Namaste Care Intervention UK

Guidance for Care Homes

Implementing Namaste Care

Delivering excellent care every day for people living with advanced dementia

University of Worcester
Association for Dementia Studies

Alzheimer's Society
United Against Dementia

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Published by University of Worcester **(2019)**

ISBN: **978-0-903607-32-2**

For further information about our research implementing Namaste Care, including training and support opportunities, please contact: dementia@worc.ac.uk

This guide is a product of the Alzheimer's Society-funded research project, (AS-IGF-15-001): "Delivering excellent care everyday for people living with advanced dementia: Namaste Care Intervention UK."

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Acknowledgements

Namaste Care aims to provide better care for people with advanced dementia through an evidence-based intervention that provides a practical, daily approach to meet the physical, sensory and emotional needs of people living with advanced dementia. Translating this work to the UK has been made possible by the following organisations and individuals:

This guidance was produced as part of the Namaste Care Intervention UK implementation project (2016-2019) funded by the Alzheimer's Society and led by the Association for Dementia Studies at University of Worcester. The research team consists of: Professor Dawn Brooker (Principal Investigator), Isabelle Latham (Research Programme Manager), Faith Frost (Research Associate), Nicola Jacobson-Wright (Dementia Practice Development Coach), Jennifer Bray (Research Assistant), Teresa Atkinson (Senior Research Fellow) & Dr Claire Garabedian (Research Associate). Additional help was also provided by Marleen Prins and Jenny Spicer.

This project was ably supported by our Namaste Care Intervention UK collaborator group: Caroline Baker and Jason Corrigan-Charlesworth (Barchester Healthcare), Professor Darrin Baines, Roy and Ros Dibble (University of Worcester LINK group), Chris Roberts and Jane Goodrick (Alzheimer's Society Ambassadors), Joyce Simard (University of Western Sydney), Ladislav Volicer (University of South Florida), Min Stacpoole (St Christopher's Hospice) John Killick (Dementia Positive) and Malayka Rahmen (Alzheimer's Society).

The research was also supported throughout by the Alzheimer's Society Research Monitors: Rosemary Clarke, Peter Riley and Elaine Beardsley-Turton.

Many others have contributed to this project over the past 3 years. The team is particularly grateful to the many care homes, staff, families and residents who have contributed their time and experiences of Namaste Care practice in the UK through various questionnaires, interviews, and observations. We are indebted to you sharing both the challenges you faced and your inspiring stories of improving lives.

Professor Dawn Brooker, Association for Dementia Studies

Introduction

This guide is designed to support care home organisations who wish to implement Namaste Care. It should be read together with its partner guide: 'Guidance for Namaste Workers: Delivering Namaste Care'. This guide focuses on supporting care home organisations to plan, deliver and evaluate Namaste Care for their residents. The Namaste Workers' guide addresses the details of running Namaste Care sessions.

These guidance documents have been developed following a 3-year research project and as such are based in the experience of care home organisations and practitioners. Selected quotes or examples from their practice are used throughout. To read the full research project report go to: www.worc.ac.uk/dementia

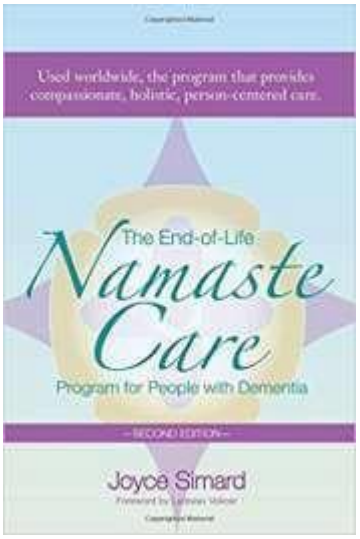
This guidance is not intended to replace the original book: Simard, J (2013) "The end of life Namaste Care program for people with dementia." In addition, St Christopher's Hospice have developed a toolkit for Namaste Care which is also a valuable resource. It is available at: www.stchristophers.org.uk

What is Namaste Care? An Overview

"People with advanced dementia living in any care setting deserve the right to be acknowledged, enjoy meaningful activities, be in the presence of others, and receive the loving touch approach that is the foundation of Namaste Care."

Joyce Simard

The Namaste Care programme was developed in the USA by Joyce Simard. As a Social Worker aiming to create more social opportunities for people with dementia in care facilities, Joyce became aware of the gap in provision of social, emotional and psychological support for people with more advanced dementia. She observed that despite improvements in dementia care overall, 'the experience of advanced dementia remains misunderstood and underserved' and that improvements in the care of people with advanced dementia have tended to focus on medical needs. She commented that, 'residents with advanced dementia are well groomed, changed, and fed. But what is their quality of life?' (Simard, 2013).



It is this focus on enhancing quality of life that defines Namaste Care. Through a daily programme involving a range of physical, sensory and emotional care practices, residents with advanced dementia are supported to engage with carers, family and their surroundings. The programme includes improving pain management, increased access to snacks and drinks, using music, aroma, visual stimuli, therapeutic touch and personalised, nurturing communication with each individual.

The word 'Namaste' is a Hindu term which can be translated as meaning 'to honour the spirit within'. It is this meaning which inspired Joyce Simard to name the programme she created, (Simard, 2013) and it is a meaning that continues to be relevant as we translate this work to the UK.

Since Joyce created the programme it has been implemented in countries around the world, including in the UK. Early small-scale research indicated that this care programme could be beneficial for people in the advanced stages of dementia by helping to alleviate symptoms such as agitation, depression, pain, reduce the use of medications such as antipsychotics and avoid inappropriate hospitalisation in people living with advanced dementia (Stacpoole et al, 2014). However, more research was needed to explore these impacts and how best to implement the approach in UK care homes.

The Namaste Care Intervention UK has its roots in Joyce's work, and combines it with an evidence base taken from literature and the practical experience of early UK pioneers of this approach. This UK Intervention has been developed alongside Joyce Simard and other key professionals in this field and has been refined through its practical application in 6 case study care homes in the UK. In the box on the following page you can see an overview of the impact the Namaste Care Intervention UK had on the residents and staff of the 6 case study care homes.

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The Impact of Namaste Care

The impacts of Namaste Care Intervention UK

For residents

- Namaste Care resulted in a statistically significant decrease in agitation and a statistically significant increase in quality of life for residents who took part
- Qualitative reports of increased communication, improved eating and drinking, weight gain, reduced calling out, reduced aggression and improved signs of well-being

> *"One lady who hardly speaks or shows any emotion normally, with hand massage and one-on-one time she is clearly very happy in a chilled environment and to see her smile is a joy!"* ***(Staff comment)***

For staff

- Namaste Care did not have any impact (positive or negative) on staff job satisfaction, stress or burnout.
- Staff involved all highlighted that it was a positive experience and one that helped them develop closer relationships with their residents

> *"It's had a big impact on me. Because to see them enjoying it, that to me, to see somebody… I've got tears in my eyes now haven't I? It makes me feel as if I'm doing a good job and at the end of the day that's what we try to do every day isn't it?"* ***(Staff member)***

For family and visitors

- Families needed encouragement to be involved, but once they took part in training or attended sessions they saw it as overwhelmingly positive for residents and the care home.
- The approach often helped to open up new ways of communicating with their loved one.

> *"Doing the whole training myself has encouraged me to do more things with him…It was a real eye opener for me …It's given him more quality of life through what the home have done but also making me think differently. It was a real light bulb moment for me"* **(Family member)**

Further Information

Namaste Care: Simard, J. (2013) *Namaste Care: The End of Life Program for People with Dementia* (second edition). Baltimore: Health Professions Press.

