

Top Tips for Tricky Times: Supporting residents at the end of life when there is uncertainty



- 1) **Name** a person on the team to lead on end of life care for when colleagues are uncertain.



- 2) **Recognise** there is always a small group of residents you are unsure what is the best thing to do. Even when you have planned their care and put everything in place. **This is OK:** Active discussion helps.



- 3) **Identify** the NHS person who you have a good working relationship with to support you.



- 4) **You cannot do this alone** and need someone you trust and who trusts you. If there is no one, the manager should ask the GP practice or CCG to nominate someone to discuss residents you are uncertain about.



- 5) **Book a phone call** with your NHS person to talk about residents you are uncertain about. This is in addition to day to day conversations about residents.



- 6) **Before** the phone call write down what you are uncertain about – Organise your concerns under three headings:
 1. Symptoms
 2. Who is making the decisions / different opinions
 3. Resources and staff needed to support the resident



- 7) **Note** in the care plan of what was discussed: this tracks decision making for staff and helps when talking to families.



- 8) **Family** may like to know this is a period of uncertainty. Tell them why and how you are actively managing this. Make sure family views are included in discussions.



- 9) **Sharing** what you are uncertain about with those involved helps to pinpoint areas of concern or disagreement, it may not lead to a solution but it helps everyone to support each other to achieve the best for the resident when it is not clear what could help.



Top Tips for Tricky Times: Hydration and Covid-19



- 1) **Remember:** Routine tests for dehydration (such as dry mouth or skin, dark coloured urine) do not work in older people living in care homes, so offering drinks is generally the best way of preventing dehydration.



- 2) **Timing:** Offer lots of drinks earlier in the day, including one before breakfast, with breakfast, and two morning rounds of drinks.



- 3) **Frequency:** If using small cups, glasses or mugs, offer drinks more often and if drinks are not finished, offer more drinks more often.



- 4) **Avoid** missing drinks rounds and ensure all residents are offered drinks during each round.



- 5) **Encourage** drinking in a social, pleasant environment as it is more enjoyable.



- 6) **Variety:** Offer a variety of drinks, including hot milky drinks and fruit juice so drinking is more enjoyable. Offer foods high in fluid content such as soup, jellies or ice-lollies.



- 7) **Find out** resident's preferences for drinks types and presentation, and record in resident's individual hydration care plan. (Alcohol can be offered unless this is not advised.)



- 8) **Initiate:** Do not rely on residents asking for, or helping themselves to drinks, offer them.



- 9) **Medication:** Provide a generous drink with medications.



- 10) **Involve** all care home staff in promoting residents' hydration—including activities coordinators, chefs and cooks.



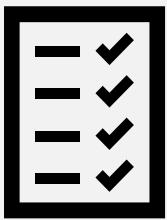
- 11) **Offer help with going to the toilet:** This may be a reason for residents refusing drinks.



Top Tips for Tricky Times: Supporting families at a distance



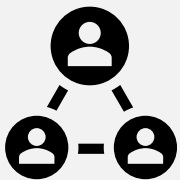
1) **First**, acknowledge families' feelings, anxieties and stress. This helps them feel listened to and supported.



2) Provide structured, factual communication. Have the key points written down before making the phone-call. The family might also want general information, for example PPE use in the care home.



3) Ask them what care home staff can do to help the family, then discuss whether this is possible. This helps to manage families' expectations.



4) Check that families feel involved in planning care and that this fits with what the resident wants.



5) Agree **regular** times to contact families, ideally with the same member of staff. As this may not always be possible, record conversations so that all staff can access what has been discussed / agreed.



Top Tips for Tricky Times: Helping care home residents with dementia to use video to communicate with their families



- 1) **Image and sound:** Using video (e.g. Skype, Zoom, FaceTime, WhatsApp) can work well. It helps residents with dementia to connect with family – the extra clues of body language help the conversation.



- 2) **Reducing isolation:** It can help residents feel more connected, less lonely.



- 3) **Support and timing:** Residents will need support to use the technology. You may not have enough time to do this – allocate staff set times to support different residents.



- 4) **A cover** on tablets makes them easier to hold and clean.



- 5) **Environment:** Adjust light (curtains, electric light) to reduce glare on screen.



- 6) **Presentation:** Ask family member *before* the call to have light on their face (not behind) for a clear image.



- 7) **Sound:** Turn on the loudspeaker to make it easier to hear.



- 8) **Anticipate technical problems:** Inevitable glitches (sound /video freezing) can raise stress levels. Plan for times when the resident will be calmer and not tired.



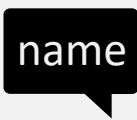
- 9) **Note** how residents are after the call and if they seem happy or more distressed/confused. Not all residents will like the experience. Include comments in their care plan.



- 10) **Remember:** Some relatives may not want to do this as they find it too emotional.



