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Simple Activities
for People of All Abilities



Kenneth Agar



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Your Care Home Fun*

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KENNETH AGAR



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I undertook the editing
of this book with my daughter,
geriatrician Dr Katherine Wright,
when my father, Kenneth Agar,
died in 2006.

It is dedicated to the memory
of my mother Daphne Agar,
who died of Alzheimer's.

Sue Rolfe

Kenneth Agar was chairman of the Exmouth Alzheimer's Society for 13 years until his death in December 2006. During that time he campaigned actively to improve the care and welfare of those suffering from the disease. He organised many activities for local groups, including outings and regular tea dances. He also worked for some years as a lay inspector for care homes in Devon for the local authority. What he witnessed inspired him to write this book. Running through it, however, is also a lifetime of creativity based on his work as a poet and writer of education school books. He was headmaster of Newham Primary School before he retired to Devon in 1978.

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Foreword

In our care homes for older people live some of the most interesting and wisest people you could ever hope to meet. They are a tremendous mix of personalities, abilities and interests, coming from a rich variety of social and cultural backgrounds. For various reasons they have reached a stage when they need to live in a care home where care staff can help them to meet their needs. At long last there is growing recognition that these needs consist of more than just physical care, and that we all need to be engaged in activities from time to time that enable us to meet our social, psychological, creative and cultural needs. It is through these activities that we find meaning in life and we express who we are to the world. This may be particularly important for people who have had to leave their own home to move into a care home.

Kenneth Agar's book makes a very strong case for activity programmes in care homes. It describes in helpful detail how activity organisers can develop a myriad of different kinds of creative, interesting and participatory activities for the residents in their care. Offering variety and choice is the stimulus to finding the right activity for each individual. These activities are the best way to provide person-centred care for people with many needs and with many assets.

Person Centred Care means listening to people to find out what is most important to them. Assumptions are not made. Care is holistic and centres on the whole person: who they are, their life before, and how they currently feel. Care planning and assessment include the strengths, abilities and preferences of the individual. The emphasis is on what they *can* do, rather than what they cannot do. ('Listen to What I'm Saying', a DVD by Age Exchange)

We heartily recommend this book to everyone with an interest in care homes for older people. We want to work towards a society in which every community knows about and is proud of its local care homes for older people. This book has a big part to play in making this happen.

*Bernie Arigho and David Savill
Age Exchange*

1

*I*ntroduction

What do they do all day?

This book examines the need for, and offers a practical programme of, activities for older people in nursing and residential homes, day centres, rehabilitation centres and hospices. Even at home.

Why 'activities'? If the word suggests energetic action, being very busy, or entering wheelchair races, that is not the intention. Activities can mean everyday occupations, interests, hobbies, pastimes, and all the myriad of things that older people might have been undertaking in the past.

This book is about how the residents in care homes for older people might spend their time. It will:

- examine how care homes are run, how they are regulated in the light of recent legislation, and how they are inspected
- consider what services are provided by care homes and what is lacking
- provide a selection of activities and occupations that have proved successful with elderly people in current care homes.

Why is a book like this necessary?

Here are some frequently heard comments made by relatives, friends and other visitors of residents in care homes:

- ‘They never seem to be doing anything.’
- ‘Most of them just sit and go to sleep.’
- ‘What do they do all day?’

There are some care homes that provide exceptions to these views, but sadly they are in a minority. The over-riding impression of most care homes is one of depressing inertia. How has this come about? Largely through the institutionalised practices of the past, and the ageism of present times. There is also a low expectation of what older people in care homes can still do.

This book shows you how this situation can be changed through creative programming and ‘activity nursing’.

2

The Care Homes Sector

In 2008 there were over 449,648 care home places in 18,527 care homes in England. Health care professionals concur that many care homes in England are running at capacity.¹ Most care homes are privately owned by individuals, partnerships or companies. A diminishing number are still run by local authorities, and some by charities, religious organisations and housing associations. Care homes for the elderly are usually either nursing homes that provide 24-hour nursing care by qualified staff, or residential homes supported by GPs or community nurses. A few are dual-registered homes that provide both nursing and residential care.