US site for Namaste Care: http://namastecare.com/

Association for Dementia Studies, University of Worcester: https://www.worcester.ac.uk/discover/namaste-care-intervention-uk.html

St Christopher's Hospice Namaste Toolkit: www.stchristophers.org.uk

Namaste Care Intervention UK film: https://youtu.be/2kSnvJxScUM

Namaste Care film by Jawa group: http://www.jawagroup.co.uk/namaste.html

NIHR Namaste Feasibility trial: http://www.namastetrial.org.uk/index.php/the-trial

General text on person-centred dementia care: Brooker, D. and Latham, I. (2016) ***Person-centred dementia care; making service better with the VIPS framework*** (second edition). London: Jessica Kingsley

Recent journal articles on Namaste Care

Bray, J., Atkinson, T., Latham, I. and Brooker, D. (2019) ***Current Practice of Namaste Care for people living with dementia in the UK***. *Nursing Older People 31 (1) pp 1-7*

Bray, J., Brooker, D., Latham, I., Wray, F. and Baines, D. (2019) ***Costing resource use of the Namaste Care Intervention UK: A novel framework for costing dementia care interventions in care homes***. *International Psychogeriatrics (online) pp 1-10*

Bray, J. Brooker, D. and Garabedian, C. (2019) **A rapid assessment evidence review for the activity components of Namaste Care** *Dementia* (in press)

Bray, J., Brooker, D. Latham, I., and Baines, D**.** (2019) ***Modelling the comparative costs of Namaste Care: results from the NCI-UK study*** *International Psychogeriatrics (in press)*

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Stacpoole, M., Hockley, J., Thompsell, A., Simard, J., and Volicer, L. (2014) ***The Namaste Care programme can reduce behavioural symptoms in care home residents with advanced dementia***. *International Journal of Geriatric Psychiatry.* 30, 702-709.

The Challenge of Change

Bringing Namaste Care into your setting is likely to require a change in the way your care home currently operates, in particular how staff time is allocated. It will inevitably bring some disruption of the status quo. It will take planning, work, determination and perseverance, but our research has shown that the work pays off!

"We've put it in our newsletter, run the information days with your help, we've emailed out to our relatives lots of information and spoken about it constantly, our team leaders are running their own little group meetings now with their teams, so we've encouraged that on to their agendas to talk about it, so it stays as a hot topic,"

Care Home Deputy Manager

Below we have summarised some of the key issues that care homes in the research study learned through the process. It's important that you bear them in mind as you start to think about Namaste Care in your home.

The process of change: what we know

Namaste Care involves everyone in the care home

It is important to think of Namaste Care as a 'whole home' endeavour. It involves, managers, care staff, activities staff, housekeeping, maintenance and kitchen staff, not just the staff who run individual sessions (known as Namaste Care Workers). In our case study homes, viewing it in this holistic way made implementation much easier. However, when it was seen as an 'activity' or isolated from the running of the home, implementing it was more challenging.

Genuine leadership is vital from the outset

The manager of your care home will play a critical role in making this change happen. Our research suggests that without the manager's active and practical support, it will be very difficult to bring about the changes needed to implement Namaste Care.

In our 6 care homes, getting started was helped significantly when managers actively engaged. For example, in one of our case study homes, the manager and senior staff rota'd themselves onto run Namaste Sessions in the first few weeks, and made a point of stepping in to cover sessions if staff were off sick. In another the manager checked in with staff every-day to ask if the session had been run, even when she was not on duty.

Get excited and share that excitement!

Tell everyone you can. It has been shown to be important to involve as many people as possible in your care home community to make Namaste Care a success, not just the care or activities team.

What was most influential in getting Namaste Care off the ground? *"Spreading by word of mouth the positivity of Namaste to other colleagues, healthcare professionals, regional managers within the company,"*

Care Home Deputy Manager

Share information

Share information with all staff, families and visiting professionals. Involve different people in making decisions about how Namaste Care will run in your home. This helps different staff groups (such as kitchen staff) to feel valued. It also means they take more ownership and responsibility for making Namaste Care a success. Below are some examples of how the case study care homes shared information.

- Displaying posters
- Designing a flyer
- Holding information evenings for visitors
- Short presentations at staff meetings
- Sharing film clips of Namaste Care
- Running 'taster' Namaste sessions for staff
- Brainstorming themes for food/drink treat.

Take time to plan properly.

In the long run this is more effective than rushing ahead.

"As a team we took all the information on board and started to plan what items we needed for the Namaste room. Our home managers allocated roles to certain people which I thought was a good plan; it allowed us to structure and organise how we were going to execute the project,"

Namaste Care Worker

Identify who the champions of Namaste Care will be in your home.

These people are likely to emerge as you start to plan and communicate within your home. Make sure to celebrate these people and empower them as much as possible.

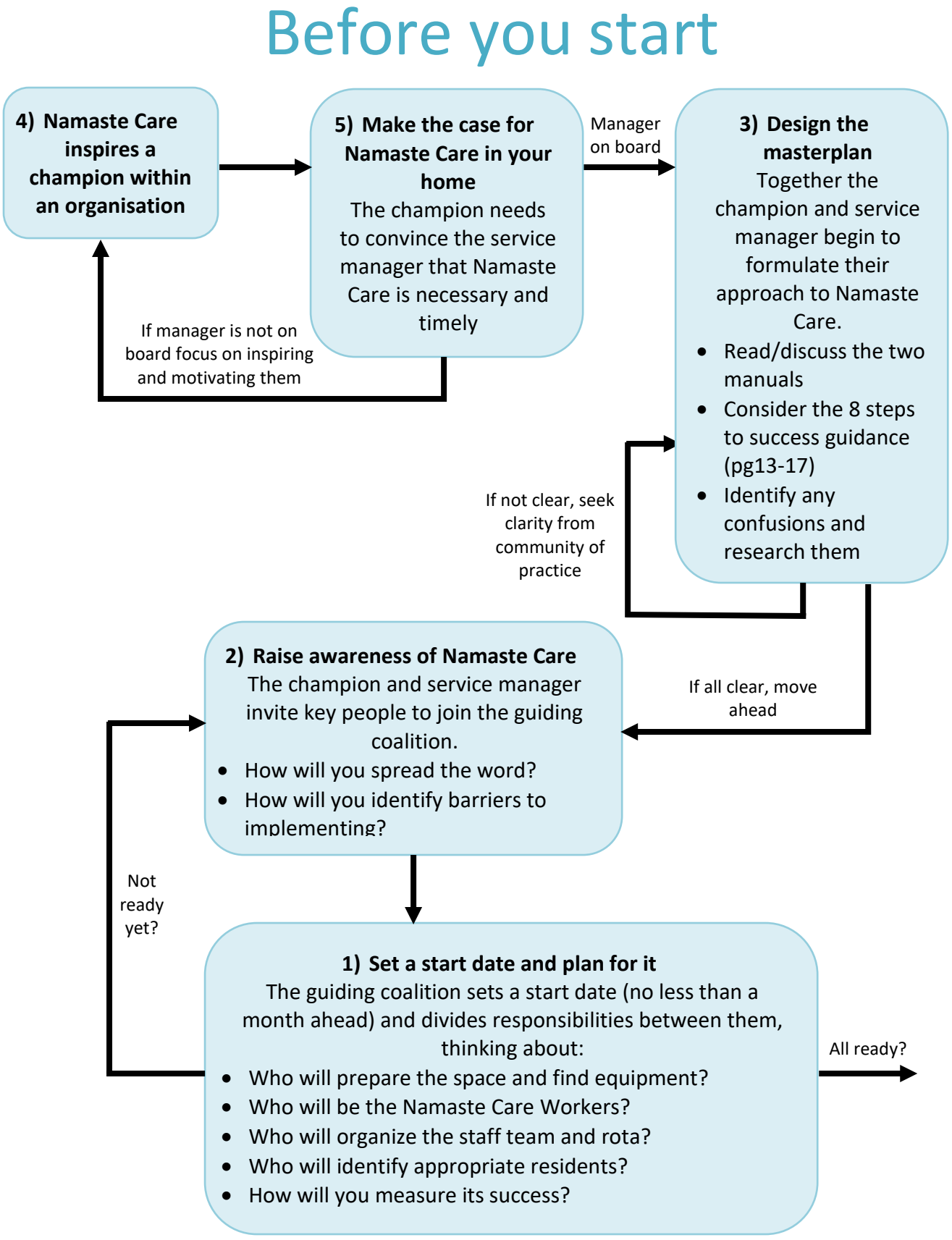
"Some of the staff here don't see the benefit of it. I think personally it's 'cause they haven't been trained. They can't see the difference that it's making. And then there's the other staff that regularly go in it and they can see the benefits. And they are all for it. One in particular comes the mind... she's very, very good in there, and you know, she's become, sort of, our Namaste queen as it were".

