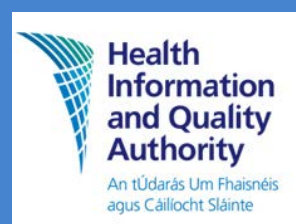




# Reach

A newsletter for the family and friends of those living in nursing homes in Ireland



ISSUE 2: 2016

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## We welcome new national standards for nursing homes in Ireland, which place a stronger focus on quality of life

The 2009 *National Standards for Residential Care Settings for Older People in Ireland* have been revised and the new standards, which place a stronger focus on quality of life and a person-centred, rights-based approach to care for all, have been published on the Health Information and Quality Authority's (HIQA's) [website](#).<sup>1</sup>

Marie Kehoe-O'Sullivan, HIQA's Director of Standards and Quality Improvement says, "these revised Standards provide a framework for providers for the continual development of person-centred, safe and effective residential services."

The revised Standards were developed following a comprehensive consultation process, beginning with targeted focus groups throughout the country where the HIQA development team spoke directly with residents, family members and staff in residential care facilities for older persons.

An eight-week public consultation was also undertaken and over 120 submissions were received from organizations and individuals. The revised Standards will be used as part of the inspection and registration process, and take effect from 1 July 2016.

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## Eight themes

The 2016 Standards are presented in eight themes:

- Person-centred Care and Support
- Effective Services
- Safe Services
- Health and Wellbeing
- Leadership, Governance and Management
- Use of Resources
- Responsive Workforce
- Use of Information.

## A human-rights-based approach



There are 35 standards in total. These use a human-rights-based approach to improve the ability of people to participate in, and contribute to, daily life. These include:

- promoting the rights of people and respecting their autonomy, privacy and dignity
- facilitating people to be as independent as possible and to exercise personal choice in their daily lives
- safeguarding and protecting people from abuse
- providing people with accessible information and assessment to ensure that the appropriate supports are made available to meet their needs.
- improving nutrition and hydration, infection prevention and control and risk management.



## Awareness sessions

Four regional awareness sessions for nursing home providers are taking place throughout the country in June. Members of the Relatives' Panel are using the opportunity to present on their work to date and their vision for the future.

The Panel appealed to the nursing home providers to help raise awareness by prominently displaying information about the introduction of the new Standards, providing hard copies of the Standards and by printing and distributing the *Reach* newsletter to residents and their families.



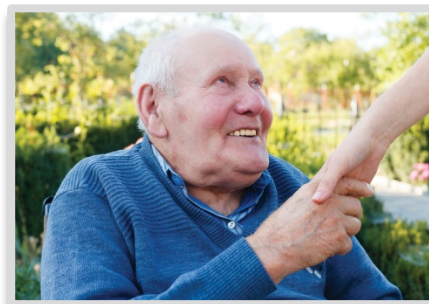
## We welcome the Standards

As relatives, we welcome the new Standards. We believe that they are firmly rooted in quality of life concepts and will help bring the nursing home out of its traditional 'hospital' model and 'institutional' practices towards a 'home-like' experience, geared towards meeting the unique, personal needs of each individual resident.

## Relatives have an important part to play

It is now up to the nursing home providers and HIQA to use these Standards as a blueprint for the delivery of a quality service.

As relatives, we also have an important part to play. Working with the nursing homes, we should continue to be actively involved in our loved one's care and encourage their independence and their right to exercise personal choice in their everyday life, around simple things like mealtimes and when to go to bed and get up.



Encourage your loved one to participate in activities and gentle, physical exercises programmes and importantly facilitate their continued involvement in family and community life. If your relative is unable to articulate their wishes or if they or you are unhappy with the services provided, speak up. Be their voice.

## Learn more

We encourage all residents and their family members to acquaint themselves with the Standards and understand what they can expect from residential services. Your nursing home has been provided with copies of the Standards to share with you. Alternatively, you can contact HIQA directly to request a hard copy. *The National Standards for Residential Care Settings for Older People in Ireland*<sup>2</sup> may also be viewed online at the HIQA website.

