

TENA TALK

SUMMER 2017

IMPROVING MENTAL AGILITY

PROFESSIONAL PRACTICE PAGE 4

HEARING LOSS IN OLDER PEOPLE

LEARNING ZONE PAGE 6

EMPLOYING THE RIGHT PEOPLE

WORK IN PRACTICE PAGE 8

PROMOTING ART AND CREATIVITY

OPINION PAGE 10



PLUS



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

This issue:

- 02 WELCOME**
Protect social care
- 03 CARING CHALLENGES**
The Gateshead Vanguard
- 04 PROFESSIONAL PRACTICE**
Improving mental agility
- 06 LEARNING ZONE**
Hearing loss
- 08 WORK IN PRACTICE**
Employing the right people
- 10 OPINION**
Arts in care homes
- 11 DISCUSSION**
Advice and new ideas
- 12 UPDATE**
News review



Protect social care



It was interesting looking at the main parties' approaches to social care through their manifestos in the recent general election. It is evident that there is a growing recognition that the care industry is in need of significant support and investment to meet the future needs of an ageing population. Whether it is pledges to increase spend on social care to bridge the gap between state and self-funders, or to cap the amount an individual should contribute to the cost of their own care, our political leaders seek to reassure us that they will safeguard those who depend on care when they are at their most vulnerable.

One recurring topic in **TENA TALK** over the past few years has been the disconnect between the different layers of care: primary, community and secondary, social care to residents in care and nursing homes. This has been a challenge for successive governments, but an initiative launched in the autumn of 2016 is now in progress. Those involved in the Vanguard projects are taking the lead in looking at new care models that will act as blueprints for the future of NHS and care services in England. In this edition we report on the status of this activity in Gateshead.

Those involved in the Vanguard projects are taking the lead in looking at new care models that will act as blueprints for the future of NHS and care services in England

There is an understandable realisation that we must protect the most valuable resource in our care homes: the staff. As the outcome of the Brexit negotiations evolves, the need to maintain stability and continuity in the workforce will be reflected in promises of increasing the living wage and access to jobs through controlled immigration.

In a similar vein, we have always focused on the importance of recognition, motivation and reward of staff in our care homes, and in our article 'Employing the right people' we consider the important factors that influence the recruitment process to ensure that we find the best people to fill vacancies quickly and successfully.

As it is reported that a record number of care homes continue to close in the face of current pressures, let's hope that government delivers on their promises, and that we can look forward to a period of focus and action in these challenging times.

Finally, congratulations to the winner of the **TENA TALK** spring 2017 edition competition, Kathryn Abbs, manager, Brooklyn House, Attleborough.

The **TENA** team

Gateshead Care Home Project

Case study

Gateshead
Tyne and Wear

Gateshead Vanguard
project

Hawksbury House
Care Home



The Gateshead Care Home Project is one of a range of Vanguard sites that have been developing new ideas for delivering healthcare across the country, funded by NHS England. The initiative had already been running for a number of years, and showing success.

Chris Davies, therapy lead, has been working on the project since 2008. "We started a pilot project where a nurse assistant and GP carried out proactive care in care homes, a comprehensive geriatric assessment looking at individuals' health, functional and sometimes social needs. The pilot led to a dramatic reduction in A&E admissions, because instead of thinking, 'These people are ill, what are we going to do with them?' we were making plans in advance based on their needs and medical history."

The scheme has since expanded. "We rolled the project out into a bespoke service, co-ordinating care for residents and aligning GP practices with care homes, giving one GP sole responsibility for each home. We didn't force people to change doctor if they didn't want to, but we managed an 80 per cent care home to GP ratio.

"In care homes with a nursing element, we took on seven nurse specialists with geriatrics backgrounds to work with GPs on a proactive care plan approach. This involved a weekly ward round, doing assessments and sharing care plans with other

organisations such as the ambulance service and out-of-hours GPs.

"The complex needs of frail older people need a multidisciplinary approach, so we employed geriatricians and even an old-age psychiatrist to give specialist input in a 'virtual ward' for patients who needed extra support. GPs or nurses would email, call and refer patients to the virtual ward service to avoid hospital admission. The idea was to 'wrap care around the person'."

Care home staff now feel upskilled and part of the decision-making process and all those involved work closely together, he explains. "GPs learn from geriatricians and old-age psychiatrists, and families are involved with decisions such as end-of-life care. GPs can get to know patients much better and on the occasions when patients did have to be admitted to hospital, the transfer-back process was much smoother because everything was more co-ordinated."

The project hasn't been without its challenges, he says. "We had to provide GPs with access to primary care records via laptops in homes because primary and secondary care don't use the same reporting systems, and documentation and IT are ongoing challenges we're still working on.

