

# Living well through activity in care homes: the toolkit



**INTRODUCTION**  
Click here

**College of Occupational Therapists Limited**  
*The professional body for occupational therapy staff*  
(A subsidiary of the British Association of Occupational Therapists Limited)

106–114 Borough High Street, London SE1 1LB  
Tel: 020 7357 6480 [www.COT.org.uk](http://www.COT.org.uk)

The College of Occupational Therapists Limited is a registered charity in England and Wales (No. 275119) and in Scotland (No. SC039573)

College of  
Occupational  
Therapists



# Living well through activity in care homes: the toolkit

Getting older is not a disease or a condition and we do not lose the ability to make choices, learn or experience love and affection.

Moving into a care home is a major life event and we all share the same desire to live in a safe and comfortable environment.

All older people living in care homes have the right to:

- Experience a good home life.
- Be treated with dignity and respect.
- Access quality care and treatments.

Everyone wants to continue to do the activities they enjoy.

This toolkit is endorsed by:



## Endorsement statement for Living well through activity in care homes

This [toolkit](#) supports statements on participating in meaningful activity and personal identity in the NICE quality standard for [mental wellbeing of older people in care homes](#). In addition, it also supports the recommendations relating to occupational therapy interventions and training within the NICE guideline on [mental wellbeing in over 65s: occupational therapy and physical activity interventions](#).

**National Institute for Health and Care Excellence**  
June 2015

PREVIOUS  
PAGE

FIRST PAGE

NEXT  
PAGE

# Living well through activity in care homes: **the toolkit**

This toolkit has been designed to equip care homes with ideas and materials in order for them to provide a service focused on residents' needs, preferences and activity choices.

Throughout this toolkit, where it is recommended that specialist occupational therapy advice is required, this text will be highlighted in green. It will also link to the College of Occupational Therapists' website, where there are many resources and further information.

The guide for residents, their family and friends offers advice on best practice in terms of residents' rights to engage in daily activities that support their health and wellbeing.

## **All older people living in care homes have the right to:**

- Experience a good home life.
- Be treated with dignity and respect.
- Access quality care and treatments.

**PREVIOUS  
PAGE**

**ACKNOWLEDGEMENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: the toolkit

## Editors

Karin Tancock and Julia Roberts, College of Occupational Therapists (COT).  
Designed and produced by David Cook, COT.

## Acknowledgements

With thanks to Rosemary Hurlley and Dr Jennifer Wenborn for permission to use material originally published as part of:

Hurlley R, Wenborn J (2005) *The successful activity coordinator: a learning resource for activity and care staff engaged in developing an active care home*. 2nd ed. London: Age Concern.

## External reference group

- Ian Hadden – Relative of Care Home Resident
- Rosemary Hurlley – Director, 360 Forward Ltd
- Edith Macintosh – Rehabilitation Consultant, Care Inspectorate, Scotland and COT Specialist Section for Older People
- Professor Jill Manthorpe – Director, Social Care Workforce Research Unit
- Jackie Pool – Jackie Pool Associates Ltd
- Ronnie Pratten – Relative of Care Home Resident
- Sylvie Silver – Director, National Activity Providers Association (NAPA)
- Dr Jennifer Wenborn – Clinical Research Fellow in Occupational Therapy, University College London.

## Occupational therapists

- Fiona Collins
- Julie Drew
- Fiona Hutchison
- Sheila King
- Helen Lambert
- Isobel Logan
- Hanna Munro
- Sophie Olley
- Malgorzata Piotrowska
- Jane Reddaway
- Anne Topping, COT Specialist Section for Older People
- COT Practice Publications Group.

## Pilot sites

With thanks to the owners, managers, staff, residents and families of:

- Abbeyfield Care Home, Ballachulish, Argyll
- Beachcomber Care Home, Seaham
- Nightingale House, London
- The Granary Dementia Care Centre, Wraxall
- The Russets, Sandford Station Retirement Village
- West House, Chester-le-Street.

PREVIOUS  
PAGE

FIRST PAGE

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources



[CONTINUE](#)

# Living well through activity in care homes: **the toolkit**

## Care home staff resources

**WHERE DO I START?  
IDEAS FOR ACTIVITIES**

**WHAT IS ACTIVITY  
AND WHY IS IT IMPORTANT?**

**HOW DO I MOTIVATE RESIDENTS  
TO TAKE PART IN ACTIVITIES?**

**COMMUNICATION**

**BALANCING RISK AND CHOICE**

**OCCUPATIONAL THERAPY LEAFLETS**

**HOW DOES THIS TOOLKIT  
SUPPORT TRAINING?**

**FURTHER RESOURCES**

**FIRST PAGE**

# Living well through activity in care homes: care home staff resources

## Fact: People who work in care homes are busy!

You have very many jobs to do every day. It can seem like an impossible task to find time to fit in the things that can make the difference to residents' lives. This section has ideas that can be introduced whether you have no time or an hour to fill. Small changes can make a big difference, no matter how little time you have.

## Where do I start? Ideas for activities

### I have no spare time...

### I have less than 5 minutes

#### Includes:

People in the later stages of dementia  
Ideas for multisensory stimulation

### I have less than 15 minutes

#### Includes:

Life history work  
Ideas for activities  
Possible roles for care home residents

### I have an hour or more

#### Includes:

Offering a group experience  
Themes

### Other activities to consider

#### Includes:

Animals  
Arts and crafts, creative activities  
Cognitive stimulation  
Drama  
Exercise and physical activity  
Food and drink  
Gardening  
Musical activities  
Outings  
Relaxation  
Reminiscence  
Sensory activities  
Social activities

### Ensuring success

### Significant dates

### References

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## I am so busy... I don't have any time to support activity. What can I do?

When you are doing everyday tasks (handing out tea, making the bed)...

- **Ask residents questions**  
What would you like to do today?  
Who is that in that photo with you?
- **Ask yourself questions**  
Is there anything I can do to help this resident be more active?  
e.g. tune a radio station, help to phone a relative.
- **Ask residents to help – get them involved**  
Sorting the post  
Unpacking a food delivery  
Drawing the curtains in the living room.

***Rather than thinking "what do I need to do next?" try "How can I do this activity with a resident?"***

- **Get prepared – plan ahead**  
Have a selection of easily accessible portable activities that can also support people to make the most of the opportunities when they come along. The key is to keep activities personal and simple enough that they do not need you to help and so are more likely to be successful. Ideas might include creating interest around the home by changing paintings and pictures every 3 to 6 months and leaving out objects of interest in the communal rooms. Support residents to look at photographs, read the local newspaper or a magazine of interest, listen to an audio book, sit in the garden, dust a room or tidy a shelf or drawer.

There are lots of other ideas for quick activities when you are short of time in this section.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**



# Living well through activity in care homes: care home staff resources

**Mary has dementia. She has always been extremely house proud. Her daily morning routine has always involved doing housework tasks before morning coffee. When Mary moved into the home her family brought her carpet sweeper and dusters. When the housekeeping staff come to clean her room Mary dusts and carpet sweeps the bedroom while they clean the bathroom, and then they swap over. Mary's family are not allowed to visit before 11 o'clock as she is "busy with her jobs".**



[PREVIOUS PAGE](#)

[CONTENTS](#)

[NEXT PAGE](#)

# Living well through activity in care homes: care home staff resources

In its Quality Standards on the *Mental wellbeing of older people in care homes*, the National Institute for Health and Care Excellence (NICE) state that:

- Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and wellbeing (Quality statement 1);  
and
- Older people in care homes are enabled to maintain and develop their personal identity. (Quality statement 2).

(NICE 2013)

**Meeting these quality standards is dependent on how well you know the resident**



**Remember the 3 commitments all staff can make to residents**

1. **C**onnecting:

- With residents through eye contact, touch, conversation, and doing.
- Relatives and friends with the life of the home.
- Residents with the community and outside world.

2. **U**nderstanding residents' lives (past and present)

3. **E**ncouraging:

- Conversation.
- Mobility and physical activity.
- Daily activities.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## When you have less than 5 minutes

- Regularly stop for a 2-minute chat with the resident. How are they? Did they sleep well? Discuss the weather / the time of year / their plan for the day. Ask after their family.
- Sit for two minutes and place a reassuring hand on the person's arm.
- Involve a resident in what you are doing – laying a table, tidying a room, carrying the laundry.
- Sing or hum a tune together.
- Encourage a resident to carry out some aspects of personal care, such as brushing their hair or teeth.
- Help a resident to select an album, scrapbook or book to look at.
- Share a poem, article or short story you think a resident might like. "I saw this and thought of you..."
- Ask a resident if they would like to listen to some music, the radio or watch the television and set this up.
- Ask a resident if they are comfortable, would they like to: sit in their room / with others / by the window or the reception area? Assist them to get there.
- Stop to watch television together and talk about what you have seen.
- Put out different objects of interest in the communal room for residents to explore each day (for example: polished stones, a stress ball, reminiscence cards, old household items). Notice when residents touch or look at these objects and make conversation ("What does that remind you of?" "How does that feel in your hand?")
- Support one or more residents to listen to music, watch a television programme or film.
- Create a multisensory environment for residents to interact with.

**SEE IDEAS FOR  
MULTI-SENSORY  
STIMULATION**

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## People in the later stages of dementia

The Pool Activity Level (PAL) Instrument (Pool 2012) describes four levels of ability for people with dementia. The sensory and reflex ability levels apply to the later stages of dementia.

