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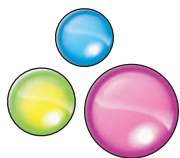
County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

Health Care Information Pack for Care Homes

*“Supporting high standards
of care for all residents”*



Working with The Safe Durham Partnership *Altogether safer*



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The Dignity Challenge



High quality services that respect people's dignity should:

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you would want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice, and control.
5. Listen to and support people to express their needs and wants.
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self esteem.
10. Act to alleviate people's loneliness and isolation.

Department of Health Dignity Challenge

The person who has arthritis

Simple ideas that can help people cope with arthritis.

Look after joints

- Avoid being in one position for too long
- Maintain a good posture and body position
- Balance rest with activity
- Use mobility aids and household aids that help independence
- Maintain a healthy weight

Relieve pain by

- Making sure that prescribed medication is taken regularly
- Heated grain packs **or** cold gel packs applied to joints
- A soak in a warm bath, taking care getting in and out
- Using some relaxation techniques, such as music
- Making sure clothes and shoes are comfortable, using insoles and supports if necessary

Encourage residents to

- Focus on enjoyable things they like to do
- Plan ahead and be organised. For example leave plenty of time to walk to the dining room for meals
- Ask for help when they need it
- Talk to people who understand

The person who has COPD

This is a bad chest condition that makes people very short of breath.

What to do if a person is becoming shorter of breath than is usual for them

Step 1

- Stop what they are doing and sit them down
- Sitting upright and leaning slightly forward is **usually** the best and most comfortable position
- Reassure the resident

If breathlessness continues and is worse than their usual level of breathlessness

Step 2

- Give reliever inhaler, (blue colour), using a spacer device if prescribed
- Wait 10 to 20 mins

If breathlessness continues or is getting worse

Step 3

- Resident **with** a prescribed nebuliser - give medication; Salbutamol (Ventolin) **or** Ipratropium (Atrovent)
- Resident **without** nebuliser, repeat 2 puffs of blue inhaler

If resident continues to be severely breathless and facial colour changes, report immediately to senior in charge as medical assistance will be required.

The person with diabetes

Residents need a yearly medical review.

Step 1

- Residents with diabetes can develop complications. It is vital their diabetes is checked (reviewed) at least yearly
- The diabetes review may include blood and urine tests and blood pressure, height and weight checks
- Feet will be checked by the podiatrist, eyes examined and education offered on diet and lifestyle

Step 2

- The resident can attend the GP surgery for their diabetes check
- Or
- if unable to attend the surgery the review can be done in the home

Step 3

For advice about the review or more information contact:

- GP surgery
- District nurse
- Community matron
- Diabetes team - advice only

If resident becomes unwell please seek advice

The person with epilepsy

A fit is usually where the resident falls to the ground, shaking and unconscious.

What to do if the person has a fit that lasts for longer than 5 minutes **or** has 3 fits in an hour

Step 1

- Give the person their prescribed **epilepsy rescue medication** according to their individual notes

Wait 5 minutes

Step 2

- If the fit continues **they may need** a second **epilepsy rescue medication**. Look in the person's individual notes

Wait 5 minutes

Step 3

- If they continue to fit **DIAL 999**

At any stage if the person cannot breath properly or hurts themselves, report immediately to senior in charge as medical assistance will be required.

The person with chest pain

Pain can also go to the neck, jaw, back, arm or stomach.

The pain can be crushing; a heaviness or tightness in the chest. The resident may also become sweaty, feel light headed, sick or short of breath at the same time.

Step 1

- Tell the person to stop what they are doing
- Sit down and rest
- **SHOUT FOR HELP - TO SUMMON ASSISTANCE**

Step 2

- **ASK** - "What is the pain like?"

People say it is like:

"A tight band"

"A heavy weight"

"Indigestion that will not go away"

Step 3

- **If you believe it is a chest type pain, report immediately to senior in charge as medical assistance will be required.**

Chest pain in known heart patients

Pain can also go to the neck, jaw, back, arm or stomach.

Step 1

- Tell the person to stop what they are doing and sit down
- Put 1 puff of GTN spray as prescribed - under the tongue

Wait 5 minutes

Step 2

- If the pain has not gone use 2nd puff of GTN spray

Wait 5 minutes

Step 3

- If the pain has not gone use 3rd puff of GTN spray

Wait 5 minutes

Step 4

- If chest pain is still there report immediately to senior in charge as medical assistance will be required.

