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Message from Chris Whittaker

Spring is upon us and the nights will begin to be lighter, so time to be looking ahead to getting our gardens ready for the summer. I mentioned in the last newsletter that 1 February 2018 was National Dignity Day and asked for you to send in photos or stories about how you spent your day. I have had a couple up to now but still ask that you keep sending them in.

Thank you to all establishments who have sent in their photographs I do appreciate it. Sharing the good practice is valuable.

Dignity Day - 1 February 2018
Queens Court and Jubilee

At Queens Court and Jubilee they celebrated Dignity Day by having a Dignity Tree and having a Dignity Cake where all the service users made a wish. The day was a great success; everyone was involved and joined in the fun.

Langdale Lodge

Langdale Lodge pride themselves on their activity program which is delivered in a person-centred manner.

The photos include; Hilda celebrating her 99th birthday with a local ice cream man handing out 99s for all residents and staff, their summer fair raising money for residents and other local charities, residents' trips to the theatre, town centre, their arts and crafts sessions and lots more.

Oakland Community Care Centre Digni-Tea

Ambervale
Ambervale built a dignity tree in the centre and discussed what dignity is. Members added their own leaves to the tree, and staff, health professionals and visitors were encouraged to do so as well.

They held a Digni-Tea day and discussed with members what they would like to do that day. They held an open house for friends and families. They had an afternoon style tea at lunch and everyone had a wonderful day, there was lots of positive feedback.

Lea Hurst Day Unit Walton Hospital Tea Dance

Blackwell Resource Centre Digni-Tea
Staff consulted with the clients about the theme, Dignity Disco through the Decades. Those that wanted too participated in making/painting the props for the day which included:

- Volkswagen Photo Booth
- Rubik cube & Boxes
- Records & numbers
- Films/musicals Board

Clients chose what they wanted to eat & drink:

- Bacon Butties
- Hot Dogs & Onions
- Chips/Salad
- Various Cakes & Soda Pops

Activities included a music quiz, name the teddy bear, chair based exercises, pair the picture to the news headlines and card bingo.
All the staff dressed up from various decades and clients had their pictures taken with the photo booth and various props. At the end of the day everyone (including the staff) said they had thoroughly enjoyed it.
The impact of loneliness and social isolation

With one million people aged 65 and over in the UK reporting they are often or always lonely, few would refute the need to tackle this issue.

Loneliness can affect people at any age, but the focus of this report is on older people. There are many ways to define, and differentiate between, loneliness and social isolation. Loneliness is the ‘subjective, unpleasant and distressing phenomenon stemming from a discrepancy between individuals’ desired and achieved levels of social relations’

However, loneliness and social isolation are conditions that are difficult to identify, complex to address and hard to resolve. The evidence base for interventions to address the problems of loneliness and social isolation is emerging but inconclusive at this stage.

Social isolation is ‘an imposed isolation from normal social networks caused by loss of mobility or deteriorating health’

A way of clarifying the difference is to say that ‘a person can be lonely in a crowded room’ but they are not socially isolated.

The impact that loneliness and social isolation can have on the physical, mental and social health of isolated older people is well documented. The Campaign to End Loneliness points to research which shows that lacking social connections as damaging to health as smoking 15 cigarettes a day.

Lonely individuals are more likely to visit their GP, use more medication and have a higher incidence of falls. They are also more likely to enter early into residential or nursing care.

What works to help address loneliness and social isolation?

The landscape of interventions is diverse including direct one-to-one or group-based support and signposting to other services. The emphasis is often on creating opportunities to bring people together, maintaining and creating networks and friendships, and promoting activities that help to overcome the risks faced by poor health outcomes of many individuals who are lonely and socially isolated.
Person-centred care

Person-centred care moves away from professionals deciding what is best for a patient or service user. It places the person at the centre, as an expert of their own experience. By doing so, the person (and their family where appropriate) becomes an equal partner in the planning of their care and support, ensuring it meets their needs, goals and outcomes.

With an emphasis on 'doing with' rather than 'doing to', person-centred care runs through both individual and group settings, allowing users of services to be active not only in their own care, but also in the design and delivery of services. This approach can improve both the experience and quality of care.

Person-centred care relies on a number of aspects, including:

- People’s values and putting people at the centre of care
- Taking into account people’s preferences and chosen needs
- Ensuring people are physically comfortable and safe
- Emotional support involving family and friends
- Making sure people have access to appropriate care that they need, when and where they need it
- Ensuring people get all the information they need, in a way that is accessible for them, to make decisions about their care and support.

Congratulations!

These are the teams that achieved their awards in January and February.

Option 1 New Applications
- Diagnostic and Treatment Centre Ilkeston Hospital
- ENA Care Call Ltd.
- DCHS School Age Immunisation Service
Butterley Ward Ripley Hospital

Option 1 Renewals:
- Masson House
- Bosworth Care Long Eaton
- Hollybank House Oakenthorpe
- Derby Senior Care Swadlincote (previously Home Instead)
- Brookholme Croft
- Grange residential Home
- Oakwood Bungalow

Option 1 Resubmissions:
- Kilburn Care Home
- Lilybank Hamlet Care Home
- Outpatients Department Ilkeston Hospital
- Community Podiatry Chesterfield and North East Locality Walton Hospital
- Ashbourne Day Care Services
- Voyage CARE 702 Burton Road
- Voyage Care 24 St Marks
- Amber Valley Home Care

Option 2:
- High Peak Community Integrated Team
- The Meadows Care Home Alfreton
- Millennium Homecare Service
- Linacre Ward Walton Hospital
- Leahurst Day Unit
- The Bungalow South Derbyshire
- Woodville Residential Home

Plan

The plan to look at how the Option 1 paperwork was to be altered has now been completed. It is now available and should now to be used instead of the previous application. Please don’t worry if you have sent your application on the old one we will still assess as normal.

I hope you will all find this version much easier to follow as the guidance is there for you to read. As long as you answer the questions there should be no problems. Please remember to put real case examples.

News
This was sent to me from a medical practice which I thought should be put into the newsletter.

“I thought this review of our care home deaths may be useful in supporting our work with care homes. It particularly looks at care planning and supporting patients with end of life care at their preferred place of care”

**Review of ‘After Death Analysis’ forms**

Background; ‘After death analysis’ forms are completed for all deaths of patients at care homes. They are discussed at each QUEST after review of patients on the palliative care list, and any learning shared with the practice team.

Forms from deaths 1.8.16 - 1.8.17 were reviewed to look at evidence of care planning including care plans stating the preferred place of death and if this was upheld. In addition the prescription of anticipatory drugs to support end of life care at care homes, if deemed appropriate was also noted.

**Results;**

23 deaths were patients at care homes of which 4 deaths were unexpected (all of these had care plans present) 19 deaths were expected.

Of the expected deaths; 1 patient had no record of preferred place of care in their care plan. The remaining 18 patients all had care plans, death occurred at preferred place of death (95%) and anticipatory drugs were prescribed to 16 of them. (84%)

**Learning from review of deaths**

Clinicians were reminded to utilise a palliative care template where relevant. Plan for a GP to review patients discharged from hospital for end of life care as soon as possible, not only to check all care is in place but also to aid death certification - care coordinator and doctors need to be mindful of when reviewing discharge information.