# What does quality of life mean for people with dementia?



A healthcare professional may regard an individual's quality of life to be strongly associated with levels of pain experienced, the extent of his or her memory loss and physical functioning. However, a resident is more inclined to associate it with frequency of family visits, a feeling of remaining useful, of carrying out meaningful activities and remaining active.

Recent research, compiled by Suzanne Cahill PhD and Ana Diaz in association with the Dementia Services Information and Development Centre, revealed what older people with cognitive impairment value most.

## The family

Residents particularly valued frequent contact with family members and regular visits from close relatives.

## Privacy

Residents enjoyed being able to spend time on their own, when they so wished.

## Relationships

Any visitors — even the visitors of other residents — played a significant role in their lives.

## Keeping active, feeling useful

Activities provided great stimulus for those residents who engaged in them. For some, simply being able to help fellow residents was considered a meaningful activity.

In other cases, just having open spaces within the nursing home, which

facilitated residents taking exercise, was highly valued. Activities that took residents outdoors were particularly pleasurable, especially when such outings linked residents with people and places associated with their prior lives.

## Religion and spirituality

Religion either practised through Mass, the Rosary, or other prayer was deemed very comforting to many.

## Interaction with staff

Residents appreciated staff members taking a person-centred approach to their care; treating them with respect — knocking on their doors, listening to their preferences and whenever possible offering them choice.

## How nursing homes can enhance quality of life

1. Open-door visiting policies should be encouraged whenever possible. Appropriate visiting spaces should promote privacy during visits. Nursing homes should attempt to promote the involvement of family members in the life and culture of the nursing home.
2. The physical environment was identified by many as important to quality of life. Single rooms that could be personalized helped residents feel more at home.

Several residents also spoke about the freedom of being able to return to their own room and enjoying the privacy this afforded.

3. Relationships with outsiders were also considered very important. So were initiatives, such as voluntary workers or transition students doing work placements in the nursing homes, as well as other approaches that encourage residents to maintain links and sustain relationships with significant people outside the nursing home.
4. Having staff available to organize and deliver regular activity programmes, promoted feelings of wellbeing and self-esteem. Activities which enabled residents to maintain their former hobbies and interests including walking outside, gardening, doing domestic chores, reading and music were also considered very important.
5. For several people interviewed, religion was also an important determinant of quality of life.
6. Having a confidante, and being able to enjoy a good social life, or simply having company, companionship and someone to talk to, were identified as important components of quality of life.

Underpinning each of these findings is the need for staff training in dementia care and ongoing training on topics, including assessment, communication, activities, challenging behaviour, palliative, end-of-life-care and advanced dementia.

To learn more, see: [A Guide for Family Caregivers to Placing a Relative with Dementia in a Nursing Home](#)<sup>2</sup> and [Living in a Nursing Home: Quality of Life: The Priorities of Older People with a Cognitive Impairment](#).<sup>3</sup>



# Age apartheid is unhealthy

by Annette Condon

While nursing homes in many European countries — including Ireland — lack enough rooms for an ageing population, budget cuts by the Dutch government have made it increasingly difficult to get a subsidised place, leaving some nursing homes with more rooms than they can fill.

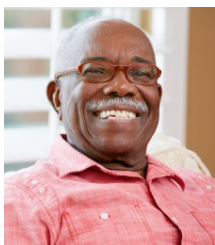
On the other hand, many students find it challenging to find affordable accommodation. The Netherlands has come up with a win-win solution.

## A win-win

As part of an unique intergenerational project, a number of Dutch students now live in nursing homes free of charge, as long as they spend at least 30 hours a

month with the older people who live there, doing the things professional staff cannot always do — such as just hanging out, chatting, running errands and offering them activities they are interested in, like computer classes.

There is no obligation for the older person to take part in activities with the students but so far the programme has been very well received. Similar projects are also emerging elsewhere in Europe. In some schemes, older people rent out a room in their own house or apartment, in others, housing projects are built specifically to house young and older people together.



