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Reach

A newsletter for the family and friends of those living in residential care centres in Ireland

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

UCD Report: 50% of Residential Care Staff in Ireland Have Observed Neglect

A recent national study of elder abuse, published in 2013, has found that more than half of staff members in residential care centres have observed neglect of residents. The research was carried out by the National Centre for the Protection of Older People at University College Dublin (UCD).

More than one in four employees said they had seen psychological abuse taking place, while one in eight had observed physical abuse. The most frequent forms of physical abuse were restraining a patient unnecessarily and pushing, grabbing, shoving or pinching. Psychological abuse consisted of shouting, insulting or swearing at residents. A small number of staff, 1.2%, had seen another employee taking valuables from a resident.

Low job satisfaction, an intention by a staff member to leave and high levels of burnout were other factors associated with abuse. For staff, the most stressful part of the job was caring for residents who are aggressive, and the difficulty in communicating with residents. More than 1,300 nurses and healthcare assistants in 64 residential care centres around the country (69% private centres, and 31% public and voluntary) were surveyed. The report's lead author said Ireland compared well with similar international studies, reporting a lower level of elder abuse. The full report can be read here at: www.ncpop.ie/ncpopresearch.

Any concerns regarding neglect or abuse of older people in residential care centres should be reported immediately to the manager of the relevant care centre or to the HSE Helpline, Monday to Saturday, 8am to 8pm, on 1850 24 1850 or to the HIQA Concerns Helpline on (021) 240 9646 or via email to concerns@hiqa.ie.

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About Us

This newsletter is written and produced by the volunteers who serve on the National Relatives Panel. We operate under the auspices of the Safety and Quality Improvement Directorate, part of the Health Information and Quality Authority (HIQA).

The Authority 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”).

Sharing the Best – A Walk a Day to Boost Brain Health

We continue our spotlight series which looks at best practice in activities. A recent study showed that just 40 minutes of moderate exercise three times weekly helps people retain their brain power.

The majority of older people experience some difficulty in remembering as an area of the brain associated with memory, known as the hippocampus, shrinks as we get older. However, a 2011 study suggests that this can be warded off and even reversed with regular, physical exercise.[1]

The scientists recruited 120 sedentary older people without dementia and randomly placed them in one of two groups. The first began an aerobic exercise regime of walking around a track for 40 minutes a day, three days a week while the others were limited to stretching, light weight training and mild yoga.

MRI scans were collected before the intervention, after six months, and at the end of the one-year study. The aerobic exercise groups demonstrated an increase in the volume of the left and right hippocampus of 2.12% and 1.97% respectively. The same regions of the brain in those who did stretching exercises decreased in volume by 1.40% and 1.43% respectively. Memory tests were conducted for all participants at the three intervals. Those in the aerobic exercise group showed improved memory function, when measured against their performance at the start of the study, an improvement associated with the increased size of the hippocampus.

Welcoming the study, Simon Ridley, Head of Research at the Alzheimer's Research Trust, the UK's leading dementia research charity, said, "Although this study does not look at memory loss in Alzheimer's or dementia, it shows that even modest exercise can help protect the brain from the normal decline caused by ageing."

A separate report from the Irish Centre for Social Gerontology[2] at NUI Galway confirms what has been known for countless generations – a healthy and outgoing lifestyle, with appropriate exercise, contributes to a happy and productive old age from a physical, psychological and social perspective. As life expectancy increases, the need to remain alert, healthy and focused through involvement in hobbies, the creative arts and in physical activity becomes more important. Growing old should not mean losing a sense of adventure.

[1]Professor Kirk Erickson, University of Pittsburgh and Art Kramer, University of Illinois. The study was published in the journal: Proceedings of the National Academy of Sciences (PNAS).

[2]Well into Old Age: http://www.icsg.ie

Sharing the Best – Pet Therapy

The health and quality of life benefits for the older person, arising from pet therapy, are well known. This can involve dogs, cats, bird aviaries and fish aquariums.