### **Sensory ability level**

You may notice the resident humming, chuckling, moaning or calling out. They may pace and keep repeating actions. Residents at this stage of dementia are aware of others but they are mainly concerned with their own needs and sensation. They mainly respond to conversation through body language – turning towards you, reaching forward.

The resident at the sensory stage can be guided to carry out single-step activities such as sweeping and polishing. When talking to the resident keep language simple, use short sentences and demonstrate actions to underline what you mean.

### **Reflex ability level**

The resident may not be aware of their surroundings or their own body but they will respond to direct sensory stimulation, such as touch. The resident may call, rock, cry, hum, mumble to themselves. To connect with residents at the reflex ability level make direct eye contact, use touch and give single word directions.

*For example: to support a resident to drink, place their hands around the cup, laying your hands over the top of theirs and guide the cup to their mouth saying "Drink".*

When using one word commands it is important to still sound warm and reassuring.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Sensory level of ability

Residents at this level of ability are mainly concerned with sensation and responding to those sensations. Use touch and be warm and reassuring.

### Cooking

- Mixing ingredients, kneading dough to bake bread, smelling the ingredients, baking and tasting the product.
- Different smells and tastes – is it a ‘good’ or ‘bad’ smell or taste, does the resident respond positively or wrinkle their nose?

### Craft

- Modelling dough.
- Sticking – different colours, pictures or textures with glue.
- Painting and drawing with colours.

### Movement

- Activities that involve single step movements – sweeping, polishing, folding, winding wool, filing and sorting through a box or bag.
- Walking with the resident that paces about.
- Self-care: supporting the resident to use a flannel to wash their face, hands and arms; brushing hair and teeth and drying hands and face.
- Throwing a ball, bean bag or plastic ring; batting a balloon or inflatable ball.
- Encourage holding and turning pages of a book, magazine or newspaper.

### Music

- Shaking maracas, turning a rainmaker, hitting a tambourine.
- Holding and waving a parachute or large cloth.
- Singing, swaying, clapping, dancing, rocking to music.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Relaxation

- Stroking the back of the hand or arm or cheek; using moisturising lotion to massage.
- Stroking a pet or, if appropriate, a toy pet.
- Using a vibrating pillow.
- Using a foot or hand spa.
- Listening to relaxation music.

## Sensory

- Looking at pictures, photographs, postcards.
- Holding and feeling props; using activity or memory boxes.
- Wrap up objects in tissue paper and place in a box. Encourage the resident to unwrap, explore and rewrap.
- Blowing bubbles or a paper windmill.
- Holding and feeling a bumpie ball.
- Dressing up: trying on different hats, scarves, gloves, necklaces.
- Smelling herbs, plants and flowers.



PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Reflex level of ability

Try one-to-one activities. Stand, sit or kneel in front of the resident to make eye contact. Bring objects into the resident's eye line and guide hands. Reinforce with one word commands, and encourage and reassure through smiles and nodding. Be aware that too much stimulation can be stressful for the resident.

### Checking comfort needs

- How is the atmosphere: the temperature, noise levels, and smells? Look for signs of discomfort or stress. Can you make adjustments to make them more comfortable? Is there a quiet space they can spend time in?
- Seating and positioning: are they sitting comfortably, are they well supported in their chair or the bed? Do you require specialist advice on seating for this resident?
- Clothing or footwear: can they be adjusted to fit comfortably on the body?
- Drinking and eating: monitoring and assisting to ensure regular habits.

### Connecting

- Stroking the back of the hand or arm or cheek; using moisturising lotion to massage.
- Stroking back of hand or arm with different materials, such as a feather or fake fur.
- Self-care: keep pressure when washing and drying gentle but firm. Use smells such as lavender products. Place the resident's hands around the washcloth or sponge and guide their movements.
- Singing, swaying, clapping, rocking to music.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Other activities

- Stroking a pet or, if appropriate, a toy pet.
- Gently fanning their face.
- Using a vibrating pillow.
- Play music that the resident likes.
- Shaking maracas, turning a rainmaker, hitting a tambourine.
- Holding and feeling props. Using activity or memory boxes.
- Tasting – fruit, sweets, cheeses; different textures and flavours.

**WHAT ARE  
ACTIVITY  
BOXES OR  
BAGS?**



**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**



# Living well through activity in care homes: care home staff resources

## Ideas for multisensory stimulation

### Smell

- Use a variety of different smells in activities:  
Flowers, 4711 scent and perfume; hairspray; hair cream; lavender; moth balls; cod liver oil; syrup of figs; wax polish; cleaning materials; mint and other herbs; vanilla; ginger; wood; sawdust; leather; soap flakes; carbolic and coal tar soap.

### Movement

- Encourage residents to move and to take part in daily living activities. Invite them to sit at a table or in the garden for a drink
- Create areas of interest to explore; e.g. pictures, props, a writing table.
- Do stretching exercises.

### Touch

- Furnish the care home with interesting textures and decor.
- Leave props out to explore or keep in activity boxes. Include fabric, furs, wool and silk; fir cones; shells, stones and pebbles; conkers and leaves; leather; anything hot, cold, hard and soft; animals; soft toys; water; bar of soap; fruit and vegetables.

### Vision

- Use signs, pictures and bold colours throughout the care home to cue people in to where they are.
- Use everyday objects; photographs; large picture books; posters; videos; slide shows.

### Hearing

- Find out what types of music residents prefer.
- Activities using sound include: reading out loud; audio books; radio; sound recordings (e.g. bird song); songs and musical instruments.

### Taste

- Provide a varied diet that is seasonally, culturally and geographically appropriate.
- Sample foods and drinks as an activity. Try sherbet and popular sweets; mint; aniseed; seasonal fruits and vegetables; bread; cakes; regional foods.

**SEE FURTHER RESOURCES  
FOR IDEAS**

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## When you have less than 15 minutes

This could include any of the 5-minute activities but with more time.

- ✓ Support one or more residents to start a game of cards, board game or word game.
- ✓ Read a newspaper or magazine together.
- ✓ Support a resident to attend a group or to start an activity. For example, help a resident to gather together equipment/utensils and find appropriate space to sit and draw or arrange flowers or to look through a box of trinkets.
- ✓ Go for a walk together, taking a turn round the garden or walk over to the window to look out on the garden.
- ✓ Invite residents to take their tea or coffee at the table rather than sitting in their chair.
- ✓ Explore an activity bag or box together.
- ✓ Offer a hand massage, manicure or some other grooming activity.
- ✓ Support a resident to keep a scrapbook, or photo album – adding a picture, memento or photo.
- ✓ Sit down with a resident to have a cup of tea or other refreshment.
- ✓ Support a resident to tell relatives and visitors about the news in the home.
- ✓ Small jobs, for example: water the pot plants, restock the bird feeder, deliver the post or newspapers.
- ✓ Read out loud – a poem, article, 2 or 3 pages of a story.

**Remember if you have set up a resident to do an activity they may need help later to put everything away.**

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## What are activity boxes or bags?

Activity bags or boxes may be left in communal areas for residents to explore or stored in an easily accessible place for staff, volunteers and visitors to borrow when spending time with a resident. Boxes may be themed, e.g. sensory, childhood, games, reminiscence, beauty, word games and puzzles. In larger homes, activity bags or boxes can be kept on each wing/unit of the home. They can then be rotated to maintain interest and variety. By being portable, they can be a resource for residents who prefer to stay in their room, or who have limited mobility, or poor health. They should be checked regularly (weekly) to monitor stock and maintain the condition of the objects. Residents and relatives may also wish to be involved in creating the boxes.

If activity is defined as everything we do then even residents with complex health needs or receiving end-of-life care should be offered opportunities to engage with activities, sensitive to their needs and preferences. This might mean sensory activities, such as a hand massage or hair brushing; listening to music or the radio; opportunities to talk and spiritual needs being addressed.



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

Here are some examples of what may be included within a sensory box and a games box. The suggestions for activities within this section will give you further ideas.

## Sensory activities box

Hand cream; book of poems; different textured materials; book of song lyrics; scrap books (themed – holiday postcards, transport, the 1940s); polished pebble or polished wood; worry beads or charm bracelet.

## Games box

Pack of cards; dominoes; quiz book; drafts/chess set; scrabble.

Comfort or memory boxes are specific to individuals. You can work with a resident, and, if they wish, their family, to collect memories and mementoes to include in the box. A comfort box would contain items/activities that are soothing and reassuring. You might turn to a comfort box with a resident when they appear agitated and unsettled.



Some of the suggested activities will require further training and guidance from an occupational therapist. Occupational therapy can offer assessments within care homes to enable residents to engage with activities that support their health and wellbeing.

## The former National Institute for Health and Clinical Excellence (2008) recommended that:

- Older people should be offered regular group and/or individual sessions to identify, construct, rehearse and carry out daily routines and activities that help to maintain or improve their health and wellbeing.



Occupational therapists should be involved in the design and development of locally relevant training schemes for those working with older people. This would ensure care staff have the skills to support older people to carry out daily routines and maintain independence.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Life history work

The key to matching activities to each resident is identifying their current abilities and needs and learning about their life history. The importance of getting to know the resident and their individual history cannot be over-emphasised. While it may be tempting to say you do not have the time, it will save time in the long run and ensure a person-centred approach.