Recent guidance from the National Institute for Health and Care Excellence (NICE), in the UK, says there is good evidence to show that intergenerational activities improve health outcomes — and recommends all local authorities support and provide such schemes.

## Today older people have little contact with the young

Intergenerational activities

are of course nothing new — they are what good communities have always been about. However, with the rapidly ageing population, families moving further away for work, cuts to social care funding and the economic downturn, the traditional community has taken something of a battering. Some research shows that just 5% of those over age 65 have any form of structured contact with younger people.

## Important for young people's long-term health

Meeting older people is important for young people's long-term health too. Research has found that our stereotypical view of ageing — as a downward spiral of illness and loneliness — is formed early in life. If these views are not challenged by mixing with older people, they become a self-fulfilling prophecy, leading to poor health outcomes. US research, for example, has found that young and middle-aged adults who were pessimistic about getting old were twice as likely as optimists to suffer a heart attack or stroke within 30 years.

## Avoiding isolation

In the UK, a commission recently recommended that new housing for older people and people with disabilities should be incorporated into shopping developments, new apartment blocks and even universities to prevent people from being cut off in 'care ghettos'.



In that context, it is interesting to reflect that many of us born in Ireland during the 1950s and 1960s were actually born in nursing homes. As a university student in Germany in the 1980s, our student accommodation was adjoining a nursing home, with students and residents mixing together happily in the shared garden.

## Mutually beneficial

Research shows that developing relationships between older people and the young can be beneficial for the wellbeing of both parties.

## FOR PEOPLE WITH SWALLOW PROBLEMS

Consult your GP, speech and language therapist or dietitian.

Sit upright, take your time, chew your food well and relax at mealtimes.

Avoid foods that are chewy, crunchy, crispy, sticky and crumbly, and have skins or pips.

Eat more stews and casseroles — long, slow cooking softens meat and vegetables.

Use plenty of herbs, spices, gravies and sauces to ensure that you have a variety of flavours. Cream, butter, milk and custard all help to soften foods.

If food is not naturally soft (for example, meat, fruit, vegetables), try finely chopping it or mashing with a potato masher. Try pureeing vegetables and mashed potatoes. Cooking food well will produce a softer, moister texture. Try mincing meat after it has been cooked.

Softer food loses heat quicker, so make sure the food is hot when serving.

Try soft foods such as milkshakes, mousse and smooth yogurt. Do not use baby foods. While these have a suitable texture, they have poor nutritional value for adults.

Small sips of drinks in between mouthfuls may help improve swallowing the softer diet. Do not fill yourself up with fluid though.

Include plenty of high-calorie drinks.

Do not use feeders (cups with spouts as they present fluid towards the back of the mouth and it is more likely to go straight into the airway.



## Eating well to be well

by Sara Mullery, registered dietitian

Eating a balanced diet, including a variety of nutrients in the right proportions, is well known to be crucially important in helping us to achieve and maintain a healthy body weight and improve our overall health status.

A healthy balanced diet should include:

- meals based around starchy carbohydrate such as potatoes, bread, rice and pasta
- plenty of fruit and vegetables
- some protein rich foods such as meat, fish, eggs and pulses
- some milk and dairy products
- limited amounts of foods high in salt, fat and sugar.

However, it is also well known that older people are at a higher risk of developing malnutrition or undernutrition than the younger generations. This poses numerous health risks in itself, so identifying and treating malnutrition as early on as possible is important.

### Sara's top 10 tips

1. Provide support, encouragement and assistance with eating and drinking.
2. Stimulate the appetite, offer tempting food options.
3. Encourage favourite foods.
4. Offer small meals to avoid overwhelming.
5. Encourage bite sized foods or finger foods if these are easier to eat.
6. Avoid distractions at mealtimes.
7. Ensure adequate daily fluid intake.
8. Offer nourishing milky drinks if food intake is poor.
9. Ensure good oral hygiene.
10. Monitor for any problems swallowing food or fluids.

