

TENA TALK

SPRING 2017

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PLUS

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Welcome

This newsletter is the latest in a series helping you to excellence in caring for care home residents. We hope that the information we offer is useful. If you have any comments or suggestions for future content, please contact us: tena.talk@sca.com

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Under pressure



It's the time of year to look ahead at what's to come, and the economy and its effect on the care home sector are certain to remain in focus, with debate reaching the highest level of government. As this discussion develops, it's important that all involved in the conversation don't lose sight of the fact that these institutions are 'home' to many hundreds of thousands of people who deserve to be treated with dignity and respect. This must be at the forefront of any decisions made to deal with this long-running controversy.

Recent research from The King's Fund suggests that one in five nursing homes do not have enough staff on duty, fuelled by growing demand and financial pressures. Overall, the number of care home places has reduced, and those seeking care are presenting with ever more complex needs, such as frailty, dementia or disability.

It's difficult to see a long-term solution for this dilemma, given that over the next decade the senior population (over the age of 60) is forecast to grow 56 per cent faster than the global population. In the face of this bleak outlook front line staff continue to work tirelessly to provide comfort, care and compassion for their residents.

One in five nursing homes do not have enough staff on duty, fuelled by growing demand and financial pressures

Adopting best practice and innovation should be key drivers in a home's strategy to deliver quality care while optimising precious staff time. We've looked before at the potential for technology to simplify and streamline some of the daily practices in the home, and in this edition we visit this again in our opinion piece on IT in social care, as this topic will surely have an ever-growing impact on all of us, at work and also at home. Amazing new resources such as Amazon Echo will be adapted to alleviate simple tasks in our households, such as re-ordering consumables, optimising energy usage and so on. This technological shift will, over time, help ease the burden on all staff in care homes.

Family members and friends are welcome visitors, and understanding the dynamics in the home is imperative in maintaining harmony between staff and those who come to visit. New guidance from CQC will hopefully clarify the visiting rights and expectations of care providers to avoid potential conflict. This new guidance is explored in our article 'Avoiding disputes with relatives who complain'.

Finally, congratulations to the winner of the TENATALK winter 2016 edition competition, Sue Mason, manager of Benoni Nursing Home in St Just, Cornwall.

The TENA team

Focus on maintaining hydration

Case study

Cunningham House
Epping
Essex

UTIs were reduced

Fun and engaging steps



Residents at Cunningham House in Epping, Essex have benefitted from a scheme to improve their hydration – part of the Prosper project (Promoting Safer Provision of care for Elderly Residents), which involves Essex County Council and UCL Partners working in partnership with Essex residential care and nursing homes. Prosper focuses on reducing catheter infections/UTIs, pressure ulcers and falls.

“I was interested in Prosper because I have a special interest in hydration. I originally worked in the learning disability field, but moved into elderly residential care after some issues around the care of my father, which were linked back to a lack of hydration,” said general manager, Paul Buckle.

Cunningham House, which is run by Abbeyfield, has been involved with the project since January 2015 and Mr Buckle believes the success of the initiative has mostly been a result of preparation and engagement from staff, residents and even relatives and the wider community.

“The staff took ownership of the project even before we started, with a staff meeting and suggestion box,” he says. “Everyone was encouraged to take part. We asked people to think about what we could do to ensure the residents were kept well hydrated, whether it would have an impact, and whether we had the resources to do it.”

The ideas the team came up with included giving residents slices of watermelon and ice lollies in warmer weather and highlighting ‘hydration stations’ all around the home. The results were encouraging across all areas, although an increase in awareness of proper hydration led to the statistics taking a downturn in the first three months.

“More UTIs were being picked up due to staff checking urine charts regularly, looking out for changes in colour and odour,” says Mr Buckle. “Staff were encouraged to ask for advice and eventually became more confident themselves.”

Other ideas included offering residents who were reluctant to drink fluids jellies instead, and educating them about the amount of fluid in everyday foods. To encourage residents even more, staff members sit with them at mealtimes and drink fluids to provide positive reinforcement.

What happens if people don’t feel like drinking more fluid? Especially in warmer weather, when it’s easier to become dehydrated, it can feel like a chore to keep fluids up. Mr Buckle agrees that there’s only so much you can do. “There’s a fine line between encouraging people to drink more and forcing them,” he says. “We can’t make people drink if they don’t want to. All we can do is encourage them. Some things work. We tried a red coaster system to give staff and residents a visual reminder that they needed to drink more, but it didn’t

go down well, so we scrapped that idea and we now use colour-coded drink bottles and positive messages, such as ‘You can do it!’”

