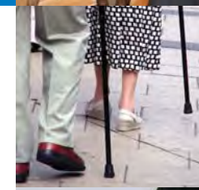
NHS
South Tees
Clinical Commissioning Group

A guide to best practice

for those working with frail and elderly people



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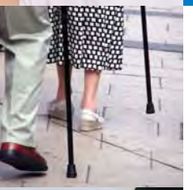



Welcome

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)

Contents

When to seek further advice

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

Risk	No further action is necessary.	Be alert and monitor.	Seek further advice and support.
Skin	Intact, good colour	Pain, swollen, discoloured	Reddened, blistered, broken skin
Moisture	Clean, dry and well hydrated	Moist, sweaty skin	Increasingly, continually wet and incontinent
Fluid intake (250ml = standard size cup or beaker)	Drinks the recommended 8 cups daily	Drinks 4 cups daily	Drinks 2 cups or less daily
Catheter care	Flowing clear	Cloudy with sediment	Blocked, pus, blood, dark urine

Risk	No further action is necessary.	Be alert and monitor.	Seek further advice and support.
Weight (weigh monthly and visually assess daily)	Normal	Obese/overweight/ underweight	Sudden increase or decrease in weight. Clothes don't fit
Nutrition	Eats a healthy diet	Eats a moderate diet	Eats a poor diet
Mouth care	Healthy, clean and moist	Dry, debris	Inflamed, blistered, sore
Mobility	Independently mobile with or without walking aids	Needs assistance beyond their usual level	No longer able to get out of bed
Falls	Good mobility, good mental status and continence	Near misses, unsteadiness, reduced confidence	Recent falls, falls causing injury, dementia or medication affecting balance or coordination

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:

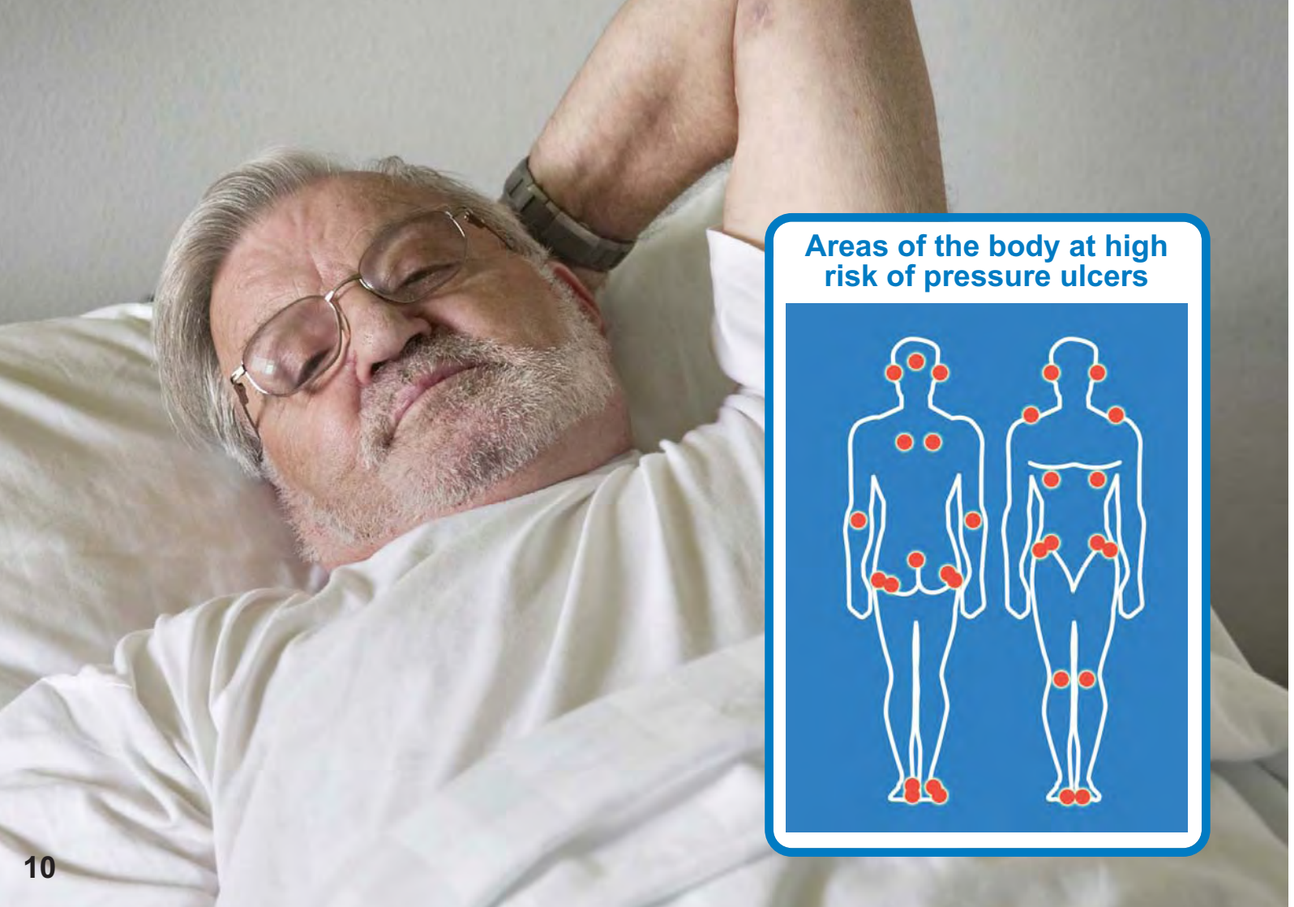
1. It is important that you check the skin daily. If you notice any damage seek further advice and support.
2. Make regular and frequent changes to position (at least once every two hours). If a pressure ulcer has already developed, regularly changing position will help to avoid putting further pressure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