- ✓ Can give a rounded picture of an individual's life. This informs the care planning process, and enables the selection of appropriate activities and provision of personalised care.
- ✓ Can be enjoyable and stimulating. Some residents can look at their book independently, while others may need help in turning the pages, or have their attention drawn to each photo.
- ✓ Can be particularly valuable for new staff to use with clients who have impaired communication.
- ✓ Ensures continuity of care if the resident has to transfer elsewhere – either temporarily (for example, into hospital), or permanently (for example, another care setting).
- ✓ Is an enjoyable project that residents, staff, relatives and visitors can participate in together.
- ✓ Encourages life review and reminiscence.

A questionnaire can be useful to start a life history profile. You can either ask the resident or a relative to complete it, or use it as a basis for informal discussion. You can devise your own. You may find a lifeline a useful tool to identify special events in a resident's life. Alternatively, a number of commercial formats are available. For example, The Pool Activity Level (PAL) Instrument for Occupational Profiling (Pool 2011), which was devised for use with people with cognitive impairment and includes a personal history profile.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Recording the life history

There are different formats and you need to decide which suits your residents and care home setting the best.

You can use:

- A ring binder with a combination of card, plastic pockets and self-adhesive photo album sheets.
- A scrapbook.
- Commercially available formats.
- Objects / rummage boxes.

## Storing the information and linking it to the care planning process



The confidentiality of this information **MUST** be respected when considering how and where to record and store it.

- Some folders contain personal information, which the resident or relative may not want to share with others.
- Life history folders are for use with the individual resident only and not with anyone else, unless permission has been given.
- Consent is needed – on the part of residents themselves if they are able or by a relative or advocate if a person is no longer able to give their own consent.



*Remember!*

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources



## For life history work

- There are different formats and you need to decide which suits your residents and care home setting the best.
- Compiling a life history folder can be an emotional activity that needs sensitive handling – so ensure you have sufficient time and privacy available to provide this.
- Don't make assumptions – just because a resident used to have a particular interest or hobby it does not mean they want to continue with it now.
- Folders need to be used and seen as an ongoing project to be updated as and when necessary.
- Residents and relatives should be involved as appropriate in producing and/or regularly reviewing and using books.
- Life history work and reminiscence sessions can each inform and prompt the other: remember to link them.
- For people with memory problems, reinforce memories by saying "It's a photo of you and Vera on the beach at Southend" rather than asking "who is in the photo?". It can cause stress and anxiety if they cannot remember.
- Sometimes residents misremember facts or events and although it is important to ensure the life story is accurate, you also need to be mindful that correcting someone or disregarding their contribution can cause distress so a balance needs to be found.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Ideas for activities

- Cognitive**
- Word games (crosswords, hangman, target, word chains) and quizzes
  - Simple games
  - Picture matching (pelmanism)
  - Debates or newspaper discussions
  - Memory games ('Kim's game'; selecting menus and clothes; remembering an activity sequence such as dressing or tea-making; completing proverbs)
  - Puzzles (3–12 piece puzzles made from a favourite picture/subject)
  - Writing a newsletter magazine
  - Residents' committee
  - Computers – internet, games
- Communication**
- Discussions
  - Story making
  - Reminiscence
  - Reading and writing
  - Social activities
  - Emails, Skype, social networks
- Creative**
- Art workshops (marbling, printing, silk and glass painting)
  - Craft activities (candle making, needlecrafts, pottery, salt dough, modelling, wax rubbing, weaving, woodwork)
- Music**
- Reminiscence, theme-based quizzes
  - Games to music
  - Music appreciation
  - Making or playing music
  - Singing
  - Contacts for entertainments

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**



# Living well through activity in care homes: care home staff resources

## Ideas for activities

### Physical

Ball games (balloons, batons and scarves, carpet bowls, darts, hockey, hoop-la, parachute, skittles)  
Exercise – seated and standing, falls prevention programmes, Tai Chi, Wii™  
Encouraging mobility throughout the home environment  
Encouraging people to serve themselves drinks and snacks  
Following a falls prevention strategy  
Singing  
Offering opportunities to go outside  
Housework, domestic chores  
Shopping  
Gardening

### Recreational

Hobbies (cookery, gardening, pets, reading, woodwork, singing)  
Treasure chest/rummage boxes with objects and memorabilia  
Poetry reading/recitation  
Dressing up (using hats, gloves, colourful scarves, etc.)  
Looking at large picture books or colourful picture magazines  
Conversation starters (bring in some soft toys/dolls to pass around, interesting objects or clothes to jog memories or conversation)  
Listening to 'old favourites'  
Help with outings

### Relaxation

Variety of techniques (hand massage, relaxation routines)  
Listening to music

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Ideas for activities

- Reminiscence**      Discussions (using props)  
                                 Intergenerational projects  
                                 Outings  
                                 Singing  
                                 Link with local libraries and schools  
                                 Life history books
- Sensory**              Different textures and fabrics, exploring smells – foods,  
                                 perfumes  
                                 Pets  
                                 Personal care activities (using creams, oils and bubble baths)  
                                 Music
- Social**                Group activities (games, quizzes, outings, tea dances and  
                                 parties, singing)  
                                 Bringing in some special cakes/food  
                                 Having tea out of china cups  
                                 Having a sherry with all the 'extras'
- Spiritual**             Religious and cultural activities  
                                 Music and singing



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Possible roles for care home residents

There are a number of possible roles and tasks that residents may wish to take on within the care home:

- Tour guide to visitors, potential residents and new staff.
- Assisting on interviews (provide questions or sit on the panel) and induct staff.
- Chairing residents' meetings.
- Minuting residents' meetings.
- Assisting with audits and surveys.
- Visitor to other residents that may be room bound.
- Reading out loud to other residents.
- Delivering newspapers and post.
- Monitoring and topping up bird feeder.
- Watering and maintaining house plants.
- Flower arranger.
- Housekeeping – work alongside housekeeping staff to clean and maintain communal rooms.
- Kitchen assistant – food preparation, laying out the dining room, supporting clearing away. Helping with morning coffee and afternoon tea.
- Helping in the shop or pub or with the sweets trolley.
- Laundry – assist laundry staff to fold bed linen, tablecloths, etc.
- Gardener – water and maintain outdoor pot plants and beds.
- Social planner– assist staff to plan social events, themed weeks, public holidays.
- Editor or contributor to newsletter.

**All roles would require a risk assessment and careful matching of residents' strengths and skills to the demands of each role.**

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## For when you have an hour or more



### Offering a group experience

Groups are often a practical necessity when organising quizzes, entertainment or religious services. However, groups require planning, and larger groups will require support from the majority of staff to ensure that all residents can engage sufficiently in the activity to enjoy the event.

#### What groups can offer

Encourage friendship.

Provide residents with a variety of roles.

Develop communication skills.

Provide physical and emotional contact.

Be an opportunity for people to be creative.

Increase self-esteem.  
Build a sense of 'community'.

Stimulate residents to think and to do.

Be enjoyable and fun – for residents and staff!

#### What do you need?

##### Facilities

A quiet area with few disturbances and interruptions, equipment, music, props (objects, writings, clothes)  
Ensure that the room is set up and ready.

##### Staff/skills

Staff need to feel confident or comfortable working in a group.

##### Timing

The length of the group session will depend on residents' ability and level of concentration. It could be as short as 15–20 minutes, or last up to an hour. When is the most appropriate time for the activity itself? When will staff be available? Will it clash with other activities?

#### What to be aware of

Groups are not for everyone – some people do not enjoy group situations.

Residents with whom you have established a rapport and relationship of trust are more likely to accept your invitation to attend and to participate in a group.

Consider the seating arrangements – for example, sit a restless person next to a member of staff that they know.

Ensure that residents have articles such as spectacles and hearing aids with them and that they are worn. Use the hearing loop system if you have it.

Group activities need a clear beginning, middle and end.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Warm up

It is important for residents to know what is happening, and what is expected of them, so they can relax and begin to enjoy the session. Perhaps tell residents how long the group will last, or where the toilets are. Your reassurance, enthusiasm and encouragement are essential for residents to feel welcomed, acknowledged and accepted.

## Main event

It is important to reduce distractions and interruptions to a minimum in order to encourage participation and concentration.

You need to:

- Encourage residents to communicate with each other.
- Link up what residents say by using your knowledge about their individual experiences and interests.
- Address the whole group, rather than specific individuals.
- Make sure that equal time is given to individual contributions, one at a time.
- Provide stimuli one at a time.
- Sense the pace needed for the group and the particular activity engaged in.
- Help people to focus on the subject.
- When reminiscing, orientate people backwards and forwards, especially if they have memory problems.
- Summarise what has been done and said.
- Be clear about what has to be done next.
- Do not disclose confidences.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Concluding

It is important to actually end the group. It assists orientation if residents know what will happen next – for example, lunch or tea – and therefore what is expected of them. To end a session, you can summarise what has been done, plan the next session or a future event and thank each resident for attending.

## Recording the activity

It is essential to record when people engage in activity because:

- It is a statutory requirement.
- It provides information about a resident's abilities and needs.
- It acts as a baseline and monitors progress or deterioration.
- Information can be fed into the care planning process to aid the provision of individualised care.
- It monitors success – or otherwise – of the activity.

## What do you need to record?

- Type of activity, date and time of day.
- Purpose of the activity.
- How the resident responded and help/support they required.
- Consider physical, sensory and emotional response; also, memory, concentration and orientation.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Dealing with the unforeseen

### Coping with some of the more common difficulties experienced in groups

#### Difficulty in getting residents to talk

- Link what one resident said earlier to what another is saying.
- Start with individual attention and then address the whole group.
- Ask leading questions or choose a controversial topic.
- Use props.
- Ensure that seating is arranged to:
  - Allow eye contact
  - Enable residents to hear
  - Reflect residents compatibility.
- Sit opposite the resident to ensure eye contact.