Previous heart failure

The person must have a written diagnosis that they are a heart failure patient.

Step 1

- Where able weigh the person at the same time each day wearing similar clothes

Step 2

- If the weight increases by **1 or 2 kgs per day** over **2 or 3 days** then contact the GP

This type of weight increase is likely to be due to **fluid** and not **fat**

Step 3

- Other things to look out for and tell the GP;
Any changes from their normal; see 'The unwell person' page 12

Stroke

A stroke is caused by damage to the brain either by

- Blockage of an artery by a clot cutting off the blood supply to that part of the brain
- A rupture of an artery where the escaping blood under high pressure ploughs up a focal area of the brain

ACT FAST

F - Facial weakness

A - Arm weakness

S - Speech problems

T - Time to dial 999

TIME IS BRAIN

The quicker the admission to hospital the better the chance of recovery.

For further advice/information contact the Stroke Association on 01388 771524 or visit www.stroke.org.uk

The person who has Parkinson's

Caring for the person with essential tremor and movement disorders.

It is very important to give all their medication on time.

Safety advice

People with Parkinson's are unsteady and fall easily. They should take care with;

- Loose carpets and rugs
- Hot drinks - eating and drinking aids are available
- Obstacles on the floor - such as foot stools, shoes, papers
- Going up and down stairs

Report and write in resident's record

- Any falls or injuries
- Any increase or frequency of tremors or shaking
- Difficulty in swallowing
- Weight loss
- Difficulty in bowel movements
- Hallucinations

Documented information can help the GP, specialist nurse or Consultant when they review the resident's condition and medication.

Look at information sheets relating to eating and drinking, weight and constipation for further advice

How to apply creams (emollients) to the skin

Creams are prescribed by a GP for dry skin.

They can be applied as often as needed, especially after bathing/showering when they help lock water into the skin.

Step 1

- Wash your hands and warm the cream in your hands
- Aprons and gloves should be worn in accordance with infection control policies/procedures

Step 2

Stroke it on gently in the direction that the hair is growing

Step 3

Leave a thin glistening layer of the cream on the skin

Take care

- To avoid skin irritation, do not use cosmetic or perfumed creams
- To avoid germs in the cream, use a clean spoon or spatula to get the cream out of the tub. **(remember each person has their own tub which should not be shared with other residents)**
- Remember to date creams when first opened
- To avoid irritation, do not rub in

The unwell person

Has anything changed in any of the following areas:

Breathing

- Is the resident becoming very short of breath?
- Is there a loud “rattle” sound when they breathe?

Bowels

- Are there any changes to their normal bowel habits?
- Is there any sign of blood?

Urine

- Are there any changes to their normal habit?
- Is there any blood?
- Is their urine smelly?

Swollen ankles/legs

- When pressed, do the indented marks remain?

Swollen stomach

- Has there been a noticeable increase in size?

Temperature and colour

- Is the resident hot, sweaty or clammy to the touch?
- Does their skin colour appear a lot paler than normal?

Walking

- Are they complaining of pain when walking?
- Is there a reduced ability to walk?

If **YES** to any of the above; report to senior on duty, write in resident’s daily record and contact GP

Taking medication safely

When taken **correctly** medication is beneficial.

When taken **incorrectly** medication is harmful.

Older people take more medication than any other age group. They are more vulnerable to the **good** and **bad** effects of medication.

Storing

- **All medications should be stored correctly** - either locked cupboard, locked fridge or controlled drug cupboard
- **Prescription day** - identify one day a week to regularly check the cupboard and order prescriptions

Administration

- **Establish** a drug round at a set time, medication needs to be given regularly, timing is essential. Medications must be given according to prescription instruction
- **Drug Charts** - all residents should have an individual Medication Administration Record Sheet. This should be correctly filled in and signed when each medication is given
- **Only** suitably qualified staff should be administering medications
- **Check** resident identification and medication to be given. Check resident has taken medication. Do not leave unattended and sign Medication Administration Record Sheet immediately after being given.
- **Stay focused**, do not do other things during a medication round and where possible use a medication tabard. Remember medications can be harmful when given incorrectly
It is important to not get distracted
- **Know** your residents

The person who is constipated

Dietary and lifestyle changes will help relieve constipation and prevent stools becoming too hard to pass.