The Prosper project has certainly been worthwhile for Cunningham House. Incidence of UTIs in residents has been dropping for the past two years, while the number of falls has drastically reduced since the start of the project. This reduction in falls of just over 50 per cent has led to a significant drop in hospital admissions for residents, too.

Mr Buckle firmly believes that the key to making sure staff and residents are engaged is to make things as easy and fun as possible. For example, activity co-ordinators Paula Blundell and Leigh Howe designed a Mad Hatter’s tea party to celebrate Nutrition and Hydration Week, where residents dressed up and tucked into juicy fruit kebabs with their afternoon tea. They also learned about ways to avoid dehydration. The tea party won a Prosper award for the Wackiest Idea, while education days for residents, families, and the community helped them win the Champion Of Champions category, too.

Prosper is now recruiting for cohort five and Mr Buckle’s top tips for making the initiative work are to get residents and staff engaged from the start of the project, make it fun and keep it simple – don’t blind people with science. “Be prepared to try anything,” he says. “Learn from it and develop because you will definitely see the results.”



Get up and go

Physiotherapist advice on rehabilitation, general mobility, wellness and incontinence

Encouraging people to be more active is one of the biggest dilemmas that care homes face, and one that may feed the perception that going into residential accommodation signals a downward spiral for health.

On the one hand, by rushing to assist residents with every personal task, you could well be consigning them to a prematurely sedentary lifestyle and frailty. On the other hand, upping their activity levels could increase their risk of falls, adding to your staff's already heavy workload.

Research suggests that from around the age of 50, we begin to lose between one to two per cent of muscle per year.¹ Left unchecked, this can lead to sarcopenia – the loss of skeletal muscle mass and function. According to the British Geriatric Society, prevalence of this condition may be as high as one in three for frail older people living in care homes.

Staying active is known to combat this problem in sedentary individuals as well as other age-related issues such as loss of bone density (which can lead to osteoporosis), helping to

reduce the number of falls and other related injuries.

Care homes, then, have a responsibility to give their residents the chance to lead a more active lifestyle, according to Kate Bennett, a specialist community physiotherapist, who is a member of the Chartered Society of Physiotherapy and vice-chair of AGILE, the association for physiotherapists who work with the elderly. “Unfortunately, this is an ongoing battle for physiotherapists,” she says. “When time is short or staffing levels are low, it’s often much easier simply to do something for a resident, or use equipment to assist mobility, instead of encouraging them to get up and do as much as they can for themselves.

“While it’s a fact that people will be able to do more for longer if they stay mobile, wellbeing means so much more than that. It’s the key to ensuring people enjoy a fulfilling life. If people don’t move around, they not only become weak, but lose confidence – and that’s never a good thing.”

WHERE SHOULD CARERS START?

With the possible exception of family members, daily carers will have the best understanding of a person’s mobility and general wellness,

according to Ms Bennett, who points out that physiotherapists and GPs tend to visit only for specific issues.

- Talk to residents – find out what they feel they can or can’t do and whether they were seeing a community-based therapist when living at home
- Jog their memories – people can often adopt a ‘that’s it’ mindset when they move into residential accommodation, ceasing to pursue activities they previously enjoyed. Find out what these were and whether it is physically possible for them to do these now
- Speak with relatives – families are a great source of background information and can help you understand what a person may be capable of
- Embrace positive risk management – look at what aids could help your residents to be more active and tailor them to individuals. Your local occupational therapy service will be able to offer advice on this (a GP will have information on how to contact them). If you know someone has a tendency to fall, put those aids in place before you encourage them to move

Care homes have a responsibility to give their residents the chance to lead a more active lifestyle

- Combat laziness – it’s a fact that some people enjoy being sedentary, so try and balance this with some level of suitable activity
- Consult activity co-ordinators, if your care home has one. Get everyone together to plan appropriate activities that can include everyone, for example seated exercises.