Namaste Care Worker

Keep the momentum going

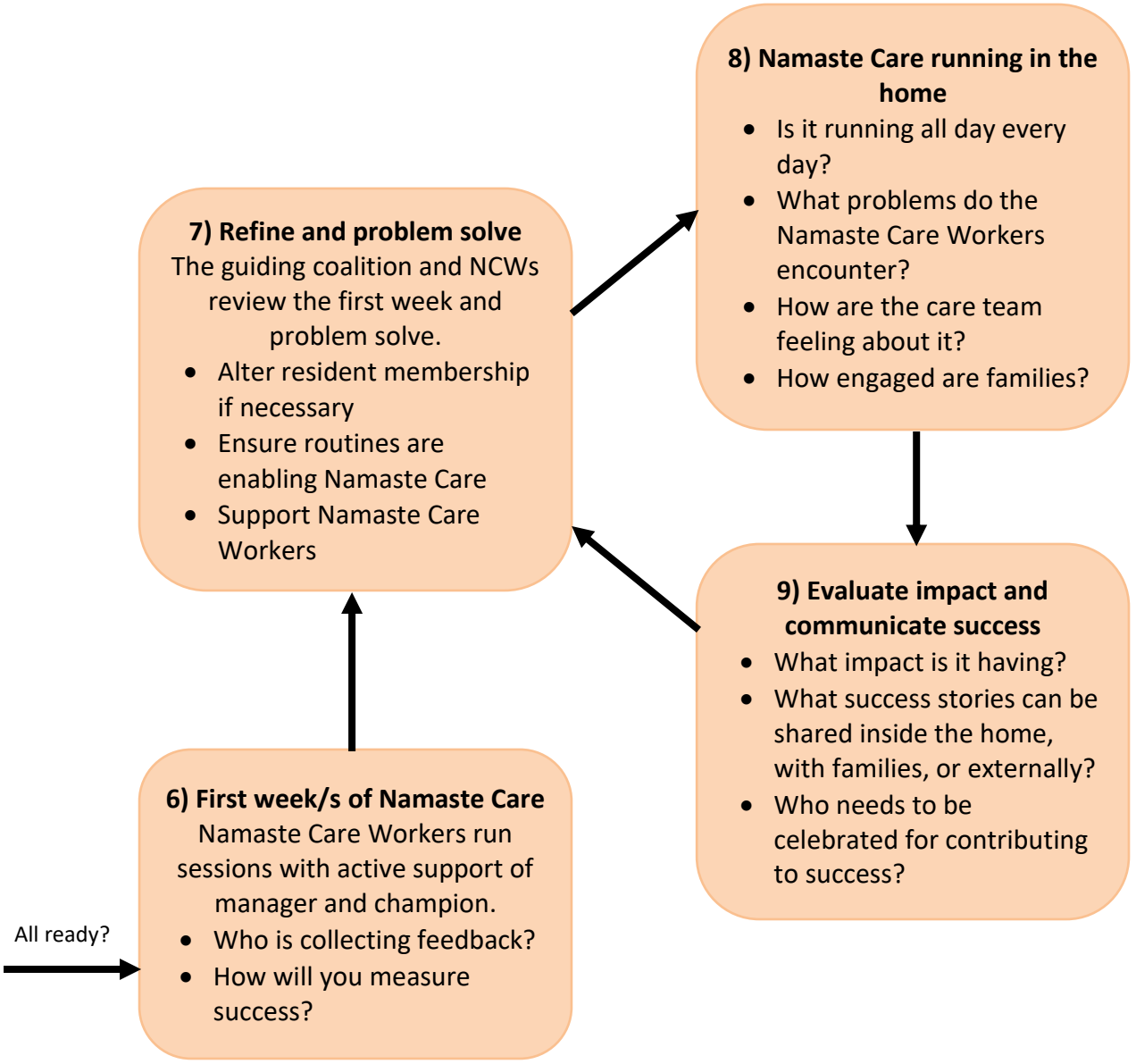
Once Namaste Care has begun, it is important to celebrate the successes, share the stories of the impact on residents and the feedback from family to keep everyone motivated. In one of the case study homes they used a poster reporting the impacts they had seen. This helped other staff who were less involved to see the benefits.

Planning for Success: A Flowchart



Planning for Success: A Flowchart

Keeping going



Making Change Happen

In the research project each of care homes used Kotter's 8 Steps to plan their implementation of Namaste Care, and this helped make sure it was successful. It is a tried and tested way of making change happen successfully. It takes into account all the different things you need to think about in order to make sure that any desired change is approached in a planned way.

This improves the chances that the change will 'stick'. On the following pages we have provided prompt questions for each of the 8 steps which you can use to help plan for your care home in a systematic way.

An Overview of Kotter's 8 Steps

Kotter, J. (1995)

Knowing what worked for the case study care homes, we recommend:

- Make time to plan for implementation rather than rushing into running sessions
- You may start working through these questions by yourself or with a few key people, but make sure to encourage the input of others in your home as you move forward.
- Revisit the 8 steps and prompts at various times during your implementation to make sure that you are doing all you can to ensure your success.

Step 1: Creating a Sense of Urgency

For change to happen successfully people have to recognise that it is necessary and timely. If you move too soon without this, it is likely that people will not be on board as they do not understand why it is happening. In time you will become frustrated and demotivated.

Why is doing Namaste Care important for your home?
What could happen if you don't try Namaste Care?
What happens currently that Namaste Care might help to avoid or change?
Why is this change needed now rather than later?
Why should a staff member buy into the idea?
What opportunities does Namaste Care give your home?

Step 2: Building a Guiding Coalition

As you start to explain the necessity for Namaste Care, some key individuals how share your passion are likely to emerge. These people become the guiding coalition. This coalition start to think ahead about the practicalities of making ithappen.

Who are the key staff members who will make Namaste Care happen?
What will these key people need to make Namaste Care happen?
Is every part of the team represented, if not, what problems might this cause?
Who in the team is known to be very influential toothers?
Are there other people, outside the staff team who could help? Think about visitors, residents, organisational people.

Step 3: Forming a Vision

This stage is about clarifying the end goal and finding a simple way to communicate it to others. It also about starting to plan concrete steps towards that goal. Both of these are important; a goal without a pathway will be seen as unrealistic.

What would you like your care home to look/feel like after you've introduced Namaste Care?
What have you learned about Namaste Care that would help you describe it to others?
How would you describe Namaste Care to someone who knows nothing about it?
What impacts do you hope Namaste Care will have on your home, residents and staff?
What are interim stepping stones to the goal of Namaste Care?

Step 4: Enlisting a Volunteer Army

It is important to start to widen the circle of people who know about the change to tap into those who have started to show an interest or who already seem to embody what you are looking to create. This wider group will help to spread the message wider and help highlight any practical issues the change may encounter.

Who has shown an interest in Namaste Care so far?
Who in the staff team is known to inspire and motivate others?
How can families and residents be involved in getting Namaste Care happening?
Does your volunteer army have someone from every role that will be affected by Namaste Care? If not, who can be brought on board?
How will you keep your volunteer army enthused?

Step 5: Enabling Action by Removing Barriers

You need to anticipate the likely problems that might occur and pre-empt them. This requires you to think about the change from others' perspective. This ensures that your proposed change does not fail straight away. Early success helps to create momentum.

What things do you think might prevent staff from carrying out Namaste Care?
What needs to be done to try and get rid of those barriers before you start?
How will you find out about difficulties when Namaste Care starts?
Who from your 'guiding coalition' will be available to help solve those difficulties day to day?
How will you know that Namaste Care is working well?