It is important to remember that everybody's nutritional needs are different. It is advisable to speak to your GP or dietitian if you have any concerns regarding nutritional intake.

**The Relatives' Panel would like to thank Sara for this informative article.**

# Memories of pets help residents with dementia

At first, the knitted pets can seem rather bewildering to the patient suffering from dementia. Then slowly, there is a hint of recognition and the beginning of a smile. The pets, knitted by nurses and volunteers at Yeovil Hospital in the UK, are made for patients with advanced dementia and match the breed once owned and much loved at home.



Photo: [www.facebook.com/facetoaname](http://www.facebook.com/facetoaname)

They are made to look like the black Labrador that was with a family for 15 years, the little white Bichon Frise that sat on maybe your mother's lap or the West Highland Terrier that meant home to your grandfather now struggling to understand where he is.

## Making a connection

It is just one of the methods that hospitals, hospices and nursing homes in the UK are using in an attempt to connect with those who have dementia. "The effect of the knitted pets is hard to quantify but if it raises a smile with a patient then, honestly, there is no better feeling," said Janine Valentine, nurse consultant for dementia and the elderly at Yeovil Hospital.

Janine is responsible for finding ways for doctors and nurses at the orthopaedic and trauma ward of Yeovil Hospital to quickly build a relationship with those suffering from dementia.

## Face To a Name

This work stands at the heart of a campaign called 'Face to a Name', which aims to transform the way the elderly and those with dementia are cared for in hospitals across Britain.



The campaign, created by Giovanna Forte and Jake Arnold Foster, was borne out of the notion that doctors and nurses can easily forget that elderly patients were once like them. Giovanna was inspired by her mother, Luisa.

The campaign recommends that family members bring in a picture of their relative taken when they in their prime, with three facts about their life when they were in their prime, such as 'four children, likes GAA, keen gardener', in an attempt to make that missing connection.

In Ireland, many nursing homes have also developed 'communication passports' for residents with dementia who need to access health services outside the nursing home such as hospitals and clinics.



Luisa Forte at 48

Luisa Forte at 88

Photos: [www.facebook.com/facetoaname](http://www.facebook.com/facetoaname)

**We thank Giovanna for her kind permission to share details of this campaign. For more information: [Facebook.com/facetoaname](https://www.facebook.com/facetoaname)**

## KEY DEMENTIA FACTS

### Dementia numbers

Worldwide, an estimated 35 million people have dementia. In Europe alone, around 7 million people are living with dementia. In Ireland, about 48,000 people have dementia. These figures are expected to double every 20 years.



### Dementia symptoms

Dementia symptoms include impaired memory, impaired judgment, impaired problem-solving skills, impaired reasoning and impairments in language, communications and social skills. Increasing age is by far, the single, strongest risk factor for dementia.



### Dementia impacts

Currently, there is no cure for dementia and people can live for many years after diagnosis. Dementia is a hugely costly public health issue, more than coronary heart diseases, cancer and stroke combined.

To learn more, visit: [Future Dementia Care in Ireland](http://FutureDementiaCareinIreland.org).<sup>4</sup>



# Technology in the nursing home

by Anna Henderson, UL student

There are many modern resources that are hugely beneficial to older people in the nursing home environment.

## Tablet computers

Tablets are mobile computers that have touchscreen displays so you can use your fingers to point to where you want to go with no need to worry about



keyboards and mice.

All tablet computers allow for very large font sizes, especially useful for the older person whose eyesight may be impaired. You can use tablets to read books, access email, search the Internet, and use Skype or FaceTime to stay in touch with loved ones.

## Skype

As mentioned above, Skype is a video application that allows for free video calling as long as both participants are connected to the Internet. With a simple sign-up process, this application allows older people to keep in contact with family members and friends, particularly if their family is abroad and unable to visit in person.

Video calling is free to use on Skype and is an excellent resource. For more information, go to: [www.skype.com](http://www.skype.com).



