

Agenda Item No: 6
Report To: Ashford Health & Wellbeing Board
Date: 18th October 2017
Report Title: Vulnerable Adults, Frail Elderly and Universal 55+ Health and wellbeing resources
Report Author: Julie Thain
Organisation: Sense Interactive



Summary: Presentation from Sense Interactive Ltd on resources for delivering health & wellbeing messages to local communities. The focus being on resources for frail elderly and carers.

Recommendations: The Board be asked to:-

Consider whether the resources would be of to Board members and if so recommend next steps to take forward.

Purpose of the report

1. To provide background to a presentation by Julie Thain, Sense Interactive Ltd.

Background

2. Sense Interactive have over 15 years experience in the Health and Social Care sector and during that time have completed in excess of 800 projects across the UK.
3. The health and wellbeing resources being presented today have now been commissioned by over 120 Clinical Commissioning Groups/local Authorities, Health Visiting Teams/School Nursing Teams/Health Boards, Public Health Teams/Safeguarding Boards, Early Years Teams, Well-being boards , etc. Sometimes the resources are commissioned by a single party but more often than not they are commissioned collaboratively for best value.

Materials available

4. The materials contain important information delivered in a simple and engaging way and are all about providing information to help avoid unnecessary GP visit and A&E attendances and reducing social care episodes whilst emphasising health promotion, self-care, well-being and safeguarding.
5. The resources fit with, or compliment STP workstreams.

6. The resources can be produced as printed handbooks, websites or Apps. In this sector (frail elderly/carers) we would recommend a combination of printed books and a website. Examples of the handbook will be available at the meeting.
7. The websites produced offers a narration, which are useful for those with lower literacy levels, visual impairment, or when English is a second language. All text is written to literacy level Year 7 (UK national average) and our websites adhere to all national accessibility guidelines.
8. The website can contain a library of additional information in the form of existing local and national PDFs, as well as links to NHS copyright free film clips e.g.: <http://www.nhs.uk/Video/Pages/Careplan.aspx>
9. The materials produced are currently being used in different ways by different groups. Multi language options are available either as a fully functioning site with voiceover or as text only print outs. The site can also include a library section for commissioners to include local and national PDFs and a "blog" or news area. Print friendly text only option is also available.
10. The resource can be adapted to incorporate local branding, local services, settings and initiatives. The site can be hosted free of charge if required and links provided to your own digital platforms. "Thumbnails" are supplied for use on local site and these can be any given size to suit needs.

Website examples

11. Below are links to recently produced HTML sites. Although the subject matter doesn't necessarily relate to older people they hi-light functionality that can be included:
 - <http://warwickshire.sensecds.com> - This shows an example of a universal 55+ site.
 - <http://www.healthyearlyyears.co.uk> - This sites shows how we can incorporate NHS video and is really good example of a local library.
 - <http://enfield.sensecds.com> - This sites shows multi lingual options. If you click on Somali you will see a fully functioning site with voiceover. The languages shows the text only option.
 - <http://www.suttonchildhealth.co.uk> - This site includes information on local services and sessions.
 - <http://healthwatch.sensecds.com> - This is an example of a young person's site.
12. PDF examples of the Carers and Frail elderly booklets is available with this report.

Conclusion

13. This report and presentation will hopefully be of interest to Board members and provides an opportunity to review the resources and discuss a possible project for Ashford.

Contact

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A guide to later life

maintaining
independence
and living well



NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group



Welcome



Hartlepool and Stockton-on-Tees' older people contribute a huge amount to the region. To help this continue, it is really important that older people are able to live as independently and safely as possible including; staying connected with friends, family and community. Older age should be celebrated.



Independence and well-being can be more difficult to maintain for those who become frail or who have one or more chronic illnesses. If the right support is not available, poor health can restrict older people's ability to continue living life to the full.



Older people who are frail, or who have long-term illnesses, therefore need support to manage their health conditions so that they can maintain the aspects of their lives that they most value. We understand support needs to go beyond clinical and care issues to include the whole range of factors and concerns that older people see as most important.



Even at the oldest ages good choices about a healthy lifestyle can make a big difference. We hope you enjoy reading through the information and it helps you stay as fit and healthy as you can.

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A guide to services

We have a wide range of healthcare and adult services.
See which service or professional is best to help you.

Self-care

Self-care means keeping fit and healthy, as well as knowing how to take medicines, treat minor ailments and seek help when you need it. If you have a long-term condition, self-care is about understanding that condition and how to manage it.



When it's less urgent than 999

111

If you think you need help urgently during the day or night you should call **NHS 111** before you go to any other health service.

By calling **NHS 111** you will be directed straight away to the local service that can help you best. It is available 24 hours a day, 365 days a year and is free to call, including from a mobile. You should call **NHS 111**:

- When you need help fast but it's not life threatening.
- When you think you need to go to A&E or another NHS urgent care service.
- When it's outside of your doctor's surgery hours.
- When you do not know who to call for medical help.
- If you do not have a local doctor to call.

Doctor

You will need to register with a local doctor. Your doctor can advise, give you the medicines you need and point you in the right direction if you need other specialist services. You will usually need to make an appointment. After 6.30pm weekdays, at weekends and public holidays you can call the GP out-of-hours service on **NHS 111**.

Pharmacist

Your local pharmacist will know about most everyday health issues. They can suggest the best medicine to help. Tell them if you are taking another medicine.

A&E

Call 999 for immediate, life-threatening emergencies. A&E and 999 are emergency services that should only be used when badly injured or have symptoms of critical illness.

Social Care

Most of the support we give is aimed at supporting people to keep their independence, in their own home and in their local community. We offer support and information on your health, day services and opportunities to socialise in the community as well as advice on things like having a social worker, housing and entitlements.

Dementia support

The Alzheimer's Society Dementia Friendly Communities Initiative. It is about organisations, communities and individuals enabling people with dementia to continue living a good life by making them feel supported, welcomed and encouraged about accessing their local community.
www.alzheimers.org.uk

Voluntary sector

We have a great voluntary support network throughout our community. The voluntary sector offers support in the form of health groups, practical support with things like transport, wheelchair loan and coffee shops. They provide thousands of volunteers to help make a difference in our community. You may also wish to be a volunteer and help others too.



Contacts

For information on money matters, benefits, keeping healthy, travelling and more, contact your local Age UK. Call 0800 169 6565 for advice or information or visit www.ageuk.org.uk

What can I do?

- Try to get the help you need to remain as independent as possible.
- Find out as much as you can about your illness.
- Talk to your doctor or practice nurse about the medicines you are taking.
- Review your Care Plan regularly, if you are unsure what this is, ask your doctor.
- Taking care of your own health, known as 'self-care', can help you overcome the day-to-day challenges of your condition.
- It really helps to lead a healthy lifestyle if you have a long-term condition, talk to your doctor and other healthcare workers about this.

Long-term conditions

Management and understanding

Many older people have one or more long-term condition, which may include frailty, heart disease, dementia, arthritis, diabetes and respiratory disease. These conditions cannot be cured but can be controlled (and often improved) with medication and other therapies. Having a long-term condition does not mean you cannot keep your independence and quality of life.

Living with a long-term condition or having a partner who is affected can be a challenge. There is support and information to help you be well equipped to manage your condition and in turn to be as independent as possible.

Knowing about and understanding your long-term condition can really help. Visit your doctor to review your condition and medication regularly and make sure you attend check-ups.

Make sure you discuss your medicines with your doctor and pharmacist. Sometimes, taking a mixture of different medicines can result in forgetfulness, dizziness or feeling unwell (all over 60s are eligible for free NHS prescriptions).

Your Care Plan

Everyone with a long-term condition can have a Care Plan. It is written especially for you and will help you receive the help you need from health professionals and social workers. You decide together what care and support you need and how it will be provided. It's based on what you want, so you're in control. If you think a Care Plan could help talk to your doctor, nurse or social worker.



Doctor says

There are several forms of effective treatment, including:

- Lifestyle changes, such as losing weight.
- Pelvic floor muscle training (exercising your pelvic floor muscles by squeezing them).
- Bladder training, so you can wait longer.

Your doctor or the Continence Advisory Service can assess what type of bladder or bowel problem you have, give general advice on controlling symptoms, give information on pelvic floor exercises and bladder training and give treatment with prescribed medicines.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Continence

Surprisingly common

Bladder and bowel problems are surprisingly common but embarrassment stops many people from talking to their doctor. Whilst it is more likely, it is not inevitable, that we may lose some bladder control as we get older. In general, urinary incontinence affects twice as many women as men and becomes more common with increasing age.

It is normal to go to the toilet four to seven times a day and pass up to a pint of urine at a time. People with urinary (wee) incontinence get the urge to go far more often and pass a lot less urine each time. Make sure you do not stop drinking, this can lead to dehydration, bladder infection, dizziness and other complications. Bowel incontinence can be a bowel accident, when you don't reach the toilet in time, or leaking from the bowel that you are unaware of.

Some people are not incontinent but still have a problem with their bladder or bowel. The symptoms can be improved, and often cured, with simple methods. Your doctor can also check the symptoms for other complications.

There are specialist nurse led continence clinics with home visits for those unable to travel.

What can I do?

- Do not stop drinking, this could lead to dehydration.
- Try not to be embarrassed and get help.
- Ask about the Continence Advisory Service.
- Ask about incontinence products such as pads or appliance for bedding.
- Avoid using sanitary pads for incontinence.
- Avoid constipation. Speak to your doctor or practice nurse and get advice on eating well.



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Constipation

Simple things can help

Constipation is more common in older people. Stools (poo) are often dry and hard and it might be painful or difficult to go to the toilet. How often you have a poo alters from person to person and may be 2-3 times daily to twice per week so think about what is 'normal' for you.

Constipation can be caused by a number of things such as not eating enough fibre or not drinking enough fluid. Some conditions can cause constipation, as can a lack of exercise or movement (such as being in bed or immobile) and some medicines.

Make sure there is enough fibre and fluid in your diet. Drinking enough fluid is important. Introduce apple, pear or prune juice. Try a glass of fruit juice or warm water with lemon each morning to help with regular bowel movements. Leaving the skins on fruits and vegetables, if they are edible, will increase fibre intake. Cut down on foods that may cause constipation, such as cheese and eggs, as well as those that cause gas, such as carbonated drinks, broccoli and cabbage.

What can I do?

There are simple things you can do to avoid constipation:

- Constipating medication should be adjusted.
- Increase dietary fibre.
- Drink enough.
- Exercise (where possible), some movement is better than none.
- Ask about laxatives.



Nurse says

It is important to drink 8 cups of fluids a day which can include water, tea, herbal teas, fruit juices and sugar-free squash. Avoid constipation as an overloaded bowel can prevent the catheter from draining.

You should be able to live a relatively normal life with a urinary catheter. The catheter and bag can be concealed under your clothes.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Catheter care

You can live a relatively normal life

A urinary catheter is usually used in people who have difficulty passing urine naturally. It can also be used to empty the bladder before or after surgery and to help perform certain tests.

Depending on the type of catheter you have and why it's being used, the catheter may be removed after a few minutes, hours or days, or it may be needed for the long term. Catheters should only be inserted by a trained healthcare professional. Catheters should be avoided if at all possible and it is important to discuss alternatives. A catheter should be removed by your doctor or nurse, not by you.