#### A resident seems more withdrawn than usual

- Try to ascertain the cause – is it due to a medical problem or emotional upset?
- Ask what the problem is. Ask if they can share it with the group.
- Sit nearby and use touch if appropriate.
- Talk with the resident after the session.

#### Residents address comments only to staff

- Avoid establishing eye contact.
- Get residents to ask each other questions (these can be written clearly on card).



PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## **One person dominates and 'hogs' the proceedings**

- Point out that you value their contribution, but you also want to hear from others.
- Cue in another resident to speak.
- Ask other residents to recount their stories first.
- Explain at the outset that the aim is to hear from as many people as possible – so as to get to know and understand each other.
- Give residents roles within the group – handing out props, leading a song, etc.

## **A resident hums, interrupts or exhibits anti-social behaviour**

- Make sure the group membership is balanced with compatible abilities.
- Make sure that the activity is appropriate for the residents attending.
- Try to ignore the behaviour and give attention only to appropriate behaviour.

## **A resident repeatedly tries to leave the session**

- Make sure that the activity is compatible with residents' abilities.
- Ascertain why they wish to leave – are they bored, unhappy or wanting the toilet?
- Do they require help to leave? If so, you have to decide whether to help them yourself – and thereby leave the activity and the other residents – or to summon assistance.

## **A resident becomes distressed during the session**

- Encourage residents to share and help each other.
- Allow the resident to leave and then offer individual support and time to listen afterwards.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**



# Living well through activity in care homes: care home staff resources

## Ensuring success with groups

- Get to know residents as individuals.
- Set realistic, achievable aims.
- Group together residents with similar interests, abilities and needs.
- Offer activities that residents want to do.
- Be creative and experiment.
- Plan ahead and prepare well for regular activities but remain flexible to support impromptu activities.
- Always have a back-up plan. Your planned activities may not always work or be right on the day.
- Keep clear and up-to-date records.
- Set aside time to review and revise how you are working regularly.
- Do not get downhearted if an activity does not go so well – take the opportunity to evaluate, learn for the future, and try again.



*"I thought the men would like to watch football, so I tried to arrange an evening to watch one of England's world cup matches. None of them was interested. Two residents came along but I think out of politeness. Anyway, I decided to find out what sports the residents were interested in just by chatting to people, and the activity co-ordinator used sport as a theme for a reminiscence activity. We now follow Wimbledon – watching the matches and eating strawberries and cream! Two of the men like motor racing, so I let them know when it is on and sometimes they sit with each other to watch a race."*

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Themes

A theme is a subject or topic that acts as the focus for a series of varied, but linked, activities. For example:

- Annual national events, e.g. The Grand National, Crufts
- Childhood days – schooling and education, family life, games and play
- Clothing
- Colours
- Communications
- Countries
- Countryside
- Courtship
- Entertainment – home and outside
- Family life
- Farms
- Films
- Food and drink
- Friendship
- Games
- Gardens and gardening, flowers and plants
- Historical eras
- Hobbies and occupations
- Holidays and travel
- Homes and housing
- Marriage and weddings
- Money, wages, cost of items, coins
- Music
- Outings
- Pets and animals
- Professions, trades and apprenticeships
- Religious festivals (remember to consider cultures other than your own)
- Royalty
- Saints and national days
- Seaside
- Seasonal activities (e.g. new year resolutions, harvesting)
- Seasons – winter, spring, summer, autumn
- Sports
- Television and radio programmes and personalities – then and now
- Transport
- Uniforms
- Weather
- Workplace

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Make sure you are aware of any key dates within residents' cultural or religious calendars.

It is important to remember that not all religious festivals are determined by a specific date and don't correspond to the Gregorian (Western) calendar, so the dates change every year; for example, Ramadan, Yom Kippur, Eld-ul-Fitr, Eid-al-Adha. Some festivals may also dictate what and when residents can eat and drink, and therefore careful consideration should be given not to offend those observing these rituals; for example, during Passover and Ramadan.

- January** 1st New Year's Day / 5th Twelfth Night – Epiphany / Makar Sankranti / 25th Burns Night / January/February – Chinese New Year
- February** 14th St Valentine's Day / 29th Leap Day – Bachelors' Day / Nirvana Day / February/March – Shrove Tuesday, Ash Wednesday and Lent
- March** 1st St David's Day / Second Monday in March is Commonwealth Day / 17th St Patrick's Day / Mothering Sunday ( 3 weeks before Easter) British Summertime begins / March/April – Good Friday and Easter
- April** 1st April Fool's Day / Passover / Vaisakhi – Sikh New Year Festival / 23rd St George's Day / William Shakespeare's Birthday
- May** 1st May Day, Labour Day / 8th VE Day (Victory in Europe) / 24th Empire Day / Spring Bank Holiday / Wesak – Buddha Day
- June** 21st Summer Solstice – the longest day / 23rd Midsummer Eve / Father's Day

[PREVIOUS PAGE](#)

[CONTENTS](#)

[NEXT PAGE](#)

# Living well through activity in care homes: care home staff resources

- July** 4th USA Independence Day
- August** 14th VJ Day (Victory in Japan) / August Bank Holiday
- September** 15th Battle of Britain Day / Rosh Hashana (Jewish New Year)
- October** Navaratri / 21st Trafalgar Day / 31st Halloween / Harvest Festival / British Summertime ends
- November** 1st All Saints Day / 5th Guy Fawkes / 11th Armistice (Remembrance) Day / 30th St Andrew's Day / Diwali (Festival of Light)
- December** Start of Advent / Chanukah / 21st Winter Solstice – the shortest day / 24th – 26th Christmas / 31st Hogmanay – New Year's Eve.



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## How to use themes

Having selected a theme, a range of activities can then be planned around it. The following list provides ideas for types of activities that can be provided on an individual or group basis:

- Cognitive
- Communication
- Creative
- Musical
- Physical
- Recreational
- Relaxation
- Reminiscence
- Sensory (smell, movement, touch, vision, hearing and taste)
- Social
- Spiritual.

A theme can be used for individual sessions or for an entire programme of events. The amount of time that is spent exploring and using a theme will be dictated by the:

- Number of related activities that can be developed from it.
- Residents' and staff interest in the topic.
- Natural 'lifespan' of a seasonal event (e.g. Easter, Chanukah).

Because many activities will rely on the use of props, forward planning is essential – especially if other staff and relatives are to be asked to bring in materials. When developing a theme, consider the following:

- What activities could be linked to it?
- What are the residents' abilities?
- What are the residents' needs?
- What are the residents' interests?
- What resources are available – time, facilities, materials?

It may be necessary to simplify materials or your approach in order to meet the residents' need and level of ability. However, it must always remain age-appropriate and not become childish.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Example of a themed session

**The following ideas are based on the theme of Burns Night (January 25th):**

- Discuss Robert Burns – historical facts, examples of poetry.
- Scottish quiz.
- Discuss and sample Scottish food and drink.
- Cookery session – make shortbread.
- Play a recording of Scottish music, including the bagpipes.

### Resources

- Shortbread ingredients and other food and drink.
- Tartan paper napkins.
- Kilt, tartan material.
- Scottish notes and coins.
- Pictures of Scotland – travel brochures, books, holiday photos, Scottish flag.
- Thistle.
- Scottish band or bagpipe music.



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Example of a themed session

Taking the theme of music, the table below demonstrates how a variety of related activities can be incorporated into a week's programme. The type of activity is indicated underneath in italic.

<b>Day</b>	<b>Morning</b>	<b>Afternoon</b>
Monday	Music and movement <i>Physical</i>	Music quiz <i>Cognitive</i>
Tuesday	Discussion <i>Communication</i>	'Desert Island Discs' <i>Social</i>
Wednesday	Cooking: decorate cakes with musical notes <i>Sensory</i>	Afternoon tea and dance <i>Social</i>
Thursday	Art: draw a picture that represents a song <i>Creative</i>	Musical entertainment <i>Social</i>
Friday	History of radio and BBC personalities <i>Reminiscence</i>	Music appreciation: music from around the world <i>Cognitive/communication</i>
Saturday	Film club: 'The Sound of Music' DVD <i>Social</i>	Outing to Olde Time Music Hall <i>Recreation</i>
Sunday	Popular hymns <i>Spiritual</i>	Relaxation to music <i>Relaxation</i>

Residents' abilities, impairments, interests and energy levels will need to be taken into account when you are planning the programme.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Ensuring success

- ✓ Plan well ahead.
- ✓ Select themes based on the residents' interests and experiences.
- ✓ Involve residents in choice of theme.
- ✓ Be age-appropriate.
- ✓ Plan activities based on the residents' abilities and needs.
- ✓ Include an element of surprise and novelty to capture the imagination.
- ✓ Involve others in planning and collecting props.
- ✓ Abandon a theme that does not catch the imagination.