REHABILITATION

If you have a physiotherapist who visits a particular resident, ask them what you can do to help that person’s rehabilitation. “When I visit care homes, I’m always very happy to show staff what they can be doing to assist a person’s recovery,” says Ms Bennett. “And despite the staffing problems that are often apparent, there is no reason why we can’t come up with a solution that works for everybody by working together.”

PROMOTING MENTAL WELLNESS

The part that exercise plays in mental health should not be overlooked either. “Allowing dementia patients to mobilise can feel risky for carers, especially in the middle of the night,” says Ms Bennett. “But one of the worst things you can do is restrain them when they want to walk because it causes further agitation. Try thinking of alternative ways of monitoring them. For instance, installing fall sensors on chairs is a simple way of alerting you to any movement so that you can meet with them. You may well find they just wanted a cup of tea or the toilet.”

USE YOUR EXPERTISE

A physiotherapist advises on personal care matters in the care home.

AIDING CONTINENCE

It’s an intensely personal issue, and a general lack of knowledge about bladder and bowel care among the older generation often means many people simply accept the situation.

With their insight into a resident’s routine, staff will be able to detect even mild to moderate symptoms. Here are some simple but effective exercises and advice that can greatly alleviate these.

BLADDER CARE

- Don’t encourage a rush to pee ‘just in case’, or wait until residents are absolutely bursting (they should be feeling a moderate, not desperate, urge)
- Lots of small yogurt pot-sized wee might mean the resident is nervous of holding on to their bladder and would benefit from practising pelvic floor exercises (be aware that this can be a sign of an enlarged prostate in men)
- Everyone (including staff) can benefit from regular pelvic floor exercises to improve bladder and bowel control
- Noticing small leaks after peeing? Encourage women to lean forward and back several times to help make sure that all the urine comes out. Suggest men tighten their pelvic floor muscles five times to fully empty the urethra before they pull up their clothes

- If someone tends to leak when they cough or sneeze, encourage them to draw up and tighten their pelvic floor muscles as they put their hand to their mouth – before the increase in intra-abdominal pressure.

BOWEL CARE

- Bowels love a routine and you can train a habit. Try to help residents establish a ritual of activities that include the toilet, even if they don’t feel the need
- Make sure they feel safe and relaxed
- Having the knees higher than the hips unkinks the bowel and relaxes the pelvic floor muscles. Suggest people sit their bottom well back on the seat, with their feet apart and raised up on a stool/ support, with their arms resting comfortably on their legs
- Encourage patience. Many people find having something to read, such as the paper or a magazine, helps them to relax their muscles better.

Most areas of the country operate a Continence Advisory Service, which staff can contact for guidance. You can also download free exercise information booklets for both men and women from pogp.csp.org.uk/publications



Information provided by Amanda Savage of South Cambridge Physiotherapy, a member of the Chartered Society of Physiotherapy

Reference: 1. Baumgartner R. Mech Ageing Dev, 1999

EXERCISE CLASSES

Any activity programme should be co-ordinated by a chartered physiotherapist or someone trained in exercise provision, such as a postural stability instructor. For more information on accredited instructors, visit The Chartered Society of Physiotherapy website (csp.org.uk) or Later Life Training (laterlifetraining.co.uk).

Food hygiene

After reading this module you will:

- Understand why food hygiene is important when preparing, serving and storing food
- Know why it is important to keep all areas for the preparation of food clean and hygienic
- Recognise the risks of food poisoning to vulnerable people in your care.



Vulnerable people, such as care home residents, are at particular risk if they get food poisoning. It is important that your procedures and safe methods for the preparation, storing and serving of food are followed at all times to help reduce any incidents.

There have recently been reports of poor standards of food hygiene in certain hospitals and care homes that put vulnerable people at risk. This article looks at the importance of good hygiene when dealing with food.

FOOD POISONING

Food poisoning is a common cause of diarrhoea and vomiting and can be very unpleasant. It can be caused by eating foods contaminated with bacteria such as listeria (found in ready-to-eat and chilled foods), salmonella and campylobacter (found in raw meat such as poultry and eggs).

Older people may be more likely to suffer from food poisoning, because our immune systems weaken as we get older, which makes it harder to fight any infections. It can be particularly dangerous in those who are frail, and can lead to dehydration and malnutrition that may require medical treatment. It can also affect their medication. If someone in your care shows symptoms of diarrhoea and/or vomiting you should always alert your supervisor. Bouts of stomach bugs can also spread rapidly though institutions such as care homes.

