

I have been working as a Faith Community Nurse for over two years , having practised as a Registered Nurse in various fields over 40 years.

My journey is about Mr F, an 87 year old gentleman, living on his own, who I met soon after I'd commenced as a Faith Community Nurse. One of my parishioners asked me to accompany him to his local GP each month for BP checks and review of his medication.

The parishioner is Korean and speaks and understands limited English and wanted me to explain things slowly afterwards. At the end of the first visit, I told the doctor I was now parish nursing and if he knew of anyone in the area who needed my assistance, I'd be happy to visit and help out where needed. He immediately told me about Mr F, who was in the early stages of dementia. Mr F's only child (a son) lived in Australia and there were few people to keep an eye on him. I said I would visit him. Strangely, the following Sunday morning as I was parking to go into church, Mr F walked past my car. I recognised him because his wife, who I'd known when she had worked at the local medical centre years before, had been in the same rest home as my mother-in-law and Mr F used to visit his wife when we were visiting, so I felt as if I already knew him. I said hello, told him who I was and that I was the new parish nurse and would he like me to visit him some time. He smiled and said that would be nice.

The following Wednesday afternoon I knocked on his door and he invited me in for a coffee and chat. That was the start of a journey of nearly 2 years. From the start, although his long-term memory was excellent, day-to-day events were a bit haphazard. I was relieved to find out that he was visited weekly by a social worker from Wesleycare and that he was getting home help twice a week. I wrote to his son in Australia and introduced myself and received a positive email from him thanking me for getting involved with his father.

In view of Mr F's dementia, I thought it wise to make regular visits and phone calls and I gave him my phone number to ring in case there were problems. He was fast becoming very paranoid. He told me people were entering his house and stealing food from his fridge and his parents and wife were in the house annoying him or causing him other problems. His wife had suffered from severe dementia and had died 4 years previous. He had looked after her for some time before she was admitted into care. I often found meals left on the beds that he said were for his parents or wife. On one occasion he said that his marriage was on the rocks and he didn't know what to do about it. I felt sad for him.

On occasions over the next 9 months I had various phone calls – one from his GP to say Mr F had called the fire service to a non-existent fire at the house, and on other occasions he called the emergency services for various non-events. I regularly liaised with the Wesleycare social worker. A caregiver was arranged to visit 5 days a week to ensure he had his medication now being dispensed in blister packs after I found unused medications in his drawers. I would visit to do this at the weekend. I regularly visited after getting phone calls from him stating he had lost things often

believing they had been stolen. The crisis eventually came when he got lost on a walk down the road from his house. A council workman found him: anxious and wandering, because he couldn't find his house. The police were called and the Wesleycare social worker informed. She contacted me and with help from his GP and Nurse Maude, we managed to get him into dementia respite care for 2 weeks. While he was there, I attended a Psycho-geriatric assessment with the CDHB team. Mr F was assessed as needing Stage 3 dementia care. I also rang various rest homes with dementia units and found him a permanent place at the end of that fortnight. Before he was transferred I rang family and friends. I then sorted out and marked his clothing, rang his financial power of attorney, the utility companies, gardener, etc. to inform them. Throughout this time, I was in constant communication with his son and his financial power of attorney. Once he was resident at the rest home, I wrote many letters (or asked Mr F to dictate some) to his various friends around the country and he had some lovely replies. He settled well into his new surroundings but within months began to deteriorate. Our parish health team visited him regularly and I saw to his personal needs and bought every day necessities, after consultation with his power of attorney. He attended the occasional church service at the home and our vicar would visit him too. He hadn't been a regular church attendee but occasionally would accept prayers said for him.

It was sad to see his mental deterioration but throughout he always knew who I was and was always pleased to see me. He was a dear man: it was a pleasure to know him always being so appreciative. Unfortunately, in June, while I was overseas, he had a fall. The rest home called me in London to let me know that he had fractured his leg and was in hospital. Members of our health team visited him both in hospital and after he was discharged back to the rest home. His son also flew over from Australia (as he did on a regular basis) and visited for a fortnight. Mr F seemed to be making good progress. However, on the evening of the day I flew back from London, I received a call from his GP who was at the rest home to tell me Mr F had suddenly deteriorated, was both unconscious and had irregular breathing. I rushed up to the home and sat by his side. He was deeply unconscious but I told him I was there (hearing being the last sense to go). I called our vicar; we prayed over him and left him to God's care. He died peacefully the next morning. I was very sad that I hadn't had the chance to talk to him again.

Having seen dementia first hand like this has certainly given me greater insight into problems that families and staff experience both at home and in dementia units. I have learnt how to initiate the process of admission to a care facility for those requiring a more secure situation, attended a psycho-geriatric assessment and have liaised with numerous people involved in the care of both elderly and dementia patients. In future, I am sure any knowledge gained from my experiences with Mr F will assist me in my faith nursing should I care for others suffering from the early signs of dementia

I thank God for having given me this opportunity to serve where I was needed and am very grateful for having met Mr F.