A catheter is inserted via the urethra (a urethral catheter).

There are different types of catheter:

- An indwelling catheter is one that stays in place all the time.
- An intermittent catheter is inserted at regular intervals during the day to drain the bladder and is then removed.

What can I do?

- Ask if there is an alternative to using a catheter.
- Make sure you drink enough fluid.
- Take extra care with personal hygiene.
- Women should make sure they wipe front to back after going to the toilet.
- Eat well and avoid constipation.

I care for a person with dementia

Help at home:

There are lots of things a carer or family can do to support the person with dementia and help them stay independent:

- Always put things like keys back in the same place.
- Keep important numbers next to the phone.
- Put notes on important cupboards and doors.
- Keep a large calendar with space to write daily reminders.
- Write a daily 'to do' list for last thing before bed, like lock door, check oven is turned off.



Dementia

More serious than just forgetting things

Dementia often develops slowly and is not always noticed in the early stages. Sometimes dementia can be confused with mild forgetfulness often seen in normal ageing. Some medicines and drugs, depression, anxiety, unhealthy eating and thyroid problems could also cause forgetfulness and may not be dementia at all. All types of dementia damages brain cells meaning that the brain cannot work as well as it should.

Some medicines and drugs, depression and anxiety can cause forgetfulness.

See your doctor if you are worried about:

- Your memory.
- You find it difficult to recognise people or objects you know.
- You find it hard to write or talk.
- You find it hard to carry out daily tasks.
- Your personality and mood changes.

Your doctor will be able to either reassure you or refer you to a specialist. Early diagnosis of dementia is important to allow you to get the right help and treatments and to plan for the future.



What can I do?

A healthy lifestyle may reduce the risk of developing dementia:

- Eat well.
- Keep as active as you can.
- Keep a healthy weight.
- Get regular check ups.
- Get enough sleep.

For more information on dementia call the Alzheimer's Society Helpline **0300 222 11 22** or visit NHS Choices www.nhs.uk

Dementia

Dementia is a common concern for many as they grow older. Symptoms, such as forgetfulness, confusion, and emotional outbursts may not be recognised as dementia at first, but may gradually worsen. If you think you or your partner are being affected by dementia (see page 14), talk to your doctor.

Coping with depression

Recognising symptoms of depression and getting help early is important. Depression can just happen, but more often it is 'triggered' by things that happen like losing a partner or illness. Symptoms may include loss of appetite, being unable to sleep, weight loss and having little energy. Talk to your doctor if you are affected by a combination of symptoms for a period of time.

Mental health & well-being

Taking control of your mental health

Mental well-being means the positive ability to enjoy life and cope with its difficulties and challenges.

There are many ways in which you can maintain good mental health, even if physical and health issues are making life more of a challenge. Just as we care for our bodies, we need to look after and exercise our minds.

Being a bit forgetful can often come with age, and does not mean you have dementia.

We all feel a little sad or down from time to time but feeling down is not the same as being depressed or having depression. Take steps to help prevent depression. Depression can affect older people. Many older people experience psychological or emotional distress associated with factors linked to old age, including loss of independence, loneliness and losses of many kinds, including bereavements. Those with serious illnesses can be more likely to feel lonely and isolated. If you feel unable to cope it is important to tell your doctor, do not suffer in silence, get help.

What can I do?

- Look after your health by eating a healthy diet, taking some regular exercise and taking medication correctly.
- Keep yourself busy and occupied - gardening, crosswords, keeping up with current affairs, cooking, libraries, computers and social networks, outings and events.
- Keep learning - try something new or rediscover an old interest.
- Keep in touch - chat to friends and family on the phone or arrange for visits and outings together.
- Get a pet if you feel it would benefit you and if you are able to look after it.
- Ask for help if you need it.



SMOKEFREE Call 0800 022 4332 or visit www.smokefree.nhs.uk

It's never too late!

Giving up smoking at any age has health benefits. Even if you already have a smoking-related disease, stopping smoking can prevent your condition from getting worse.

Cancer

A scary word

You can **reduce your risk of cancer** by leading a healthy lifestyle. It is never too late to make healthy lifestyle changes. There are no proven ways to prevent cancer but you can reduce your risk of getting it.

It is important to know your body and recognise any changes, such as lumps or unexplained bleeding and to get advice about whether they might be serious. Check yourself regularly. The most important thing is not to ignore something you notice. **Take advantage of the free screening available.** Screening aims to pick up cancer at an early stage when treatment is likely to be more effective. Many cancers can be controlled and cured if caught early on. Some of the most common forms of cancer are breast cancer, lung cancer, prostate cancer, bowel cancer and skin cancer.

What can I do to lower my risk?

- A healthy balanced diet and keeping to a healthy weight.
- Drinking less alcohol.
- Stopping smoking.
- Protecting your skin from harmful sun damage.

Doctor says

Screening

People aged 70 and over can request screening if they have not been automatically invited. Over 70s can request a bowel cancer screening kit by calling the free helpline on **0800 707 60 60**.

After the age of 70, women can make their own appointments for breast cancer screening every three years.



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Skin

Becomes more fragile and can damage easily

As we age our skin changes, becoming thinner. This results in our skin becoming more fragile and easily damaged with any injuries to the skin being slow to heal. It is very important that older people take care of their skin because they are more prone to skin infection and skin disease due to the changes that take place to skin as we age. Some medicines make the skin itchy.

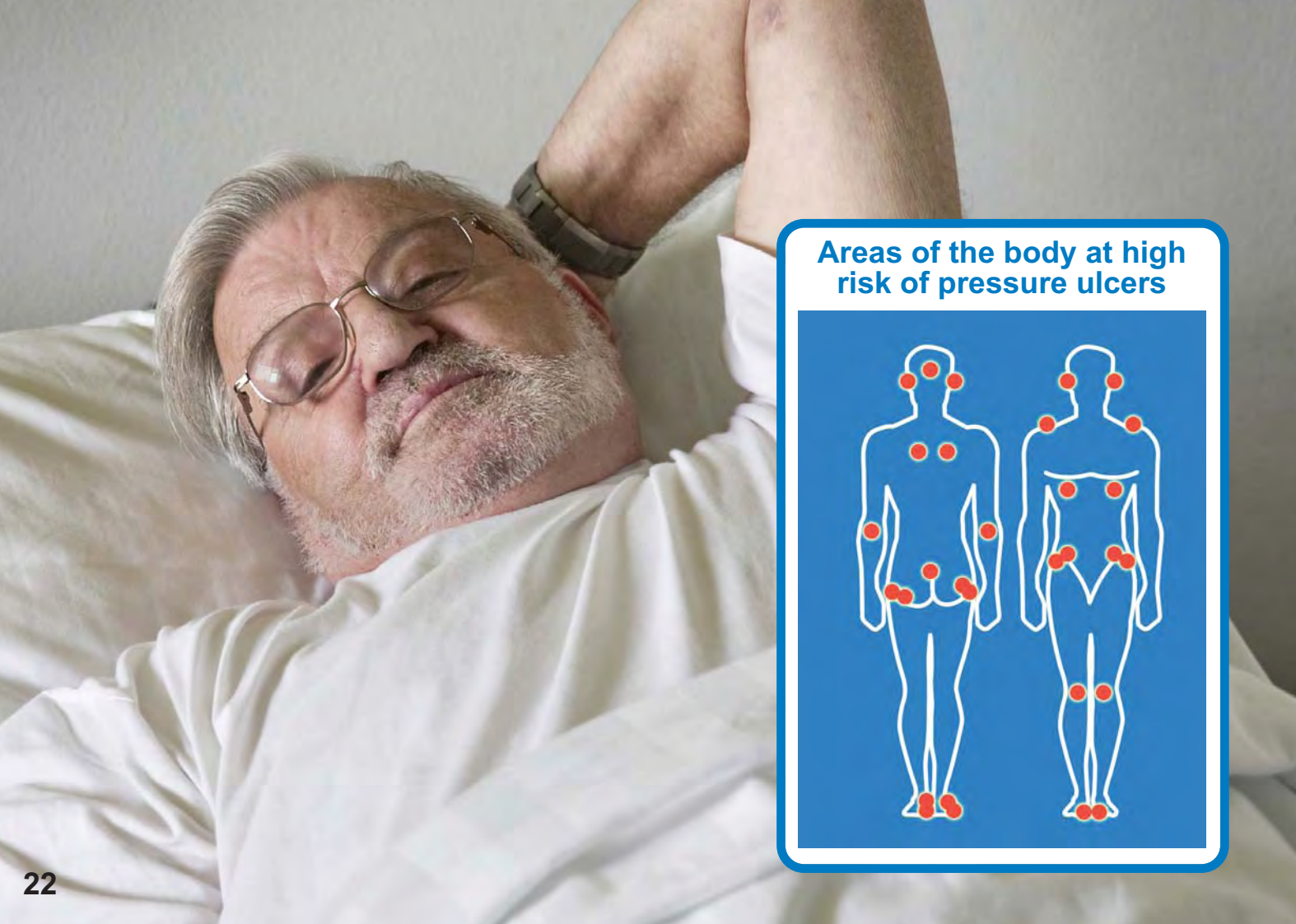
Many older people suffer from dry skin. Dry skin feels rough and scaly and may become cracked and sore. It is important to use moisturisers regularly, especially after washing. Use mild, non perfumed soaps, bath and shower gels. Warm water is less drying than hot water. Don't add bath oil to your water as it will make the bath slippery.

Moisturisers should be applied in a downward motion in the direction of hair growth at least twice a day. Care should be taken to protect your skin from sun exposure and pressure. If you stay in the same position and are unable to move freely, you may experience cracked, dry skin. Try to change position.

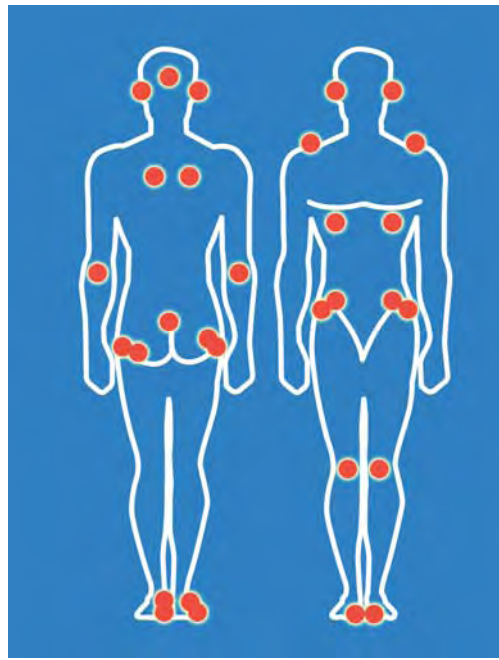
A healthy and balanced diet and drinking enough fluids (8 cups daily) also helps keep the skin healthy.

What can I do?

- Keep moving as much as you are able.
- Change position at least every 2 hours.
- Moisturise regularly.
- Drink 8 cups daily.
- Ask about how you can self-manage skin care.
- Keep out of hot midday sun as older skin is more prone to sunburn.
- Keep skin clean, but don't over do it.
- Wear cotton or natural fibres.