Step 6: Generating Short Term Wins

A sense of achievement and optimism helps to build momentum, so it is important to congratulate and celebrate small steps at the initial stages of a project. This helps people to know they are heading in the right direction and demonstrates that you are serious about this change.

What would count as a 'success story' or 'win' for your home, staff or residents when you deliver Namaste Care?
What do you need to put in place to make sure you can record or measure the impact of Namaste Care?
How will you find out about the small successes that might happen in each session?
How will you share the success stories so that everyone hears them?
How will you share messages about what works or doesn't work in Namaste sessions for those who are delivering them?

Step 7: Sustaining Acceleration

To sustain your change you need to make sure to keep on going. If you stop reinforcing the change or allow barriers to build up people will revert to the old way of doing things. To do this try to create systems that empower people to take decisions, solve problems and reinforce the change themselves.

What has happened that shows you that Namaste is worth doing?
What is supporting Namaste Care to take place?
What is getting in the way of Namaste Care happening?
What can you do to reinvigorate people's interest and enthusiasm?
Is Namaste meeting your initial vision? What needs to change to get it there?
If key staff left the home tomorrow would Namaste Care keep happening? If not, how can this be addressed?

Step 8: Instituting Change

This is about firmly embedding the new approach within the culture of the organisation. You can do this by tying achievements to rewards, ensuring change-supporting people are in key positions and making sure the approach is part of the way new members are introduced to your organisation.

How will you know that Namaste Care has become embedded in your home?
How will you keep reviewing the impact of Namaste Care?
How will new staff, residents and visitors find out about Namaste Care?
How will new practitioners be skilled?
How will existing practitioners maintain their motivation and learn new skills?
How can you share what you have learned wider than your care home?

Namaste Care Intervention UK

The following tables illustrate the components of a typical Namaste Care Session within the Namaste Care Intervention UK. This was developed based on a review of the existing evidence from literature and current practice in the UK that relates to the elements of Namaste Care as outlined in Simard, J (2013) *"The End of Life Namaste Care program for people with dementia*".

- We have provided a description of the core elements important for a Namaste Care session. The Namaste Care Worker would therefore need to be prepared to deliver any of these in every session. Over the next 3 pages you will see the elements that make up the Namaste Care Space and activities
- All elements in the session are tailored to the needs and preferences of the individual residents. Therefore, there should always be variation depending on individual needs. For example, if someone present has an aversion to the smell of lavender, a different aroma would be used.
- Each Namaste Care space should contain the equipment necessary, as well as any individual equipment (such as hairbrushes, soap etc.) stored appropriately and separately for each individual. The Namaste Care Worker should not need to leave the room during sessions. The organisation and running of Namaste Care sessions is discussed in detail in the practitioners' guide.
- During our research study, many participants felt that it was easier to understand Namaste Care by seeing it in action, rather than reading about it. This is why we developed the free to download film "seeing is believing" This can be accessed via the links provided earlier in this guide

The Namaste Care Space: These elements create the right ambience for the Namaste Care session		
Element	**Detail**	**Specific Guidelines/Advice (if needed)**
1. Natural light and the ability to alter light level	Avoiding strong artificial lighting. Light level can be altered easily using dimmer switches, blinds etc. If natural light is not available, create calmer atmosphere if needed use low lighting, (fairy lights, lamps etc.).	Natural lighting will not always be available, a permanent space should be the priority
2. Specific and calming aroma	Natural aroma not artificial. Lavender, lemon, orange, rosemary or a combination of these.	Use of a diffuser, plug in or room spray that is compliant with health and safety of the home. This is not aromatherapy and should not be described as such.
3. Background sounds or music	Gentle and relaxed; designed to create atmosphere, not to provide entertainment. Reduction of general everyday 'care home' (voices, hoovers, call bells etc.) noise is important.	Consider which other routines may need to be altered: e.g. housekeeping outside the room, noisy phones or alarm calls carried by staff
4. Background visual stimuli on a screen	Often accompanies the music on a DVD, gentle and relaxed, designed to create atmosphere not provide entertainment	Be mindful of the images on the screen and how they may be interpreted by residents.
5. A beginning and an end	An individual welcome for each resident into a relaxing and calm space. Towards the end of the session, music, aroma and lighting changed to activate participants.	A clear beginning and end is crucial for Namaste to feel 'special'. Effort should be made to bring all residents in swiftly to avoid interruptions.
6. The overall ambience	Paying attention to the feeling and atmosphere of the space and paying attention to all senses. Preparing the space in advance. Everyone should notice a difference upon entering the space.	Spacing of chairs should be flexibly used to encourage sociability and engagement e.g. if someone would benefit from sitting near a window to watch birds or in a small group then this should been encouraged.

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The Namaste Care Activities: These elements are the content of a Namaste Care session		
Element	**Detail**	**Specific Guidelines/Advice** (if needed)
1. Physical Comfort	Individual systematic assessment of pain as part of session; attention to hydration and provision of comfortable seating throughout session	The Pain Assessment in Advanced Dementia ("Painad" Warden et al, 2003) is recommended for use unless care home has an established pain scale already successfully in use
2. Nature	Creating opportunities for experiencing nature: use of plants, flowers, leaves; seasonal themes; views, sunlight and fresh air when possible	Using flowers collected from the garden. Training and guidance to warn re: avoiding poisonous plants/ flowers.
3. Expressive Touch	Using touch to primarily communicate closeness: through hand and arm massage using unscented oils and creams (unless aroma is beneficial); hair brushing; hand, face and feet washing	Additional forms of expressive touch can be used if worker feels comfortable and resident is receptive. Be aware of contra-indications of massage for certain health conditions. (See Buckle, 2009)
4. Food	Creating opportunities to experience a variety of tastes, sensations and textures. Choice and variety are key.	This does not replace meal times, but is instead a way to stimulate taste sense. Individual dietary needs will need to be considered, such as need for thickeners or diabetic diet.
5. Drinks / Hydration	Creating opportunities for continuous hydration, through regular and varied drinks such as: ice lollies, smoothies etc.	Individual needs such as swallowing difficulties need to be considered.
6. Tactile Stimulation	Creating opportunities to experience a variety of touch sensations and to interact: textures, materials; soft blankets; rummage boxes, twiddle muffs etc.	

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The following elements are to be used in a highly individualised way. Each Namaste participant should be 'assessed' for whether this element may enhance quality of life and how best to implement it in the sessions.		
Element	**Detail**	**Specific Guidelines/Advice** (if needed)
1. Individualised music	Using playlists of significant music, played to the group. Consideration must be given to ambience/ atmosphere of space.	In specific circumstances headphones and individualised playlists can be used if it enhances the well-being of individuals
2. Engagement with dolls	Should be considered and offered to each participant. Work will be required to overcome attitude barriers of staff and family members.	Use guidelines on use of dolls from Mackenzie et al, 2007. Training and preparation will need to address and prepare for discussions with staff and family.
3. Involvement of family	Creating opportunities for families/visitors to participate in Namaste Sessions whenever possible.	Training will need to address how to involve families and model aspects of Namaste Care (such as massage).
4. Significant items	Using objects of significance to the individual (photos, perfume, memory boxes etc.) to aid connection and interaction.	
5. (Optional) Engagement with animals	Where in-house or visiting animals are available these should be used in Namaste sessions. There should also be consideration of any animal substitutes (soft toys, robotic simulations etc.) if available in the home.	Training discussion around whether available and whether suitable for individual residents. Consideration should be given to allergies and phobias.
6. (Optional) Snoezelen/ multisensory	If a care home has sensory equipment/snoezlen environments then it should be used in Namaste Care.	