## CleverMind application

This application is interactive, easy-to-use and designed for people who may struggle with cognitive impairments that are associated with Alzheimer's and other forms of dementia.

This application is voice-activated and

contains quizzes to keep the mind stimulated. With large font and visual processing, this app is ideal for those suffering from cognitive disorders. CleverMind is available from the Apple App Store at a price of €2.99. More information at [www.myclevermind.com](http://www.myclevermind.com)



## Newspaper archives

Many papers are now releasing their archives online. For example, the *Irish Examiner* currently has archived papers from 1841–1969, with more being added to the database in the near future. This resource enables older people to search for historical events that they have personally experienced in their own lifetime.



## Irish Catholic Church archives

Similarly, the National Library of Ireland has released archived documentation from the Catholic Church online. This resource — available at <http://registers.nli.ie/> — is free to access and includes marriage, birth and death certificates. These may help an older person who is interested in tracing the family tree.



## Volunteers

The employees of many IT companies are willing to provide classes free of charge to silver surfers. If there is an interest amongst residents, why not make local enquiries? It could also make for a great intergenerational programme with the young and the young at heart mixing together.

**The Relatives' Panel would like to thank Anna for this informative article.**

# Editorial comment

We have had positive feedback on our article on choosing a nursing home in the last edition of *Reach*. Readers found the article to be very relevant and told us that the proposed guidelines were of considerable help in planning for the exploratory nursing home visit and for the initial dialogue with the matron or person-in-charge.

It is evident that many families consider themselves to be ill prepared when it comes to choosing a nursing home with or for a family member. This is hardly surprising since most admissions are not pre-planned and are often precipitated by an adverse health event. Readers also tell us that they find it difficult to obtain balanced information on quality issues or specific areas of expertise or specialisms in nursing homes.



We are well aware that the exploratory visit is but the first step in an ongoing dialogue that will over time, touch on every aspect of a resident's life and care. We will return to this subject in

future editions and in the meantime would welcome comments from residents, relatives or nursing home managers on the subject.

The wide-ranging reader's letter, also published in our last edition, gave our team pause for thought. With regard to the public image of the nursing home, we are aware that many nursing homes no longer fit the stereotypical drab, impersonal and institutional image.

We think that it is important to change this negative image and encourage a higher expectation of the nursing home environment and services in the public mind. We want to share and celebrate the good news stories from proprietors, managers, residents and relatives. So please get in touch with the *Reach* team (contact details are on page 9).

The resident's early weeks in the nursing home are so important. They are naturally anxious and coming to terms with the new surroundings that are so far removed from their everyday life experience. An overlapping role for family is so important at this time and should be encouraged. Some relatives have said to us that they have been actively discouraged from participating in their loved ones' care.

Current nursing home practices in some centres appear too rigid and do not encourage independence and autonomy for the resident. It seems that policies on safety and risk need to be reviewed in light of the importance of quality of life, as reflected in the new Standards. We need to get the balance right.



The *Reach* newsletter is produced by relative volunteers — Joe Boyle, Dublin; Annette Condon, Tipperary; Mary Rose Gough, Dublin and Siobhan Hurley, Galway — who serve on the National Relatives Panel. We represent the voice of older people in residential care and you, their families. All members of the panel have or had loved ones in nursing home care. We understand your everyday concerns and worries.

## Relatives working on your behalf

We recognize and applaud the many good practices in place but have also witnessed many areas for improvement.

The Relatives' Panel operates under the auspices of the Standards and Quality Improvement Directorate, part of the Health Information and Quality Authority (HIQA).

HIQA is responsible for the establishment of quality standards and the regular inspection nationwide of both private and public residential care centres (otherwise known as 'nursing homes').

New volunteers to the Relatives' Panel are always welcome and may apply by contacting [Mkehoe@hiqa.ie](mailto:Mkehoe@hiqa.ie).