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)



# Living well through activity in care homes: care home staff resources

## Work and workdays

- Discuss the type of work that residents did. What did they do? Where did they work? What did they earn? What was their first day at work like? What did they spend their first wage packet on? What were the good – and not so good – aspects of the work? What workers' rights did they have?
- Reminisce about the general strike, or perhaps more recent events such as the 'winter of discontent' and three-day week of 1973, or the miners' strike of the early 1980s. What are residents' personal memories? How did the events affect daily life? Was it right? Discuss current day trade unions, workers' rights and benefits.
- Use props related to individual work experiences that can trigger memories: objects/equipment, uniforms/work clothes, pictures, smells.
- Discuss training, apprenticeships.
- Discuss the modern day equivalent of established jobs (e.g. nursing 'then and now'), and consider 'new' jobs (e.g. computer technology).
- Look at modern day equipment and tools (e.g. mobile phones, computers).
- Devise a quiz about jobs, professions and work.
- Devise an occupations word association quiz.
- Organise a game of 'What's My Line?' All participants think of a job – or you give out prepared cards. Others have to ask questions that require either a yes or no answer – for example: Do you work outdoors? Do you wear a uniform? Others have to guess what the job is.
- Give every participant a card with a job written on it. Ask them to mime performing the job. Others have to guess the job.
- Organise a music quiz. Play snippets of songs that refer to a job in the title. Ask participants to 'Name that Job'. For example: When I'm cleaning windows, An apple for the teacher, The laughing policeman, Ernie (the fastest milkman in the west).

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Other activities to consider

### Animals

Research has shown that owning a pet produces many benefits – physical, social and psychological. There are two approaches to having animals within a care home: keeping a pet(s) or visiting pets.

#### What the activity can do for the residents

**Movement** – including holding, patting, stroking, bending, walking.

**Sensory** – touching and stroking; hearing it bark; feeling it purr.

**Emotional** – giving and receiving comfort; caring and nurturing.

**Cognitive** – awareness of surroundings; memories.

**Social** – communication; sharing memories; reducing stress/relaxing.

Provide a homely atmosphere.

*Think about the residents in your service. What would you need to do to try this activity?*

#### What do you need?

##### Facilities

What space, equipment and area will the animal need?

Where will it sleep, feed and toilet?

##### Staff/skills

Which member of staff has knowledge and an interest in this type of animal?

Who will have overall responsibility for the animal?

What arrangements will be made on a daily basis for caring for and feeding the animal?

Who will take responsibility for handling the animal and integrating it into the care home routine, in order to achieve the maximum benefit for residents?

What arrangements will be needed to obtain veterinary check-ups and advice?  
What will the costs be?

#### What to be aware of

Any resident who dislikes the type of animal selected – or is afraid of it.

Any resident or staff who is allergic to fur or feathers.

Establish a protocol to:

- Ensure the animal is clean and free from disease and fleas
- Prevent animals from being in the kitchen area
- Guide staff and residents on hygiene after contact with the animal.

Pets as Therapy (PAT) runs a visiting scheme for volunteer dog and cat owners. If staff or relatives wish to bring their own pets with them, it is wise to ensure they are registered with PAT as this ensures the animal has been temperament tested and is insured in the event of any damage.

Looking ahead, sensitive handling will be required on the animal's death.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Arts, crafts and creative activities

The satisfaction in doing – as well as the end product – is not to be underestimated. Many older people will have spent their leisure time pursuing a range of hobbies – before the advent of television and computers. Explore residents' past interests when selecting activities, and remember to identify what it was about the activity that the person so valued.

*See the checklist for arts, crafts and creative activities*

### What the activity can do for the residents

**Movement** – dexterity and coordination to handle tools and materials; hand-eye co-ordination.

**Sensory** – feeling and seeing the materials; awareness of body's movement.

**Emotional** – being creative; sense of achievement; use of skills.

**Cognitive** – remembering sequences; making choices; concentration; problem-solving.

**Social** – interaction; communication and collaboration.

*Think of the residents in your service. What would you need to do to try this activity?*

### What do you need?

#### Facilities

What you need will depend on the activity but a designated area with table and chairs will probably be required. The area needs to be easily cleaned, so access to a sink and water will be necessary.

#### Consider

- Storage – for sharp and potentially dangerous tools and for toxic materials such as paint and adhesives.
- Whether the finished work will be displayed, and if so, where?

#### Staff/skills

If you do not feel competent, seek advice from someone who is, or from books. Find out what hidden skills your colleagues have – and take advantage of them!

### What to be aware of

It may be distressing for residents if they feel unable to produce work to their former high standard. In such a situation, explore what it was the person most valued about the activity and use another activity that still meets this need.

- Be aware that some residents may have an allergy to materials being used. For example, inhaling paint or adhesive fumes can affect respiration.
- Do not give residents sharp or potentially dangerous tools unless they are capable of using them safely.
- Make sure that all tools are returned and stored safely at the end of each session.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Arts, crafts and creative activities

It is impossible to list all the activities that could be included under this heading. The following list gives some examples – there are many more.



- Art – marbling, printing (potato or leaf), string painting, calligraphy, stencilling, silk painting, paint effects, glass painting (producing light catchers to hang at windows).
- Paper activities – decoupage, collage (using magazine cuttings or old greetings cards), making cards, quilling.
- Candle making.
- Frame making.
- Needlecrafts – cross-stitch, patchwork, quilting, tapestry, knitting, crochet, rug making.
- Pottery – use air-drying clay if you have no access to a kiln.
- Papier mâché – use to model objects that can be painted and varnished.
- Saltdough modelling.
- Textiles – making wall hangings, collages.
- Wax rubbing.
- Weaving, basketry, stool and tray making.
- Woodwork. Kits to make bird tables, toys, models.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Cognitive stimulation

'Cognitive' refers to mental faculties – for example, memory, problem solving and logical thought processes. Regular exercise of these skills assists in maintaining these abilities. Many activities can be used, but the secret lies in pitching them at the correct level for individual residents.

*See the checklist for cognitive activities*

### What the activity can do for the residents

**Movement** – sitting and positioning; dexterity and coordination.

**Sensory** – touching; seeing; hearing.

**Emotional** – team working, competition; sense of achievement.

**Cognitive** – concentration; use of language; logical thought; memory and orientation; making choices.

**Social** – communication; interaction; prompting conversation; having fun.

### What do you need?

#### Facilities

Is it an individual or group activity?

What equipment do you need and what is the best space to do the activity in?

#### Staff/skills

You need to be able to speak clearly and to give simple instructions.

If doing a quiz – make sure you have the answers to hand!

### What to be aware of

You should be aware if a resident has poor literacy or numeracy skills. If this is the case, avoid placing them in a potentially embarrassing situation.

It is important to 'match' the resident's abilities to the skills required for the activity, so as to provide the right degree of challenge.

An activity that is far too difficult can cause frustration, and something too simple is boring and can be demeaning.

*Think of the residents in your service. What would you need to do to try this activity?*

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Cognitive activities

- **Word and number games** Crosswords, hangman, target, make as many words from one word, word search, sudoku.
- **Word Chains** Pick a subject, e.g. countries. List as many as possible – but each must start with the last letter of the previous one – France, Egypt, Turkey, and so on.
- **Quizzes** Related to a theme, general knowledge, specialist topic (e.g. film stars, sporting events), finish the saying or proverb, reminiscence quizzes, match the pairs, what does the abbreviation stand for?
- **Card games** Snap, patience, Uno, whist. It might help to use large faced playing cards or a card stand .
- **Table games** Dominoes, draughts, chess, Chinese chequers, scrabble, Monopoly and jigsaws. Use larger versions if necessary.
- **Debates and discussions** Use newspapers and television news to discuss current affairs and debate issues.
- **Adapt TV programmes** 'What's My Line', 'Call My Bluff', 'Countdown', 'Mastermind', 'Twenty Questions', 'Who Wants to be a Millionaire?' 'The Weakest Link'.
- **Stimulate the senses** 'Smelly' quiz or 'Feely' quiz – identifying objects by smell or feel alone; identify famous voices or familiar sounds.
- **Memory games** 'Kim's game' (lay several items onto a tray. Name each item, making sure that residents have seen and heard. Remove or cover the tray and ask residents to remember the items.) 'I went to market and I bought ...' Each participant says 'I went to the market and I bought...' stating an item plus all the items that previous players have named. The goal is to remember all the items in the correct order. Ball throwing and calling out people's names in a group.
- **Computers** Surfing the net, and email or Skype to enable residents to keep in touch with relatives and friends. Reminiscence software, touch screen applications or tablets.
- **Bingo** Use large-faced cards and easy-to-grip counters. Select appropriate prizes.



PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Drama

Drama can encourage residents to express themselves creatively and to interact with others. It can incorporate movement and physical exercise. It does not need to involve learning lines or wearing costumes. However, residents need to be carefully selected and the sessions planned well in advance. Residents and staff may initially feel self-conscious about joining in these activities, but can start with simple exercises and activities in order to build up their confidence.

*See the checklist for drama activities*

### What the activity can do for the residents

**Movement** – handling of objects; sitting; standing; walking; dancing.

**Sensory** – awareness of the body's movement; touching and seeing props and objects; hearing instructions; hearing and seeing others' contributions; listening to music.

**Emotional** – sharing of feelings; self-expression, imagination; confidence-building; making choices.

**Cognitive** – remembering and following instructions; concentrating.

**Social** – interacting and communicating; sharing memories; having fun.

### What do you need?

#### Facilities

A quiet area with few disturbances and interruptions, equipment, music, props (objects, writings, clothes).

#### Staff/skills

Staff running drama activities need to build up interest in the story or subject. You need enthusiasm and energy and to use your imagination.

### What to be aware of

As the term 'drama' might sound daunting to residents – who would perhaps think of standing on a stage – be sensitive about how the session is presented.