Areas of the body at high risk of pressure ulcers



Pressure ulcers

Sometimes known as 'bedsores' or 'pressure sores'

People over 70 years old are particularly vulnerable to pressure ulcers, as they are more likely to have mobility problems and ageing skin. Pressure ulcers tend to affect people with health conditions that make it difficult to move, especially those confined to lying in a bed or sitting for long periods of time.

Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose bone or muscle.

Pressure ulcers have a negative impact on the quality of life; they are unpleasant to live with and can be very painful. Certain dietary supplements, such as protein, zinc and vitamin C, have been shown to speed up wound healing. If the diet lacks these vitamins and minerals, skin may be more vulnerable to developing pressure ulcers.

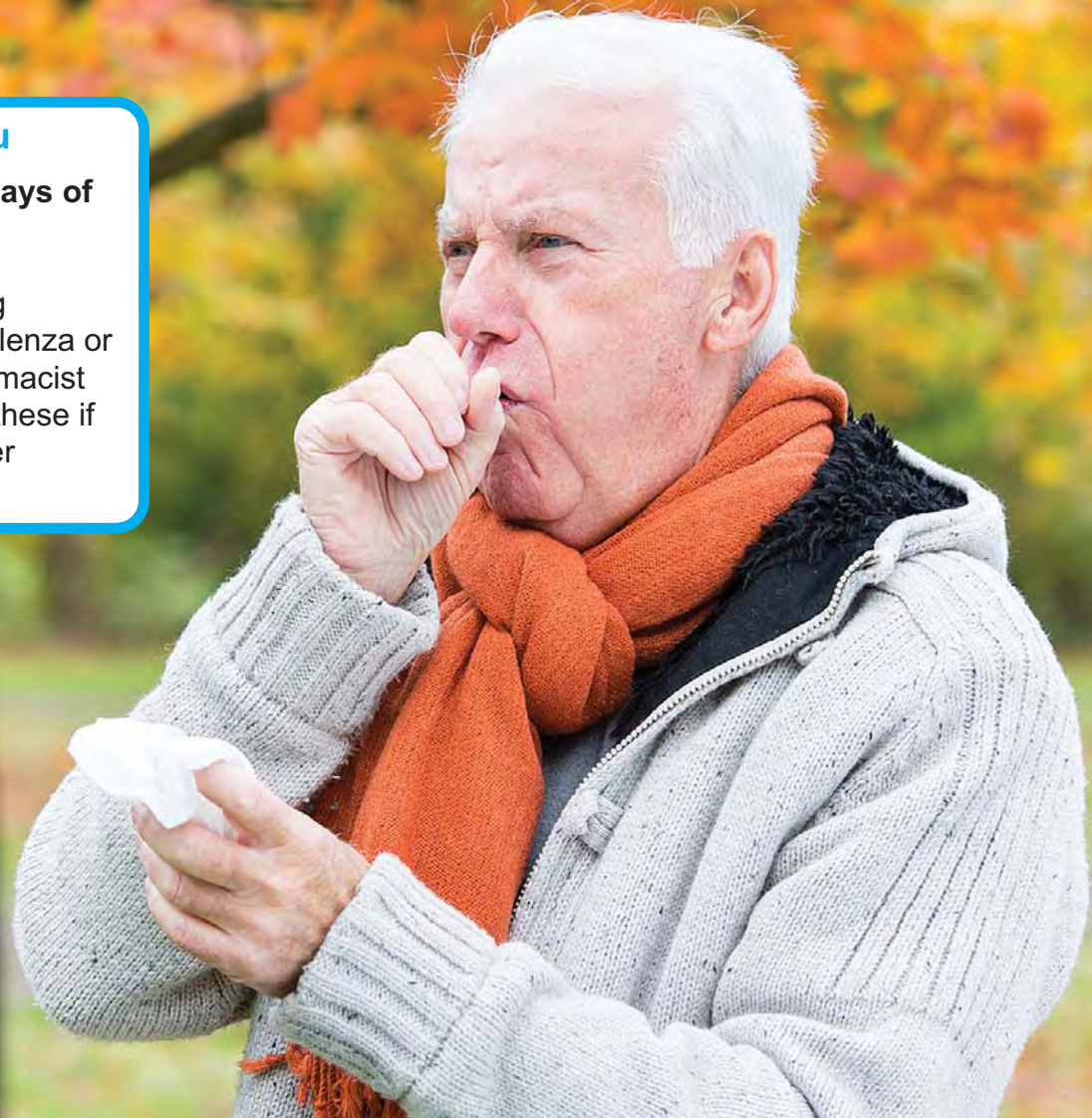
What can I do?

- It is important that you are eating a balanced diet and drinking plenty of fluids to help prevent pressure ulcers.
- Change your position as much as possible to prevent pressure ulcers.
- Ask about pressure-relieving devices.
- Make regular checks of your skin (use a hand mirror if it is hard to see) and tell your doctor or nurse if you are worried.
- Moisturise regularly.
- Keep clean but don't over do it, as soaps can dry skin.

Preventing flu

There are three main ways of preventing flu:

- Flu jab
- Hygiene - handwashing
- Antiviral medicines (Relenza or Tamiflu). Tell your pharmacist or doctor before using these if you are taking any other medicines.



Keeping well in winter

Look after yourself this winter

In the winter, colds and flu are circulating and older people can be particularly vulnerable to the effects of cold weather.

Certain health conditions are more obvious when a cold spell takes hold - more people experience chest problems, such as infections and breathing problems.

Winter can affect our health in all sorts of ways. Lack of natural daylight can lead to the winter blues, winter health risks like colds, flu and falls on ice, and winter weight gain is common.

Pneumonia vaccine

People over 65 need only a single vaccination which will protect you for life. Those with long-term conditions may need a five-yearly vaccination depending on their underlying health problems.

Flu jab

The best time of the year to get a flu vaccination is in the Autumn from September to early November. It is free and it is effective against the latest flu virus strains. Flu can be very serious for older people. Even if you've already had a flu jab in previous years, you need another one this year. Doctor's surgeries offer flu clinics, contact your surgery for details.

What can I do?

- Minor illnesses such as colds or sore throats can get worse quickly when you are older, so it's important to get help early. Pharmacists are a fantastic source of help so make use of them, or call **NHS 111**.
- Get your yearly flu jab.
- Stay in when it's freezing.
- Avoid walking on slippery, icy streets.
- Keep warm.
- Eat well.
- Move about.

Lifestyle and well-being

Make these 4 simple changes now

1 Giving up smoking has huge health benefits. It is never too late to give up. Just because you've tried to give up before and not succeeded, does not mean you can't do it. Many people make several attempts before they succeed. **Stop Smoking Service 0800 085 2917 or ask at your local surgery.**

2 Cut down on alcohol. Older people may be more susceptible to the effect of alcohol, so drinking less is recommended. If you are taking medication and drinking alcohol, check with your doctor or pharmacist that it is safe.

NHS recommends
MEN 3-4 UNITS DAILY
WOMEN 2-3 UNITS DAILY
SHOULD NOT REGULARLY EXCEED

3 Your diet should include starchy foods such as rice and pasta, protein such as meat, fish, soya products and dairy products such as milk and cheese and fruit and vegetables. Try to avoid too much fat and sugar. Balance is the key. **Five portions of fruit and vegetables per day.**

4 Increase physical activity.

How many units/calories in alcohol?



1 pint lager/beer/cider (ABV 3.6%) 2 units has as many calories as a doughnut 155 kcal	1 pint lager/beer/cider (ABV 5.2%) 3 units has as many calories as a slice of chocolate cake 180 kcal	1 large wine (250ml) (ABV 12%) 3 units has as many calories as 1 bag crisps (35g) 185 kcal	A large gin with orange (ABV 40%) 2 units has as many calories as a chocolate doughnut 143 kcal
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What can I do?

1. Stop smoking.
2. Cut down on alcohol.
3. Eat well.
4. Increase physical activity if you are able.

It's simple.

SMOKEFREE Call 0800 022 4332 or visit www.smokefree.nhs.uk



Age UK

If anyone is suffering from loneliness or feeling isolated, help is available from Age UK. A friendly chat over the telephone or meeting each week can really cheer you up if you live alone, and that's the principle behind the Age UK Befriending Service. Maybe you could become one of Age UK's volunteers and not only help yourself but others too. Call Age UK **0800 169 6565** www.ageuk.org.uk

Source: www.ageuk.org.uk

Loneliness and socialising

Connecting keeps us well and happy

Over a third of people aged 65+ feel lonely according to research from Age UK.

Loneliness can have a huge impact on both physical and mental health. As well as depression, loneliness can also cause stress. Loneliness makes it harder to control or notice, habits and behaviour which can lead to health problems. Lonely older adults drink more alcohol, have unhealthier diets and take less exercise.

The Internet is a useful tool in tackling isolation and loneliness but face to face contact is very important too. Taking the first step can be difficult, but the benefits can be enormous. If you are lonely, find out about older people's forums, partnerships, befriending services and groups.

To help combat loneliness try to get out. Even walking to the local shops if you are able, will bring you into contact with people.

The LGBT (lesbian, gay, bisexual and transgender) community are more likely to be single and live alone in older life. They are less likely to have family support and can be more vulnerable to social isolation and loneliness.

What can I do?

- Get counselling if you have lost a partner or loved one.
- Incontinence can stop older people from going out, see your doctor or practice nurse.
- Money worries can stop us going out and doing things.
- Contact your local Citizens Advice Bureau to ensure you are receiving all the benefits you are entitled to.

What can I do?

- People over 70 are entitled to a free NHS sight test every year.
- Tell your doctor if you find it hard to hear, or your sight is failing.
- Look after your senses, they help to keep your independence.



Your senses

Sight and hearing loss

Having control over our lives is important and adjusting well to change is central to our psychological well-being. Loss of eyesight or hearing, if not dealt with, can have a huge impact on our lives or how we connect with others.

Hearing

Older people can feel vulnerable, lonely and isolated and can wait many years before seeking help. It can be better to find out about hearing aids sooner rather than later as getting used to amplified sound is harder if you've already got used to a 'quieter world'. If you think you may have some hearing problems you should visit your doctor as soon as possible, who will do some simple tests.

Sight

Our eyes are one of our most valuable senses yet as we age our eyesight can be one of the first things we notice deteriorating. Glaucoma is one of the most common causes of preventable blindness. **People over 70 are eligible for a free NHS sight test every year.**

Doctor says

If you visit your doctor about your hearing they may refer you to an ear, nose and throat (ENT) specialist or an audiologist. They will test you further to determine the cause of your hearing loss and work with you to find the best possible treatment.

Optician says

If you visit your optician about your eyesight they will check for glaucoma. If glaucoma isn't caught and treated early - then it can go on to cause fairly serious 'tunnel vision'. Eventually, without treatment, it will also affect your central vision. This could also cause a trip or fall.



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Why do I need to drink 8 cups?

- Helps maintain a healthy urinary tract and kidneys.
- Can reduce the risk of kidney stone formation.
- Reduces the risk of heart disease by 46% in men and 59% in women.
- Reduces constipation.
- Reduces trips and falls (as we can become dizzy or disorientated if we don't drink enough).
- Helps us think and concentrate.
- Keeps skin healthy.

Am I drinking enough?