## We need your support

We are relatives — just like you. Our mission is to work with HIQA and the providers of nursing homes around Ireland to drive excellence in standards of care for older people.

### Share your ideas and questions or write a letter

Do you have ideas for inclusion in this newsletter? Do you have questions? Would you like to submit a short article? If so, we would love to hear from you.



### Spread the word

If you know friends, neighbours or acquaintances with relatives in nursing homes, please tell them about this newsletter. Help us spread the word!

### Get in touch

Email us at [Mkehoe@hiqa.ie](mailto:Mkehoe@hiqa.ie), marking the subject of your email: **Reach — Relative Newsletter Contribution.**

Send us a note at:

The National Relatives Panel,  
c/o Marie Kehoe O'Sullivan,  
HIQA,  
Standards and Quality Improvement Directorate,  
George's Court, George's Lane  
Smithfield, Dublin 7, D07 E98Y

### Join our mailing list

If you are interested in receiving this newsletter by email or would like to receive back copies, please subscribe by sending your name and email address to the following email, [Mkehoe@hiqa.ie](mailto:Mkehoe@hiqa.ie), marking the subject: **Subscribe to Reach.**

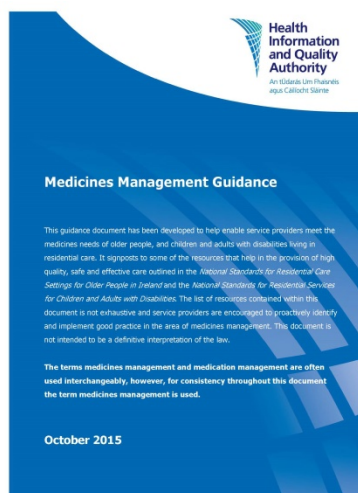
## Did you know?

### Medication management

Residents take medicines for their therapeutic benefits, and to support and improve their health conditions.

HIQA provides comprehensive guidance to enable service providers meet the medicines needs of older people, and children and adults with disabilities living in residential care.

Its medicines management guidance covers a number of tasks including assessing, supplying, prescribing, dispensing, administering, reviewing and assisting people with their medicines.

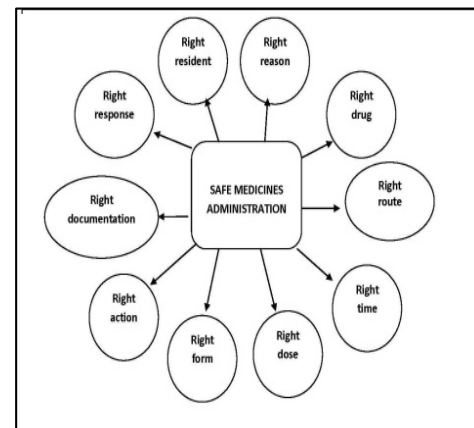


### Resident's choice

- Residents have freedom of choice in relation to their pharmacist and how their medicines are managed.
- Residents may choose to self-administer medicines with or without help and support from staff, where the risks of doing so have been comprehensively assessed and are kept under regular review.
- Medicines are only administered with the resident's consent and the resident has the right to refuse medicines.
- Residents should be provided with information on medicines and be included in decisions about their own medicines and treatment.

### Documented policies and procedures

Procedures must be in place to address the ordering, receipt, prescribing, storage and administration (including self-administration) of medicines to people in the residential service.



*The 10 rights of medicine administration*

### A focus on continuous improvement

These policies and procedures must be implemented and should be continuously evaluated and reviewed objectively by the service to ensure that medicines management is continuously improved.

Medicines management policies should not be viewed in isolation. Policies for risk management, management of behaviour that is challenging (positive behaviour management), the use of restraint, training and staff development, infection control (for example), and all other relevant policies should also be considered.

### Learn more

The full guidance may be found on the HIQA website: [Medicine Management Guidance](https://www.hiqa.ie/medicines-management-guidance).<sup>5</sup>

## What would you like to see covered in future "Did you know?" features?

We welcome your ideas. They can be submitted to [Mkehoe@hiqa.ie](mailto:Mkehoe@hiqa.ie).