Consider using non-verbal techniques (e.g. mime) with residents who have communication difficulties.

*Think of the residents in your service. What would you need to do to try this activity?*

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Drama activities

### Mime

- Miming and guessing actions; for example, peeling potatoes, ironing, opening a present.
- Charades.



### Storymaking

- Use props when telling a story.
- Simple mime can illustrate a story involving movements.
- Pass a picture around and develop a story: Where is it? Who is in the picture? Why are they there? What are they saying? What will they do next? Tell the story and get the residents to select and adopt a role.

### Passing activities

- Pass the hat – mime the role or occasion represented by the hat or develop a story to match the hat.
- Chinese whispers – pass a word or phrase around the group.
- Pass around an object as if it were something else; for example, a cushion held as if a baby.

### Role play

- Create and act through simple roles and situations; for example, a job or domestic event.

### Reminiscence

- Set up scenarios based on a reminiscence theme. For example, being reprimanded or punished at school – residents take the part of defiant or apologetic pupils.
- Consider the type of situation in which certain punishments might have been given.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE



# Living well through activity in care homes: care home staff resources

## Exercise and physical activities

It has been shown that regular physical exercise has many benefits, including strengthening bones, preventing falls and promoting mental wellbeing. To many people the word 'exercise' conjures up images of 'keep fit' and jogging. However, there are many activities that can be used for residents who have limited mobility and strength – ball games, darts, skittles, and the list goes on.

*See the checklist for physical activities*

### What the activity can do for the residents

**Movement** – sitting; standing; walking; bending; stretching; balance and coordination; improve mobility and strength; help prevent falls.

**Sensory** – seeing and hearing instructions; body awareness.

**Emotional** – ease tension and aid relaxation; opportunity to compete; increase confidence; brighten mood by the release of endorphins (natural substances released by the body during exercise).

**Cognitive** – understanding and following instructions and 'rules' of the game; sequence; memory.

**Social** – having fun; interacting with others.

### What do you need?

#### Facilities

Space with a selection of equipment.

#### Staff/skills

You can run simple physical activities such as skittles. However, you will need training for specific exercise programmes.

### What to be aware of

You need to be aware of residents' medical conditions and how these may affect their ability to exercise. If a resident is feeling pain or discomfort then stop.

A number of organisations run training courses that you or other staff members could attend. Alternatively, the care home could consider employing somebody on a sessional basis to provide this type of activity; for example, Tai Chi.

*The National Institute for Health and Care Excellence (NICE) and the Chief Medical Officers for the UK recommend 30 minutes of physical activity a day on 5 or more days a week (The 30 minutes can be broken down into 10-minute bursts.)*

*Think of the residents in your service. What would you need to do to try this activity?*

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Physical activities

Apart from walking, all these activities can be done from a chair and many from a bed.



- **Balloons and ball games** Use balls of different sizes and textures to kick, throw, pass around.
- **Batons and scarves** Can be waved in time to music, or passed around the group.
- **Carpet bowls** Can be played seated or standing.
- **Competition** Create competitions around familiar domestic activities that involve movement; for example, folding sheets, winding wool.
- **Dance**
- **Darts**
- **Domestic activities** Can include dusting, carpet sweeping and sorting the laundry.
- **Exercises** Seek advice from a physiotherapist, registered exercise or fitness instructor. For advice and ideas visit NHS Choices [www.nhs.uk/Tools/Pages/Exercises-for-older-people.aspx](http://www.nhs.uk/Tools/Pages/Exercises-for-older-people.aspx)
- **Indoor hockey** Played seated using rolled up newspapers.
- **Hoopla**
- **Netball/basketball** Place a mounted net in the middle of a circle.
- **Parachute** Using the handles a group cooperates to create movement.
- **Skittles**
- **Target** Place a target in a circle or between two rows of residents.
- **Walking** Encourage residents to walk every day – take a turn around the garden, water the pot plants, renew the bird feeder, collect the post, etc.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Food and drink

Cookery activities can range from no cook recipes to baking or cooking meals.

### What the activity can do for the residents

**Movement** – grip; reaching; moving and lifting; coordination; standing and moving about.

**Sensory** – smelling food touching and feeling ingredients; seeing the recipe and the ingredients; hearing the sizzle; hearing the oven timer; tasting the end result.

**Emotional** – food can be a great motivating force. Cooking can be nurturing, comforting, evoke memories and familiarity, offers choice.

**Cognitive** – choosing the recipe; selecting the correct ingredients and tools; following the recipe and remembering the sequence; aids orientation.

**Social** – interaction; communication and collaboration; sharing expertise; enjoyable.

### What do you need?

#### Facilities

Some activities can be carried out seated around a table, while others may require access to a kitchen. Consider safety issues if residents are to be using the kitchen facilities and equipment.

Aprons will be needed regardless of the type of activity and a cooking protocol followed.

#### Staff/skills

Most people know how to cook – but you may need to take advice from someone more experienced than you. What about the care home's resident chef? Again, this can be an opportunity for a resident to advise in their expert role.

You need to have working knowledge of food handling regulations.

### What to be aware of

When buying equipment, consider its suitability for people with limited movement or impaired senses.

- Use brightly coloured utensils that contrast with the workspace.
- Search out large-handled or easily held tools, and invest in some non-slip material and equipment for one-handed use. Use a perching stool for residents who cannot stand for long periods. Carry out the activity at a suitable height table for those in wheelchairs if access into the kitchen is difficult.
- Equipment designed for use by people who have a disability can also be obtained from specialist catalogues.

You need to know about each resident:

- Personal preferences.
- Medical dietary needs.
- Cultural dietary needs.
- Allergies.
- Swallowing difficulties.

*Think of the residents in your service. What would you need to do to try this activity?*

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Gardening

Gardening does not have to be a fine-weather, outdoor activity, nor is a large greenhouse essential. Many projects can be carried out indoors and linked into other activities. *See the checklist for gardening activities*

### What the activity can do for the residents

**Movement** – sitting; standing; walking; bending; stretching; balance and coordination; mobility and strength; manual dexterity.

**Sensory** – enjoy scents; movement and touch; to see plants in bloom; to hear birdsong and other outdoor sounds; and to taste the fresh produce.

**Emotional** – enjoyment of a familiar pastime; creativity; nurturing and sense of achievement.

**Cognitive** – orientation; understanding instructions; remembering; sequencing; concentration and learning

**Social** – interaction and communication; having fun.

*Think of the residents in your service. What would you need to do to try this activity?*

### What do you need?

#### Facilities

A range of gardening tools – both standard and specialised. For example, long-handled or with easy-to-hold grips.

Protective clothing and headwear, including gloves and sunhats.

If gardening indoors, use an area that has access to water, and is easily cleaned.

If gardening outdoors, consider access, layout, path composition and gradient, handrails, shelter and water supply, access to a greenhouse, frame or conservatory.

Consider storage and security – particularly for expensive and/or potentially dangerous equipment, as well as chemicals.

#### Staff/skills

It helps to have some gardening knowledge. Find an expert in the home, a resident, a member of staff or a volunteer.

### What to be aware of

As gardening is primarily a physical activity, you must be aware of any medical conditions that could affect a resident's performance. For example, bending over can cause dizziness.

Some residents may find it difficult to reach the soil. This can be overcome by using one or a combination of the following principles.

- 'Raise' the ground – for example, build raised beds or pots and tubs as containers.
- Sit down to garden – allow knee space in order to avoid too much twisting / bending.
- Use a kneeler stool with arms to assist getting up or down.
- Use long-handled tools.

Remember that it is better to work for several short periods on a variety of tasks with rest breaks. This relieves boredom, and exercises different muscles, thereby preventing stiffness.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Gardening activities

### Gardening tasks and activities include:

- Planting bulbs – indoors and out.
- Growing plants from seed: sowing, pricking out, planting on and planting out, as well as watering and tending.
- Propagation of cuttings.
- Growing plants from pips and fruit or vegetable seeds.
- Bottle gardens and windowsill projects; for example, mustard and cress novelties.



### Many other activities can be linked into gardening; for example:

- Drying and preserving flowers.
- Producing flower collages/cards.
- Flower arranging.
- Drying petals for potpourri or lavender bags.
- Potato/leaf printing.
- Sensory stimulation through the smell, look, feel and taste of plants, fruit and vegetables grown and harvested.
- Cooking; for example, making chutney.



PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Musical activities

Music is a pastime enjoyed by many and plays a significant role at social and cultural events. It can evoke a range of moods, from calming and restful to stimulating and stirring. *See the checklist for musical activities*

### What the activity can do for the residents

**Movement** – hand dexterity and coordination; upper limb movement; dancing and moving to music; balance; singing; healthy breathing.

**Sensory** – listening to the music and moving to it; touch for playing instruments; dancing with others.

**Emotional** – choosing music of personal significance; self-expression; meeting spiritual needs.

**Cognitive** – using memory; concentration; thought and mood provoking; recall and reminiscence.

**Social** – interaction and communication; enjoyment; relaxation.

*Think of the residents in your service. What would you need to do to try this activity?*

### What do you need?

#### Facilities

You will need space or a room with minimal disturbance during sessions.

Possible equipment could include:

- CD/media player, plus a selection of music, sing-along tapes (you can also use television and DVDs).
- Selection of instruments from piano to simple percussion.
- Large-print song sheets.
- Selection of apparatus such as coloured paper napkins, sticks/batons of different lengths for percussion, coloured ribbons attached to batons.