PREVENTION IS THE KEY

In many cases, food poisoning can be avoided. This is why procedures and safe methods for dealing with

food set out in each care home should always be followed. These cover:

- Food preparation
- Food storage
- The serving of food and drinks.

Make sure you are aware of the procedures for dealing with food in your home and that you always stick to them. If you think the procedures are not being implemented correctly or that food hygiene is unsafe, you should tell your supervisor.

KEEP YOUR HANDS CLEAN

Hand washing is one of the best ways of preventing the spread of bacteria. It is important that you always wash your hands thoroughly before preparing or serving food.

You should also wash your hands thoroughly after using the toilet or helping anyone in your care to use the toilet, emptying bedpans or touching dirty linen or clothing.

STORING FOODS

There are strict rules on storing foods, which will be set out in detail. Briefly:

- If possible, raw and ready-to-eat foods should be stored in separate fridges. If this is not possible, raw meat, poultry, fish and eggs should be stored below ready-to-eat foods
- Unwashed fruit and vegetables should be stored separately from

Safe methods for dealing with food include:

- Never use food past its use by date
- Ensure all fridges are working below 5°C. Fridge temperatures should be checked regularly – ask your supervisor about the system for doing this in your care home
- Suitable equipment should be used to keep any food hot before serving
- Always follow the storage instructions on food labels
- Keep all ready-to-eat food chilled
- Keep raw foods away from cooked foods and any utensils used for raw food away from cooked food.



ready-to-eat foods and above any raw meat

- All cooked foods, raw and ready-to-eat foods should be covered during storage
- Foods that require chilling, including made-up sandwiches, desserts, etc, should not be kept out of the fridge for too long before serving. Particular care should be taken in warmer months
- Foods prepared in the home may use a sticker system to keep track of the dates they can be used by.

If you are involved in serving food or helping feed residents, you should always follow the set procedures, which may include:



- Wash your hands thoroughly before dealing with food
- Wear clean clothes when working with food – a disposable apron may be provided
- Make sure that visitors wash their hands if they are helping to feed a resident
- Have any cuts or sores covered with a brightly coloured waterproof dressing when dealing with food.

OTHER FACTORS TO THINK ABOUT

To help ensure food hygiene, there are other factors that should be considered within your home (these may be included in your procedures), such as:

- Have a strict cleaning schedule for areas where food is prepared, served or stored
- Ensure kitchen cloths and mops are not used outside the kitchen area – often disposable cloths are used
- If you do not have separate laundry facilities, make sure dirty laundry is not taken into the kitchen while food is being prepared
- If you have any other areas that are used to prepare food, for example a separate kitchen for staff and residents, keep this area clean and check it regularly

- Ensure you wear suitable clothing (ideally a disposable apron) if you are helping to clear up after someone who is ill and make sure the area is cleaned and disinfected thoroughly
- If your home has pets, do not allow them or their feeding bowls, etc, in the kitchen area.

RESIDENTS' OWN FOOD

We have looked at the importance of food hygiene for foods that are prepared and served in the home, but some residents may keep their own food, or they may be given food as gifts from their visitors.

Your home may give advice to family and friends to ensure this food is safe. For example, encourage low-risk foods such as biscuits or washed fruit, avoid hot foods and ensure foods are transported in suitable containers or a cool bag, if appropriate. Ensure that any foods that are not eaten immediately are kept separate from the care home food and stored safely (in a fridge if needed). Similar care should also be taken with any food that is donated to the home.

Remember – all care homes are inspected and food hygiene is one of the areas looked at, so always ensure that correct procedures are followed. Your home may display a food hygiene rating.



ACTIVITY

Mr Johnson is an older man in your care. His son visits regularly and likes to bring food treats for his father. He asks your advice on the best foods to bring in.

Talk to your supervisor about what advice you should give and how any food brought in by visitors should be stored.

