had dinner yet." So it was reduced immediately to half an hour a day. And so that's what happened. A succession of people used to come anytime between 7.30 and 11, it was hopeless. They were individually OK. I was emptying the commode, sorting all her clothes out, making the bed. Literally they were helping my mother walk up the stairs and helping her have a strip wash and helping her dress and most of them were gone within 25 minutes. There was no way they could have done you know the things that were on the list, it was supposedly empty the commode, make the bed, sort her out. There was no way they could have done that.

But what used to frustrate Mum was absolutely not knowing, you know, sitting there. Luckily, I was there, so I was giving her breakfast and sorting her out and

getting her to the toilet in the morning, because she'd use the commode in the night but she didn't like to use it in the day. But you'd never know. By the time they came they were exhausted, they were fed up, they were being sent all around the country. A couple of times they didn't turn up at all, so I was often ringing the office about it. Individually there were some nice people. We eventually got somebody called [name], but she was always stressed. Young girl. Very stressed.

I can't remember how many times I rang Home First, probably five times over three weeks to say, "When is this assessment happening? When is the coordinator coming?" And all I got was, "We're very busy, we're overstretched, there isn't anybody. There's no duty social worker." But we hadn't seen the coordinator, so I kept ringing. It must have been nearly three weeks after Mum had exited when this guy arrived, me having created a massive fuss. He arrived, very nice. He said he'd transferred from somewhere and he said "You've only got this visit because you've been basically creating a fuss." He was very nice. He went round the house, he looked at Mum's bed and he looked at the toilet and he looked at where we needed a handrail. He watched Mum walk and I think he ordered something else. He said, "I'll come once a week for a few week, but just remember," he kept saying, "This care is up to four weeks. You're not entitled to four weeks. It's *up to* four weeks." So by this time, you know, she'd had probably over 2 weeks, nearly three weeks. I kept on about the physio, so he said yes, you will get a visit. It must have been the end of that week, a very nice chap in a gym outfit came and got Mum stood up and stood down and blah blah blah, very good. He said to me, "What's your e-mail address? I'll send you some leaflets." I said, "When do you come again?" And he said, "Oh, no, that's it. You're entitled to half an hour. So your mother's had your half an hour." So that was that.

Story 8: Unpaid carer of D2A patient, JR, Oct-Dec 2023

She'd been in hospital four days when I heard a rumour that they were about to discharge her. I didn't really know what was going on and no one had contacted me directly. I tried to explain to them on several occasions that my mom doesn't have an enduring health cover and that I'm responsible for looking after her. She was also very confused the whole time that she was in the hospital, I think mainly because of the drugs that she was on.

During the time that she was there, they got her to sign an NDA, which she still swears she never signed up the minute she got home, and I tried to explain to her that that's on a computer somewhere now. So that's tough. They then had a conversation with her about moving her to another home, offered her a home in Bicester, she refused that, saying my daughter couldn't get to me. The next thing

they then offered her another home in Chipping Norton, and they told her because she'd already refused one, then she would have to accept this one.

I then found out what was going on, even though I'd asked several times that if she had to be discharged in a hurry, can you please let me know? Because I'm happy to ring around and try and get her somewhere closer to home. She's obviously going to be there for some weeks because of this broken knee. Anyway, that didn't happen. The next thing I had a call from the lady who discharges people to say that that she was on the transport to Chipping Norton. So it was too late to do anything about anything about that and I just felt a little annoyed that nobody had written anywhere, even though I'd actually had a word for the nurse and said, please, can you just give me 24 hours to try? It was just before Christmas, so as you can imagine it's very difficult anyway to try and pin anything down. And I said to her just put in a message in her notes not to talk to her and to talk to me and please could I have 24 hours to find somewhere else for her? They didn't give me that. They just discharged her. So that that was my experience.

The home that she went into was not good. I mean, I don't have a huge amount of experience of what these homes are like, but she was in a bed with a torn mattress. There was very little in her room, she had no physio while she was there. The food was pretty appalling, and she needed feeding up because she was very weak having been so poorly. When we arrived Saturday evening, they were giving her two slices of white bread with pâté on it. That was supposed to constitute as her evening meal!

She's back at home now and she's recovered quite well. She's managing to do most things. We've now got her a stairlift fitted, finally. We've also had some wonderful help from the occupational therapy people, finally. Again, I say finally, because I made three calls over the last two or three years and registered a request for this to happen and it never did because of COVID. I think we just, everybody just let these things go and I suspect that might be part of the reason, but they didn't actually contact me until somebody from the hospital who was a physio there had actually seen her and recommended that the occupational therapist contact her. I mean maybe there's something wrong with the website, I don't know. But anyway, when they did eventually contact, they've been absolutely marvellous. They've given her lots of aids to help her while she's at home. She's as safe as possible.