An Italian study concluded that in a sample of patients with severe Alzheimer's disease in day care, animal-assisted activity was associated with a decrease in anxiety and sadness and an increase in positive emotions and motor activity.[3] In a French study published in 2008, psychologists observed a calming effect following pet therapy in a small sample of residential care residents diagnosed with severe dementia.[4]

Another study has shown that it yields significantly lower blood pressure levels.[5] In yet another study, the researchers found that following the introduction of a dog to the Alzheimer's unit, the residents' challenging behaviours significantly decreased during the day.[6] Researchers also placed aquariums in a centre and found that residents' food intake and weight increased, decreasing the need for nutritional supplements.[7]

In Ireland, HIQA inspectors have found a number of care centres keep pets such as dogs and cats and other animals or birds, while many centres use a pet visitation service. Family members also often take pets in to visit their relatives while HIQA inspectors have also met residents who took their own pets with them when they moved to residential care.

If a residential centre is considering introducing pet therapy, a number of factors should be considered:

- The residents' wishes should inform any decisions.
- A risk assessment should be conducted in advance with control measures in place to mitigate any identified risks. For example a non-shed dog may be appropriate if residents are at risk of allergy.
- Centres should also establish that potential pets have been socialised and are suitable for residents.
- The centre's policy on pets should also be clearly communicated to residents and potential residents.
- The welfare of the pet should always be considered.

To learn more about pet therapy, contact Peata.
Telephone: 01 2964474; Email: peataireland@gmail.com.

[3]International Psychogeriatrics (Aug 2011): 899-905. Animal-assisted activity and emotional status of patients with Alzheimer's disease in day care.http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8311246&fulltextType=RA&fileId=S1041610211000226
[4]L'Encéphale. 2008 Apr;34(2):183-6. doi: 10.1016/j.encep.2007.01.006. Epub 2007 Sep 11. Animal-assisted therapy for people suffering from severe dementia. http://www.ncbi.nlm.nih.gov/pubmed/18597727
[5]American Journal of Critical Care. Animal-Assisted Therapy in Patients Hospitalized With Heart Failure. http://ajcc.aacnjournals.org/content/16/6/575.full
[6]Western Journal of Nursing Research. October 2002; vol. 24, 6: pp. 684-696. Resident Dog in the Alzheimer's Special Care Unit. http://intl-wjn.sagepub.com/content/24/6/684.abstract
[7]Western Journal of Nursing Research. October 2002.; vol. 24, no. 6, pp. 697-712. Animal-Assisted Therapy and Nutrition in Alzheimer's Disease. http://intl-wjn.sagepub.com/content/24/6/697.abstract

Healing Spaces

Horticulturist and landscape architect, Mark Boyle, explains why minimal investment by care providers can yield positive and inspiring results for the older person in residential care

While it is intuitive to think of gardens and green outdoor spaces as places that might be good for you, recent studies have shown that access to green space can actually increase life expectancy and that views of a landscape can shorten recovery times.

The simplest space – perhaps an area of grass with a well-placed seat or two – can be a healing space, but gardens can also be designed for or contain elements specific to particular residents. Examples include: sensory gardens for the visually impaired; exercise spaces for physiotherapy; vegetable and flower patches for occupational therapy or patient stimulus; dementia gardens for Alzheimer's sufferers; contemplative spaces for simple peace and quiet; the list goes on. Even views of a garden or landscape through a window can be therapeutic.

Another important aspect of gardens in residential care centres is their social potential. They provide a space for meeting with other residents and also offer the opportunity of an informal, relaxed place to bring visitors. Gardens or patio type places also create the opportunity for events outside, such as garden parties or barbecues in the summer.

Planning

When planning an open space, think about the users and ideally consult with them in the garden design. If the residents are active, then walks and paths will be a good idea, as will paved areas for group exercise. Residents with limited mobility can enjoy a terrace or patio, and possibly accessible beds for horticulture. Where residents are mainly bed-bound, the landscape outside the window will be mainly visual and the composition will be critical. Most centres have a mix of residents, so a combination of different spaces within the garden will be most suitable. Ideally, sociable and semi-private spaces should be included in the garden.

It is also important to survey the site thoroughly and to understand the aspect (south-facing spaces are important), the quirks of the climate (shelter and exposure in particular), existing trees or other landscape features and any good views of the wider landscape.

Design

Sensory gardens need a very particular range of shrubs and plants. Dementia gardens are usually planned in a circular or figure of eight form to avoid dead ends and return a resident to the starting point at the end of their walk. Universal access is also an important concept to ensure that all residents can use the outdoor space. This includes everything from the slope of ramps and paths, to the height of raised beds, and seat design.