SELF-TEST QUESTIONS

- Listeria (a common cause of food poisoning) is most commonly found in:**
 - Chilled ready-to-eat foods
 - Raw meat
 - Raw eggs
- It is important to wash hands thoroughly:**
 - Before dealing with food
 - After going to the toilet
 - Both of the above
- When storing food in the fridge you should:**
 - Keep all foods together
 - Keep raw food separate from cooked food
 - Keep unwashed salad and fruit at the bottom
- It is fine to use food:**
 - After the sell by date
 - After the use by date
 - Both of the above
- The fridge temperature for storing chilled foods should be below:**
 - 10°C
 - 5°C
 - 0°C
- Which of the following should be avoided when food is being prepared?**
 - Using the same utensils for raw and cooked food
 - Taking dirty laundry into the kitchen
 - Both of the above



Avoiding disputes with relatives who complain

Good communication is the key to tackling concerns

It should always be the last resort in any dispute, but there is evidence to suggest that the banning of relatives or eviction of a resident simply because they raised an issue or made a complaint is a growing problem in the UK.

It's impossible to say how many families have been affected by such action, but investigations conducted by BBC 2's Victoria Derbyshire programme and BBC Radio 4's You & Yours, ahead of a Commons debate last November, suggested numbers are not as low as they should be.

In the wake of this negative publicity, the Care Quality Commission (CQC) issued guidelines to help ensure that the public feel better informed about raising concerns and complaints, and that care providers are clear about their obligations. CQC has directed care homes to maintain a record of any bans or evictions for inspectors to view.

Such situations should be avoided, says CQC. In a statement, chief

inspector of adult social care Andrea Sutcliffe said: "Care homes are people's homes. They and their family and friends should not live in fear of being penalised for raising concerns."

Additional information will help to bring some much-needed clarity to a troubling issue, but it does little to tackle the problem itself, according to Judy Downey, chair of the Relatives & Residents Association (R&RA).

COMMUNICATION BREAKDOWNS

While there are many excellent homes that enjoy good and regular communication with relatives and rarely have 'problem' visitors, Ms Downey reports that advice on handling a relative's ban or eviction is becoming a common reason for people to contact the charity's helpline. All too often it seems, such drastic action stems from a seemingly minor issue.

"Sometimes it could be rooted in something as fundamental as a relative asking a question about care, such as how many staff are on at night," she says. "We've also seen it where a parent or partner has told a relative they could not get help when they needed it, or when a relative fills

in a feedback form and the manager takes offence at a suggestion for improvement."

Ms Downey says one theme tends to be a constant. "Generally, the responses in these cases seem to show a high level of defensiveness, which is exactly the opposite of what the person asking the question or raising the topic expected," she says.

UNDERSTANDING STRESS

Other than a necessary response to anything criminal such as a physical treat or violence, of course, banning a relative is something that most care homes would want to avoid.

"It is an attack on the resident's human rights to restrict or remove their visitors from contact," says Ms Downey, "and it should never happen unless there is substantiated evidence that this is in the best interests of the resident concerned. Many residents have lost so much in terms of their independence, their homes, sometimes their closest friends and family. It is unforgivable that they might also lose touch with those who care about them and visit them. Both care home managers and staff should have the skills to understand this."

Understanding the relative's viewpoint is an important place to start. Homes should provide a culture where people are able to easily discuss someone's care and to ask questions.

"Of course, there are going to be times when a question may have been put in a way that shows a relative or friend is upset and concerned, but managers and staff can surely understand how hard it can be to raise it at all," says Ms Downey.

"From our perspective, we feel a large part of the problem is that people wait too long before asking these important questions, simply because they are afraid of any repercussions. So when they finally do so, they're quite often suffering from a high level of upset or stress."

WORKING TOGETHER

Should a ban or eviction be put in place, the relative/care home relationship can be very hard to salvage. Rather than take such drastic action, care home managers should be working to head off any disputes by building good relationships between residents, relatives and staff and identifying any potential issues early.

Good communication is the key to this, so try to do the following:

- Ensure your home is a welcoming and friendly place to visit, with staff briefed about what is expected of them
- Make it common practice to touch base with relatives and those who advocate on behalf of a resident on at least a monthly basis, whether formally or informally, for regular reviews of a resident's care. Don't wait for them to contact you
- Ask staff to feed back on any issues, for example if they feel a relative is confused by some treatment and contact them to discuss it
- Alert them to any appointments, and allow them to accompany the resident, should they wish to do so
- Have clear communication lines so that visitors know who to contact if they need to discuss something and staff know who to contact in an emergency
- Inform them immediately if a resident's condition changes in order to avoid any shock reactions when they visit

- Avoid institution-style rules
- Be sensitive to a relative's feelings; try to put yourself in their shoes
- Act early and effectively to avoid small issues escalating
- View relatives as a valuable resource. They can help you provide more tailored care, eg they may be able to understand a resident with speech problems a lot better than you can. They can also help spot changes in a resident's health that busy care workers may miss
- Encourage and support family and friends to set up their own group (the R&RA provides a free guide you can refer to)
- Explore ways of involving relatives, for example by hosting social events that get everyone together and talking.