Essential for maintaining health

Water is the healthiest choice for quenching your thirst at any time. It has no calories and contains no sugars that can damage teeth - it's also free!

Aim to drink at least 8 cups daily (which can include some tea or squashes). Water is important to health especially in later life. Many older people do not drink enough water. The kidneys play a vital role in regulating the amount of fluid in the body, but their function slows with age and water balance takes longer to be restored even after drinking.

Patients who have had a stroke or those who are suffering from dementia may not recognise they feel thirsty. Carers have a vital role in supporting older, more dependent individuals to keep drinking.

Good hydration can help our health in many ways from managing diabetes to helping to prevent pressure ulcers, constipation, incontinence, kidney stones, heart disease, low blood pressure, falls and many other illnesses. It also makes us look younger with glowing skin.

Doctor says

When our bodies don't have enough water, we are said to be dehydrated.

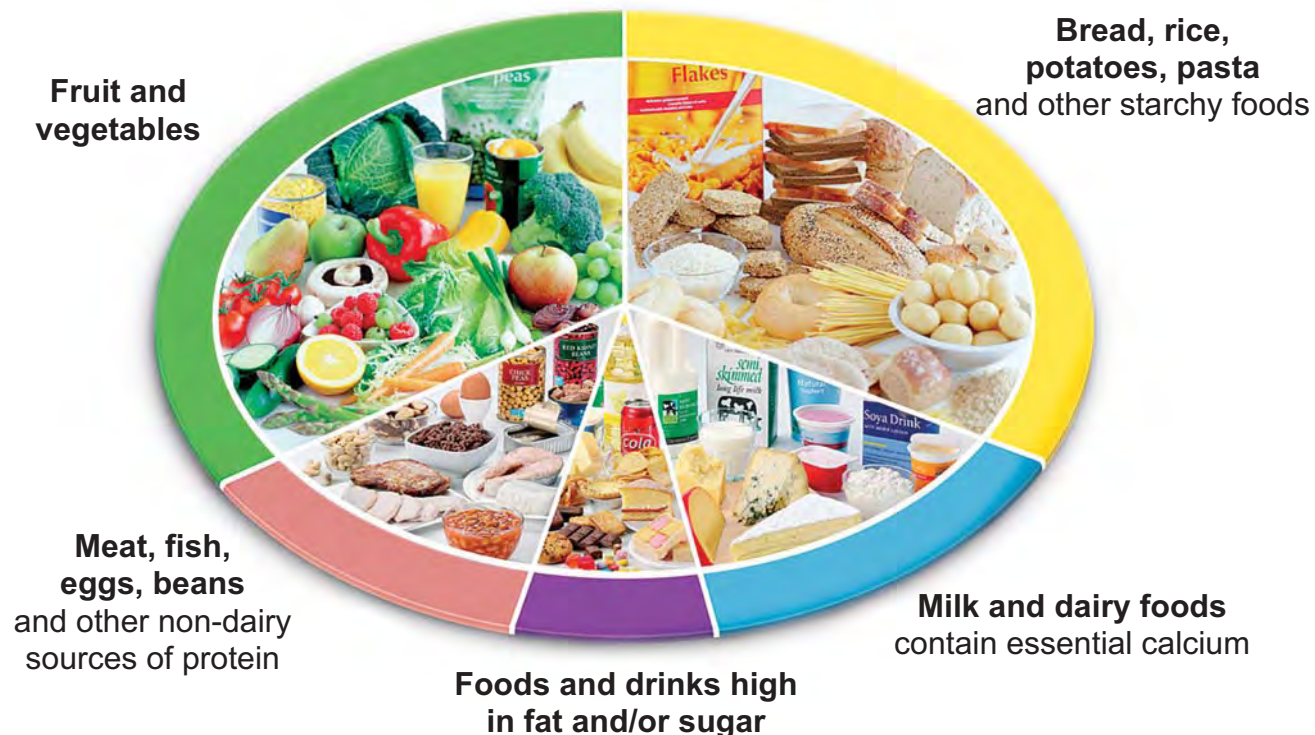
These are other common signs of dehydration:

- Dark urine and not passing much urine.
- Headaches.
- Lack of energy.
- Feeling lightheaded.

www.rcn.org.uk

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Source: The Food Standards Agency www.food.gov.uk

Eating well

An important part of daily life

Eating well is vital for older people. Your daily food choices can make an important difference to your health and to how you look and feel. Try to keep to a healthy weight and tell your doctor if you notice you have lost weight, or put some on.

Older people are particularly at risk of malnutrition. This can be due to loss of smell or taste, loss of appetite, teeth may be brittle or dentures may not fit properly, economic hardship, shops may not be in easy reach, or you may have other health problems. Some medicines can cause us to lose our appetite.

People with dementia or depression are particularly at risk, for example when forgetting to eat, and not recognising or being disinterested in food.

Eating well may reduce the risk of heart disease, stroke, type 2 diabetes, bone loss, some kinds of cancer, and anaemia. If you already have one or more of these diseases, eating well and being physically active may help you better manage them. Healthy eating may also help you reduce high blood pressure, lower high cholesterol, and manage diabetes.

What can I do?

- Enjoy your food. Having a little of what you fancy really does help in keeping to a healthy diet.
- Eat a variety of foods.
- Keep a stock of basic food items so that you can eat well even if you can't get to the shops.
- Try to make mealtimes sociable.
- Do not skip meals.
- Avoid salt.
- Ask your pharmacist about a vitamin D supplement.

Vitamin D

The body makes vitamin D from sunlight on the skin. As people get older they tend to spend less time outside, so make sure your diet contains at least 10 micrograms of vitamin D or consider a supplement. Ask your pharmacist.

Dentist says

You do not have to register with a NHS dentist and you can change your dentist whenever you like.

For urgent dental care out of hours or at weekends call the dental helpline on **0300 123 7691** or if unavailable call **NHS 111**.

To find an NHS dentist near you call **NHS 111** or visit **www.nhs.uk**

Mouth care

A healthy mouth for life

Looking after your mouth and teeth is really important, especially as you get older. It helps you enjoy your food, smile with confidence and generally feel good about yourself. To make your teeth and gums stay healthy, it is important to brush your teeth properly and see a dentist regularly. If you have false teeth, regular check ups with a dentist are just as important.

Dentures are likely to need replacing every five years as the shape of your mouth changes. If, for health reasons, you have difficulty getting to a dentist, your dentist may be able to visit you or you may be eligible for treatment through the Community Dental Service.

Older age can bring a variety of oral health problems. Medical conditions such as arthritis in the hands and fingers, may make brushing or flossing teeth harder. Some medicines can cause the mouth to be dry, ulcers and thrush. Tell your doctor.

A stroke can have an effect on the oral and facial tissues making it hard to chew and swallow. Depression can lead to reduced motivation in personal hygiene. Dementia can lead to loss of short term memory meaning that it's possible to forget that teeth haven't been cleaned.

What can I do?

- Brush at least twice a day with a fluoride-containing toothpaste.
- Floss at least once a day.
- Visit your dentist and hygienist regularly for cleaning and an oral examination.
- Avoid sugary snacks.
- If you notice bleeding or sore gums speak to your dentist or practice nurse.
- There are adapters available to help if you find it difficult to grip a toothbrush.



Keeping mobile

Put your best foot forward

Keeping active into older age is the key to staying fit, mobile and independent. Foot care is one of the most important aspects of personal healthcare whatever your age. However, painful and uncomfortable feet need not be something to 'put up with' as we grow older.

Foot care problems tend to happen if you are less mobile than you used to be. Poor eyesight and stiff hands, can also make it harder for you to look after your feet.

Keeping feet clean is an essential part of any good healthy feet regime, you may need someone to help you do this. Wash feet daily in warm soapy water, rinse well and dry well. You may need to apply a foot cream, massage the cream from the toes upwards to the knees. Trim toenails regularly, cutting straight across and making sure you do not cut too short. Wear well fitting shoes that provide good support, are wide enough and allow feet to breathe. Exercise feet regularly to tone muscles, strengthen arches and improve blood circulation.

If you have diabetes or circulation problems it is even more important to take care of your feet.

What can I do?

- Keep feet clean.
- Keep toenails short.
- Wear suitable shoes.
- Exercise regularly if you are able.
- Talk to your doctor if your feet are painful or sore.



Keep your home safe:

- **In the bathroom** - Test your bath water to prevent scalding. Use a non-slip rubber mat. A handrail is useful for extra support. It is a good idea to leave the door unlocked in case you need help.
- **In the bedroom** - Always switch off your electric blanket before getting into bed and check their cords regularly for scorch marks. Have your electric blanket tested annually. Before getting into bed, make sure that anything you need is within easy reach - a lamp, drink, medicines and perhaps a torch by the bedside. If you feel dizzy when you first sit up, wait a couple of minutes before standing up.
- **In the living area** - If rugs are frayed, it is safer to remove them. Secure trailing wires and have heating equipment checked regularly. Check smoke alarm batteries. The Fire Service offers home safety visits and will fit smoke alarms free of charge for older people. Consider having a personal alarm so you can get help whenever you need it.

Trips and falls

Staying steady on your feet

There are many simple things that you can do to help stay steady on your feet. It is very common to feel anxious if you have had a fall or feel unsteady.

Keeping active can help keep you fit and healthy. There are also exercises to strengthen the muscles of your legs and improve your co-ordination and balance. Sight plays an important role in your sense of balance so have your eyes checked regularly. Older people should take a daily vitamin D supplement to help keep bones healthy and strong.

Some medicines or a combination of drugs can make you feel faint or unsteady. Let your doctor know if you ever feel like this.

Foot problems can have a major effect on our balance and stability. Wear shoes that fit you well. Avoid loose slippers or those with no backs, sandals and high heels.

Always take care on the stairs and consider an extra banister or handrails to make everyday activities safer. Keep the floor free from clutter, which you may trip over. If you worried about falling, ask your doctor to refer you to the Falls Service.

What can I do?

- Keep you home safe (see opposite page).
- Talk to your doctor if you are worried.
- Ask about the Falls Service.
- Wear suitable shoes or slippers.
- Get your eyes checked.

Assistive technology

Help with everyday tasks

Even simple equipment can mean the difference between living independently and needing someone to look after you at all times.

You can buy your own equipment, but a social worker or occupational therapist can help make decisions about the equipment that would be most helpful. Decisions about the kind of equipment you may need will often be the result of an assessment of your care and support needs.

Equipment that can help you to live more independently can include things like:

- Two-handled cups, tap turners and kettle tippers for the kitchen.
- Grab rails and raised toilet seats in the bathroom.
- Bed raisers and hoists in the bedroom.

The NHS can provide equipment, such as walking sticks, walking frames and wheelchairs to aid mobility. These are provided on long-term loans and you can arrange this through your GP, hospital consultant or physiotherapist. There is no charge for this equipment, but there may be a returnable deposit.

Assistive technology

The term 'assistive technology' refers to any device or system that allows a person to do a task that they would otherwise be unable to do, or to make life easier and safer. These technologies can be anything from pendant emergency alarms to blood pressure monitors and electric wheelchairs. This includes equipment and devices to help people who have problems with moving around, help avoid trips and falls, eyesight, memory, daily living such as dressing or even preparing meals.



Local support

Local support for patients and carers is commissioned by local NHS CCGs and may include Macmillan or Marie Curie nursing support.