Plants and Planting Beds

There are many plants and herbs that have been historically associated with medical care and healing, including Rosemary, Lavender, Barberry, Mint, Sage and Thyme. Many of these are also aromatic and are therefore often used in sensory gardens, along with plants that have interesting tactile qualities (Ballota, ornamental grasses and Yarrow) or that create sound (rustling of grasses and gentle clicking of bamboo). A bright and colourful flower display can create a great sense of vitality and dynamism, whilst a combination of green foliage and textures can be restful and verdant. Planting beds should be raised to a height suitable for wheelchair users in a sensory garden and to create visual dividers in the garden. One note of caution: centres where residents might be liable to eat the plants should be aware that many plants can be poisonous.

Surfaces

Where mobility is restricted, it is important to reduce any potential for trip hazards, so avoid patio flags or pavers, which can be dangerous to people who shuffle their feet when walking. Coloured tarmacadam, resin-bound gravel or rubber safety surfacing are available and do not necessarily involve significant additional cost. Choice of surface can also aid in recovery for people who are regaining mobility. A variety of surfaces (paving, cobbles, gravel, grass, etc.) has been recommended by occupational therapists and can be included in the design to create different challenges for residents. Composite decking (made of recycled timber and plastic) is durable, maintenance free and slip resistant.

Seating and Shelter

Ideally, seats should be placed in a variety of locations: some south-facing, some sheltered; some private, some grouped. Seats can also be moveable by residents to select their own favourite spot. At least half of the seats should have arms and back-rests to enable independent use by older residents. Sheltered seating should also be considered to enable garden use even if the weather is not perfect. This could take the form of a garden shelter, summerhouse or gazebo.

Water Elements

Few elements in the garden are as attractive as water. It can be a restful, reflective pool, a rushing cascade or a playful fountain. The variety is endless and can create tremendous animation and visual interest, even in a small space. Re-use of rain water could also be considered in the design for aesthetics or for utility. Water features are sometimes thought of as a health risk, but outdoor features are considered to have extremely low potential for transmission of any disease, particularly when they are properly installed with purifying filters and well maintained.

Spaces for Outdoor Activities

Many gardens can include facilities for grass bowls or pétanque bowls (sand courts). Also multi-use paved spaces for group exercise, looped walks and exercise equipment can all be integrated into the design of a garden if required. Bird tables, feeders or nest boxes can also create a source of interest for residents.

Maintenance

Low maintenance gardens minimise maintenance intensive elements such as lawns and include larger areas of shrubs, wild flora, paving, gravel and trees. This eliminates the need for regular maintenance and results in significant savings. Wildlife gardens, using native trees, shrubs, wildflowers and grasses, can also be low maintenance and attract a variety of insects, birds and small mammals. This can really animate a garden and create a vibrant and delightful space, resounding with birdsong.

To view a list of professionally qualified landscape architects, go to: http://www.irishlandscapeinstitute.com/find-a-landscape-architect/register-of-members/

Photos of recently completed hospital, hospice and nursing home gardens courtesy of Kevin Fitzpatrick Landscape Architects and Murray and Associates Landscape Architecture.

End-of-Life Issues Do Not End with Death

A relative says that management and staff of care centres and hospitals should always be guided by the simple question – how would I feel if it was my mother or father? This is her story.

My beloved mother died in the intensive care unit of the local hospital following a brain haemorrhage. After the funeral, I had to face the dreaded task of clearing her possessions from the care centre, where she had been living for two years. I contacted the centre to advise that I was planning to come in on a particular day and time. It is never easy at the best of times after a death to pack away precious belongings – all evoking memories of the person who is now gone. However, when I arrived at my mother's room, I was shocked and upset to find that the room was in disarray. Furniture had been pulled into the centre of the room and my mother's pictures and personal belongings from shelves piled on the bed. A man was on a step-ladder, painting the walls.

I know life has to go on but it felt very disrespectful, coming only days after my mother's funeral. I fully understood that I was paying for the room until it had been cleared. If there had been an urgent admission required, they could have explained the situation and I would have understood. However, the room apparently stood vacant for some time afterwards. Not only did the decoration work make the task of clearing the room more challenging, it felt that the centre had no real regard for my mother. I know that this was not the case – the centre was generally well managed and staff members were kind. To me, their actions seemed down to just a lack of empathy.