ADDITIONAL RESOURCES
To access free resources or advice on setting up a relatives' group, visit relres.org

KNOW THE RULES

CQC regulations state that all care providers must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service or people acting on their behalf. All complaints must be investigated thoroughly and any necessary action taken where failures have been identified. The CQC asks care homes how they listen and learn from people's complaints.

If a service that is fully or partly funded by the local authority or NHS stops a resident from receiving visitors, this may be a breach of the resident's rights under Article 8 of the European Convention on Human Rights, incorporated into the Human Rights Act 1998. However, rights under Article 8 are not absolute. They need to be balanced against other rights and the rights of other people. This means there may be a small number of very specific circumstances where care providers can restrict, or even refuse visitors. For more, visit cqc.org.uk

Manager's bulletin

Rules around right-to-work checks

With right-to-work checks coming increasingly under the microscope, can an employer dismiss an existing employee who does not produce satisfactory right-to-work documents? The answer is "yes". An employment tribunal, in the case of Baker v Abellio London Ltd, found that the employer fairly dismissed an employee who had failed to produce evidence of his right to work in the UK when asked by his employer to do so.

Workplace policy needed for will writing

In an interesting case that has relevance to those involved with the running of care homes, the High Court has ruled that delusions and dementia do not prevent it from finding a will was valid. In the case Lloyd v Jones, the High Court upheld a will that was challenged on the grounds of lack of testamentary capacity, even though the deceased suffered from dementia and delusions. Allied to the case, it's worth noting that care homes need policies on staff participating in the writing of wills.

IT in social care

“Websites are updated all the time, but we’ve got one really old page on the Social Care Institute for Excellence (SCIE) website. For us, that’s something to celebrate. I’ll explain. In 2010 we hosted a project called Get Connected to provide IT in care settings. It’s now seven years on, and lots has changed.

In social care, it used to be a case of ‘wouldn’t it be nice to have IT’ in care settings. And that’s how it was when Get Connected was launched.

These days, there’s an expectation that IT will be provided. A key question for family carers, when looking for a care home, should be whether wifi is included. Increasingly, this is a must-have rather than a luxury and is just as important as having, say, a robust medications policy.



However, just seven years ago a lot of this was revolutionary; hence the need for the Get Connected initiative at the time. Many people working in care settings were so detached from IT that our sector looked like it was seriously lagging behind.

Here in 2017, I’m sure there are still problems. Some workers can still sometimes struggle with the constant advances in technology, or might have problems accessing a computer in a small service. But nowadays, the good news is that more and more people in the sector are accessing technology with an increasing number of devices.

LESS VERA LYNN AND MORE MICK JAGGER

Folks are continuing the work of Get Connected today. One of our partners from the project, social welfare and tech charity Lasa, says we need to explode the stereotype of care settings being all about dominoes and Vera Lynn. It says that these days, people are just as likely to use devices to enjoy memories of the Rolling Stones, or to use YouTube or Google Street View to spark a reminiscence.

Luckily for those faced with this challenge, whether they’re registered care home managers, home care workers, commissioners of services or carers and users, there’s a handy Lasa guide for providers (found at lasa.org.uk), including 10 helpful tips. So now there’s no excuse.



Ewan King, director of business development and delivery, the Social Care Institute for Excellence

Of course, things aren’t perfect. Mahiben Maruthappu is a London-based doctor and co-founder of technology initiative Cera (joincera.com). He says digital innovation is still at the “potential to transform” stage for a sector that is currently disjointed and overcrowded, and in which more than 8,000 different companies provide dramatically different standards of care.

In a recent blog in the *Guardian*, Dr Maruthappu said new ideas, such as seeking medical advice from your smartphone, on-demand visits from care workers and advances in medical research using artificial intelligence, can make care transparent, reliable and responsive.