"The main challenge was the complexity of care involved. We are very much in a single-system-disease model in the NHS. We've been lucky to get buy-in from other

organisations, and GPs who were initially concerned it would increase workload. In fact, shifting care to a more proactive model has saved time, through reduced numbers of call-outs. Nationally, there's a shortage of GPs and geriatricians, so we've been lucky to appoint two geriatricians.

"Another area we're working on addressing is pharmacy waste. We're working with pharmacists to optimise medication and we've saved money, although this is a slow process."

Jackie Murray, manager of Hawksbury House residential home in Gateshead, believes that being part of the Vanguard has been a positive experience.

"I've been a care home manager for more than 20 years and until recently I wouldn't have had the opportunity to meet with people such as pharmacists, physios, palliative care consultants and Alzheimer's experts all in one room.

"My personal knowledge has increased and I've fed this back to my team. We're introducing ideas like NEWS (National Early Warning Score) [to monitor people whose condition may be deteriorating] so care staff carry out basic observations such as BP, temperature and oxygen sats before ringing the GP. We've had delirium training, input from a Parkinson's expert and we're also introducing a hospital transfer bag so that we can check every document that goes out with a patient, and back in again when they return."



Improving mental agility for residents

It's long been accepted that our cognitive skills can have a profound impact on wellness, with "use it or lose it" the mantra of activity co-ordinators in care homes far and wide.

Such thinking has been supported by a growing number of sophisticated apps – including Lumosity, Cognito, Fit Brains Trainer, Peak and Elevate – that look to exercise the grey matter of both young and old.

According to Alzheimer's Society (alzheimers.org.uk), research has shown that people who have complex occupations or engage in mentally stimulating activities, such

as crosswords, puzzles and learning new skills throughout their lives tend to have lower rates of dementia. But it makes the point that, as yet, no studies have proved an out-and-out link.

REAPING THE DAILY REWARDS

What such investigations do suggest, however, is that enhanced mental agility has a hugely positive effect on our daily lives. The Protect Study, funded by Alzheimer's Society and conducted by researchers from the Institute of Psychiatry, Psychology & Neuroscience at King's College, London, is at the forefront of this.

First launched as a pilot in 2015, the Protect Study comprised a small number of volunteers aged 50-plus,

each of whom performed three online brain-training exercises over the course of six months. They were encouraged to play a game for 10 minutes at a time – as often as they wished – before the study, and then again at six weeks, three months and six months. At each point, the volunteers completed a series of cognitive tests, which included grammatical reasoning and memory. Those over the age of 60 were also assessed for a daily living task.

"Playing online games that challenge reasoning and memory skills – brain training – appears to bring benefits for older people and improve their ability to carry out daily tasks, such as shopping, managing their finances,

People who have complex occupations or engage in mentally stimulating activities, such as crosswords, puzzles and learning new skills, throughout their lives tend to have lower rates of dementia

and using public transport,” says Dr Clare Walton, research manager at Alzheimer’s Society.

These results sparked the biggest randomised control trial to date of an online brain-training package and the impact on performing daily activities. Involving almost 7,000 adults aged over 50, this resulted in improved reasoning and problem solving skills, with more improvements in these brain functions seen with the more exercises completed.

CARE HOME APPLICATION

Elaine Everett, founder and managing director of Motivation & Co (motivationandco.com), agrees that being more mentally agile can have a direct impact on all-round health. Her company, which works across mental and brain injury units, as well as care homes with residents from age 16 to 18 upwards, specialises in combining cognitive and physical exercises for overall wellness.

“Our methods, which are directly based on research from Leeds University, aim to influence the thought process, offering short, sharp and sweet bursts of motivational therapy that lead to real improvements for people,” she says.

According to Ms Everett, who was recently named Best Innovator at the 2017 British National Care Awards for her programme, a course Motivation & Co devised for Hertfordshire NHS to help reduce falls in 10 care homes underlines this perfectly.

“Over 10 weeks, we went and worked with dementia patients,” she says. “By the end of it, we had halved the number of call-outs for the problem and reduced the rate of falls by

55 per cent. We did this by engaging the participants’ brains before leading them in physical exercises, essentially putting them in the right frame of mind to process the information we needed to impart.”

While she readily advocates the use of apps and other brain-training aids as useful tools in the care home manager’s kit, Ms Everett insists that these exercises are far more effective when tailored to the environment.

“First and foremost, they need to be specific and fit for purpose, so by that I mean age-related or targeting a particular requirement, such as post-stroke rehabilitation or dementia,” she says. “But that doesn’t mean you can’t mix and match exercises across these different groups. For example, I find that many of the programmes we use for dementia work brilliantly with younger people with learning disabilities, too.”