Source: Nursingtimes.net



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.

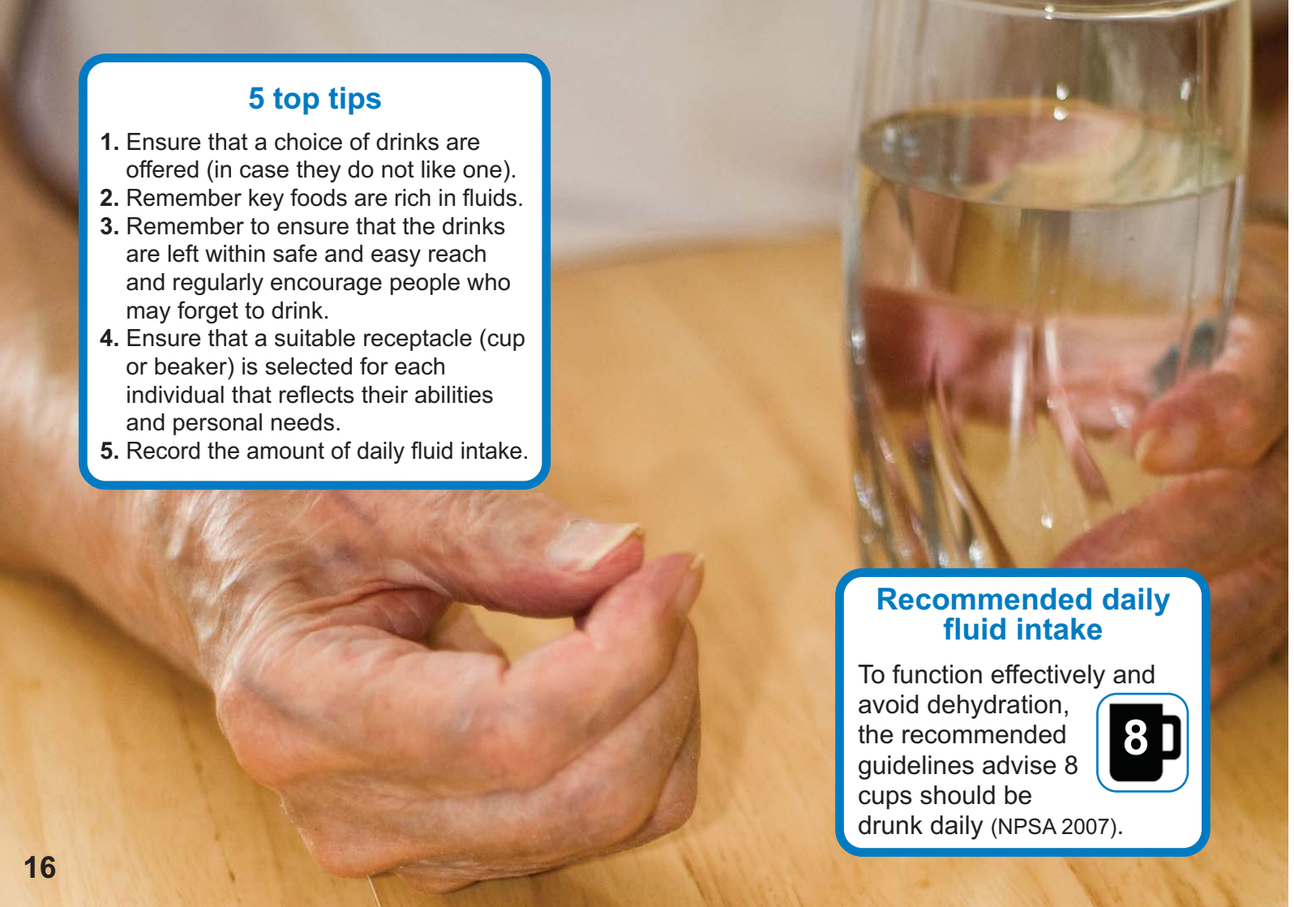
Regular exercise if possible, such as walking can also help to keep the bowel moving.