We’ve come a long way in a short space of time

He raised the issue of funding, and back in 2010, Get Connected was primarily a way of paying for equipment to be inserted into care settings. But with more integration of health and social care, IT can now play a key role in making multiple agencies communicate with each other to help improve the lives of people who need care and support.

ONE DAY MY PRINTS WILL COME

These days at SCIE we get very few calls asking for a printed copy of something. That said, much of our work is available in PDF format so that, for those who want it, and there are many, they can print off products. You just need a My SCIE account.

We’re proud of the part we’ve played in getting more people connected to IT and technology in our sector. Imagine suggesting 10 years ago that someone with dementia should use a computer as part of their care package. You might have got some quizzical looks. Not any more.

These days, IT use in care settings is more commonplace. And that’s the point. Get Connected aimed high and was revolutionary – a mere seven years ago. Let’s continue to have big expectations of IT and its potential to help improve people’s lives.



Sign up for an SCIE account to access resources at scie.org.uk/myscie



We'd love to hear your news and views by email or letter

We will give space to your letters, emails or information to share in every edition of **TENATALK**. Email the editor at tena.talk@1530.com with any subject relevant to care homes (about 150 words is ideal) and we will publish a selection of your comments.

Ask the TENA team

Q Should our care home residents be taking vitamin D supplements?

A Dietary sources of vitamin D are limited, and a national survey suggests around a fifth of all adults and eight to 24 per cent of children in the UK may have a low vitamin D status. Guidance now recommends that residents in care homes receive a vitamin D supplement all year round, and that the general population take a vitamin D supplement in the winter (NICE, 2016).

Vitamin D is essential for skeletal growth and bone health and helps to control the amount of calcium and phosphate in the body, which are both important to the health and maintenance of bones, teeth and muscle. Low levels of vitamin D mean that we cannot process the calcium that bones need for structural strength. This can be a result of a dietary problem, lack of sun exposure or a problem with absorption. Conditions associated with poor absorption of vitamin D include coeliac disease, certain types of cancer, kidney and liver problems, along with vitamin D deficient diets. Phenytoin and phenobarbital drugs to treat seizures can also cause osteomalacia. (Arthritis care, 2016).

It is very difficult to get the recommended amount of vitamin D from our food alone. Vitamin D is found in only a small number of foods, such as oily fish, red meat and egg yolks. It is also added to fortified foods such as cereal and infant formula.

The main source of vitamin D is from the sun on our skin when we are outdoors (NICE, 2016). Between April to September, when the sun is strongest, most people will get the sufficient amount of vitamin D required, however from October to the end of March the sun in the UK is not strong enough.

Being out in the sun in short bursts from April to September, between the hours of 11am and 3pm, will give most people enough exposure to sunlight if their hands, arms and lower legs are uncovered and they are not wearing sunscreen. Advice states 'if you plan to be out in the sun for long cover up, wear wraparound sunglasses and apply a sunscreen with a minimum of SPF15' (NICE, 2016). Cover up or protect the skin before it starts to turn red or burn.

People with darkly pigmented skin, especially of African or Asian origin, will need to spend longer in the sun to produce the same amount of vitamin D as someone with fair skin.

The body cannot make vitamin D if someone is indoors, sat by a window in the sun. The body requires UVB rays to make vitamin D and these cannot travel through the glass.

In the winter months, people are advised to take supplements of vitamin D and eat foods rich in vitamin D.

So, who should take vitamin D supplements? (NICE, 2016)

- Babies in their first year (added to formula milk)
- All children aged one to four years
- **People who are not often exposed to sunlight: frail, housebound and residents in care homes**
- People who wear clothes that cover their skin when outdoors for cultural reasons
- For the remaining population over the age of five, it is recommended that a vitamin D 10mcg supplement is taken during the winter months (these may be prescribed free of charge if a woman is pregnant or breastfeeding or for a child under the age of four.)



TENA Slip Extra Large

To bridge the gap between TENA Slip Large and TENA Slip Stretch XXL, we are proud to launch TENA Slip Extra Large for individuals who are in between these sizes. TENA Slip Extra Large offers the same great benefits as the rest of the TENA Slip with ConfioAir™ product range and is available in four different absorbencies.

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TENA Slip features wide hook tapes, which are easy to fasten and readjust multiple times for a perfect fit. The fast-acting, highly absorbent core securely protects against leakage, while the ConfioAir backsheet and sides allows the skin to breathe to maintain dryness, comfort and dignity for the resident.