Some Suggestions for Consideration

- If the resident becomes seriously ill, the centre should make every reasonable effort to contact at least one family member promptly, using all of the available contact details on file. Unfortunately, by the time we were alerted, my mother was already in a coma. We so regret that we were not there to comfort her before she lost consciousness.
- Do not start to redecorate the room while the deceased person's belongings are still there. Do not clear the room in advance. Some relatives might prefer to pack for themselves. Offer to help but let the family decide. Relatives should bring suitcases, bags and boxes for packing. There is nothing worse than seeing your loved one's possessions stuffed into black bin liners and then having to walk past other residents with these "rubbish" bags, reminding them what will happen to their precious possessions after their death. If possible, arrange to leave through a side or back entrance. It is easier for everyone.
- Care centres should stop the practice of labelling clothes with room numbers. Seeing the room number written in large letters on my mother's clothes always made me feel that she was a prison inmate. It felt even worse after her death. What is wrong with using the person's name?
- The centre should send a sympathy card – a text message, while well meaning, seemed inappropriate. After all, my mother was not a casual acquaintance. An appropriate gesture of sympathy would have been appreciated and would surely make sound business sense.
- My mother was in a coma on a life-support machine for 24 hours at the local hospital. While the general level of care was good, some staff there spoke openly in my mother's presence about the post-mortem as well as asking me several times about switching off the machine. How did those staff members know what my mother could or could not hear? We also felt under extra pressure at what was already a difficult time. On the plus side, team members were kind and offered us countless cups of tea. Care-after-death protocols seemed to be well observed and our mother's body was treated with respect in our presence. Please remember that the dying and the bereaved need to be treated with gentleness and compassion.

Learn more about guidance on end-of-life care at:
http://www.hiqa.ie/system/files/End-Of-Life-Care-Provider-Guidance.pdf

We Want to Hear from You

We are relatives – just like you. Our mission is to work with HIQA and the providers of residential care centres around Ireland to drive excellence in standards of care for older people. This newsletter is designed to inform and empower you. Do you have ideas for inclusion in this newsletter? If so, we would love to hear from you. If you know friends, neighbours or acquaintances with relatives in residential care centres, please tell them about this newsletter. Help us spread the word! Please contact us as follows:

By email:
maydogdu@hiqa.ie, marking the subject of your email Reach – Relative Newsletter Contribution.

By post at:
The National Relatives Panel, c/o Margaret Aydogdu,
Health Information and Quality Authority,
Safety and Quality Improvement Directorate,
George's Court, George's Lane, Smithfield, Dublin 7.

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HIQA Standards
www.hiqa.ie/system/files/Residential_Care_Report_Older_People_20090309.pdf

The Health Act 2007, Regulations 2009
www.dohc.ie/legislation/statutory_instruments/pdf/si20090236.pdf?direct=1

Useful Phone Numbers and Websites

Age Action Ireland	01 4756989	www.ageaction.ie
Alzheimer Society of Ireland	1800 341341	www.alzheimer.ie
Diabetes Federation	1850 90909	www.diabetes.ie
DSIDC	01 4162035	www.dementia.ie
HIQA	01 8147400	www.hiqa.ie
Parkinson's Association	1800 359359	www.parkinsons.ie
Third Age	046 9557766	www.thirdageireland.ie
Western Alzheimer Society	094 9364900	www.westernalzheimer.ie
HSE information on centres		www.myhomefromhome.ie
Irish Centre for Social Gerontology		www.icsg.ie

Did You Know?

New Guidance Documents

HIQA has published six new guidance documents for residential centres to help them provide safe, high quality care and support for the people using the service.

The topics covered range from providing intimate care, through supporting residents in their relationships and managing their finances, to restrictive procedures, managing risk and writing a statement of purpose for a centre.

These short documents set out some of the principles that service providers can apply, and give templates and examples of good practice.

Representatives of services for children and adults with disabilities were asked which areas they most wanted guidance on, as these are the newest group that HIQA will be inspecting and registering, and the guidance documents can be used by all adult residential service providers.

All of these guidance documents can be found on HIQA's website, at: http://www.hiqa.ie/resource-centre/care-providers/general-information-providers

What would you like to see covered in future Did You Know features?