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Creating a Namaste Space

Things to think about when choosing a space in your care home:

- A dedicated space works best, so that it can become known as the 'Namaste room'
- A quiet space without lots of noise nearby
- Enough space to comfortably seat the number of residents who will be attending
- If a dedicated space is not available, it could be a space which has another purpose but can be used exclusively for Namaste Care at relevant times
- It could be a larger room with a smaller area partitioned off
- Sockets for music, diffuser etc.
- A screen or projector to play background images
- Optional: windows with a view outside to nature
- Optional: a sink area

Make sure to make best use of the space you have, think about:

- Painting with calming colours
- Pictures on the walls and/or decorating the space with coloured materials
- Bringing nature in: having plants or flowers in the space
- Natural or low lighting
- A sign on the door that lets people know a Namaste Care session is taking place and to be respectful if someone needs to enter (an example can be found in the useful documents section)
- **Most important**: welcoming and friendly people!

Below are some pictures of the Namaste Care spaces of our case study care homes. These show that a lot can be done with even the smallest of spaces. The decoration and position of the room help contribute to the atmosphere of Namaste Care

In the research, the care homes used the following techniques to decorate and equip their Namaste Care spaces:

- Displaying notices in the home asking for specific items and explaining why; vistors are often happy to donate second hand items or will purchase gifts for the home
- Posting on social media asking for items, (one of our homes ended up with 8 free foot spas this way!)
- Inviting residents to help with decoration, either physically or by giving opinions on the space as it develops.
- Approaching local businesses who may sponsor or donate a piece of equipment
- Fundraising for specific equipment, people are often more willing to donate when they know what the money will be used for

What a difference a space makes…

One of the surprising outcomes of our research was how significant the Namaste Care space became for residents, even when Namaste Care was not taking place in it. We heard many stories about residents choosing to queue up outside the room and referring to the space in positive terms in their daily life. In one care home, their dedicated Namaste Care Room became known as a space that helped to calm and relax, and so was used as a 'chill out' room when particular residents were angry and highly agitated.

"I brought a resident in who was very uptight. I sat with him, no music or lights etc. Just daylight. The ambience of the room calmed him. He became more relaxed and we had a bit of a chat,"

Namaste Care Worker

"And the other thing I've noticed is that people will come down here and they recognise the room, and their face will light up and they'll say, oh, I've been in here before, I like it in here, which is wonderful,"

Care Home Activity Co-ordinator

Who will be your Namaste Care Workers?

When thinking about who will directly deliver Namaste Care in your home, there are several things to consider. Our research showed that it is important that Namaste Care is not seen solely as an 'activity'. It is the delivery of essential care, simply in a creative way. Therefore, care staff should be the mainstay of your Namaste Care Workers. Nursing staff and Activity Co-ordinators can play a huge role in setting up and supporting Namaste Care, but for the sessions to be sustainable in the long term the involvement of the care team is needed. In our research, where care staff were fully integrated in running the sessions they ran far more smoothly.

"I've tried to make it as inclusive as possible, so regardless of what grade you are, whether you're in the kitchen or domestics, whatever, and intermittently I do sort of push for that. And we're going to introduce the Namaste training as part of the induction process."

Care Home Manager

In addition, consider using the staff rota to formally signify who is responsible for Namaste Care each day/shift. This made a big difference to the implementing care homes as it meant staff 'owned' the sessions and planned for them. When staff were not 'rota-ed' on it led to disagreements and missed Namaste care sessions.

I've included it on the rota…each day. I think what I would like to do is get them looking ahead and thinking 'ok so that day is my day, so what am I going to do that day? What's on our plan for Namaste they day?'

Care Home Deputy Manager

Finding the right personalities in the team to take on this role can make a big difference to the success of the Namaste Care sessions. Take your time to think about who would be best placed to take this forward. These people will be the ambassadors for Namaste Care. You may also want to consider recruiting volunteers to support the sessions. Namaste Care provides an ideal opportunity for people interested in volunteering to contribute within a defined role.

"They need to be calm, caring, compassionate, not rushed. Not task orientated, not thinking about what they should be doing. They should go into that room, close the doors and just go with the flow and just…and as I say, I've got some that are better than others at doing it you know. And I think they just need to be open minded,"

Care Home Manager

The job description overleaf was helpful for the care homes when trying to identify the Namaste Care Workers in their teams

Namaste Care Worker Job Description

Job Summary

The Namaste Care Worker will take a lead role in supporting residents in the care home with more advanced dementia. As part of a team of Namaste Workers, they will prepare for and implement daily sessions of Namaste Care for identified residents.

Key Responsibilities

A Namaste Care Worker will be expected to:

- Attend and engage in training and support to understand Namaste Care
- Be involved in the planning and creation of a Namaste space within their home
- Identify residents who may benefit from Namaste Care
- Motivate colleagues and family members to get involved
- Talk with visiting professionals about Namaste Care
- Talk with families about their relative, including conversations about end of life
- Deliver daily Namaste Care sessions
- Record notes of what happens within each Namaste Care session

Skills, Qualities and Experience

A Namaste Care Worker will have:

- Experience of working with people with dementia, particularly people with more advanced dementia and complex health needs
- Experience of working with people at the end of their life and supporting residents and families through this time
- An excellent practical understanding of delivering person-centred care
- The ability to work alone and be self-motivated
- An open-minded, creative approach
- A calm and sensitive manner
- Excellent listening and non-verbal communication skills
- Patience and the ability to work at a slow pace to match residents
- Good organisational skills

Selecting Residents for Namaste Care

Namaste Care is designed to particularly support people with advanced dementia, but what do we mean by advanced dementia? This is where dementia has progressed to a point where a person is likely to have significant difficulties affecting their thinking, speech, continence and mobility.

Namaste Care supports the people in your home whose dementia is most advanced. This will vary depending on whether the home is primarily residential or nursing and on the individual people in your care. With this in mind, who may be suitable to attend could include those who:

- Have significant cognitive impairment affecting memory, thinking and communication
- Have more positive interactions one-to-one than in large groups
- Have been identified as needing end of life care
- Benefit from slower, quieter interactions
- Enjoy more sensory activities
- Disengage with other activities in the care home, either by withdrawing, sleeping, calling out or otherwise indicating that they are not enjoying it.
- Have restricted mobility
- Are reliant on non-verbal communication with limited ability using and understanding language
- Are at risk of poor hydration and weight loss

How many people attend a Namaste Session?

This will depend on two things; the size of your Namaste Care space and how many residents a single worker is expected to support at any time. You will consider this later on in this guidance. In our study, sessions seemed to work best when 4-8 residents were in attendance with one Namaste Care worker.

Selecting residents with complex needs

Namaste Care may be appropriate for someone whose dementia is not advanced but who has more complex needs because of mental health issues, a learning disability or because of behavioural and psychological symptoms that make it more challenging for them to engage in care home life.

"I have got a friend of mine whose mother goes on occasion, and in addition to dementia she's got other mental health conditions and so it can be difficult for them to do things with her, like changing dressings and things like that… And, they've taken her to a Namaste session before doing that and apparently then she will let them do whatever they need to do. Because she's just relaxed,"

Relative of a Care Home Resident

Selecting residents during periods of ill-health

It may also be appropriate to consider inviting someone to Namaste Care for a short time during a period of ill health, where a quieter environment with more one-to-one care could be helpful for them while they are recovering.

Do they have their emotional needs met elsewhere?

Namaste Care provides a nurturing, supportive environment that could appeal to a broad range of people, including those without dementia, or whose dementia is less advanced. However the purpose of Namaste Care is to provide a daily programme of activities for those people who are not able to access the usual activities provided in your home. It is therefore important to ask when deciding whether to invite someone to join Namaste Care, ***'do they have their needs met elsewhere?'*** If they are able to actively engage in other activities and groups, it is likely that Namaste Care is not needed for them at this time. If you notice that they particularly like or benefit from an element within Namaste Care, e.g. hand massage/ music, perhaps you could think about how this element could be used in the home more widely.

If you are unsure whether someone will enjoy or benefit from Namaste Care, bring the person to a session and observe them. This may not provide an answer straight away. Someone may initially only choose to stay in a Namaste Care session for a short time, may be unsettled or may have days when they do not want to be there. That does not mean it is not of benefit to them at other times. Take a long-term view and judge over time whether Namaste Care feels like the right place to support that individual.