So how do you go about introducing an effective brain-training exercise?

Rather than just hosting a quiz, which can often prompt people to put up a wall, Ms Everett says people need a mental warm-up, akin to a limbering up of their muscle memory. This enables you to ensure that everyone’s brain is fully in gear by the time you start the real brain training.

“Simple sayings are a great way of doing this,” she says. “Here, you invite people to finish a well-known phrase, such as ‘look before you leap’. This is a genuine ice breaker, and one that we repeat to work on both short- and long-term memory. You will be surprised at how many people can answer these.”

Ms Everett says the aim with any exercise is to devise a way to break up the thought process and get people’s brains engaged in what you are doing, with the goal of working the brain until it’s functioning better than when you started.

“You never want to set them up to fail, but depending on the age and group you are working with, it should be appropriately challenging,” she says. “We tend to pick visual quizzes with a theme that keeps people on the same train of thought, such as colours. As soon as you get people

into the thought process, you deliver the next question, and the next. Once we have engaged the brain sufficiently, we then move on to other exercises designed to work both mind and body at the same time.”

Motivation & Co runs a number of dedicated training days for activity co-ordinators across care homes. “What I always emphasise during these is that you don’t have to be constantly running quizzes or playing games to keep people’s brains engaged,” says Ms Everett.

“Conversation is a great stimulant in itself, in terms of actually getting people to sit down and speak about things that don’t simply revolve around the care home routine. Gardening, walking or even just setting the table can all interest a person and get them interacting in much more meaningful ways.”

MIND YOUR LANGUAGE
 Learning a language can improve mental agility at any age, according to a study conducted by the University of Edinburgh. Observing 33 students aged 18 to 78, who participated in a one-week Scottish Gaelic course during 2016, it found that attention levels and mental alertness improved, even during a short period of learning a language, with these skills maintained if the students continued to practise.

DO IT YOURSELF
 The Protect Study comprised three reasoning tasks, such as balancing weights on a seesaw and problem-solving tasks. A demo game is available at alzheimers.org.uk/braintraining

Hearing loss in older people

After reading this module you will:

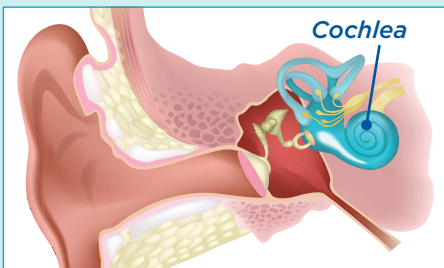
- Understand why it is important to support people with hearing loss
- Recognise signs that may indicate someone is having problems hearing
- Know how to help people with hearing loss.



Hearing loss is very common in older people. It can develop gradually with age. According to Action on Hearing Loss, about 70 per cent of people over 70 years, and 90 per cent of people over 80 years, have some level of hearing loss, so it is likely to affect many people in your care. Loss of hearing can have a significant impact on someone's quality of life and it is important that you recognise people in your care who have problems hearing and try to support them.

HOW THE EARS WORK

There are three parts to the ear. The outer ear directs sound into the ear canal towards the ear drum, making it vibrate. The vibrations pass through three small bones in the middle ear, which send them to the cochlea. In the cochlea, tiny hair-like cells generate signals that pass through the auditory nerve to the brain.



HEARING LOSS

Damage to any part of this pathway can cause hearing loss. As we get older we have fewer hair-like cells in the cochlea, which leads to loss of hearing. There are different levels of hearing loss from mild to profound.

People in your care who have problems hearing may find it difficult to communicate with others, which can make them feel isolated or lonely. It could even lead to them losing their confidence or feeling anxious or depressed. These people may also be frail or have other health problems, such as impaired vision or dementia, that need to be taken into account.

If you suspect someone has a problem hearing, you should encourage them to get help and alert your supervisor.



Look out for anyone who:

- Appears withdrawn and doesn't join in with activities
- Keeps asking you to repeat things
- Does not seem to follow conversations, especially if there is a lot of background noise
- Has the TV or radio on very loud
- Complains they can't hear as well as they used to
- Struggles to hear on the telephone.

They may be resistant to help and not want to admit they have a problem, so encouraging them to accept help may be difficult. Talk to your supervisor about how this should be approached.

Many people think some degree of hearing loss is just a normal sign of ageing and may be reluctant to ask for help. Others may not realise they have a problem, so it is important that you look out for signs and alert your supervisor if you feel someone could benefit from help. When someone new comes to your care home they will probably be checked to see if they have any signs of hearing loss. Ask your supervisor where this is recorded and what action is taken if a problem is identified.

