



Managing care

Changes and transitions

Rissa de la Paz

Changes and transitions. About a quarter of people aged over 85 live in residential homes, nursing homes and hospitals. In this section, we look at the experience of change for people moving into Elmside, a care home in Hertfordshire run by Methodist Homes for the Aged. How do residents and their families cope with the transition from independent living? And what issues does this present for front-line managers and their staff? First, some residents reflect on their experiences.

Marjorie

I wanted to come here when I used to visit, that's why I wanted to come here. When I used to visit my friend here from Harpenden. And I said to. when I came away Nora, 'cos they all know Nora Bomford, she was here. "Nora this is where I should like to finish my days."

Rissa de la Paz

Marjorie, a 90-year old resident, felt no qualms about making the move to Elmside.

Marjorie

I think if you choose the right time and I made up my mind this was the right time. I get tired of feeding myself and I find that running a bungalow, even though it's a lovely bungalow and garden, it's too much and now it's time. I want to have care, I want to have the joy of being looked after, being able to sit down and read a book whenever I want to and all and the cares of the world taken off you and then to have the lovely companionship of these people.

Rissa de la Paz

However positive the decision, the settling process involves adjusting to a loss of familiar surroundings, possessions and valued relationships.

Marjorie

Some things I've left behind yes and I've perhaps wished "oh I might have brought those," but not enough to worry me. That soon passes, that phase does, when you think, "oh I haven't got that now." But the things that I've brought, I'm so happy they've all fitted into this room wonderfully. And now I can see the different things that I've been given. And reminds me of my friends and so on.

Rissa de la Paz

Coming to terms with the loss of a treasured way of life has been more difficult for Joan.

Joan

It was only three years last September when my husband died. You know we were married quite a while. I miss my husband really, because on my own now, and it's quite lonely round where I am. I've got a bungalow to sell, I lay in bed and I think of all the things that are rubbish that they've got to clear out and all my personal things I can't bring here in the room. But I've been in a couple of the residents front rooms and I'm so envious of them. Because their rooms are nice and they've got a lot of their personal things.

Rissa de la Paz

Despite her resistance to change, Joan recognised that managing at home on her own was becoming a source of anxiety.

Joan

I had to check everything twice, not, don't trust myself to check things. I know everything's off, taps and switches and everything and yet I go back round, but I've been like that quite a few years. I mean they're very, very good here, they help you a lot and they really bend over backwards to please me you know. But I still, you know a little bit undecided.

Rissa de la Paz

Joan is still in the trial period of her stay at Elmside and will shortly need to decide whether to stay on or not.

Joan

When I first came I thought, "Well I've got two months" and the nearer it gets to the time you think "what I am gonna do." My son comes and I mean he's the only one and he's got everything to do. And I feel very sorry for him and he just says "well the only alternative you, you stay here or you go home." I mean I've got the worry at the back of my mind as well, I've got the worry of my place haven't I. What's happening there, which I suppose worries me as well. And then of course when I lie awake and I think to myself, "oh I've got that you know, I've got that treasured thing."

Rissa de la Paz

A Manager's Perspective. We listen to Lynn, the registered manager at Elmside, about how she and her staff help residents manage the transition from independent living to residential care.

Lynn

I started working here in March '99 as the Deputy. In the June of that year the manager left and I was Acting Manager for about three months and then I applied for the Manager's post and got it, which was a bit of a surprise to me but it was quite nice as well.

Sometimes when residents come in and for want of a better word they feel they've been dumped by their families. And you have to expect them to be sometimes a little rude, a little upset, because they've had a major upheaval. They've left their homes, majority of the furniture, their neighbours, their friends behind and they're in here all of a sudden. And these residents, they take quite some time to settle, if ever they really settle. They will be withdrawn, they constantly worry about when their family's going to visit. Were they here yesterday? Are they coming tomorrow? When can I have the telephone on? All these things give you an indication, the fact that they're not feeling a hundred per cent happy. Plus the obvious, if they don't eat and drink, that's fairly major.