"I just think it's been a great additional tool if you like, to use for people living with dementia or not. We've had people not living with dementia also join in and enjoy it,"

Care Home Manager

"Namaste here, it's open to anyone. I know it's specifically designed for people with dementia but we allow anybody to attend. It's all about relaxation and giving one to one time to individuals as well,"

Care Home Deputy Manager

Remember, people's needs change as their dementia changes, so the process of identifying residents for Namaste Care will need regular review.

Further Information

Alzheimer's Society factsheet, Later Stages of Dementia:
https://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1100

Later Stage Dementia: Bruce and Jan's story:
https://www.youtube.com/watch?v=chgshB6LCyc

Namaste Sessions: Frequency & Time of Day

You will need to think about when to run your Namaste Care sessions. Traditionally, Namaste Care is delivered twice daily. However, this can be off-putting for some care homes. In our study, care homes often found it easier to start with one session a day and this still produced benefits for residents. Significantly, when care homes had implemented one session a day and saw the benefits they sometimes moved to two sessions a day, started a second session for a different group of residents, or used the Namaste Care approach in other ways in addition to the sessions, (for example, one-to-one in people's bedrooms or when someone is restless at night).

"I think it's changed the routine of some of the residents, it's given them something to look forward to. It means that up there, they're getting something every day that they can or cannot attend, whereas with one activities co-ordinator, it's hard to do that with 4 units, it's something that can happen every day on that unit where physically possible unless there's an issue or a problem of some description,"

Care Home Manager

Commitment is important

Often people ask why every day? Why not less often? The idea behind Namaste Care is that it is a programme to meet people's basic psychosocial needs. Sessions should not be seen as a 'luxury' add- on activity, but as an essential way of meeting these needs which are otherwise often neglected. Psychosocial needs are fundamental and make the difference between existing and living. Just like we eat, sleep and use the toilet every day, we also want to work, play, talk, spend time outdoors, share, laugh, hug, be listened to, relax etc.

"Namaste Care should be like lunch. When it's busy or we're short staffed we don't say: 'Oh sorry, we didn't have time to give people lunch'."

Joyce Simard

The aim is to eliminate days where residents with advanced dementia are spending their time alone, disconnected, potentially in pain or distressed, unable to interpret or interact with their environment or other people apart from having their basic physical needs met.

It is therefore important that when you begin implementing Namaste Care you are committed to making it happen whatever the circumstances. The care homes in our study found that committing to provide one or two sessions a day and knowing that they would be held to account through the research project was helpful. You should consider how you will monitor and record the sessions and their impact. There are some useful resources in the final section of this guide that could help.

The time of day for Namaste Care

The time of day should be chosen based on what fits in with your residents' needs and what is practical for your home. It needs to be a time of day when it is possible to have approximately 2 hours which are not interrupted, so you will need to arrange the session times so that they do not clash with meal times etc.

"I think it's because it's uninterrupted. The actual environment itself, straight away you can just sit there. I could have just stayed all day there. It makes you want to be in there. And it's protected time and it's the attention. Because we all know that people living with dementia, more than anything else they need time from the staff, and they actually get that that's protected. It's really, really nice,"

Care Home Manager

Within our case study care homes, the average length of sessions was 1.5 hours, with 15 minutes at the beginning and end of the session to prepare and clear away. This is what we would recommend.

Some residents find consistency in timing of sessions important and it helps to provide a structure to the day. There have been some examples of residents waiting outside the room for Namaste Care to start, showing that it becomes a reliable part of their day. Therefore consistency in the timing of sessions is important and so you should plan for this.

Things you should think about when choosing the time of day to run your sessions:

- You may want to run your sessions late morning between breakfast and lunch, in the afternoon after lunch, or in the evening after an evening meal.
- You may want to run a session in the evening, involving night staff.
- Are there particular times of day where residents with advanced dementia seem more distressed and restless? Could Namaste Care help with that?
- Who are the residents who are likely to attend and what time of day you think they will most benefit from this intervention?
- If other routines are creating a barrier to Namaste Care, think about how they could be more flexible to enable Namaste Care. For example: could people be enabled to have lunch earlier or later? Could staff take their breaks at a different time?

Re-organising Staff Time

Namaste Care is a practical, affordable solution to meeting the needs of residents with advanced dementia. It is an approach which relies on flexibility and a willingness to change how time is organised in your care home, rather than bringing extra professionals in or employing extra staff.

The costs of implementing Namaste Care

- Whilst Namaste Care should not take any additional staff to run and much of the equipment required will already be at use in the care home, it is worthwhile considering the overall costs of preparing for and delivering Namaste Care in your home.
- In our cost study, we calculated that running a Namaste Care session cost £7.24 per resident per session.
- However, this figure was based upon several assumptions such as all equipment being purchased new, the cost of hiring facilities and the costs of staff time. In reality all of our care homes managed to find the space, equip the room and staff the sessions with the use of donations, volunteers and existing equipment, so the cost in practice will be significantly lower.

Staffing Ratio

The ratio of staff-to-residents within a Namaste Care session is envisaged to be the same as the ratio which currently exists in your home. So, for example, if your care home staff-to- resident ratio is 6 residents per member of staff, you would expect to have at least 6 residents in Namaste Care supported by 1 Namaste Care Worker. This means the ratio of residents to staff remains the same in the rest of the home.

"We're doing it on a week-to-week basis based on the rota, we don't want the same people feeling like they're being left to run all the sessions. We also thought that to begin with it would be nice if people buddied up whilst they gain their confidence,"

Deputy Manager

Using Space and Time Differently

Before you begin to implement Namaste Care you will need to think about how space, time and staffing will be used differently to enable Namaste Care. Whilst your usual care routine will continue either side of the Namaste Care session, you will need to address the following issues in your planning:

Pre-planning

- The Namaste Care Worker will need to be allocated to Namaste Care and not expected to attend to other duties, for the 2 hour slot of the session. This needs to be communicated to all staff.
- Care staff and the Namaste Care Worker should plan in advance how the Namaste Care Worker will call for extra support if needed, (for example if a resident needed to use the toilet). This is particularly important when residents may require two members of staff to help them due to mobility.
- The Namaste Care Worker will need to know how to assess pain and who to approach if they believe a resident is in pain.

Before the session

- The Namaste Care Worker will need to have time to prepare and set up the room before the session starts. The room should be set up ready for residents to be invited in so that the special atmosphere immediate. The space should not be set up around people if at all possible.
- The Namaste Care Worker should aim to have everything that is needed in the room, so that they do not have to go in and out of the space
- Care staff should consider whether each resident needs support to use the toilet or change before the session, so that their experience is as undisturbed as possible

During the session

- The Namaste Care Worker is responsible for greeting each resident and creating the atmosphere for Namaste Care. Therefore they should not be expected to fetch residents for the session, or do any other tasks during the session. All staff in the home should help bring residents to the room for the start to the session.

At the end of the session

- At the end of the session, the Namaste Care Worker should formally end the session and say goodbye to all residents. All staff in the home should help with supporting residents to leave the space.
- Consideration should be given to allowing the Namaste Care Worker to take a break following the session. Running Namaste Care may seem physically relaxing, but it is emotionally tiring.

"And you don't want the same people doing it day in day out. You don't want it to get boring for them and for a lot of them, it's not boring at all but there are some who think, 'oh gosh, I could be doing something else'… And it's teaching staff the benefits and letting them see residents queuing up at the door and say 'look at that, you know, they're waiting for you',"

Care Home Manager

Session Structure

Set up

The Namaste Care UK Intervention consists of a number of different elements. These elements may occur in a different order depending on needs on the day, but the Namaste session should have a basic structure that remains the same. The Namaste Care Worker on that day is responsible for setting up the Namaste space. It is important that the space is set up before individuals arrive, so that people are being invited in to a space that feels different to the rest of the care home. Thought should be given to how seating is arranged and where individuals sit to maximise their engagement. For example, sitting near a window if someone likes to watch the birds, or thinking about interpersonal dynamics when seating people near to each other.