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.

Source: NPSA 2007

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 (½ - ¾ 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:

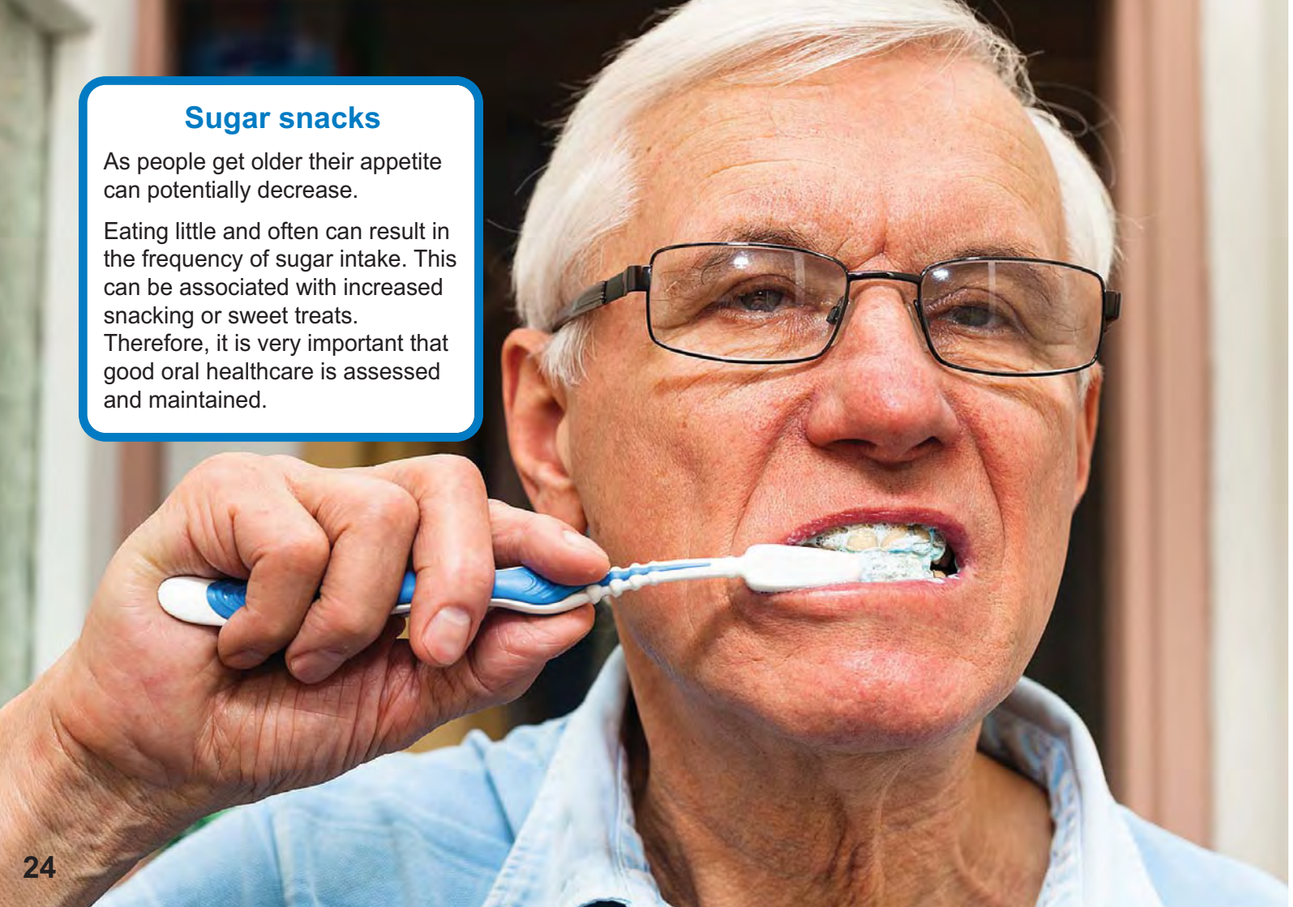
- Protein from meat, fish, eggs and pulses.
- Five portions of fruit and vegetables per day in some form.
- Carbohydrates from brown rice, potatoes, cereals, wholewheat pasta.