Rissa de la Paz

By listening to people's concerns, it's possible to develop a care plan that allows residents a measure of control over the changes they experience.

Lynn

We had an instant with one lady who obviously didn't like it here, it was painfully obvious because as you walked in every time she said, "I'm not staying," you know, "I'm going, I'm not staying here." And we asked her very nicely if she would tell us what was wrong. And she said "Well I don't want to change, I don't want you changing things for me."

Now this lady's been here now a few months and we had a review with her family and we actually managed to get her to tell us what it was that she felt she didn't like, and out of that review we redid the care plan. She has her breakfast in her room now instead of coming down. She has greater input into her personal care. She had no problem with being offered personal care because she was getting it at home. But, she actually said that it wasn't exactly how she would like it, so we listened to what she had to say and we changed her care plan accordingly. So that she's getting the care that she needs and the attention she needs and the help. But when she doesn't want it, which is at the end of the day, she's free to say you know "no" And if she should change her mind and want somebody to help her, then that's all well and good, but they're not to sort of assume that that's their role.

Rissa de la Paz

Establishing new relationships in an unfamiliar setting may also be daunting for some. Lynn continues with the story of one female resident.

Lynn

She also had a few problems with joining in, she said "I don't think people like me," she said "they don't know me, I'm new." And that is I think for some of them, coming from outside of the Church, they don't know everybody here. But I did notice that after we'd had our meeting and I'd said to her "You know if you've got any worries, any complaints", I said, "just stop me in the corridor and tell me." I said. "Don't sit on it, don't keep it inside," I said, " We're here to provide you with a service," I said, "And that doesn't mean it has to be the same service we provide for everybody. It's tailored to you, it's your home."

Rissa de la Paz

For some families, a residential home like Elmside is the most realistic option, when the poor health of an elderly relative demands round-the-clock care. But this creates its own tensions.

Lynn

It's very difficult to look after someone in your own home twenty-four hours, and work and run your home and look after your family and keep your health. And I think the family themselves, they go away with a lot of guilt. They've, you know, they've been looking after them for X amount of years and then all of sudden they have to come into here. They, they suddenly feel when they're here that Mum's not happy or she's been saying these things and they feel very, very guilty.

Rissa de la Paz

One way of easing the transition is to allow a 'settling in' phase for potential residents and their families. After this trial period, a decision can be made as to whether the person stays or not.

Lynn

They have an eight week cooling off period. If they don't like us they don't have to stay. If they're not settling, we can review and hopefully they'll stay. There's very rare that there's ever a case where we can't cope with the needs of somebody that we actually take in. If you talk to the families and tell them honestly at the beginning what their mother or father is saying, why we feel they're saying it, talk to them about the way they feel, you can usually come up with a way of managing.

Rissa de la Paz

Letting go is still a challenge for many residents.

Lynn

We've had an instant where one lady was on the telephone and she would be on the phone all night. Literally. Which wasn't really the idea of her being in here. And we've managed to get it to the point now where, yes, she does still phone the family, the family phone her, but she doesn't have to phone throughout the night. She knows that if we have a problem, if she's ill or anything. we can phone them and they will come over. And I think it's just really gaining their confidence.

Rissa de la Paz

The key for residents and their families is developing a sense of trust in the staff.

Lynn

I think that is the biggest thing, they need to trust. They're very vulnerable, I mean their needs are such that I mean some of the residents do very little for themselves and barely feed themselves, so it's quite daunting to think that you've got these strangers all of sudden, all wanting to do all these things for you and it must raise suspicion amongst them.

Rissa de la Paz

As a manager, Lynne needs to ensure that her staff acknowledge this vulnerability and allow people the 'emotional space' to adjust to their new circumstances.