## Learn more

2016 National Standards for Residential Care Settings for Older People in Ireland:<sup>1</sup>

<https://www.hiqa.ie/publications/national-standards-residential-care-settings-older-people-ireland>

HIQA Annual Overview Report 2015:

<http://www.hiqa.ie/press-release/2015-07-03-analysis-hiqa-regulation-nursing-homes-published>

A Guide for Family Caregivers to Placing a Relative with Dementia in a Nursing Home:<sup>2</sup>

[http://dementia.ie/images/uploads/site-images/Finding\\_a\\_Suitable\\_Nursing\\_Home\\_for\\_a\\_Relative\\_with\\_Dementia.pdf](http://dementia.ie/images/uploads/site-images/Finding_a_Suitable_Nursing_Home_for_a_Relative_with_Dementia.pdf)

Living in a Nursing Home: Quality of Life: The Priorities of Older People with a Cognitive Impairment:<sup>3</sup>

<http://dementia.ie/images/uploads/site-images/Quality-of-Life-in-Nursing-Homes.pdf>

Future Dementia Care in Ireland:<sup>4</sup>

[http://www.dementia.ie/images/uploads/site-images/future\\_dementia\\_care\\_in\\_ireland.pdf](http://www.dementia.ie/images/uploads/site-images/future_dementia_care_in_ireland.pdf)

Medicines Management Guidance:<sup>5</sup>

<https://www.hiqa.ie/system/files/Medicines-Management-Guidance.pdf>

Face to a Name Campaign:

[Facebook.com/facetoaname](https://www.facebook.com/facetoaname)

This is Me Toolkit:

[http://www.alzheimers.org.uk/site/scripts/download\\_info.php?fileID=1604](http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1604)

## Useful links

Age Action Ireland	01 4756989	<a href="http://www.ageaction.ie">www.ageaction.ie</a>
Alzheimer Society	1800 341341	<a href="http://www.alzheimer.ie">www.alzheimer.ie</a>
Diabetes Federation	1850 90909	<a href="http://www.diabetes.ie">www.diabetes.ie</a>
DSIDC	01 4162035	<a href="http://www.dementia.ie">www.dementia.ie</a>
HSE information on residential care centres	01 4162035	<a href="http://www.myhomefromhome.ie">www.myhomefromhome.ie</a>
HSE Infoline	1850 24 1850	<a href="http://www.hse.ie/elderabuse">www.hse.ie/elderabuse</a>
HIQA	01 8147400	<a href="http://www.hiqa.ie">www.hiqa.ie</a>
HIQA Concerns Helpline	021 240 9646 or via email to <a href="mailto:concerns@hiqa.ie">concerns@hiqa.ie</a>	<a href="http://www.hiqa.ie/standards/social/older-people">www.hiqa.ie/standards/social/older-people</a>
Ombudsman	1890 22303 or via email to <a href="mailto:ombudsman@ombudsman.gov.ie">ombudsman@ombudsman.gov.ie</a>	<a href="http://www.ombudsman.gov.ie">www.ombudsman.gov.ie</a>
Third Age	046 9557766	<a href="http://www.thirdageireland.ie">www.thirdageireland.ie</a>
Age and Opportunity	01 805 7709 or via email to <a href="mailto:info@ageandopportunity.ie">info@ageandopportunity.ie</a>	<a href="http://www.ageandopportunity.ie/">www.ageandopportunity.ie/</a>
Irish Centre for Social Gerontology		<a href="http://www.icsg.ie">www.icsg.ie</a>
National Centre for the Protection of Older People		<a href="http://www.ncop.ie">www.ncop.ie</a>
Parkinson's Association	1800 359359	<a href="http://www.parkinsons.ie">www.parkinsons.ie</a>
Western Alzheimer Society	094 9364900	<a href="http://www.westernalzheimer.ie">www.westernalzheimer.ie</a>

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