SUPPORTING PEOPLE WITH HEARING LOSS

Think about ways you can help support people in your care who have hearing loss. They may have other healthcare needs, too. For example, if they have dementia, they may forget to use their hearing aids and you could help by checking they have put them in each day. If they have limited mobility in their hands or problems with their sight, they may need you to help manage their hearing aids, by changing batteries, for example.

You may be asked to attend medical appointments with them, if no family members are available. It may be useful to write down key messages during such visits. You could also help by explaining to family members that the person is having problems hearing and give hints on how to help engage them in conversation.

They may benefit from devices such as:

- Hearing loop systems, which can help people with hearing aids by reducing the level of background noise
- Portable directional microphones (listeners), which can be directed to TVs, radios, etc
- Amplified telephones that increase the volume of the caller's voice and ring tone. Flashing lights can also indicate that a phone is ringing.

It is important that you think about the best way to communicate with people who may have hearing loss, and always treat them with respect. Some tips include:



- Face the person and make sure they can see your lips clearly, as some may lip-read
- Make sure you have attracted their attention before you speak
- Speak clearly using plain language, at your normal volume (try not to shout) and use facial expressions to show how you feel
- Reduce background noise where possible, for example:
 - Turn the TV off if nobody is watching it (or put subtitles on)
 - Ensure people can go to a quiet area if they want to chat
 - Carpets and soft furnishings and padded table cloths can be used to help reduce any background noise
- Write down key words during a conversation and point to relevant objects or pictures as you talk.

HEARING AIDS

Hearing aids can improve how people communicate and their quality of life, but often older people wait too long before they get their hearing tested. Hearing aids are more effective the earlier they are fitted and people often adjust to them better the earlier they are fitted. Good-quality hearing aids are available on the NHS or privately.

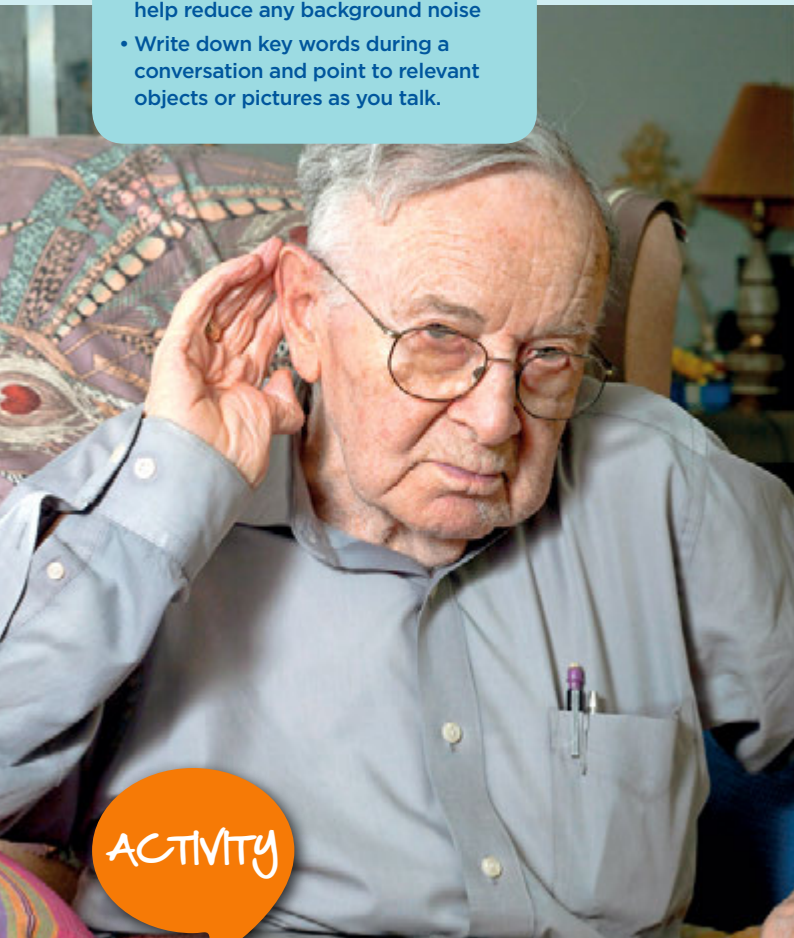
There are different types available. They all need to be cleaned regularly and have their batteries changed. Details of the type of aid someone has and any additional components, such as replacement tubing and the batteries that are needed, may be included in their care plan.

Talk to your supervisor about your role in helping people maintain their hearing aids. These may include:

- Checking every day that it is fitted correctly in the ear and is working
- Making sure the batteries are replaced regularly (typically once a week – add a reminder to their medicine checklist)
- Making sure any tubing, ear moulds, etc, are cleaned regularly
- Knowing how to use loop settings and different controls on the hearing aids.