Diet

High fibre foods help form soft, bulky stools:

- Beans
- Bran cereal
- Fresh fruit
- Beans & pulses
- Whole meal bread
- Nuts
- Carrots
- Cabbage and asparagus
- High fibre cereals
- Vegetables - all types
- Fruit - all types

Lifestyle changes

Other changes may help prevent constipation:

- Drink enough fluids of any type, aim for 1500mls-2000mls (8-10 cups) daily
- Stay active and take some exercise
- Take time to sit on the toilet and have a bowel movement
- Do not ignore the urge to have a bowel movement

Laxatives

Most people who are mildly constipated do not need laxatives, try eating a higher fibre diet and encourage adequate intake.

Only after trying these should you use medication (laxatives) that can be prescribed by the GP

Helping residents to eat & drink

Solving problems of not eating well. Remember to ask your resident what the problems are, always document what your concerns are.

1. The resident with poor vision

- Does the resident need to wear glasses
- Make sure the room is well lit
- Use plain tablecloth with different coloured crockery and cutlery
- Use non-slip mats and plate guards
- Make sure meal is within reach - offer assistance
- Explain what the meal and drink is

2. The resident with limited movement

- Ensure the meal and cutlery are within reach
- Sit the resident close to the table and have forearms resting on the table
- Use non-slip place mats and guards
- Decrease the distance to resident's mouth by increasing the height of the table surface

3. The resident with poor posture

- Help the resident to sit as straight as possible with their head in the mid-line of their body

4. The resident with swallowing difficulties

- The resident may require food that is of a different texture
 - advice should be obtained through referral to a speech therapist

Helping residents to eat & drink

Continued...

5. The resident with a weakness in their arms or hands

- Use non slip mats and plate guards
- Use light weight cutlery
- Use cutlery with enlarged handles

6. The resident with a poor grip, difficulty with picking up cutlery and cups

Try solutions in number 5 and;

- Ask the resident what the best way you can help them is
 - would they like their food cut up or a choice of food that is easier to manage
- Offer angled cutlery
- Use warmed plates if people are taking a long time to eat or offer a smaller portion with the option of a second helping
- Use light weight cups and glasses

Remember to top up smaller portions

The resident with difficulty in chewing

- Does the resident have their dentures in?
- Do the dentures fit properly? Someone who has had a stroke or recent weight loss may struggle with ill fitting dentures, contact the dentist
- Are the natural teeth healthy - ensure that teeth are cleaned every day
- Does the resident have a sore mouth? - if yes contact GP or Dentist
- Offer foods of a softer consistency
- Advice may be sought from an occupational therapist

Catheter care

People with catheters need to take care to keep their bladders and bowels healthy.

Hygiene

- Always wash your hands
- Aprons and gloves should be worn in accordance with infection control policies/procedures
- Ensure the area where the catheter enters the body is washed with mild soap and water at least twice daily and dry thoroughly
- Avoid using talcum powders or ointments - they can damage the catheter
- Change leg bags every 5-7 days earlier if damaged
- Bed bags are attached to leg bags at night and disposed of the next morning once emptied

Good Practice

- Encourage daily intake of fluid -1.5litres (eight tea cups or five mugs per day)
- Encourage resident to eat plenty of fresh fruit, cereals and vegetables to avoid constipation

Problem solving

- Check the tube is not kinked or blocked
- Check the bag is below bladder level
- Check the drainage bag is attached correctly and does not need emptying
- Make sure fluid intake is good
- Help resident to avoid constipation by following guidance on page 14

Call for help if:

- The catheter is blocked
- There is no urine in the bag after 2-3 hours
- The catheter falls out
- Urine keeps leaking around the catheter
- Urine is cloudy or smelly or feels like it's burning and does not improve if resident drinks more fluid
- Resident has acute lower abdominal pain
- Urine is suddenly blood stained

Contact GP surgery/District nurse/twilight nurse for advice.

Infected and /or sticky eyes

This condition is very infectious.

Advise the resident

- Not to touch eyes
- Aprons and gloves should be worn in accordance with infection control policies/procedures
- To use separate wipes for each eye
- Only use their own towel

Report and write in resident's record; contact GP

Administering eye drops or eye creams

- Wash your hands
- Sit the resident down and stand behind them
- Ask them to rest their head backwards against you

Liquids

- Keep the bottle close to the eye
- Drop liquid into the eye from the outer corner

Creams

- Apply the cream along the lower lid of the eye

Wash your hands

**Remember to label medication separately for each eye.
Remember to label medication with date of opening.
Remember to store in accordance with instructions.**

The person who is dehydrated

Dehydration means the body does not have as much water as it should have to function properly.