Welcome

It is the responsibility of every staff member in the home to assist residents to get to the Namaste Care session. The Namaste Care Worker should remain in the room to welcome people as they arrive. Each resident should be greeted with their name and made contact with as they are being made comfortable in a seat. For example, this could be by making eye contact, a gentle handshake or a hand on their back.

[A resident] is brought into room in wheelchair by a member of staff and transferred into a large arm chair. She is repeatedly saying 'Please help me lord, please help me lord," No pauses, just over and over again. The Namaste Care Worker comes over once she is settled in the chair and bends/kneels down near her and puts her arms around her, hugging her firmly and closely. She is soothing her, stroking her arm up and down and whispering 'shhhh, shhhhh' quietly into her ear. Towards the end of the minute [resident] quietens down and appears to stop saying 'please help me lord'. She closes her eyes.

Observation of a Namaste Care session

Ending

Towards the end of a Namaste Care session, any lowered lights should be turned up, livelier music played and activities introduced to energise people before the next part of their day. This could involve activities such as singing, blowing bubbles or throwing a balloon. This is particularly relevant during the day, perhaps where a mealtime follows the session. If the session is being held in the evening, a continuation of more relaxing and soothing activities may be more appropriate.

The music was turned up and became louder. [Resident] sat tapping her feet, looking around the room. Her hands started to move and tap when the next song played. Her hands danced and her body moved to the music. She began dancing, clapping and smiling when the Namaste Care Worker started dancing. She held a tambourine she was given and shook it. She examined it and then tapped it on her leg.

Observation of a Namaste Care Session

Goodbye

It is important that the end of the session is acknowledged. This gives an opportunity to thank people for being there, to say goodbye individually and to help people with the transition to the next part of their day. Once again all staff in the home should be involved in helping residents to move out of the Namaste space. As with welcoming people, using names, eye contact and touch will help to connect to each individual.

Conclusion

Following the session, time will be needed for the Namaste Care Worker to clear up the space and to make brief notes. These could be recorded in individual residents' notes or in a simple communication book. It is important to record any 'moments' that seemed to have worked for a resident so that the whole team can learn from it.

"Lovely session, all the residents enjoyed it. One of the new residents prone to panic attacks came in shaking and upset, but we managed to calm her down by giving her a hand massage, doing her nails and … a nice long cuddle. She settled down a bit,"

Entry in Namaste Care communication book

Evaluating the Impact of Namaste Care

If you want to achieve permanent change it is important to reflect on how your Namaste Care is going and what impacts you are seeing. This will help you to know how you can improve, but also capture the impact of all your hard work. Too often in care services there are many informal stories about positive experiences for residents but these are not captured systematically. This means they are hard to evidence formally for our organisations or the regulator. If you can provide formal evidence for the impact of Namaste Care you will be better placed to: argue for funding or resources; demonstrate your excellent care of residents; advocate for the use of Namaste Care.

You should aim to set up a timetable for how often you will review Namaste in your service and what tools you will use to do so. You might want to investigate the following things for your evaluation:

- How often are the sessions actually running?
- What have the challenges or barriers been?
- What is working well and what might you want to change?
- What impact is Namaste care having on residents, staff or the home overall?

"I think doing it as part of the research project gave it structure. And I think that's probably something to think about with other homes setting up, is what are your outcomes, what are your aims and objectives?"

Care Home Manager

To evaluate how successful your Namaste Care sessions are, you need to know what positive outcomes you are looking for. Some indicators of a successful Namaste session could be universal, but some things may be more important in your individual home or to specific residents. It may be helpful to think about your observations of an individual's behaviour and interactions. You might hope to see a decrease in behaviour such as calling out, agitation and signs of pain. At the same time we might hope to see an increase in other behaviours, such as more frequent eye contact, smiles and communication.

Suggested tools to use to assess the impact of Namaste Care

There are a number of tools you can use to assess the impact of Namaste Care, many of which use measures or data that you will already be collecting as a care service. For example, comparing the number of infections, fluid intake, weight or falls a person, can give an indication of the impact of Namaste Care. Also, observations can be a particularly powerful way to capture the difference for people.

Below we list some of the better known and easily accessible validated measurement tools that you could use, these are easily downloadable from the internet if you search the titles through a search engine.

- Quality of Life in Advanced Dementia (QUALID)
- Cohen-Mansfield Agitation Inventory (CMAI)
- Quality of Interactions Schedule (QUIS)
- Pain Assessment in Advanced Dementia (PAINAD)

In addition, within the useful resources section of this manual we include the Namaste Short Questionnaire (NSQ). This was a recording form and measurement scale used in the research project that care homes found very useful in tracking what they were doing and what impact it had. For each session, the form asks the Namaste Care Worker some simple questions about the session (time, date, residents attending, activities used etc.). This means you can easily track what has occurred for whom in your home. In addition the form also asks the Namaste Care Work to rate each resident's wellbeing at the start of the session and at the end. This makes it easy to see if the sessions are having an impact for the resident.

Joining the Online Community of Practice

What is a community of practice?

A community of practice is: ***"A group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly,"*** Wenger-Trayner et al, (2014)

A community of practice is created when a group of people share a:

- **Domain:** an area of expertise
- **Community Grouping:** members engage in joint activities, share information and care about each other
- **Practice:** members are practitioners that share a repertoire of resources, experiences, stories, tools and ways of addressing recurring problems.

We have created an online community of practice for like-minded professionals to share ideas around their Namaste Care practice. You can join the Namaste Care community of practice by following the link below and creating a profile:

www.adscommunities.ning.com

By joining the community of practice you will also be able to download copies of this manual (and others) and the Namaste Care film.

Opportunities for Namaste Care Training

Some practitioners have implemented Namaste Care in their services without specific training. However, it is worthwhile considering whether training would help in your implementation. Training can be a great way to enthuse staff members and ensure that everyone has a clear idea on the 'goal' the home is trying to achieve. The case study care homes in our study received two training sessions: one for the leaders of the service and one for possible Namaste Care Workers.

'There is some stuff on the Alzheimer's website but that's it, but nobody teaches you how to change your approach…. Nobody teaches you how to ensure the best quality of life rather than just existing. I think that's the difference, it's given him more quality of life through the work the home have done but also making me think differently'

Relative who attended Namaste Care Training from Worcester University

Training is available through a variety of sources and we list the ones that informed our research project training package below. You could also consult others on the Community of Practice to see what was most useful for them.

Suggested Training Opportunities:

Worcester University Masterclasses:

https://www.worcester.ac.uk/discover/dementia-masterclasses.html

St Christopher's Hospice Namaste Care Training:

http://www.stchristophers.org.uk/course/st-christophers-namaste-care-programme-training-package/

Namaste Care International:

http://www.namastecareinternational.co.uk

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Useful Documents

1. **Pain Assessment in Advanced Dementia** (PAINAD)

2. **Namaste Short Questionnaire**

3. **Information leaflet for care homes**

For more useful documents see the Worker's guide

Pain Assessment in Advanced Dementia Scale (PAINAD)

Instructions: Observe the patient for five minutes before scoring his or her behaviors. Score the behaviors according to the following chart. Definitions of each item are provided on the following page. The patient can be observed under different conditions (e.g., at rest, during a pleasant activity, during caregiving, after the administration of pain medication).