British Sign Language (BSL)

If you have people in your care who use BSL, ask your supervisor what provision there is for this to be interpreted and how they keep in contact with other BSL users.



SELF-TEST QUESTIONS

1. **People who have difficulty hearing may:**
 - a. Feel isolated
 - b. Become anxious or depressed
 - c. Both of the above
2. **Which part of the ear contains hair-like cells?**
 - a. Ear drum
 - b. Cochlea
 - c. Ear canal
3. **When talking to someone who has difficulty hearing, you should:**
 - a. Get their attention
 - b. Speak quickly in a raised voice
 - c. Face them and talk at normal volume
4. **Hearing aid batteries usually need replacing once a:**
 - a. Week
 - b. Month
 - c. Year
5. **Which of the following may help reduce background noise?**
 - a. Carpets and soft furnishings
 - b. Padded tablecloths
 - c. Both of the above
6. **Hearing loop systems help by:**
 - a. Reducing the level of background noise
 - b. Increasing the volume of a voice
 - c. Flashing lights as an alert system

You notice Mr Johnson, who is usually quite sociable, is not joining in activities and seems lost when there is a lot of background noise. In conversation, he tells you he has a hearing aid, but it doesn't seem to be working properly.

Think about how you could help Mr Johnson and discuss how you would deal with this situation with your supervisor.



Employing the right people

How to source care home staff who will match your expectations

With employee turnover in the social care industry at an all-time high, knowing how to source and recruit the right people for your home is essential.

The charity Skills for Care (skillsforcare.org.uk) underlined the scale of the problem in April, when it published research that claimed more than 900 care workers are leaving their jobs every week – often leaving the sector altogether.

So what can managers do to avoid their care home becoming yet another statistic?

FIRST THINGS FIRST

“The mistake that most managers make when recruiting is to try and fill a gap as quickly as they can,” says Julie Wright, senior consultant at Wright Care Solutions (wright-care.co.uk), a compliance and quality consultancy that offers recruitment advice. “But that’s a false economy. More often than not, rushing an appointment will just land you with the wrong person. So even if it’s a question of using agency staff for another couple of weeks in order to make a more informed decision, I would always recommend doing that.”

Chris Wray, national recruitment manager at Anchor (anchor.org.uk), a not-for-profit organisation that operates 121 care homes in England,

agrees. “There is a perception that in care it’s just about putting bums on seats,” he says, “but that should never be the case. Understanding your culture and the type of person you want in your home is crucial. Otherwise, you’ll get caught in a constant cycle of hiring that is deeply unfair on residents.”

THE RIGHT CANDIDATE

For Ms Wright, personality will always trump any certificates. “Formal qualifications are certainly nice to have, but they don’t mean that a person will be caring,” she says, “and in this setting that’s really the most important thing. You can train someone to do something, but you can’t teach them how to care about people.”

Anchor has devised a strategy offering apprenticeships to grow its own talent. “We have put the focus on care as a career, with values at the heart of our programme,” says Mr Wray. “Candidates who pass their probation are offered the opportunity to be funded for an NVQ. However, if someone isn’t looking to move up the ladder, that’s OK with us, too, because our approach is based on engagement and having an understanding of where our employees see themselves and helping them achieve that.”

WORDS COUNT

According to both Ms Wright and Mr Wray, how you word your ads will

go a long way to filtering the right candidates. “Take a look at most job sites and you’ll see the same thing over and over,” says Ms Wright. “A list of job titles, with location and hourly pay. But if you’re looking to capture the attention of a particular type of person, then you need to set yourself apart and appeal to them directly.”

Examples could include:

Are you looking for a more fulfilling role in care?

Are you a carer who wants to make a difference?

THINK OUTSIDE THE BOX

Strengthening your home’s ties with the local community is an excellent way of gaining recognition as an employer with a strong care ethos – something that will attract like-minded individuals – and encouraging word-of-mouth recommendations.

The use of posters or flyers in shops and other locations that you feel might catch the eye of prospective candidates can also be effective. “It’s an inexpensive way of casting your net in an area you are interested in,” says Ms Wright. “And when coupled with a more thought-provoking message, it can really pay dividends.”

Both Mr Wray and Ms Wright advocate the use of banners as a cost-effective way of alerting passers-by to current vacancies. “They tend to work best in short, sharp bursts, so it’s important not to overuse them,”

says Mr Wray. "By checking your records, however, you can see if there are any spikes in your calendar and schedule your banner accordingly."

Mr Wray points to social media as another useful tool. "Posting some of the activities taking place is a quick and easy way of illustrating what a fun, friendly and well-run home you are operating," he says. "You will need to update it regularly, because random or old posts can have the opposite effect."