As people grow older the body is not able to store water very well. Neither do they feel thirsty or respond to changes in temperature very quickly.

Causes of being dehydrated:

- Not drinking enough fluid especially in very hot weather
- Vomiting, **the longer it lasts the worse the dehydration**
- Diarrhoea, **the longer it lasts the worse the dehydration**
- Being unwell and having a high temperature
- A person with poorly controlled Diabetes or a resident on water tablets will pass lots of urine. They still need to consume an adequate fluid intake

Signs of being dehydrated:

- Dry, sticky mouth
- Passing small amounts of urine, dark yellow in colour
Smelly urine is a sign of infection and needs a doctor's advice
- Sunken eyes, no tears
- No energy
- Becoming confused

Prevention

- Encourage residents to drink plenty throughout the day - about eight glasses or cups per day, more in hot weather

Helping residents mobilise safely

By following these simple steps mobility can be increased and falls avoided.

Step 1: Assessment

- Read moving and handling care plan and risk assessment for resident
- Have you assessed how you can assist this resident to move safely? - do you need two people?, is the surrounding area free from obstacles?, has their ability changed?
- Does the resident recognise what you are asking them to do?

Step 2: Ensure the resident has safe footwear

- It should be supportive
- It should fit well
- Whether indoor or outdoor, all footwear should have non-slip soles
- It should belong to the resident

Step 3: Walking aids

- Ensure that all walking aids are in good repair
- Ensure that walking aids are only used by the resident they were provided for
- Ensure that walking aids are used correctly

Step 4: Balance

- If you think a resident is unsteady when walking – stay with them

Step 5: Distance

- If you are unsure how far a resident can walk, start small and gradually increase the distance over a number of days

Any problems or changes in mobility should be reported and documented.

Recognising and managing stress

You are the person who knows the resident best, who spends most time with them and will be able to see when things change.

Remember moving to a care home can cause a change in behaviour.

Step 1: Identifying when a resident may be becoming stressed, They may:

- Look anxious or frightened
- Seem low in confidence
- Become angry or irritable
- Ask for attention often
- Cry easily
- Be difficult

Step 2: How to help

- Spend time with them, ask how they are feeling, find out if something is worrying them?
- Give them a chance to answer, **listen** to what they say
- Help them break the problem down into manageable pieces and if possible help them find a solution
- If you can't resolve the problem you should still listen and suggest that you ask someone for more advice
- Take them seriously. If the resident discloses a safeguarding concern/abuse - this **must** be reported

Recognising and managing stress

Continued..

Remember moving to a care home can cause a change in behaviour.

Step 3: How to help continued...

- Don't tell the resident they are being silly or try to argue that things are not as they are saying or say anything that makes them feel that you are not taking them seriously

Always remember that being listened to is being valued

Step 4: Calming and diversion

- Make sure the resident is comfortable
- Ask them to breathe slowly and steadily
- Find an activity or distraction for them to focus on, ideally one that builds self confidence and self esteem
- Take time, sit with the resident and get them to talk about something that interests them

Always document episodes of stress or anxiety, report and monitor and ask for advice from relevant professionals that are involved

Recognising Depression

The resident may:

- Look sad/Say they feel sad
- No longer be interested in doing things they used to enjoy
- Avoid being with other people
- Become angry or irritable or worry more than usual
- Ask for attention often/Talk about how much of a burden they are
- Seem more forgetful
- Lose their appetite
- Sleep less well
- Cry easily
- Be difficult

Supporting the resident:

- Spend time with them, ask how they are feeling, find out if there is something that is getting them down?
- Give them a chance to answer, **listen** to what they say
- Talk about things that might improve life. E.g. transport to visit friends, large print books, help to sit outside in warm weather, improvement of hearing aids, or simply time to talk about their feelings.
- Always inform a senior member of staff as the resident may need a medical assessment

Caring for a person who has a dementia

Remember:

- A person with dementia is unique, the illness affects people in different ways, try understanding that they may feel frightened, lost or alone in the care home and try to “see the situation through their eyes”.
- Some days they will be able to do things and other days they will not. Their ability may even fluctuate throughout the day
- They will have difficulty in remembering how to do new tasks

Eating & drinking

- If the resident will not sit for meals - consider a buffet style / finger food meal and provide regular snacks in between meals
- If the resident is losing weight - consider adding calories to food such as cream / butter to potatoes etc
- Refer to a dietician if resident loses weight
- Encourage a variety of choice, it is more important to ensure calories are taken
- Reduce distractions such as a busy or noisy table in dining environment
- Use coloured crockery or make sure there is a contrast between crockery and table / table cloth

Caring for a person who has a dementia

Continued..