Care homes are all different from one another

With thousands of care homes being run by different people, there is bound to be a wide range in the quality and diversity of care. All registered care homes have to comply with legislative regulations, and they have similar aims in the kinds of care services they provide. There the similarities end. The claim that every care home is unique is true. Different owners, managers and staff make that a certainty, as no two people are the same, and the caring sector is all about people.

There are other contrasts. Care homes come in all shapes and sizes – from small cottage-type dwellings, converted guest houses, ancient vicarages and stately country mansions to modern, purpose-built units, with some resembling small hotels. Interiors may be homely, rambling, clinical or luxurious. The grounds may provide vistas of sweeping lawns, lily ponds, rose gardens, patios, walkways and convenient benches or a tiny patch squeezed into urban surroundings. All these features influence the particular individuality of each care home.

How care homes are run and managed

Every care home has to have a registered owner (whether an individual, partnership or company) and a registered manager. The manager – or ‘person in charge’ – is responsible for the overall delivery of care by the home. Often the owner and the manager are one and the same: the owner-manager. Many of the smaller care homes for the elderly are run by owner-managers. Such a person has to combine the administrative work of the home with organising and directing all its care services. The manager of a large corporate organisation is able to delegate responsibilities and obtain support and advice for policies and decisions.

The importance of a good manager cannot be overstated. The particular quality of care provided by the home depends primarily on how well its aims, standards and directions are delivered by the manager. It is the manager who is involved in the day-to-day operations, and who sets the tone and ethos of the home. A manager should provide clear, positive leadership that promotes sound policies and practices by the staff, and delivers inclusive services to residents as well as support to their families.

Care homes must, by law, comply with the government standards set out in the Care Standards 2000 Act and the Health and Social Care (Community Health and Standards) 2003 Act.

The Care Standards Act created the 'National Care Standards Commission', an independent body that has taken over regulation of health and social care services from local councils and health authorities. This Act also allowed the government to set minimum standards and provide detailed regulations covering all aspects of residential care that must be obeyed by law.

The Acts also set out 'National Minimum Standards' that, though not legal requirements, serve as a guide by which the National Care Standards Commission can determine whether each care home meets the needs of its residents. National minimum standards cover the following areas:

- choice of home
- health and personal care
- daily life and social activities
- complaints and protection
- environment
- staffing
- management and administration.

The Commission for Social Care² is an independent inspectorate of all social care in England. It was created by the Health and Social Care (Community Health and Standards) 2003 Act mentioned above. It provides guidance on interpretation of the National Minimum Standards and emphasises the need to use them as a target to be exceeded rather than aimed for. In its role as the Commission for Social Care Inspection (CSCI) it carries out inspections of all

residential homes in the UK to ensure that the care provided is safe and complies with the legal requirements described.

It should be noted that regulation of this area changes frequently – the Health and Social Care Bill 2007 proposed the amalgamation of the CSCI with the bodies currently responsible for regulating health care in hospitals and mental health facilities to create the Care Quality Commission – an integrated regulator for health and social care.

How managers are appointed

Most current managers have come up ‘though the ranks’ with little or no management training. Their knowledge and skills have developed through practical experience of care and often a supervisory role in working with adults. Many have had no qualifications apart from those who are first level registered nurses.

Care for the elderly has become more complex. Residents in homes are on average older and many are frailer than in the past. There is a growing need for education on age-related change and a better understanding of the medical features of degenerative conditions and mental impairments. There should be recognition that care for older people involves more than meeting their medical or physical needs, and requires regular opportunities for leisure, cultural and social activities that have been proved to contribute to their improved health and well-being. Training in dealing with these matters is needed at all staff levels, but the first priority is to train the managers who will then be able to improve the skills of the staff they are supervising.