#### Staff/skills

Some musical activities do not require any musical talent on your part. However, the ability to play a musical instrument can be a great advantage.

### What to be aware of

It is worth noting that people who have language difficulties – for example, following a stroke or due to dementia – can often still sing familiar songs and dance to old tunes.

Further points to consider:

- Avoid any single type of recorded music for more than half an hour.
- Rhythm bands and 'piano plonking' can drive people to distraction.
- Remember that not everyone likes music. 'Wallpaper' music can trigger stress, as constant background noise causes irritation, especially to people with impaired hearing.
- Vary the type, mood, volume and tempo of music throughout the day, and in keeping with the time of day and activity. For example, play something soothing just before bedtime.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Musical activities

Music can be incorporated into so many other activities that it is impossible to list all the options. Here are some ideas:

- Listen to recorded music or a personal MP3/iPod playlist.
- Listen to live music.
- Use music for reminiscence: sing old songs and favourites.
- Tea dances.
- Singing – encourage sing-alongs, karaoke, hymn singing. Song sheets can be found on the internet.
- Combine music and physical activity; for example, seated exercises or theme-based quizzes.
- Use music as the basis for a relaxation session (see relaxation).
- Making music – collect a range of instruments and encourage residents to 'play' along.
- Use music as part of worship.
- Find out what music each resident enjoys and use it as appropriate during the day, to enhance daily care. For people at the end of their life music provides sensory stimulation, offers comfort and can help to meet spiritual needs. It is important to know their preferences in advance or from family and friends.



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Outings

However successful and enjoyable activities are within the care home, residents can also value getting out and about. But while outings can be great fun, they do need careful planning to ensure the safety of both residents and carers.

### What the activity can do for the residents

**Movement** – sitting (in transport/wheelchair or at the destination); standing; walking; balancing.

**Sensory** – smell; awareness of body movement; touch; sight; hearing; taste.

**Emotional** – identifying the personal significance of a place; engagement and participation.

**Cognitive** – memory and concentration; reminiscence; orientation.

**Social** – interaction and communication with fellow travellers and people at the venue.

*Think of the residents in your service. What would you need to do to try this activity?*

### What do you need?

#### Facilities

If your home doesn't have its own transport you can use community or voluntary transport schemes. If residents are to be seated in wheelchairs in any transport, they must be safely secured during transit and have a headrest available for fitting (Medical Devices Agency 2001).

Plan ahead for any items that you need to take with you; for example, continence supplies, medication and mobile phone.

If at all possible, do a 'recce' of the venue beforehand to check accessibility and toilet facilities. If this can't be managed, at least ring ahead and explain the type of facilities you require and check their availability.

### What to be aware of

Gain residents' consent in advance, but always check again on the day that the resident feels up to going out.

Consider the best time to go, bearing in mind other activities and care needs (for example, medication, dressings), staff availability as well as the best time of day for the individual.

Ensure adequate clothing and protection is provided.

Any wheelchair used must:

- Be adjusted for the individual.
- Have footrests at the correct height and preferably a lap strap.
- Have pumped up tyres.
- Be regularly maintained.

Deal with personal care needs before setting off (using the toilet, emptying stoma and catheter bags).

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE



# Living well through activity in care homes: care home staff resources

## Outings continued

*Think of the residents in your service. What would you need to do to try this activity?*

### What do you need?

#### Staff/skills

Know your residents and ask them where they would like to go. The number of staff required depends on how many residents go and their level of dependency and care needs.

Be familiar with your home's policies about moving and handling, the ratio and/or grade of staff required for trips. Relatives and volunteers can be invited to assist – but ensure they have the necessary training and knowledge. For example, do they know how to manoeuvre a wheelchair?

While out and about, encourage residents to take in their surroundings, make choices about how to spend the time, and prompt reminiscence.

### What to be aware of

Document who has gone where and what time they are expected back.

Don't be too ambitious. Long, arduous journeys tax frail people. Some people may enjoy a visit to a local shop.



PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Relaxation

You may think that care home residents rest too much, but relaxation should be offered to reduce stress.

Stress can be brought on by a range of circumstances, including: yearning for one's own home, familiar surroundings and routine; frustration at decreased health; under- or over-stimulation (e.g. too much noise) and lack of choice and/or privacy.

*See An idea for relaxation*

### What the activity can do for the residents

**Movement** – learning to lie or sit comfortably; to tense muscle groups; to move body parts as required in sequence or in accordance with the technique used; deep breathing.

**Sensory** – listening to instructions; visualising imagery; being aware of one's body and movement.

**Emotional** – relaxation; heightened sense of wellbeing.

**Cognitive** – following instructions and sequence; concentration; imagination; heightened mental alertness.

### What do you need?

#### Facilities

You will need a quiet place with minimum disturbance, comfortable seating and subdued lighting.

#### Staff/skills

When running sessions you need to be able to use your voice to induce relaxation through suggestion and clarity of speech.

*Think of the residents in your service. What would you need to do to try this activity?*

### What to be aware of

All participants should be in a supported and comfortable position.

Avoid sudden noise and unnecessary interruptions.

Make sure that you have enough time to conclude the session properly.

Consider how you like to relax. Ask residents what they do or did to relax. Can you support residents to relax in different ways? Does the environment support people to relax – are there quiet, private spaces?

Consider relaxing activities like reading out loud to someone, music, massage, time in the garden, walking.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## An idea for relaxation

Relaxation can be carried out in a chair or on a bed. This describes a routine to be used when seated:

- Ease hips to the back of the chair.
- Allow the legs to fall naturally outwards and, if comfortable, allow the feet to roll onto the outer side.
- Sitting upright, allow the shoulders to drop 'softly'.
- Rest the hands on the lap with the palms facing up.
- Let the elbows bend gently.
- Rest the chin on the chest without constricting the throat.
- Eyelids should feel heavy, relaxed and gently droop or close.
- Let the head slowly roll forwards.
- Allow the tongue to drop loosely in the mouth.
- Pay attention to the breathing and gradually slow this down. Encourage breathing through the nose, sitting up straight.
- Place the hands lightly towards the front to the rib cage, arms and shoulders relaxed. Breathe in for two counts and out for three through the nose.
- Be conscious of breathing in and out. Remember that breathing in is feeding the body with vital energy whilst breathing out is ridding the body of waste.
- Concentrate on breathing in a relaxed and peaceful state.
- Release tension from different parts of the body, concentrating on each part in turn: tense and relax the muscles – forehead, cheeks, jaw, neck, shoulders, upper arms, lower arms, hands, upper chest, shoulder blades, midriff, hollow of back, stomach, bottom, thighs, calves, feet and toes.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

It may help to use the following statements to encourage residents to relax a particular body part:

- **Feet** Rest your feet – let your toes lie free, heavy and smooth.
- **Hands** Allow your fingers to curl gently.
- **Body** Sit still, heavy and relaxed in the chair – do not make any movement.
- **Shoulders** Allow your shoulders to droop and to feel heavy and relaxed.
- **Head** Gently drop your head forwards; let it be heavy and relaxed.
- **Mouth** Move your lips, and teeth, slightly apart.
- **Throat** Let your throat feel loose and open.
- **Breathing** Take slow, deep, gentle, controlled breaths. Keep your breathing natural. Breathe out the tension and breathe in peace.
- **Voice** Relax your voice; do not make a sound.
- **Eyes** Feel your eyes lightly closed behind smooth eyelids.

Ask people to wake up slowly by moving their fingers, lifting their head to look around, stretching their spine, lifting their shoulders and moving their arms, and stretching their legs.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Reminiscence

### The theory and principles of reminiscence

Reminiscing or recalling past events is a normal activity. We all do it, and we all enjoy it. Just think of family gatherings or school reunions that you have attended – what did you end up talking about?

Reminiscence therapy is a specific technique that should be left to suitably trained people who are experienced in dealing with the emotions that may be provoked. Although widely implemented, there is as yet little formal evidence of its effectiveness for people with dementia and there needs to be further research in this area (Woods et al 2009). This section considers reminiscence as part of daily activity. *See the checklist on how to use reminiscence.*

#### What the activity can do for the residents

**Movement** – sitting; standing; walking and grip; reaching; moving and lifting in order to handle objects and props.

**Sensory** – stimulates all five senses.

**Emotional** – Opportunity to tell your story; recalling and sharing past events, people and roles. Shared memories can connect people. Provokes a range of emotions.

**Cognitive** – recognising pictures and materials; recalling events and people.

**Social** – interaction; communication and collaboration. Can be fun.

#### What do you need?

##### Facilities

An appropriate space – create a relaxed atmosphere, which encourages communication and social interaction; emphasise the personal memories, not historical accuracy.

There are commercial materials available but staff, relatives and visitors may be able to provide items of interest.

##### Staff/skills

You should communicate clearly, actively listen and be encouraging and supportive. Ask open questions to encourage discussion. highlight shared experiences – where they lived, the type of work they did.

#### What to be aware of

Be aware that residents may not wish to reminisce about stressful periods or aspects of their life – in which case, their wishes should be respected.

If remembering such events does provoke feelings of distress, you (and other staff) must be prepared to provide the time and comfort needed to support residents as necessary.