Person centred care:

- **Life Story** – if you can't understand a person's past you won't understand their present, try to find out what the person liked and disliked, what they did for a living, what their hobbies were and what things were and are important to them
- **Emotions** - Think about the whole person and not just the task in hand, e.g. think about how that person feels when they are being bathed or toileted by someone much younger than themselves or perhaps by someone of the opposite sex, how would you feel?
- **Activities and abilities:** everyone has strengths and weaknesses, try building on the person's strengths, they will feel so much better for being able to do something than not being able to do it

Communication:

- **Behaviours** are a method of communication, the person may be trying to express something through their behaviours, for example refusing to eat a meal – they may not like it
- Use simple, clear and unrushed statements, do not give too many choices
- Allow the person time to think about what you have asked them
- Remember, they may be in pain but are unable to tell you

Caring for a person who has a dementia

Continued..

Behaviours:

If a person starts to behave in a way which is not normal:

- Know what is normal for them
- Check the care plan to see if you are doing things correctly
- Try to understand what has caused this and why they have acted in that way
- Contact a senior member of staff who will refer to appropriate medical practitioner

NB. Any behaviours or physical condition which are not easily explained seek medical advice

Dressing:

If a person wants to dress themselves:

- Lay clothing out in the order in which they are to be put on
- Simplify the choice of clothing
- Use simple clothing, for example use joggers or clothing without zips and buttons which can easily be put on and taken off, this may help enable the resident to go to toilet unaided
- Remove any dirty clothing so these can not be included in the choice of what to wear

Getting around and about the home:

- Try to help the person find their way around this will help reduce situations of wandering or going into someone else's bedroom
- Find a picture of resident which they recognise as themselves, such as when they were younger, and put this on their door
- Have a picture and a name on doors such as toilet, dining room and the bathroom

How to look after natural teeth

Equipment needed

- Soft/medium textured toothbrush with a small compact head
- fluoride toothpaste
- If resident is unable to get to a sink to rinse, use a bowl

When and how to brush teeth

- Brush teeth twice a day. Ideally after breakfast and before bedtime
- Remove any dentures
- Use a pea-size amount of toothpaste on the brush
- Brush all surfaces of the teeth with a gentle scrub action
Pay particular attention to the area where the teeth and gums meet
- Spit out excess paste

Keeping a healthy mouth

- Arrange for visit to a Dentist at least once per year
- Keep sugary foods to a minimum
- Report any white, red or brown patches or ulcers that do not heal within two weeks to the Dentist

How to look after dentures

Equipment needed

- A toothbrush, denture brush or nailbrush
- Soap and water or denture cream for cleaning, a tumbler or suitable container for overnight storage of dentures clearly marked with resident's name

At night

- Remove dentures from the mouth
 - Clean the dentures over a bowl of water to prevent breakages
 - Thoroughly clean all surfaces of dentures to remove food debris and plaque
 - Soak dentures in steradent or similar for 10 mins (follow manufacturers instructions)
 - Place in plain water overnight in the resident's named container
- Do not soak in steradent overnight**
- In the morning rinse the dentures in fresh water and help resident insert into mouth

Keeping a healthy mouth

- Leave dentures out at night
- Arrange a visit to dentist at least once per year
- Report any white, red or brown patches or ulcers that do not heal within two weeks to the dentist

How to weigh someone correctly

Step 1

Every month check their weight in kilograms and write it down on their chart



Step 2

Use the same scales every time and weigh in the same place at the same time of day



Step 3

Ensure the scales are calibrated correctly

Report any large variations in weight to senior staff.

Safeguarding Adults

What is Abuse?

- Abuse is behaviour towards a person that deliberately or unintentionally causes harm. It is a disregard of a person's human rights and in the worst cases can endanger life.
- Abuse can be physical, sexual, financial, psychological, institutional, neglectful or discriminatory.

How to report Abuse?

What do I have to do if I think that someone is being abused?

If the person is in immediate danger, take preventative steps and **DIAL 999**.

Discuss your concerns with your line manager/supervisor without delay and record what you have seen or been told.

Your line manager will discuss the need to make a referral to **Social Care Direct (0845 8 50 50 10)**.

Members of the public can contact Social Care Direct themselves.

