

The Client

When we met Miss G, she lived alone in an upscale high rise, surrounded by her expensive art collection. She'd been professionally successful throughout the 80s and 90s, running a company and proving herself in what was then primarily a man's world. Now an elderly woman with advanced dementia, Miss G drank heavily, refused to stop driving and had a nervous habit of picking at her legs, creating wounds that were constantly at risk for infection. She didn't want care, didn't need it (she thought), and fought the idea when her best friend and assistant insisted on collaborating with Tender Rose.



The Challenge

Our most important challenge was to overcome Miss G's refusal of care. She was prone to agitation and yelling, which made her difficult to connect with.

Miss G's care team called it her "CEO mode." That's when she'd channel the full power of her business-woman past and start ejecting caregivers, criticizing their work, blaming them for a misplaced pan or accusing them of being idle.

But her CEO persona could be benevolent too, encouraging skill development, offering sincere thanks, and ultimately leaning on the team she once insisted she didn't need.

If we had sent in unprepared, unsupported caregivers, we would have gotten nowhere with Miss G. But we knew that with a case this challenging and a woman this tough, it would take a village—a comprehensive, team approach to care.

So we assembled the strongest group of dementia care providers and advocates we could find. And then we put our heads together to find a solution.

The Solution

The team we assembled included veteran Memory Care Professionals (MCPs), a Staffing Manager to ensure the MCPs were the right fit for each other and the client, and a Care Coordinator who coached the MCPs, coordinated appointments and oversaw medication changes.

But our team extended beyond our company walls. Miss G's best friend was a vital contributor, as were her assistant and her nephew. Using regular conference calls and a digital communication platform that allowed for detailed daily check-ins, we worked together to determine the best course of action for Miss G. From doctor's visits to the purchase of a new mattress, this core team made group decisions and kept each other up to date on new developments.



One major change we made when we began working with Miss G was to decrease her alcohol intake. We set up a “laboratory” in the kitchen of our San Francisco office, where we’d tinker with tea and water, creating diluted drinks that looked like the real thing. We also found ways to redirect Miss G when she insisted on her habitual 3 a.m. cocktail and sandwich. We discovered that her ritual was to eat, drink, put the dishes away and go back to sleep. So while Miss G was in the bathroom, we’d get rid of the drink and food, wash the dishes and turn out the light. When Miss G returned, she’d assume she’d already finished her drink—and climb back in bed.

We also collaborated on a complicated system of coming and going. One of Miss G’s many triggers was having too many people in her apartment at once. We learned to alert each other when a new MCP was coming up, using the empty apartment next door as a staging area for shift changes. Another important tool was a map we created of Miss G’s apartment. The detailed map labeled important items, provided instructions on things like appliances and the entertainment center, and helped train new MCPs so they could seamlessly integrate into the comprehensive care team.

Our efforts paid off. Slowly, Miss G came to trust her caregivers—which was a major milestone for this incredibly private woman. She began to open up about her life and history, discussing her interests and memories. She showed affection for her team, thanked us, and even engaged us in cutthroat games of dominoes. Miss G was used to being in control, but her advanced dementia made that impossible. It took an entire team of people with different skills working together to create the illusion that Miss G still was in charge.

The Outcome

With Miss G’s care, the stakes were high. We knew that if we couldn’t overcome her agitation and refusal of care, she would have to take more meds, creating the potential for falls and sedation. Instead, Tender Rose came together with Miss G’s family and friends to create a special team of people dedicated to improving her quality of life. Miss G was able to live on her terms, visit with friends, enjoy her view, and eat in the restaurants she’d always loved. We followed her directions to the letter: purchased flowers that were just the right hue of soft pink, opened her doors at specific angles, made her perfectly poached eggs and set up the stereo so her beloved classical music would play at the touch of a button.

Eventually, Miss G died of a heart attack. Right up until her final hour, she was directing her MCPs, timing their grocery trips with a stopwatch and encouraging them to go back to school. We made sure Miss G thought she was the CEO of her life—and that’s what truly made her happy.

If someone you know with dementia is refusing care, needs medical help or has no quality of life, call us. We’ll help you find a solution.

Call (415) 340-3990 or visit www.TenderRose.com

Care ⁱⁿ Full
Bloom