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.
- Continence 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.

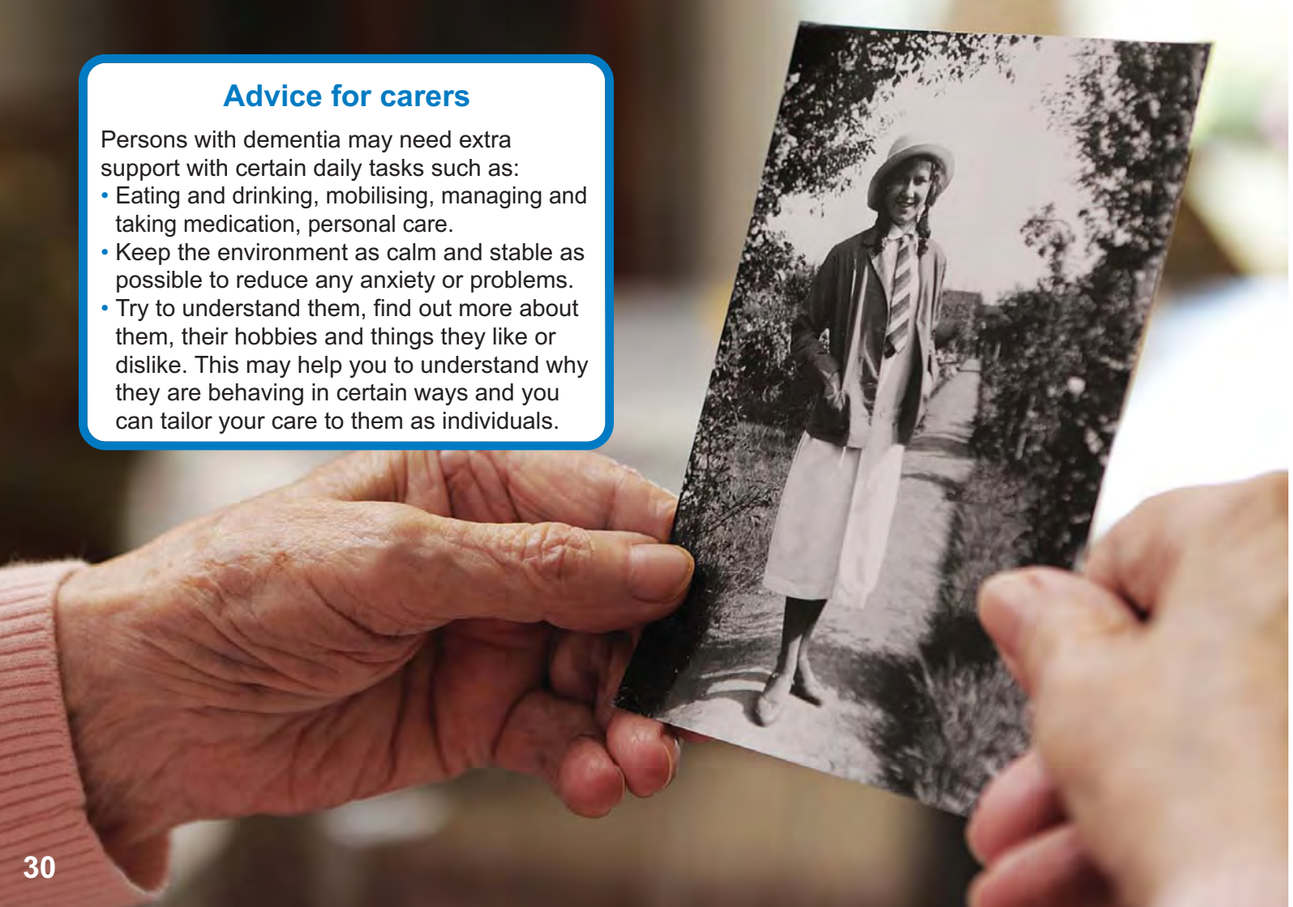
Try to find the individual risk factor with anybody known to be at risk of falling. Take into account whether the risks can be reduced or managed.

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@middlesbroughandstockton mind.org.uk
www.middlesbroughandstockton mind.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
carerstogether@btconnect.com
www.carerstogether.co.uk