End of life care

Support for people and their families

If you have a terminal illness, or are approaching the end of your life, it may be a good idea to make plans in advance for the future of your care. Planning ahead in this way is sometimes called advance care planning. It involves thinking and talking about your wishes for how you are cared for in the final months of your life.

End of life care helps you to live as well as possible until you die, and to die with dignity. It also includes support for your family or carers.

Palliative care will help to make you as comfortable as possible. Care provides psychological, social and spiritual support for you and your family or carers to enable you to remain in your own home for as long as you wish.

Many healthcare professionals can be involved in providing end of life care. Most hospitals have special palliative care teams who co-ordinate all these services. When end of life care begins depends on your needs, it may last a few days, or for months or years. End of life care begins when you need it, and will continue for as long as you need it.

Why not make a plan?

If you are not approaching the end of your life, you may still want to think about your wishes for your own end of life care.

This could include:

- If you don't want certain kinds of treatment in the future, you can make a legally binding advance decision.
- Where you would prefer to die, your wishes for your funeral, who you would like to make decisions about your care if you are not able to decide for yourself.
- Find out how to legally appoint someone to make decisions about your care in the future if you become unable to make decisions yourself (Lasting Powers of Attorney).
- Make a will to ensure your property and finances are dealt with according to your wishes after your death.

National contacts

Age UK (including Falls Prevention Service)

0800 169 6565
www.ageuk.org.uk

Alcoholics Anonymous

0845 769 7555
www.alcoholics-anonymous.org.uk

Alzheimer's Society

0300 222 1122
enquiries@alzheimers.org.uk
www.alzheimers.org.uk

British Heart Foundation

0300 330 3311
heartmatters@bhf.org.uk
www.bhf.org.uk

Carers UK

CarersLine 0808 808 7777
www.carersuk.org

Citizens Advice

www.adviceguide.org.uk

Crossroads

Caring for Carers 0845 450 0350
www.carers.org

Cruse Bereavement Care

0844 477 9400
www.cruse.org.uk

Diabetes UK

0345 123 2399 - careline
0843 353 8600 - peer support line
info@diabetes.org.uk
www.diabetes.org.uk

Drinkline

0800 917 8282
24 hour Confidential Advice

Emergency Ambulance

999

FirstStop Advice

www.firststopcareadvice.org.uk

Menopause Matters

www.menopausematters.co.uk

Mind - for better mental health

0300 123 3393
info@mind.org.uk
www.mind.org.uk

National Domestic Violence Helpline

0808 2000 247
www.nationaldomesticviolencehelpline.org.uk

NHS 111

If you need urgent medical help or advice but it's not life-threatening.

NHS Smoking Helpline

0800 022 4 332
www.smokefree.nhs.uk

Podiatrist (Chiropodist)

General enquiries regarding NHS Podiatrist (Chiropodist)
01473 275 204

Royal Society for the Prevention of Accidents (RoSPA)

0121 248 2000
www.rospace.com

www.lgbtconsortium.org.uk

www.macmillan.org.uk

www.mariecurie.org.uk

www.dementiafriends.org.uk

Local contacts

Sanctuary Supported Living

0800 917 0204
www.sanctuary-supported-living.co.uk

Middlesbrough and Stockton Mind

01642 257020
carers@middlesbroughandstocktonmind.org.uk
www.middlesbroughandstocktonmind.org.uk

Hartlepool Mind

01429 269303
information@hartlepoolmind.co.uk
www.hartlepoolmind.co.uk

Adult Social Care, Stockton-on-Tees Borough Council

01642 527764
FirstContactAdults@stockton.gov.uk
www.stockton.gov.uk/adult-services

Adult Social Care, Hartlepool Borough Council

01429 284284
fcsh@hartlepool.gov.uk
www.hartlepool.gov.uk

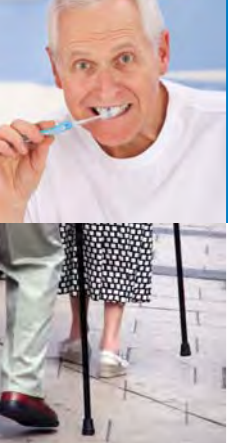
A guide to best practice

for those working with frail and elderly people



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Welcome

Older people need to be in an environment that they can shape, thrive and live life to the full for as long as possible. They value having choice and control over how they live their lives.

Independence and well-being can be more difficult to maintain for those who become frail or who have one or more chronic illnesses. If the right support is not available, poor health can restrict older people's ability to continue living life to the full.

There are many simple and easy ways we can all help avoid unnecessary 'harms'. The harms set by the Department of Health include **falls**, **pressure ulcers** and **urinary catheter infections**.

Many of these measures are extremely simple such as keeping mobile in bed to avoid pressure ulcers, by encouraging people to tell staff if any of their personal information is incorrect or if they don't understand their treatment. Preventing harms from happening and understanding the things to look out for will improve care for vulnerable people.

The three harms

Harm-free care is a national programme which has identified the main 'harms' to patient safety. There are three harms which are relevant to care in the community.



Falls



Pressure ulcers (or bed sores)



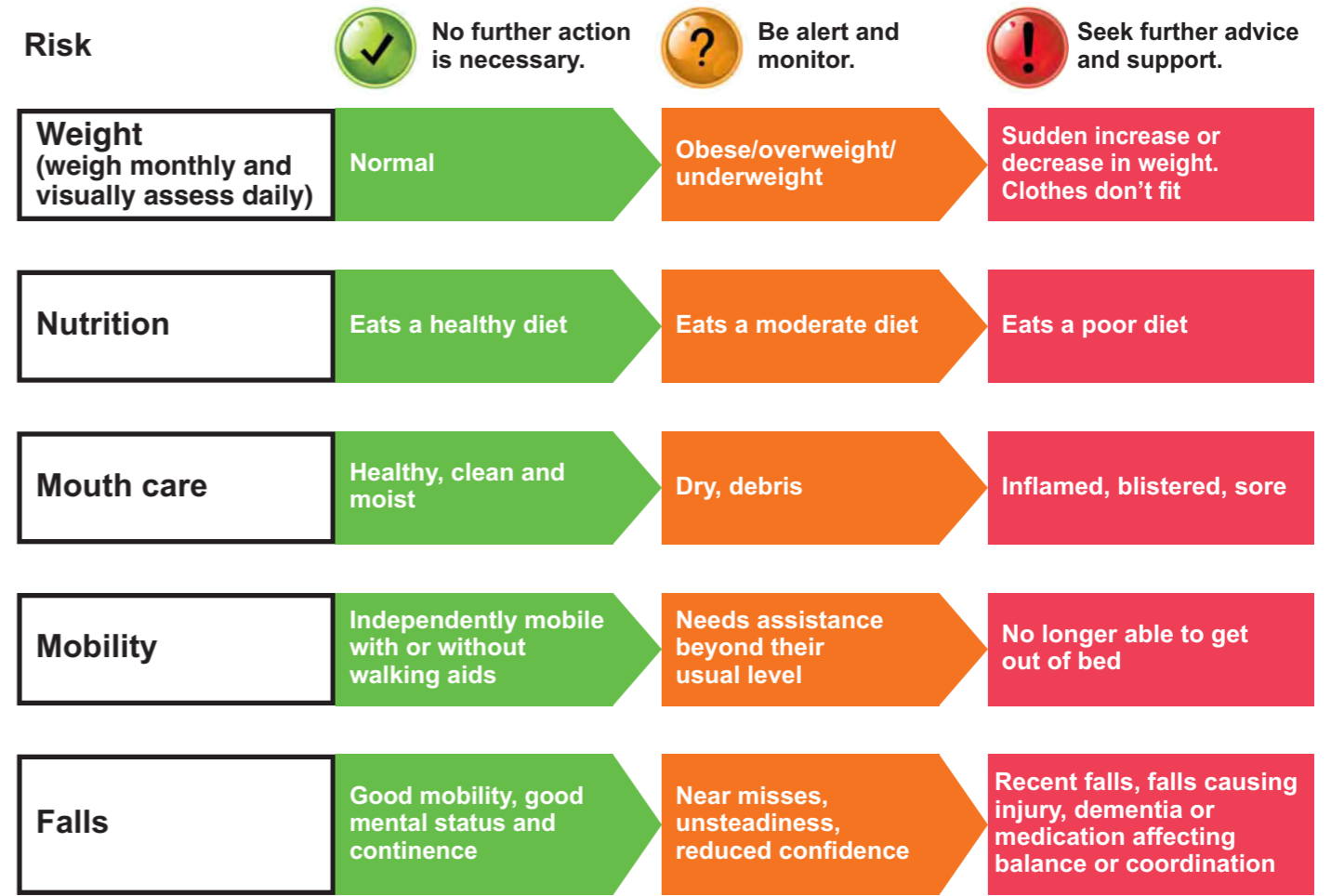
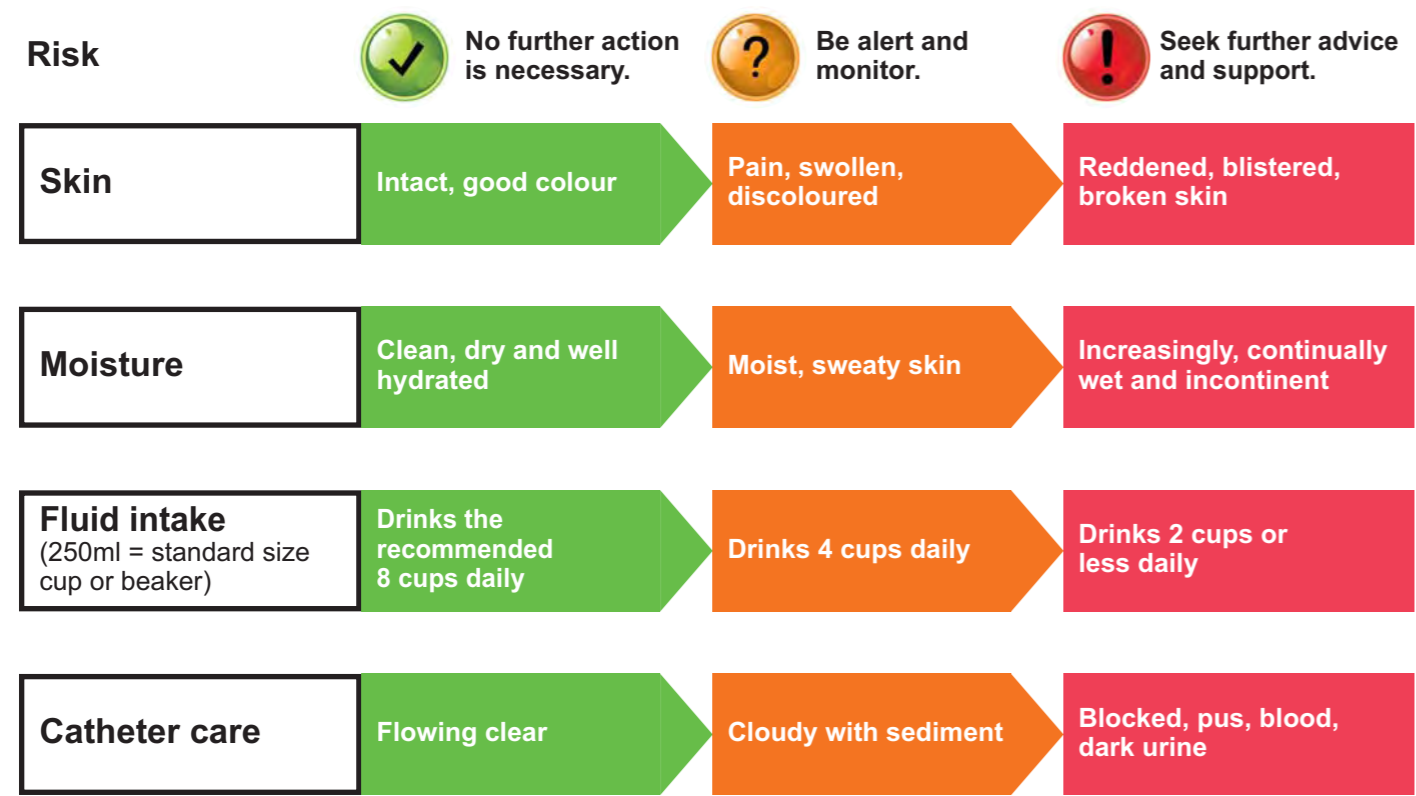
Catheter-acquired urinary tract infections (UTIs)

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When to seek further advice

During day-to-day checks, it is important to know when you may need more advice and support.