TRUST YOUR INSTINCTS

Interviewing is a necessary process that both candidates and managers often dread, but formalities aside, this should be viewed as the first real opportunity to see how someone might fit into your care home.

Ms Wright believes psychometric tests can shed valuable light on someone's approach to situations and values. While some can be expensive, she says you could pay as little as £30 per candidate. She also recommends including some personality and values-based questions during a face-to-face meeting.

"One great way to draw out an interviewee's personality is to ask for their best friend's name and then ask how this person would describe them," she says. "It's amazing how much more relaxed this makes people. You end up with some really great insights that suggest how they might fit in with an existing team – or respond to criticism."

Residents can also offer valuable insights following show-arounds, with Mr Wray adding that Anchor often asks a resident representative to be part of its interviewing panel. "During such meetings you can get a real sense of how comfortable a candidate is with people, and our residents can offer excellent feedback," he says.

Your intuition should always be your number one guide, however. "If something is telling you that there is something off about this person, then chances are there is," says Ms Wright. "That doesn't necessarily mean you shouldn't hire them – because you might eventually conclude that this person is simply uncomfortable in certain situations – but it will automatically make your decision a lot more considered."

RECRUITMENT TIPS

1. Target your ads – try and stand out from the crowd and ensure your ads reflect the type of person you are looking to attract.
2. Get a banner – it's inexpensive to produce, but remember not to overuse.
3. Don't delay when people telephone – get them in straightaway for a conversation.
4. Go local – visit shops in the area to advertise or leave flyers/posters on counters that could generate interest.
5. Thrive on a budget – make use of free recruitment resources such as indeed.co.uk and social media.
6. Look to yourself – are there any small or inexpensive measures that you could make to improve things for your staff?
7. Trust your instincts – if something doesn't feel right, don't rush to hire.
8. Get your residents on-board – and ask for their feedback wherever appropriate.
9. Always keep paper application forms to hand – just in case someone happens to be passing.
10. Don't just recruit when you need to – build a solid network of "bank" workers who are looking for occasional shifts or a full-time role.



SUPPORT YOUR NEWBIES

Getting new recruits past their probationary period is a major milestone, so do all you can to help people fit in.

Ms Wright advises:

- Rotating shift patterns – to avoid presenting new recruits with cliques
- Installing a buddy system – pairing new starters with a senior carer for their probationary period
- Using ID stickers – placing a tiny star or dot in the corner of a name badge will help other staff members recognise new members of staff and the level of help they may require.

Manager's bulletin

One in four UK firms has not considered an apprentice

A quarter of UK firms have never considered apprenticeships, according to a survey conducted in December 2016 by employment group Adecco UK. Many firms claimed either that the qualification was not suited to their business needs, or that supporting schemes would require too much management time. Since April 2017, larger businesses have been required to pay an apprenticeship levy.

Low Pay Commission examines effects of minimum wage increases

The Low Pay Commission is gathering evidence on the impact of recent pay increases in support of its 2017 report with a view to planning future uprating. Evidence sought includes how the National Living Wage has impacted workers, employers, the labour market and the economy; how firms are adjusting; how issues such as pay, terms and conditions, productivity, prices and profits are being affected, and evidence on the economic outlook following the Brexit vote.

Art and creativity

“ cARTrefu, which means ‘to reside’ in Welsh, is an Age Cymru programme designed to improve access to quality arts experiences for older people in residential care. Based on a model created by the Courtyard Theatre in Hereford, cARTrefu has been running since January 2015 in close collaboration with Age Cymru’s Gwanwyn Festival, a national festival that celebrates creativity in older age.

The set-up is simple. Between 2015 and 2017 the cARTrefu team comprised 16 independent artists who completed residencies in care homes in four art form groups: performing arts, visual arts, words and music. Each group was mentored by an artist mentor, who supported their mentees through their own artistic development, as well as through professional development in terms of facilitating workshops with older people in a residential care home setting.



Over the past two years our 16 cARTrefu artists have each worked in eight care homes around Wales, offering eight two-hour workshops in

each home. This amounts to 1,024 workshops in 128 care homes. We were able to offer these workshops for free due to generous support from our funders, the Baring Foundation and Arts Council Wales.

The purpose of cARTrefu has been to introduce established art forms as well as new activities residents may not have had the chance to experience before, and to increase residents’ wellbeing as a result of taking part. cARTrefu has also fostered a greater appreciation of the arts among care home staff. We have seen care home staff acquire new skills and gain more confidence practising these skills in their daily work with residents, so that art and creativity continue long after our artists’ residencies have finished.

cARTrefu was a bit of an experiment in Wales when we started two years ago, yet in that time, it has grown to become one of the largest projects of its kind in Europe. Activity co-ordinators and care home managers have truly embraced what our artists have to offer, reinforcing the argument that arts and creativity are essential to wellbeing and should be at the heart of every care home in Wales.