Top Tips for Tricky Times: When residents do not understand social distancing or self-isolation



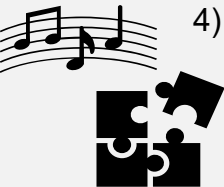
- 1) If a resident is in an area that is unsafe due to COVID, use their name to get their attention. Use a friendly tone of voice, open body language and clear, simple instructions.



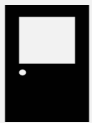
- 2) To ask a resident to leave an area, offer food or drinks or to help them with a task. Phrases found to be useful include:
“let’s go and have a cup of tea in your room, okay?”
“come with me and we’ll find something to eat”
“we are just going to go into the corridor, okay?”
“Let me help you to your room, alright?”



- 3) The person may be moving about or approaching people as their needs and mood changes. Check for pain, hunger, thirst and toilet needs.



- 4) To reduce resident walking around that is unsafe try:
 - playing music or television programmes they like
 - doing puzzles, colouring or games with them
 - invite the person to help with work such as dusting their room or folding their clothes



- 5) A person might enter a room if they think it’s their room or something catches their attention. Keep doors closed if possible and use the distraction strategies in these top tips.



- 6) If possible walk with the person. Talk about something they like and point out things (like pictures) to help redirect them to safe areas. If possible, enable access to an enclosed garden or other secluded area.



- 7) If a person is very agitated and it’s safe to leave them to calm down, watch at a distance keeping other residents away.



- 8) Share information with other staff about what has worked or not for individual residents. Write this in care notes. **Note:** Time, mood, what triggered their mood, what you did and how the person reacted.



- 9) If possible, involve the person in decisions. Try to gain informed consent from them and/or an appointed person.



- 10) If behaviour is unusual or difficult to manage. Contact the GP or community mental health/dementia teams for advice and a review.



- 11) There is no research evidence about the best way to restrain. Work with available guidance and legislation.



Top Tips for Tricky Times: Providing physical comfort and reassurance to care home residents during COVID-19



- 1) **How doll therapy can help:** Dolls can have positive effects, improve a resident's mood and calm them.



- 2) **Personal:** Each resident should have their own doll to keep in their room.



- 3) **Life-like:** Soft texture and open eyes.



- 4) **Ownership:** Do not take dolls away but be aware if a resident becomes tired from looking after a doll.



- 5) **Person-Centred:** Dolls may not be suitable or wanted by all residents. Dolls should be left out for residents to choose.



- 6) **Contamination:** To reduce cross-contamination and confusion, important staff know which doll belongs to which resident.



- 7) **Attachment:** Residents may like them one day but not the next.



- 8) **Concerns:** Staff and relatives may worry residents are being treated like children. Reassure them that dolls can be a source of comfort.



Top Tips for Tricky Times: Using music to provide comfort and reassurance for care home residents living with dementia



1) **Connecting:** When it is difficult to communicate (e.g. because of masks) for people with dementia music can support social interaction and connection. Check hearing aids are working!



2) **Listening** to music with someone else (e.g. a member of care staff) may help people with dementia to feel connected.



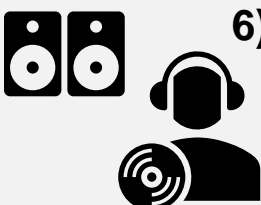
3) **Tailoring:** Tailor music to the preferences of the individual resident. A family member may be able to help by putting together a playlist. Do not assume music important to them.



4) **Familiarity:** Choose music the resident is familiar with. They may prefer music that was popular from when they were in their late teens and twenties. It may connect them with memories from the past.



5) **Response:** How are residents responding. For example, are they smiling, tapping their toes, do they seem calm? Not everyone will respond well to music. Residents may like it at particular times of the day and on different days.



6) **Resources:** To provide individual music therapy requires each resident having their own equipment and some staff support. If you find it helps it is worth asking for extra resources for this.



Top Tips for Tricky Times: Supporting staff following multiple deaths in care home environments



1) It is okay to grieve. Sometimes grief felt by staff is as real as the grief of residents' family.



2) Time to talk about feelings and emotions is important for staff. Managers can support staff to do this in one to one meetings.



3) Other ideas include a time of reflection, sharing stories and memories with each other.



4) Note what you did well in caring for the resident. That might be especially important when family can't be present.



5) Some staff may be new to experiences of death – they might need more support.



6) Could staff use a bereavement support line? Or make links with local hospices; staff could benefit from the expertise they offer.



7) Rituals that involve gatherings won't be immediately possible. Plan a Memorial Day to remember the residents who have passed away in the past 12 months.



8) The effects of grief can accumulate rather than lessen with each death. Experiencing many deaths in a short space of time can be overwhelming and lead to prolonged grief. It might feel unreal.



9) Staff can experience 'compassion fatigue'. It shows as emotional and physical exhaustion. It can impact on being able to care for residents and on relationships with colleagues. The above tips can help manage this.