Getting the basics right

The programme is ambitious yet simple, it's a mindset.

The good care of people is at the heart of everything we do. We are all committed to improving the experience of healthcare and protecting from harm.

We need to think about complications from the perspective of those we care for, and aim for the absence of all three harms.

To effectively deliver 'harm-free' care we need one plan which can be implemented at local level and integrates easily with your existing busy work and routines. Lots of improvement work has been already achieved in these safety areas, so this is not about starting again, it's about building on what you already have in place.




Harm-free care is a continuous journey and an ongoing commitment. In understanding the simple basics we can all offer the very best care possible. It is also about helping vulnerable people help themselves by understanding the things they can do, or tell us about.

If you read through this resource you will see that on most pages there is a red 'warning' symbol, which will tell you when you need to seek further advice and support. Discuss with your manager (or other dedicated senior healthcare professional), who would be best to contact if these alert situations occur, so you know what to do and you are prepared in advance.

www.harmfreecare.org

The Harms

Our aim is to give the very best care possible and eliminate harm in common conditions:

-  Pressure ulcers
-  Falls
-  Catheter care





5 key points

1. Age-related changes reduce the ability of the skin to perform its barrier function.
2. Skin health is essential to the well-being of older people.
3. Those caring for older people should be encouraged to regularly assess their skin.
4. Skincare regimes should be individualised ensuring skin is clean and dry and that adequate emollients are used.
5. People should be supported to self-manage their own skincare as much as possible.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Skin

As the skin ages it undergoes a number of changes, becoming thinner and having a reduced blood supply. This results in the skin becoming more fragile and easily damaged with any injuries to the skin being slow to heal. Good skin health is essential to the well-being of older people.

Many older people have dry skin which may become cracked and sore and can tear. Emollients are important in promoting skin health in the elderly and are available as moisturisers (creams, ointments and lotions), bath oils, gels and soap substitutes.

Skin hygiene is important in promoting personal well-being. For older people with dry or irritated skin, it is important to get the right balance between cleanliness and overwashing.

Moisturisers for dry skin should be applied in a downward motion in the direction of hair growth at least twice a day and after bathing. Ask your older person to help you in moisturising their skin.

Care should be taken to ensure the person is protected from skin damage from trauma, pressure and sun exposure.

Key recommendations

Preventing pressure ulcers:

1. It is important that you check the skin daily. If you notice any damage seek further advice and support.
2. Make regular and frequent changes to position (at least once every two hours). If a pressure ulcer has already developed, regularly changing position will help to avoid putting further pressure on it.
3. Eat a healthy, balanced diet.



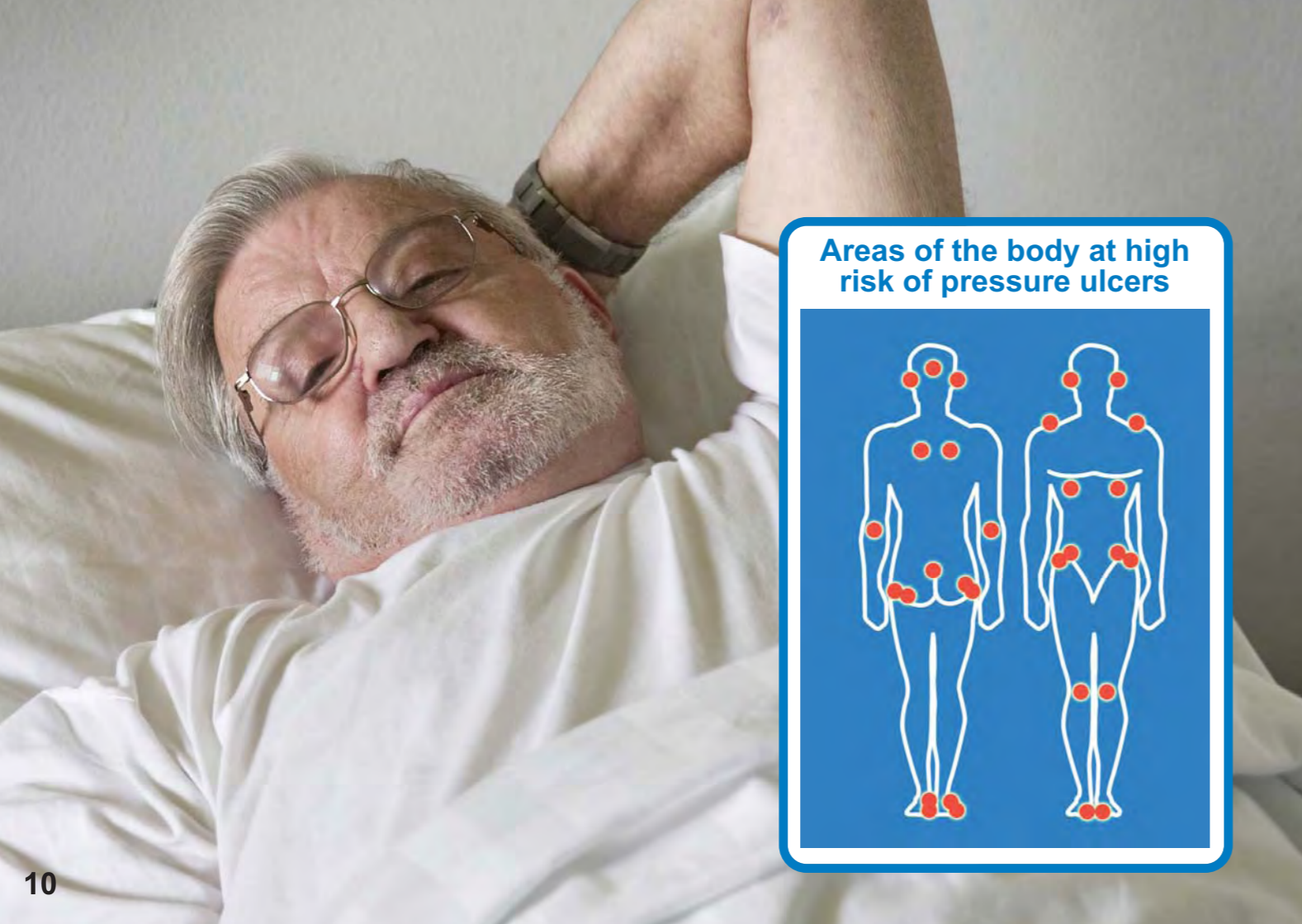
Skin appears healthy/normal, good colour - no further action is necessary.



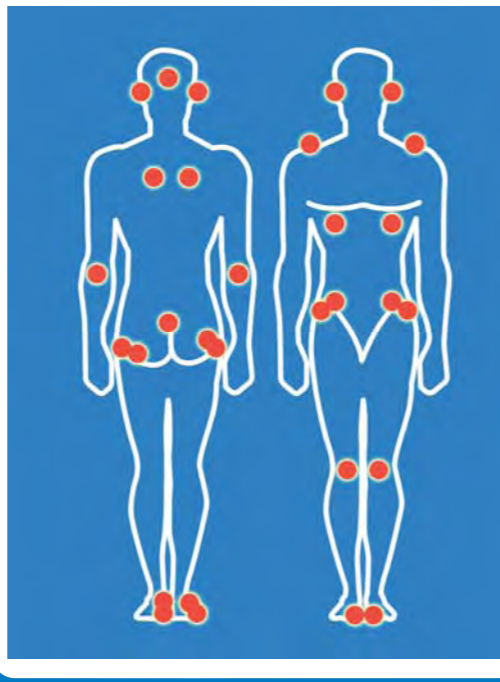
Skin is painful, swollen, discoloured, sweaty - be alert and monitor.



Skin is reddened, blistered or broken - seek further advice and support.



Areas of the body at high risk of pressure ulcers



Pressure ulcers

Pressure ulcers (sometimes known as bedsores or pressure sores) are areas of localised damage to the skin and underlying tissue caused by pressure, shear or friction, or a combination of these. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle. Many can be avoided. Older people are particularly vulnerable to pressure ulcers, as they are more likely to have mobility problems and ageing skin.

Pressure ulcers have a negative impact on the quality of life; they are unpleasant to live with and can be very painful. Healthcare professionals use several grading systems to describe the severity of pressure ulcers from one to four with grade four pressure ulcers having a high risk of developing a life-threatening infection.

It is important that skin is kept clean and dry. Older people with urinary and/or bowel incontinence are at increased risk. Certain dietary supplements, such as protein, zinc and vitamin C, have been shown to speed up wound healing. If the diet lacks these vitamins and minerals, skin may be more vulnerable to developing pressure ulcers.

Increased risk:

- Mobility problems
- Poor nutrition
- Underlying health condition
- Being over 70 years old
- Urinary and/or bowel incontinence
- Serious mental health conditions

What can I do?

Pressure ulcers can be unpleasant, upsetting and challenging to treat. Therefore, a range of techniques can be used to prevent them developing in the first place. These include:

- Regularly changing position.
- Using equipment to protect vulnerable parts of the body - such as specially designed mattresses and cushions.
- Encourage a varied diet that includes food groups which are rich in vitamins.
- Check skin daily.
- Check older people with dementia carefully.
- Moisturise skin regularly.

Source: nice.org.uk



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Continence

Bladder and bowel problems are surprisingly common but can be difficult to talk about, embarrassment stops many people from getting help. Whilst it is more likely, it is not inevitable, that we may lose some bladder control as we get older. In general, urinary incontinence affects twice as many women as men and becomes more common with increasing age. This can affect socialising, confidence and quality of life. Incontinence can often be treated or managed effectively.

It is normal to go to the toilet four to seven times a day and pass up to a pint of urine at a time. People with urinary incontinence get the urge to go far more often and pass a lot less urine each time. It is important to not stop drinking as this can lead to dehydration, bladder infection, dizziness and other complications. Bowel incontinence can be a bowel accident, when you don't reach the toilet in time, or leaking from the bowel which can be a sign of constipation or overflow incontinence.

