

# Responding to CH staff's questions with research: Top Tips for Tricky Times

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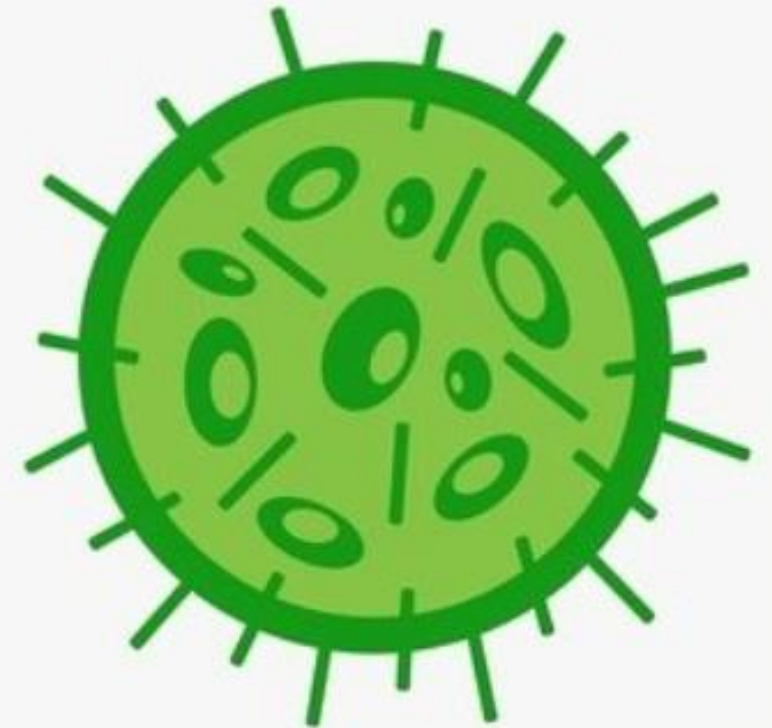
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# History


- Care home staff initiated WhatsApp group
- Not sustainable membership > 256 participants
- COVID-19 Care” ([weapp.mobileappco.org](http://weapp.mobileappco.org)). >500 members
- Sector driven questions triggering research based resources for care specific issues
- Seven linked projects

## CORONAVIRUS

(COVID-19)



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## Example **early** questions:

### **Apart from Personal Protective Equipment .....**

- *Isolating people who walk with purpose? How can it be done?*
- *When is restraint ethically defensible and what type?*
- *People coming in and out of hospital/community. Who is high risk for introducing COVID? Who is not?*
- *Anticipating decline and getting meds organised in time.*
- *Managing stressed and potentially grieving relatives remotely*
- *When is it okay to hug a resident?*

# From rapid review to heuristics

Alternatives to physical comfort

When residents don't understand social distancing

Uncertainty around residents' care

Dealing with multiple deaths

Supporting families at a distance

Hydration

Questions shared

Rapid review of research evidence & CH studies

First drafts & internal review  
Reading level

Frontline staff  
Feedback on what works

Presentation for multiple formats (app, hard copy) & track use

## Top Tips for Tricky Times: Supporting families at a distance

1. **First**, acknowledge families' feelings, anxieties and stress. This helps them feel listened to and supported.
2. Provide structured, factual communication. Have the key points written down before making the phone-call. The family might also want general information, for example PPE use in the care home.
3. Ask them what care home staff can do to help the family, then discuss whether this is possible. This helps to manage families' expectations.
4. Check that families feel involved in planning care and that this fits with what the resident wants.
5. Agree **regular** times to contact families, ideally with the same member of staff. As this may not always be possible, record conversations so that all staff can access what has been discussed / agreed.

### Top tips

Care home staff are facing difficult and complex decisions because of COVID 19. These tips are a response to issues that care home staff have identified. They are NOT a substitute for other sources of evidence (guidance, experience and formal evidence reviews).

**AIM:** to provide a research informed resource to help your thinking and actions when talking with staff, residents, NHS services and families

The top tips (identified from research relevant to care homes) will change based on feedback and as new research emerges

### THESE TIPS ASSUME

- That care staff have time to communicate with residents' family

Author: A. Mayrhofer

Revision CG: 7<sup>th</sup> of May 2020

## Top Tips for Tricky times: Using music to give comfort and reassurance for residents living with dementia

1. **Connecting** – When it is difficult to communicate (e.g. because of masks), music can support social interaction and connection for people with dementia. Check hearing aids are working!
2. **Listening with someone else** to music (e.g. a member of care staff) may help people with dementia to feel connected.
3. **Familiarity** – Choose music the resident is familiar with. Music that was popular from when they were in their late teens and twenties may connect them with memories from the past.
4. **Tailoring** – fit music to the preferences of the individual. A family member may be able to help by putting together a playlist – it may also support the family member to feel involved. Do not assume music is important to the resident.
5. **Response** – How are residents responding? Are they smiling, tapping their toes seem calm? Not everyone will respond well to music. Residents may like it at times of the day and on different days – make a record of this somewhere all staff can access.
6. **Resources** – Individual music therapy requires each resident to have their own equipment and some staff support. If you find music helps it's worth asking for extra resources for this, possibly from family

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**AIM:** to provide a research informed resource to help your thinking and actions when talking with staff, residents, NHS services and families

### WHAT THESE TOP TIPS ASSUME:

- The care home is working to BGS and PHE guidelines for residents  
<https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878099/Admission\\_and\\_Care\\_of\\_Residents\\_during\\_COVID-19\\_Incident\\_in\\_a\\_Care\\_Home.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf)
- Staff need ways of providing comfort and reassurance to care home residents that are not reliant on close physical contact.
- Active music therapy with a visiting therapist is not advisable during COVID-19. Passive music therapy, listening to music via an iPod or equivalent may help.
- Staff have access to devices to play music personalised to the needs of individuals