To continue the cARTrefu legacy, our artists have created a set of cARTrefu activity cards based on the sessions they’ve been running in care homes. These cards are designed so that all care home staff, whether they have any experience of running creative sessions or not, can pick an activity card and run a session. It’s all about demystifying art and enabling everyone to realise their

Reg Noyes is project co-ordinator for the cARTrefu arts project, Wales



own creativity. In May we launched our cARTrefu activity cards at four fully booked events around Wales and the reaction from activity co-ordinators and care home managers has been fantastic.

We’ve recently secured further funding to continue cARTrefu for another two years and are now recruiting a new team of artists to deliver the next phase of the project. Based on what we’ve learnt from working with care homes, we’ve adapted the cARTrefu model to work better for our artists and mentors, as well as the care home staff and residents who take part. We’ve extended the length of residencies to ensure artists are given the maximum opportunity to connect and engage with residents, and we’ll be launching end-of-residency exhibitions so that the public will be able to see what residents throughout Wales have been creating.

cARTrefu is dedicated to pushing the boundaries of art as far as possible. We want to work with artists who will create something original and daring with residents in care homes

Bangor University’s Dr Kat Algar-Skaife has been evaluating the impact of cARTrefu. The first-year results have already been showcased at the Alzheimer Europe conference in Copenhagen and initial indications show that cARTrefu has had a profound effect on the staff and residents we’ve worked with.



cARTrefu is dedicated to pushing the boundaries of art as far as possible. We want to work with artists who will create something original and daring with residents in care homes. We want surprise and innovation. We want artists who won’t shy away from controversy or difficult subjects, but who will embrace art, creativity and ageing to their fullest expression.





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 Will cleansing with soap and water harm my patient's skin?

A Everyone experiences changes in their skin as they age. However, with care and management many of these problems can be prevented or minimised and a good hygiene routine especially designed for fragile elderly skin can help to minimise such risks.

Soap and water is not recommended to cleanse fragile perineal skin, due to the surfactants contained in normal soap and shower gels. They will remove dirt and bacteria from the skin, but surfactants can remain on the skin and cause irritation if they are not thoroughly washed off.

TENA 3 in 1 Wash Cream offers a gentle alternative to soap and can be used with an emollient. Emollients are important in promoting skin health.¹ Available in different forms, emollients can be applied directly to the skin or used as a soap substitute. Soap can dry the skin for up to 72 hours.^{2,3,4}

Carers should apply a moisturiser at least twice daily for patients with very dry skin.¹

Q How do I know when to change the product?

A TENA Comfort, Slip, Flex and Pant Products all have wetness indicators designed to support appropriate changing of products additionally promoting patient wellbeing.

For the Comfort range the indicators are situated on the front and on the back, and for the all-in-one products the wetness indicators run front to back. The wetness indicator is a visible yellow strip that turns blue on contact with urine.

Change the product when the line or lines have turned completely blue, unless there is faecal soiling and then the product should be replaced immediately.

Wetness indicators allow staff to easily identify when a product requires changing, supports individualised incontinence care, and additionally allows them to establish if the correct product is being used, or if a reassessment is required. If after six hours (or a similar time period) only a partial line or lines are expired, the product may be too absorbent. Equally, if the lines are blue and the product has leaked, then a more absorbent product might be required.

Always ensure that the product has been applied correctly. If using a Comfort product, these should be secured inside net fixation pants, and hip and waist measurements need to be obtained to ensure the correct size product or net fixation is being used. Pads need to be well fitted to ensure optimum effect.

References

1. Best Practice Statement. Care of the Older Person's Skin. London: Wounds UK, 2012 (Second Edition). Available to download from: wounds-uk.com
2. Cork MJ, Timmins J, Holden C et al. 2003. *Pharmaceutical Journal*: An audit of adverse drug reactions to aqueous cream in children with atopic eczema. 271: 746-7.
3. Danby S, Enezi, A, Sultan T, et al. 2001. *British Journal of Dermatology*: The effect of aqueous cream BP on the skin barrier in volunteers with a previous history of atopic dermatitis. 165: 329-34.
4. Wingfield C. 2011. Managing Dry skin Conditions. *Wound Essentials*. 6: 50-59.

TENA Shampoo Cap – for caring and convenient hair washing



Hair washing for residents who are confined to their bed, immobile or agitated by water can be challenging and not always possible. TENA Shampoo Cap provides an easy and convenient hair washing solution.