Think about the older person's feelings and self-esteem. Be sensitive, discreet and patient.

What can I do?

There are several forms of effective treatment, including:

- Lifestyle changes, such as losing weight.
- Pelvic floor muscle training (exercising your pelvic floor muscles by squeezing them).
- Bladder training, so you can wait longer.
- Avoid constipation (see page 15).



Continent - no further action is necessary.



Urinary incontinent - be alert and monitor.



Urinary and faecally incontinent - seek further advice and support.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Constipation

Constipation is as common in women as in men and is more common in older people. Stools (poo) are often dry and hard, and may be abnormally large or small. It can result in the risk of UTI, abdominal discomfort, pain, bloating and sometimes nausea and loss of appetite. It can also cause leakage or overflow of stool or bowel incontinence. Frequency of bowel action alters from person to person and may be 2-3 times daily to twice per week, so try to clarify what the individual's 'normal' pattern is.

Constipation can be caused by a number of things such as not eating enough fibre or not drinking enough fluid. Some conditions can cause constipation, as can a lack of exercise or movement (such as being in bed or immobile) and some medicines.

Ensure there is enough fibre and fluid in the diet. Drinking enough fluid is important (particularly with a high fibre diet or fibre supplements) but can be difficult for some. Introduce apple, pear or prune juice. Try a glass of fruit juice or warm water with lemon each morning to help with regular bowel movements. Leaving the skins on fruits and vegetables, if they are edible, will increase fibre intake. Cut down on foods that may cause constipation, such as cheese and eggs, as well as those that cause gas, such as carbonated drinks, broccoli and cabbage.

Regular exercise if possible, such as walking can also help to keep the bowel moving.

What can I do?

There are simple things you can do to avoid constipation:

- Constipating medication should be adjusted.
- Increase dietary fibre.
- Drink enough.
- Exercise (where possible), some movement is better than none.
- Try oral laxatives (bulk-forming) in the first instance.



Fewer than three bowel movements a week, hard or lumpy stools, straining during a bowel movement or leakage or incontinence of stools, seek further advice and support.

5 top tips

1. Ensure that a choice of drinks are offered (in case they do not like one).
2. Remember key foods are rich in fluids.
3. Remember to ensure that the drinks are left within safe and easy reach and regularly encourage people who may forget to drink.
4. Ensure that a suitable receptacle (cup or beaker) is selected for each individual that reflects their abilities and personal needs.
5. Record the amount of daily fluid intake.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Drinking enough

Dehydration can directly contribute to the suffering of any of the main 'harms'. To function effectively and avoid dehydration the recommended guidelines advise 8 cups should be drunk daily. However, this will be dependent upon the individual's health profile as some conditions restrict fluid intake, while others actively encourage the recommended amount.

Older people do not always feel thirsty or may forget to drink. Dehydration can be very serious and can cause constipation, increased risk of UTIs and can cause further confusion and irritability.

Some older people may worry about drinking too much, in case they require the toilet too often, especially during the evening.

A range of foodstuffs are rich in fluids, for example, custard, jelly, ice cream, yoghurt. These are appetising alternatives to purely water based drinks and will constitute as an alternative to support a healthy hydration regime.

When our bodies don't have enough water, we are said to be dehydrated.

If you think someone may not be getting enough fluids, check whether they have any of these other common signs of dehydration:

- Dark urine and not passing much urine.
- Sudden change in mental health state or new onset of unexplained confusion.
- Feeling lightheaded.

(250ml = standard size cup or beaker)



Drinks the recommended 8 cups daily - no further action is necessary.



Drinks 4 cups daily - be alert and monitor.



Drinking 2 cups or less daily can lead to dehydration - seek further advice and support.



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Catheter care

A urinary catheter is a hollow tube inserted into the bladder to allow drainage of urine. A catheter is inserted via the urethra (a urethral catheter). An indwelling catheter is one that stays in place all the time. An intermittent catheter is inserted at regular intervals during the day to drain the bladder and is then removed. The catheter is attached to a drainage bag or catheter valve.

Catheters should be avoided if at all possible. Prior to insertion of a catheter alternatives must have been considered. Urinary catheterisation should only be carried out by trained staff who are competent in the insertion of urinary catheters in order to minimise trauma, discomfort and the potential for catheter-associated infection. A catheter should be removed as soon as possible by trained staff.

It is important to drink 8 cups of fluids a day from a variety of sources. Avoid constipation as an overloaded bowel can prevent the catheter from draining. See page 16 on fluid intake and page 22 on nutrition for more information.

Top tips to avoid infection

- Urinary catheters must be continuously connected to the drainage bag.
- Ensure the bag is always below the bladder and is well supported by a catheter support strap or sleeve and not touching the floor.
- Routine personal hygiene is performed.
- The urinary catheter bag should be emptied regularly ($\frac{1}{2}$ - $\frac{3}{4}$ full, ideally into a single use, disposable container).
- Hand hygiene, gloves and apron should be used prior to catheter care and removed on completion of the procedure ensuring hand hygiene is performed again.



Flowing clear - no further action is necessary.



Cloudy with sediment - be alert and monitor.



Blocked, pus, blood, dark urine - seek further advice and support.



Promoting good eating habits

Making sure those we care for have nutritious food and drink is very important to achieve safe, quality care. Food is fundamental to the quality of life and, for many older people in particular, can be critical to their health and well-being. People's appetites can reduce with age. Malnutrition and dehydration are serious and common problems amongst older people. Continue to ensure that you make meal times sociable.

Weight

A balanced diet will help older people to stay healthy. If someone is overweight this can potentially affect their mobility which in turn, can affect their quality of life.

Being underweight can be equally as serious for older people as it potentially increases the risk of health problems, including bone fractures if they fall. It weakens the immune system, leaving them more susceptible to infections and it increases risk of being deficient in important nutrients such as vitamins and minerals.

Eating with other people is a good way to make mealtimes a social activity and may increase the person's interest in food and eating. Some people may need encouragement to eat.

People with dementia experience difficulties in eating and drinking. They can lose their appetite or may find it hard to say what they want to eat or drink. They could also forget to eat or drink.

Weigh monthly and keep a note of any weight gain or loss.

Look out for:

1. Ask what they prefer to eat (if safe and possible in relation to their condition).
2. Ensure that an accurate food chart is maintained for those who require additional support and assessment with their nutrition.
3. Some may require assistance with eating and drinking. Ensure that protected time is allocated to them and full and dignified support is given where needed.
3. Small snacks offered frequently can be encouraged for those with a poor appetite to improve their daily intake of nutrients.



Normal - no further action is necessary.



Obese/overweight/underweight - be alert and monitor.



Sudden increase or decrease in weight - seek further advice and support.



Vitamin D

Vitamin D is needed for the absorption of calcium from food and is therefore important for good bone health. As the body ages it is less likely to store vitamin D. Sometimes it can be less likely that an older person gets enough time outside in moderate vitamin D boosting sunlight. There is a link between low vitamin D levels and dementia.

Nutrition

Some people need time, help and encouragement to eat in order to maintain their health and well-being. Food preferences and individual's dietary and cultural requirements must be taken into account when planning mealtimes. Frail elderly people can be at risk of malnutrition and dehydration. If a person cannot manage to eat three meals a day, then introduce smaller meals and more frequent healthy snacks.

Improving nutritional care and achieving adequate fluid intake has many benefits for those with long term conditions. Poor nutrition is one of a number of factors that increase the likelihood of pressure ulcer development and contributes to the risk of falls in vulnerable people. Good nutrition and hydration in people who have suffered a stroke is important in improving outcomes and helping to prevent complications. Management of dysphagia (swallowing difficulties) poses particular challenges in some stroke patients.

People with dementia may also experience problems with swallowing and chewing particularly as the dementia progresses. The changes that occur due to dementia can affect a person's relationship with food and eating (Alzheimer's Society 2011).

The basic components of any diet should include a combination of the following:

- Protein from meat, fish, eggs and pulses.
- Five portions of fruit and vegetables per day in some form.
- Carbohydrates from brown rice, potatoes, cereals, wholewheat pasta.

They may not be able to chew some of the above foodstuffs, in which instance puréed fruits or juices may be preferred.



Eats a healthy diet - no further action is necessary.



Eats a moderate diet - be alert and monitor.



Eats a poor diet - seek further advice and support.

Sugar snacks

As people get older their appetite can potentially decrease.

Eating little and often can result in the frequency of sugar intake. This can be associated with increased snacking or sweet treats.

Therefore, it is very important that good oral healthcare is assessed and maintained.

Mouth care

Our mouths are used for eating, drinking, communicating, smiling, speaking and socialising. It is vital that individuals can eat and drink in comfort, failure to ensure this can lead to malnourishment.

The oral health of older people can be seriously compromised. You may need to assist the person with their oral hygiene. Some medicines can cause the mouth to be dry. A stroke can have a profound effect on the oral and facial tissues resulting in a difficulty in swallowing, eating and drinking. Depression can lead to reduced motivation in personal hygiene. Dementia can lead to loss of short-term memory meaning that it's possible to forget that teeth haven't been cleaned. Those with arthritis and stiff hands may find it difficult to hold a toothbrush or clean the mouth properly.

It is becoming widely recognised that poor oral health can lead to debilitating and even life-threatening health conditions. Therefore, it is critical that mouth care for dependent older people is assessed and provided in a safe and dignified manner.

Look out for

- Blisters or dry sore mouth.
- Pain or discomfort.
- Bleeding sore gums.
- White spots in the mouth.
- Coated, red and inflamed tongue.



Healthy, clean, and moist - no further action is necessary.



Dry, debris - be alert and monitor.



Inflamed, blistered, sore - seek further advice and support.



Physical activity

The promotion of physical activity with regard to older people is essential to health and well-being. Gentle sitting exercises for the elderly can be done within their own home to help improve mobility and prevent falls. Visit the link below and print out sheets to use as a regular gentle exercise routine.
www.nhs.uk/Livewell/fitness

Mobility

As the body ages it tires more quickly with movement and exercise. Mobility is fundamentally important in terms of older people being able to stay independent. Loss of mobility can lead to social isolation and depression, increase in dependency, pressure-related injury and infection.

As we get older physical problems such as arthritis, osteoporosis, diabetes and heart issues can all affect mobility, and can lead to us feeling less confident in carrying out our usual day-to-day activities. Gentle, safe exercise where possible is good for both mental and physical health and well-being.

Being in bed for long periods of time, or being unable to move freely may cause many problems from lack of confidence and fear of falling to pressure ulcers. Pressure ulcers can occur when a person is immobile for a period of time, unable to get up and move around or shift their weight. Some medications can affect mobility.

Things to check:

- Healthy foot care.
- Safe clutter free environment.
- Encouragement to exercise appropriately for the individual.
- Consider the associated risks for people with visual impairment.
- Consider the risks of some medicines.



Independently mobile with or without walking aids - no further action is necessary.



Needs assistance beyond their usual level - be alert and monitor.



No longer able to get out of bed - seek further advice and support.



Falls factors

- Vision plays an important role in our sense of balance so ask if their eyes are checked regularly.
- 4+ medications and certain types can cause unsteadiness and affect co-ordination.
- Cognitive impairment, confusion, disorientation.
- Foot problems can have a major affect on balance and stability.
- Dementia increases falls risk.
- Continance problems are linked with falls.
- Postural instability, mobility and/or balance problems.
- Falls history, including causes and consequences (such as injury and fear of falling).
- Pain.