# How specific could we be?

**NB** Not for reproduction currently out for review with care home staff



# More Specific

<b>Top Tips for Tricky Times: Providing physical comfort and reassurance to care home residents during COVID-19</b>
<ol style="list-style-type: none"><li>1. <b>How dolls help:</b> Dolls can have positive effects, improve a resident's mood and calm them.</li><li>2. <b>Personal doll:</b> Each resident should have their own doll to keep in their room.</li><li>3. <b>Life-like doll:</b> Dolls should have a soft texture and <u>open eyes</u>.</li><li>4. <b>Ownership:</b> Do not take dolls away but be aware if a resident becomes tired from looking after a doll.</li><li>5. <b>Person-Centred:</b> Dolls may not be suitable or wanted by all residents. Dolls should be left out for residents to choose.</li><li>6. <b>Contamination:</b> to reduce cross-contamination and confusion, important staff know which doll belongs to which resident.</li><li>7. <b>Attachment</b> Residents may like them one day but not the next.</li><li>8. <b>Concerns:</b> Staff and relatives may worry residents are being treated like children. Reassure them that dolls can be a source of comfort.</li></ol>
<p><b>Top Tips</b> Care home staff are facing difficult and complex decisions because of COVID 19. These tips are a response to issues that care home staff have identified. They are NOT a substitute for other sources of evidence (guidance, experience and formal evidence reviews).</p> <p><b>AIM:</b> to provide a research informed resource to help your thinking and actions when talking with staff, residents, NHS services and families</p> <p>The top tips (identified from research relevant to care homes) will change based on feedback and as new research emerges.</p> <p><b>ASSUMPTIONS:</b> Includes: dolls, soft toys</p> <ul style="list-style-type: none"><li>• Staff maintain recommended hygiene procedures</li><li>• Assumes care staff already have access to comfort items (dolls, soft toys) or that new items can be delivered to care homes during COVID-19</li><li>• Staff know personal preferences of their residents (person centred care) and aware of ethical issues of using dolls (i.e. infantilization).</li></ul>

<b>Top Tips for Tricky times: Supporting residents at the end of life when there is uncertainty</b>
<ol style="list-style-type: none"><li>1. Ensure that when staff feel uncertain about what is best for a resident there is a named staff member to talk with.</li><li>2. Recognise there is always a small group of residents who you will be uncertain about. Even when you have planned their care and put everything in place. <b>This is OK:</b> Active discussion helps.</li><li>3. Identify the NHS person who you have a good working relationship with to support you. <b>You cannot do this alone</b> and need someone you trust and who trusts you.</li><li>4. If there is no one, ask your GP practice or CCG to nominate someone for ongoing conversations about residents you are uncertain about.</li><li>5. <b>Book a phone call</b> with your NHS person every 1-2 days to talk about residents you are uncertain about. This is in addition to day to day conversations about residents</li><li>6. <b>Before the phone call write down what you are uncertain about</b> – Organise your concerns under three headings: 1. <i>Symptoms</i> 2. <i>Who is making the decisions / different opinions</i> 3. <i>Resources and staff needed to support the resident</i></li><li>7. <del>Keep a note in the care plan of what was discussed:</del> this tracks decision making for staff and helps when talking to families.</li><li>8. It can help family to know this is a period of uncertainty. Tell them why and how you are actively managing this. Make sure family views are included in discussions.</li><li>9. You can find out if your concern is shared by talking about what you are uncertain about with those involved. If there are disagreements, acknowledge this and try and summarise to yourself and others why.</li></ol>
<p>Care home staff are facing difficult and complex decisions because of COVID 19. These tips are NOT a substitute for other sources of evidence (guidance, experience and formal evidence reviews).</p> <p><b>AIM:</b> to provide an evidence informed resource to help your thinking and actions when talking with staff, residents, NHS services and families</p> <p><b>THESE TOP TIPS ASSUME:</b></p> <ul style="list-style-type: none"><li>• Residents have an advance care plan and staff are familiar with COVID 19 regional and national guidance for their residents</li><li>• <b>That BGS guidance is known</b> <a href="https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes">https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes</a></li><li>• For most residents, staff will know how to care for their residents. These top tips relate to the <b>smaller group</b> of <u>residents</u> people are unsure about</li><li>• That GP, community nurses and services such as palliative care are providing support.</li></ul>

Very specific



## Top Tips for Tricky Times: When residents do not understand social distancing or self-isolation

1. If a resident is somewhere, they shouldn't be, use their name to get their attention. Use a friendly tone of voice, open body language and clear, simple instructions.
2. To ask a resident to leave an area, offer food or drinks or to help them with a task. You can use phrases such as:

*"let's go and have a cup of tea in your room, okay?"*

*"come with me and we'll find something to eat"*

/ *"we are just going to go into the corridor, okay?"*

*"Let me help you to your room, alright?"*

Harwood RH, O'Brien R, Goldberg SE, Allwood R, Pilnick A, Beeke S, Thomson L, Murray M, Parry R, Kearney F, Baxendale B. A staff training intervention to improve communication between people living with dementia and health-care professionals in hospital: the VOICE mixed-methods development and evaluation study. *Health Services and Delivery Research*. 2018;6(41).

# Summary



Collaborative: changing research focus from what 'ought to be done' to 'how it can best be done' with care homes



Work in progress: might be rejected by frontline staff



"Live" documents



Not a substitute for other sources of guidance



Found little care home specific "implementation ready" evidence.



Helping pressurised staff organise their thinking might also :

Reassure staff they are not missing something

Be a resource for staff to use with inexperienced and junior staff



## **Top Tips for Tricky Times**

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## **Disclaimer**

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Thank you!

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