Lynn

The care staff have been told that if they go into a room that a new resident or even an old resident's having a bad day, suddenly sounds off at them and if they can't pacify them that they just say, "Well look you're obviously upset, I'll come back a bit later, I'll get somebody else to come in." And it works well because sometimes you can send someone else in ten minutes later and they're fine.

Other times the same person can go back in ten minutes later and the resident will say, "Oh look I'm really sorry but" and then you get to the crux of the matter, what was bothering them, why they were upset and it just gives them that space that you would give yourself if you were upset about something at home.

Rissa de la Paz

Moving forward. We explore the ways in which residents are encouraged to participate actively in their new life at Elmside. This involves organising a range of activities that enable people to maintain their skills. Volunteer choir organiser Meg.

Meg

Started the choir thirteen years ago at the request of one of the elderly residents who sang like a little robin and decided it would be nice if we had a choir and I came and I've been there ever since. Many of them would have been in Church Choirs, Choral Societies, but in many of those of course. A, you are expected to be able to sing at sight and B as you get older you're kindly told that there isn't any more room for you. A number of people came in here to live quite convinced that they would never sing in a choir again. And so they're very glad there is a chance to go on singing.

Rissa de la Paz

Susan is a care assistant who's been at Elmside for nearly 30 years. She's become skilled at encouraging residents to engage in the activities on offer.

Susan

Residents tend not to think about more than they have to. So one of the things I introduced was play with a soft ball and even the very frailest now will join in that. And the ones who are more active, I say to them "Right now you can throw the ball to whoever you want to, but you've got to say their name first. "Oh I don't know their names." I said "yes you do, you think about it" and it makes them concentrate about people's names and then it's better for them and for the other person. And the same with staff. If staff have come in when I'm playing ball I throw it to them, which the residents enjoy seeing happen. They follow what's going on.

Rissa de la Paz

Susan has come to realise that her efforts and those of her colleagues do make a difference to residents.

Susan

Having had a fortnight off and just come back, if I had any doubts about what I do being worthwhile, they were dispelled, because I saw how far back some the residents had gone. We played dominoes, which is a game I played usually about twice a week. Two of them couldn't ever remember playing it before. And one of them who had been playing perfectly well before I went away, it took her three games to come back to be able to do it.

Rissa de la Paz

Most rewarding of all are the breakthroughs in communicating to people who've previously been reticent. Susan recalls an incident with one female resident.

Susan

I went in the lounge one day and said, "Hello, how are you?" because at that time she was quite non-communicative. "You're the first person that's come in here and spoken to me today." So although she hadn't been able to say what was going on inside, she knew. Sometimes she will come out with a perfect sentence and you know that what she says is in the right context and that she's understood. That's something that gives me a lot of thrill.

Rissa de la Paz

A major adjustment for people at Elmside is when a resident dies. How do others react?

Susan

Most of them are Christians and that does make a difference to their attitude about death and dying. And if it's somebody whose died suddenly. We had a gentleman who had been very active right up 'til the day he went into hospital. He was in hospital seven weeks and died. They found that very hard. I encourage them to talk about things in the past or new people coming in. Or with the frail residents, trying to understand what's going on with them. Because it can be frightening for old people who've never had to deal with a mentally confused person, to understand when they get angry or agitated. I think they're better for talking about it and if we can do it in a group, they find out that it's not just them that's feeling like that.

Rissa de la Paz

Given the highly personal nature of the care they give, staff themselves have to find ways of coping with the challenges they face on a day-to-day basis.

Susan

Because of my faith, that makes a difference to me and I believe that though I don't understand all that goes on now, I will one day. And it doesn't make it easy particularly when they die, or have a bad fall or have a bad day. But I've always said that if it doesn't affect me when a resident dies or has to move on, then it's the day I get out of doing this job because I don't ever want it to be just a job that I do because I'm paid to do it. It's something I do because I just enjoy the company of old people and what we do and being with them.