Falls

Falls are not an inevitable result of ageing, but they do pose a serious concern to many older people and to those who care for them. There are many simple things that can be put in place to help older people stay steady on their feet.

Older people have a higher risk of accidental injury that results in hospitalisation or death than any other age group (Cryer 2001). The Royal Society for the Prevention of Accidents (RoSPA) estimates that one in three people aged 65 years and over experience a fall at least once a year - rising to one in two among 80 year-olds and older.

It is very common that an older person may feel anxious if they have already had a fall or feel unsteady. Anybody at risk of falls may benefit from referral to the Falls Prevention Service. They should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s.

Try to find the individual risk factor with anybody known to be at risk of falling. Take into account whether the risks can be reduced or managed.

Make sure the environment is safe, in particular flooring, sufficient lighting, furniture and fittings are safe. Make sure they wear well-fitting footwear and avoid ill-fitting or unsupportive slippers. Walking aids or equipment should be checked regularly. Discuss likely risks associated with certain activities such as standing on a chair or reaching too high. Always take care on the stairs and consider an extra banister or handrails to give more support. Keep the floor free from clutter, which they may trip over.



Good mobility, good mental status and continence - no further action is necessary.



Near misses, unsteadiness, reduced confidence - be alert and monitor.



Recent falls, falls causing injury, dementia or medication affecting balance or coordination - seek further advice and support from the Falls Prevention Service.

Advice for carers

Persons with dementia may need extra support with certain daily tasks such as:

- Eating and drinking, mobilising, managing and taking medication, personal care.
- Keep the environment as calm and stable as possible to reduce any anxiety or problems.
- Try to understand them, find out more about them, their hobbies and things they like or dislike. This may help you to understand why they are behaving in certain ways and you can tailor your care to them as individuals.



Dementia

It is estimated that one third of people with dementia in the UK live in care homes. Dementia often develops slowly and is not always noticed in the early stages. Sometimes dementia can be confused with mild forgetfulness often seen in normal ageing.

Some medicines and drugs, depression and anxiety can cause forgetfulness.

It is not uncommon for some people with dementia to behave differently at times and become easily upset, anxious or even angry. View the person you are caring for as an individual. Find out a bit about them and a bit about their previous life, their likes and dislikes, things they enjoy, so you can tailor your approach. It is helpful to provide them with a calming, uncluttered environment and gentle reassurance to deal with this as this is far safer than using medication to calm them. Sedative medicines need to be minimised/avoided if possible because they very often can worsen the dementia or contribute to physical health problems such as falls and constipation.

As dementia progresses they may need additional help with:

- Dressing - try to help them keep their own individual style, wearing what they like to keep their own identity.
- Washing.
- Eating and drinking.
- Keeping as fit and healthy as possible.

What can I do?

If you care for a person with dementia there are lots of practical things you can do to support the person:

- Always put things like keys back in the same place.
- Keep important numbers next to the phone.
- Put notes on important cupboards and doors.
- Keep a large calendar with space to write daily reminders.
- Write a daily 'to do' list for last thing before bed, like lock door, check oven is turned off.



If you are significantly worried about a person's memory, personality or morale changes - seek further advice and support.



Mental health

Mental health problems in later life can be grouped into four main categories:

- Depression and anxiety.
- Dementia.
- Other mental health problems.
- Drug and alcohol problems.

Depression is the most common mental health problem in later life and dementia is the next most common.

Mental good health

Mental health and emotional well-being are as important in older age as at any other time of life. Everyone has mental health needs, although only some people are diagnosed as having a mental illness. The majority of older people have good mental health, but they are more likely to experience events that affect emotional well-being, such as bereavement, illness or changes in circumstance (perhaps where they are living).

Mental health problems such as depression or anxiety may present with physical symptoms such as weight loss or mobility or memory problems. It is important to seek advice if any person is presenting with these symptoms. Think about the person's whole quality of life, not just their health and social care needs. What would give them pleasure, fulfilment, and something to look forward to?

Isolation and loneliness can be a significant cause of mental health issues, especially depression in older people. Those with a debilitating illness may be depressed from their illness and more likely to be lonely or isolated.

Mental health problems often go unnoticed by professionals and older people themselves. Older people are often reluctant to seek help, so many experience delay before they are offered support.

What can I do?

- Maintain a positive approach - chat, be happy and communicate.
- Look out for signs of loneliness and isolation, this can even happen when someone is surrounded by others (such as in a care home or day centre). Show an interest in them, show you care.
- Ask your manager about training, for instance in depression awareness.
- Seek help or advice if you feel you need it.
- Try to put yourself in the position of the older person - how would these symptoms make you feel, would you be frightened or worried? How would you want to be treated?



End of life care

During a terminal illness, or approaching the end of life, it may be a good idea for people and their families to be offered opportunities to express their future wishes and make plans in advance for the care needed in the future. Planning ahead in this way is sometimes called advance care planning. It involves thinking and talking about an individual's wishes for how they are cared for in the final months of life.

Planning for this as early as possible enables care to be delivered in ways which respect the expressed wishes of people and their families.

End of life care helps us to live as well as possible until death, and to die with dignity. It also includes support for family or carers.

Palliative care will help to make things as comfortable as possible. Care provides psychological, social and spiritual support for the person and their family or carers to enable them to remain in their own home for as long as they wish.

Many healthcare professionals can be involved in providing end of life care. Most hospitals have special palliative care teams who co-ordinate all these services. When end of life care begins depends on specific needs, it may last a few days, or for months or years. End of life care begins when needed, and will continue for as long as needed. Local support is commissioned by your local NHS Clinical Commissioning Group and may include Macmillan or Marie Curie nursing support.

Why not make a plan?

If you are not approaching the end of your life, you may still want to think about your wishes for your own end of life care.

This could include:

- If you don't want certain kinds of treatment in the future, you can make a legally binding advance decision.
- Where you would prefer to die, your wishes for your funeral, who you would like to make decisions about your care if you are not able to decide for yourself.
- Find out how to legally appoint someone to make decisions about your care in the future if you become unable to make decisions yourself (Lasting Powers of Attorney).
- Make a will to ensure your property and finances are dealt with according to your wishes after your death.



Assistive technology

Some of the issues common to caring for older or frail people include:

- Risk of falls
- Dementia, forgetfulness
- Walking with a purpose
- Physical disabilities
- Response to incidents
- Care recording
- Effective staff deployment

If any of these issues are familiar then assistive technology may be able to help you.

Assistive technology such as infrared sensors, door contacts, bed/chair sensors can often be linked into the existing call system so that staff are alerted to incidents immediately. If it is not possible to link into the existing system then a stand-alone system can be put in place.

In addition there are a number of items that can reduce risk and promote independence and dignity directly to the resident. For example, lamps that automatically light the way to the bathroom when

the resident gets out of bed, an enuresis sensor that alerts staff to a soiled bed negating the need for regular checks or specialist clocks to help a resident with dementia.

Assistive technology can be tailored to the needs of individual residents, is simple to use and easy to install.



Glossary

Assistive Technology: The use of technology to assist the needs of older people with mobility, safety and independence. Assistive technology includes infrared sensors, door contacts, bed and chair sensors and can be tailored to the needs of individual residents.

Cognitive Impairment: Can be associated with some forms of dementia, experiencing problems with mental abilities, such as thinking, knowing and remembering.

DVT (Deep vein thrombosis): A clot which has formed in a deep vein, usually in the leg. Deep veins are the larger veins that go through the muscle and carry blood towards the heart.

Enuresis: The medical name for the involuntary passing of urine.

Exudate: Fluid produced as the body's response to wounding such as pus or clear fluid, that leaks out of blood vessels into nearby tissues. It is produced by the tissues surrounding

a wound in response to the damage. Exudate is an essential component of the healing response in both acute and chronic wounds. It can however, be a sign of local infection.

Falls: The loss of stability or balance resulting in a trip and fall. A fall is defined as an event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness. (ACS & BGS 2001)

Incontinence Associated Dermatitis: Skin damage can occur if urine, faeces or sweat is allowed to spend time on the surface of the skin. This is called Incontinence Associated Dermatitis or IAD.

Macerated (skin): Caused by excessive amounts of fluid remaining in contact with the skin or the surface of a wound for extended periods. This fluid may be produced by the wound itself or it may be a result of urinary incontinence or excessive sweating.

Moisture Lesion: Also known as Incontinence Associated Dermatitis (IAD), is characterised by irritation and inflammation. They occur when the skin comes into contact with urine or faeces and can be extremely painful.

Pressure Ulcers: Can be caused when part of the body, usually a bony area is under continual pressure (from sitting or lying in one position for a period of time).

Skin Lesion: A part of the skin that has an abnormal growth or appearance compared to the skin around it.

Urinary Catheter: A hollow tube inserted into the bladder to allow drainage of urine.

Urinary Tract Infection: Most Urinary Tract Infections (UTIs) are caused by bacteria that live in the digestive system. If these bacteria get into the urethra (the tube where urine comes out) they can cause infection. Those with a urinary catheter are more at risk.

Contacts

NATIONAL

Age UK (including Falls Prevention Service)
0800 169 6565
www.ageuk.org.uk

Alcoholics Anonymous
0845 769 7555
www.alcoholics-anonymous.org.uk

Alzheimer's Society
0300 222 1122
www.alzheimers.org.uk

Carers Trust
info@carers.org
www.carers.org

Carers UK
CarersLine 0808 808 7777
www.carersuk.org

Cruse Bereavement Care
0844 477 9400
www.cruse.org.uk

Drinkline
0800 917 8282
24 hour Confidential Advice

NHS Smoking Helpline
0800 022 4 332
www.smokefree.nhs.uk

Royal Society for the Prevention of Accidents (RoSPA)
0121 248 2000 www.rospa.com

Podiatrist (Chiropodist)
General enquiries regarding NHS Podiatrist (Chiropodist)
01279 827520

British Heart Foundation
0300 330 3311
heartmatters@bhf.org.uk
www.bhf.org.uk

Diabetes UK
0345 123 2399
info@diabetes.org.uk
www.diabetes.org.uk

Mind - for better mental health
0300 123 3393
info@mind.org.uk
www.mind.org.uk

Citizens Advice
www.citizensadvice.org.uk

FirstStop Advice
www.firststopcareadvice.org.uk

LOCAL

Sanctuary Supported Living
01642 223999
wendy.collins@sanctuary-housing.co.uk
www.middlesbroughmatters.co.uk

Middlesbrough and Stockton Mind
01642 257020
carers@middlesbroughandstocktonmind.org.uk
www.middlesbroughandstocktonmind.org.uk

Redcar and Cleveland Mind
01642 296052
info@randcmind.org
www.randcmind.org

Health & Social Care - Carers, Middlesbrough Council
01642 245432
contactcentre@middlesbrough.gov.uk
www.middlesbrough.gov.uk

Adult Social Care, Redcar and Cleveland Council
01642 771500
contactus@redcar-cleveland.gov.uk
www.redcar-cleveland.gov.uk

Carers Together
01642 488977
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www.carerstgether.co.uk