Pain Assessment in Advanced Dementia Scale (PAINAD)

Behavior	0	1	2	Score
Breathing Independent of vocalization	• Normal	• Occasional labored breathing • Short period of hyperventilation	• Noisy labored breathing • Long period of hyperventilation • Cheyne-Stokes respirations	
Negative vocalization	• None	• Occasional moan or groan • Low-level speech with a negative or disapproving quality	• Repeated troubled calling out • Loud moaning or groaning • Crying	
Facial expression	• Smiling or inexpressive	• Sad • Frightened • Frown	• Facial grimacing	
Body language	• Relaxed	• Tense • Distressed pacing • Fidgeting	• Rigid • Fists clenched • Knees pulled up • Pulling or pushing away • Striking out	
Consolability	• No need to console	• Distracted or reassured by voice or touch	• Unable to console, distract, or reassure	
			TOTAL SCORE	

(Warden et al., 2003)

Scoring:

The total score ranges from 0-10 points. A possible interpretation of the scores is: 1-3=mild pain; 4-6=moderate pain; 7-10=severe pain. These ranges are based on a standard 0-10 scale of pain, but have not been substantiated in the literature for this tool.

Source:

Warden V, Hurley AC, Volicer L. Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. *J Am Med Dir Assoc*. 4(1) pp 9-15

PAINAD Item Definitions (Warden et al., 2003)

Breathing
1. *Normal breathing* is characterized by effortless, quiet, rhythmic (smooth) respirations.
2. *Occasional labored breathing* is characterized by episodic bursts of harsh, difficult, or wearing respirations.
3. *Short period of hyperventilation* is characterized by intervals of rapid, deep breaths lasting a short period of time.
4. *Noisy labored breathing* is characterized by negative-sounding respirations on inspiration or expiration. They may be loud, gurgling, wheezing. They appear strenuous or wearing.
5. *Long period of hyperventilation* is characterized by an excessive rate and depth of respirations lasting a considerable time.
6. *Cheyne-Stokes respirations* are characterized by rhythmic waxing and waning of breathing from very deep to shallow respirations with periods of apnea (cessation of breathing).

Negative Vocalization
1. *None* is characterized by speech or vocalization that has a neutral or pleasant quality.
2. *Occasional moan or groan* is characterized by mournful or murmuring sounds, wails, or laments. Groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.
3. *Low level speech with a negative or disapproving quality* is characterized by muttering, mumbling, whining, grumbling, or swearing in a low volume with a complaining, sarcastic, or caustic tone.
4. *Repeated troubled calling out* is characterized by phrases or words being used over and over in a tone that suggests anxiety, uneasiness, or distress.
5. *Loud moaning or groaning* is characterized by mournful or murmuring sounds, wails, or laments in much louder than usual volume. Loud groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.
6. *Crying* is characterized by an utterance of emotion accompanied by tears. There may be sobbing or quiet weeping.

Facial Expression
1. *Smiling or inexpressive*. Smiling is characterized by upturned corners of the mouth, brightening of the eyes, and a look of pleasure or contentment. Inexpressive refers to a neutral, at ease, relaxed, or blank look.
2. *Sad* is characterized by an unhappy, lonesome, sorrowful, or dejected look. There may be tears in the eyes.
3. *Frightened* is characterized by a look of fear, alarm, or heightened anxiety. Eyes appear wide open.
4. *Frown* is characterized by a downward turn of the corners of the mouth. Increased facial wrinkling in the forehead and around the mouth may appear.
5. *Facial grimacing* is characterized by a distorted, distressed look. The brow is more wrinkled, as is the area around the mouth. Eyes may be squeezed shut.

Body Language
1. *Relaxed* is characterized by a calm, restful, mellow appearance. The person seems to be taking it easy.
2. *Tense* is characterized by a strained, apprehensive, or worried appearance. The jaw may be clenched. (Exclude any contractures.)
3. *Distressed pacing* is characterized by activity that seems unsettled. There may be a fearful, worried, or disturbed element present. The rate may be faster or slower.
4. *Fidgeting* is characterized by restless movement. Squirming about or wiggling in the chair may occur. The person might be hitching a chair across the room. Repetitive touching, tugging, or rubbing body parts can also be observed.
5. *Rigid* is characterized by stiffening of the body. The arms and/or legs are tight and inflexible. The trunk may appear straight and unyielding. (Exclude any contractures.)
6. *Fists clenched* is characterized by tightly closed hands. They may be opened and closed repeatedly or held tightly shut.
7. *Knees pulled up* is characterized by flexing the legs and drawing the knees up toward the chest. An overall troubled appearance. (Exclude any contractures.)
8. *Pulling or pushing away* is characterized by resistiveness upon approach or to care. The person is trying to escape by yanking or wrenching him- or herself free or shoving you away.
9. *Striking out* is characterized by hitting, kicking, grabbing, punching, biting, or other form of personal assault.

Consolability
1. *No need to console* is characterized by a sense of well-being. The person appears content.
2. *Distracted or reassured by voice or touch* is characterized by a disruption in the behavior when the person is spoken to or touched. The behavior stops during the period of interaction, with no indication that the person is at all distressed.
3. *Unable to console, distract, or reassure* is characterized by the inability to soothe the person or stop a behavior with words or actions. No amount of comforting, verbal or physical, will alleviate the behavior.

Namaste Short Questionnaire (NSQ)

This form needs to be completed after each session of Namaste run in your home.

Initials of staff member running Namaste session	
Date of Namaste session	
Time of session (e.g. 10.30-12.30)	
Number of residents in session	
Were any extra people present during any of the session, e.g. relatives? (please state how many)	
If not completing this questionnaire straight after the Namaste session, please tell us the date and time of completion	

Did you use any of the following during the session? (Please circle as many as appropriate)

Stroking	Specific Seating	Lights	Specific sounds e.g. birdsong, waterfall	Touching objects or materials
Foot Massage	Pain Management	Pictures	Music	Nature
Hand Massage	Moisturising Skin	DVD / Moving Images e.g. Nature film	Specific Aromas	Soft Toys
Washing Hands/Feet /Face	Soft Blankets	Memory Box	Food Treats	Dolls
Hair Brushing	Repetitive Movement	Books / Poetry	Drinks	Involving Family / Visitors

Any others? (Please list)

Was the session interrupted or disturbed in any way? **Yes/No** (please circle)

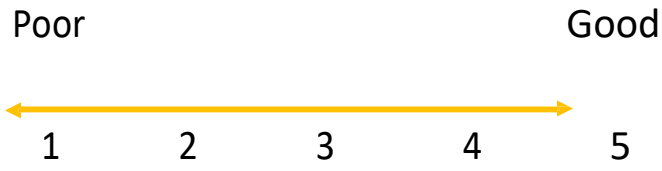
If yes, please describe how:

Any other comments about the session or residents

Namaste Care Intervention UK

You are asked to rate your thoughts about each resident using the scale below. If the resident is asleep, please tick the 'asleep' column

Physical well-being	This includes anything to do with the person's body and physical sensations e.g. level of comfort; pain; warmth/cold etc.
Emotional well-being	This includes anything to do with the person's emotions and feelings. e.g. level of distress; anxiety or signs of happiness/contentment etc.
Awareness /alertness	This concerns the extent the person is aware of or interacts with the world around them e.g. looking at specific items, following sounds or interacting with another person or thing



Residents Initials Please make a note of each resident's initials in the boxes below.	Start of Session			Asleep	End of Session			Asleep
	Physical well-being	Emotional well-being	Awareness / alertness		Physical well-being	Emotional well-being	Awareness / alertness	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Please write initials of person who completed this scale at start:_____ Please write initials of person who completed this scale at end: _____

Namaste Care

What is Namaste Care?

Namaste Care is a programme primarily for residents with advanced dementia. It engages people at a physical, sensory and emotional level using activities such as snacks and drinks, pain management, music, aroma, touch and visual stimulation. It puts a person at the heart of the activity, focusing on their needs and wishes.

We try to deliver Namaste Care sessions

[fill in as appropriate - every day / twice a day / on …. and ….].

How can it help?

The aim of Namaste Care is to improve quality of life for residents, helping them to communicate, interact and engage with carers, family and their surroundings.

Amongst other potential benefits, it can help to reduce agitation, improve pain management and promote weight gain by encouraging residents to eat and drink more.

Who can I contact for more information?

If you would like to find out more about the Namaste Care sessions delivered here, please speak to [give name of staff member(s) …..]

University of Worcester
Association for Dementia Studies