TENA Shampoo Cap is pre-moistened with non-rinse shampoo and conditioner. Used straight from the packet or warmed in a microwave and gently massaged on the head, the cap fully cleanses the scalp, leaving hair fresh and clean, and the individual feeling relaxed and refreshed.

TENA Shampoo Cap is portable, reliable and easy to use in care facilities, making the hair washing routine quicker and simpler for carers, while providing comfort and dignity for residents.

Dates for your diary...

JULY 2017

Alzheimer's Association International Conference

16 July 2017 / ExCeL London

The international community involved in research into Alzheimer's Disease meet this year in the UK.

OCTOBER 2017

Care & Dementia Show

10 October 2017 / NEC Birmingham

Ideas and innovation to assist those running care homes, with CPD presentations and exhibition.

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



WEIGHT LOSS ISN'T AN INEVITABLE PART OF AGEING

A study from the Malnutrition Task Force has revealed that losing weight shouldn't be accepted as a natural consequence of ageing, and suggests that older people should take unexplained weight loss more seriously.

The study found that more than five million people over the age of 60 believed that losing weight as you age was acceptable, while 75 per cent of people said they were not worried if they or another older person lost weight unintentionally. Under-nutrition affects about one in 10 people over 65 – often people who say they feel lonely or who have had a change in circumstances, such as a bereavement, which has affected their appetite.

“There are serious health consequences for older people who don't eat enough,” said Lesley Carter, Malnutrition Task Force lead. “Many ignore the warning signs, or simply do not pay attention when they start to manifest.”

malnutritiontaskforce.org.uk

IS THERE HOPE FOR ALZHEIMER'S?

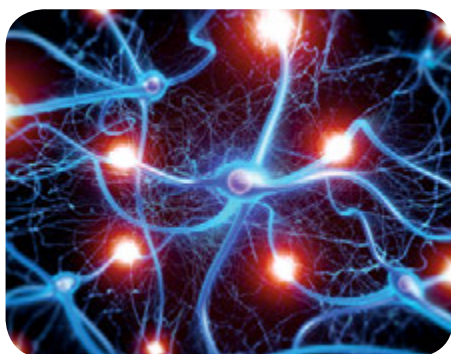
Experts are excited about research into two drugs that may stop the progression of diseases such as Alzheimer's and Parkinson's diseases. The latest research into the antidepressant trazodone,

which is already used in late-stage dementia and stops brain cells dying, suggests it could be used in the early stages of illness. Experts hope

it will be the first “disease-modifying therapy”, which will treat the causes of the diseases rather than simply masking the symptoms. A similar effect was seen with another drug, dibenzoylmethane.

“We're excited by the potential of these findings,” said Dr Doug Brown, from Alzheimer's Society. “As one of the drugs is already available as a treatment for depression, the time taken to get from the lab to the pharmacy could be dramatically reduced.”

parkinsons.org.uk



DOES HUMAN BLOOD HAVE ANTI-AGEING EFFECTS?

Researchers studying ways of improving memory in elderly mice have found that a protein in umbilical cord blood could be the elixir of youth – for the brain. Previous studies showed that when elderly mice were given blood from human teenagers, their memory was rejuvenated.

Further research has shown even more promising results, with blood harvested from babies' umbilical cords causing the mice to become faster learners and more adept at solving a maze. They also demonstrated enhanced activity in the area of their brains responsible for learning and memory.

Colin Masters from the University of Melbourne in Australia was cautious, saying, “There's a long way to go before showing that it has any therapeutic potential.”

newscientist.com

KEEP THE COFFEE COMING...

It is good news for care home staff, residents and visitors – caffeine is in the clear after being linked to an increased risk of heart disease and dementia. Recent research looked at a total of 740 studies published between 2001 and 2015 to determine the effects of caffeine on five key aspects of health: acute toxicity, bone, heart, brain and reproductive health.

It was found that consuming 400mg per day – the equivalent of four cups of coffee – is safe, and if the limit isn't regularly exceeded, there's nothing to worry about.

“We concluded that the previously defined levels of caffeine intake in a healthy caffeine consumer were not associated with overt, adverse effects,” said lead author Dr Eric Hentges, executive director of the International Life Sciences Institute. “This provides evidence that furthers our understanding of caffeine on human health.”

sciencedirect.com



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

No part of this publication may be reproduced without the written permission of the publishers, SCA in association with Communications International Group Ltd. © 2017 Communications International Group Ltd, Linen Hall, 162-168 Regent Street, London W1B 5TB. 020 7434 1530. TENA TALK is distributed three times a year. If you have questions or suggestions for content, please call the editor on 020 7534 7212.