For more about TENA Slip Extra Large, please contact hcmarketing@sca.com



TENA is a market-leading supplier to care homes. For information about the TENA product range or to contact the team:

 www.tena.co.uk

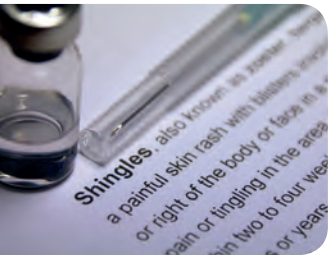
 tena.talk@sca.com

OLDER PEOPLE ENCOURAGED TO HAVE SHINGLES VACCINE

The International Longevity Centre UK (ILC-UK) has suggested that more needs to be done to encourage older people to have the shingles vaccine. Public Health England has reported a decline in the uptake of the vaccine against the disease, which affects about one in four people at least once in their life, and mostly those over the age of 70.

David Sinclair, director of ILC-UK and editor of the European Adult Immunisation Hub said: "Vaccination is not just for kids. In an ageing society, we need a much greater focus on improving awareness and uptake of vaccination among adults. Anything we can do to reduce likelihood of pain is of huge importance in old age, with six in 10 people in their mid-seventies suffering from pain."

Currently, there are complex guidelines around who is, and who isn't, eligible for the vaccine. ILC-UK has called for a vaccine to be made routinely available to everyone between the ages of 70 and 80, to avoid confusion and make sure that as many at-risk people as possible are routinely protected.



UNITED FOR ALL AGES URGES BETTER COMMUNICATION

Urgent action is needed to end "age apartheid" in the UK, according to think tank United For All Ages. Its report, *A Country For All Ages*, suggests that multigenerational communities, two-way relationships and better communication between older and younger generations were needed. Excluding families, the average Briton has 56 per cent less interaction with other age groups than would be expected if they were mixing naturally with people in their local community.

The report suggests that older people could potentially share care homes with students, and that care homes consider opening up for community activities such as nursery schools. Schools and universities could also hold activities or programmes for older and mixed age groups.

unitedforallages.com



COULD AGEING BE REVERSIBLE?

New research has suggested that one day we may be able to reverse or slow down the effects of ageing, by undoing changes that occur in gene activity. Researchers at the Salk Institute for Biological Studies in America found that altering genes in mice and in-vitro human cells reversed the ageing process and extended the life of a mouse with an age-related condition.

scientificamerican.com

EXERCISE CAN HELP PEOPLE STAY INDEPENDENT AND MENTALLY FIT

Older people, especially those who are considered to be at risk of losing their independence or becoming mentally unwell, should be offered tailored exercise plans, according to new guidelines issued by NICE.

A quality standard published in December looked at ways that people over the age of 65 could be supported, and advised that, in particular, older people who were thought to be at risk should be encouraged to join in with activities that suited them.

Examples of fitness activities that could be offered include dancing, walking and swimming, along with some strength and resistance exercises designed for older people. This type of activity could also help vulnerable adults reduce their risk of social isolation. Factors that can cause decline in wellbeing include poor health, being over 80 and divorce or the death of a partner.

Professor Gillian Leng, deputy chief executive of NICE, said: "Everyone is affected differently by ageing and while many older people can remain independent, we need to do more to help those who can't."

nice.org.uk/guidance



COULD TRAFFIC POLLUTION INCREASE DEMENTIA RISK?

According to Canadian researchers, as many as 11 per cent of dementia cases in people living within 50 metres of a major road could be linked to traffic pollution.

A study published in *The Lancet* looked at 6.6 million people from the ages of 20 to 85. There were 243,611 cases of dementia diagnosed during that time. Compared with those living 300 metres away from a major road, the risk of developing dementia was seven per cent higher within 50 metres, four per cent higher between 50 and 100 metres and two per cent higher between 101 and 200 metres.

Dr David Reynolds, chief scientific officer at Alzheimer's Research UK, commented: "This study has identified major roads and air pollutants from traffic as possible risk factors for dementia, a finding which will need further investigation before any firm conclusions can be drawn about the relative risks of air pollutants for dementia versus other risks such as smoking, lack of exercise or being overweight."

thelancet.com

NEXT ISSUE Watch out for the next issue of TENATALK in the summer

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