*Think of the residents in your service. What would you need to do to try this activity?*

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## How to use reminiscence

- Link activities to an appropriate season or event; for example, discussing days at the seaside during a hot, sunny summer day.
- Relate current news to past events and highlight changes/similarities.
- Carry out familiar daily living and leisure activities, even if they have not been done for some time. Examples include: polishing shoes, looking at magazines, or winding wool.
- Use food and drink to prompt memories.
- Stimulate all the senses. For example, when discussing days at the seaside, smell seaweed, play ball games, touch sand and shells, look at old postcards, listen to Oh, I do like to be beside the seaside! and taste candyfloss or winkles.
- Produce 'rummage' boxes and bags. Types of objects might include tools and materials related to a resident's work; for example, buttons, tools and different fabrics for a dressmaker.
- Work with individuals (including relatives if appropriate) to devise a personalised scrapbook and/or reminiscence box.
- 'Lifescapes': these are three-dimensional collages using a variety of materials to represent individual interests or life experiences. Glue photocopies of certificates, postcards, lace, beads or any other representative material onto card.
- Outings.
- Theatre groups.
- Develop links with local schools, radio stations and newspapers – residents may be able to assist in inter-generational oral history projects.
- Forge links with local libraries and museums. They often lend materials and boxes of themed objects, and may run training in reminiscence work.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Sensory activities

Sensory activities are particularly important for people with dementia in the later stages of their illness. The Pool Activity Level Instrument (Pool 2011) defines a person's abilities in the later stages as sensory and reflex activity levels.

At a sensory activity level the resident will be focused on the sensation of moving and responding to different stimuli.

At a reflex activity level the resident may not be aware of their surroundings or at times of their own body. They benefit from direct, sensory stimulation.

*See the checklist on sensory activities for residents with dementia.*

### What the activity can do for the residents

**Movement** – this will vary depending on the context of the activity but range from minimal, such as holding an object, to very active, such as swaying to music.

**Sensory** – include all or any of the following: smell; awareness of body movement; touch; sight; hearing; taste.

**Emotional** – connecting with the environment and people.

**Cognitive** – memory; orientation; concentration; reminiscence.

### What do you need?

**Facilities** – This will vary depending on the activity.

**Staff/skills** – You need to know each resident's likes and dislikes and preferences. For residents with dementia, understand their stage of dementia.

You need to enter the resident's world and be alongside the resident as they respond to the stimulus.

### What to be aware of

#### For a resident at the sensory activity level

- Speak in short, simple sentences and demonstrate the action required.
- Encourage single step activities such as brushing their hair or washing their face with a flannel.

*Think of the residents in your service. What would you need to do to try this activity?*

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Sensory activities continued

### What the activity can do for the residents

**Social** – interaction and communication – verbal and non-verbal; smiling; laughing.

### What do you need?

**Think creatively** – consider how activities can be adapted for residents. Take reading a newspaper or magazine: some residents will enjoy reading, sharing opinions, selecting news stories; others may enjoy the sensation of turning the pages, noticing the pictures/colours. Others may prefer throwing an aeroplane made from the paper or the sensation of being fanned.

### What to be aware of

#### For a resident at the reflex activity level

- Noise and a lot of movement can cause distress. A calm environment and activities that produce a single sensation work best.
- Use one-word commands and gently guide the residents. For example, placing a cup in the resident's hand and placing your hands over theirs and saying "hold"; guiding the cup to the resident's mouth and saying "drink".



*Think of the residents in your service. What would you need to do to try this activity?*

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE



# Living well through activity in care homes: care home staff resources

## Sensory activities for residents with dementia



- Rummaging – boxes or containers holding a range of objects such as familiar household objects, or items of interest such as workshop tools.
- Activities of daily living that encourage helping – for example, laying or clearing tables, wiping, drying cutlery, dusting and polishing brasses.
- Reminiscence boxes based on a range of topics.
- Work-type activities – for example, sanding, varnishing, sorting.
- Tasks that have familiar movements – for example, tearing, winding, folding.
- Activities that involve natural movement and music, dance.
- Dressing up, using props such as clothes, hats and accessories related to a theme or topic.
- Dolls and soft toys can trigger childcare and nurturing memories and responses. Please discuss this approach and its rationale with relatives in advance as it can appear a childish and inappropriate activity.



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Social activities

Opportunities to socialise can be incorporated into nearly every activity. We all know how much more, or less, enjoyable an activity can be, depending on whom we do it with. Every interaction with residents can be an opportunity to encourage socialisation, thus enhancing wellbeing.

*See the checklist for social activities*

### What the activity can do for the residents

**Movement** – this will vary depending on the context of the social activity but can range from minimal (listening to music) to very active (dancing).

**Sensory** – can include all or any of the following: smell; awareness of body movement; touch; sight; hearing; taste.

**Emotional** – instils a sense of personal identity; feeling part of a group.

**Cognitive** – memory; concentration; sequencing; reminiscence; orientation.

**Social** – interaction and communication – verbal and non-verbal; smiling; laughing; practising social skills and behaviour.

### What do you need?

#### Facilities

This will vary depending on the activity.

Position furniture to enhance communication. Arrange chairs to enable residents to make eye contact. Place chairs near enough for residents to be able to hear each other.

Reduce background noise (television, radio, kitchen clatter) to a minimum.

#### Staff/skills

The number of staff required depends on how many residents go and their level of dependency and care needs. Include staff and volunteers with a relevant interest or skill that they can share.

### What to be aware of

Know what level of social interaction residents have been used to and currently enjoy. If someone has always been a loner, then being thrown into a group setting may be far from enjoyable. Sadly, many residents may actually feel quite lonely, despite being surrounded by others. They could therefore really enjoy being with others but may need assistance to do so.

Always introduce residents to each other at the beginning of activities.

Consider who you will invite to sit next to each other.

Avoid bringing together residents who 'clash', either verbally or physically. This will not promote their wellbeing, plus it will make others feel uncomfortable.

*Think of the residents in your service. What would you need to do to try this activity?*

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Social activities

- Celebrations, either local (e.g. a resident's birthday) or national (e.g. sporting achievements).
- Music.
- Dancing – e.g. tea dances.
- Afternoon tea.
- Babies and young children – encourage staff and visitors to bring their young offspring into the home.
- Pub evenings.
- Film afternoons or nights.
- Watching national events – e.g. world football, royal weddings.
- Calander events – e.g. Christmas, Diwali.
- Summer fetes.
- Open House and coffee mornings.
- Hosting events to raise money for a charity – such as a clothes sale or quiz evening.



**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Ensuring success

- ✓ Know the key points of each resident's biography, interests and preferences.
- ✓ Use a person's preferred name and use some physical touch for affirmation.
- ✓ Get ideas from the residents, their visitors and all staff. Regularly review what you are doing – what works, what doesn't and why?
- ✓ Don't try to fit residents to the activity or event.
- ✓ Make activities failure free by simplifying and breaking them down into smaller tasks.
- ✓ Stimulate the senses – smell, movement, touch, vision, hearing and taste.
- ✓ Use familiar or routine activities.
- ✓ Speak clearly, explaining your actions simply, and introducing one task at a time.
- ✓ Do everything together and provide an actual example or picture, rather than just using instructions.
- ✓ Make sure that equipment and materials are safe and appropriate for the resident.
- ✓ Avoid over-stimulation.
- ✓ Remember that the process is more important than the end product.
- ✓ Encourage spontaneity. Have fun, adopt a 'playful' approach.



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Significant dates

### Reminiscence – Significant events in the 20th and 21st centuries

#### 1910 – 1919

- 1910 King Edward VII died and succeeded by his son, George V.
- 1911 National Insurance Act passed – provided basic health insurance and treatment for nearly everyone who earned less than £250 per year.  
FW Woolworth founded.
- 1912 The Titanic, on her maiden voyage, hit an iceberg on 16 April and sank – over 1,400 people perished.
- 1913 Suffragette Emily Davison died when she threw herself under the King's horse at the Derby.
- 1914 – 18 World War One – over 10 million soldiers and civilians died in the four years – battlefields, trenches and the Home Front.
- 1916 Military conscription introduced.  
Lloyd George became Prime Minister.  
150,000 women worked in the munitions factories for the war effort.  
The USA entered the war against Germany.
- 1917 Mata Hari executed.
- 1918 World War I ended – Armistice.  
Women over 30 years of age were allowed to vote in the General Election.
- 1919 Flu epidemic killed 15,000 people.  
Alcock and Brown flew across the Atlantic.

#### 1920 – 1929

- 1921 Marie Stopes opened the first family planning clinic in London.
- 1922 Ford sold a million Model Ts – the first 'cheap' mass-produced car.  
The British Broadcasting Company (BBC) was formed to broadcast the first regular wireless programmes in Britain.
- 1923 The Irish Civil War ended.  
The first Wembley Cup Final.
- 1926 The General Strike.
- 1927 The first 'talkies' (films with sound) appeared. The very first was The jazz singer.  
Charles Lindbergh flew across the Atlantic.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Significant dates

### Reminiscence – Significant events in the 20th and 21st centuries

#### 1920 – 1929

- 1928 Alexander Fleming (and his team) discovered penicillin.  
Women over 21 years of age were allowed to vote.
- 1929 The Wall Street Crash on New York's stock market started the Great Depression.  
The Labour Party won the General Election for the first time.

#### 1930 – 1939

- 1930 Amy Johnson flew from London to Australia.
- 1930s The Great Depression.
- 1933 The first woman announcer employed by the BBC.  
Adolf Hitler became the German Chancellor.
- 1934 Fred Perry won the men's tennis championship at Wimbledon.  
'Cats eyes' invented.
- 1935 Silver Jubilee of King George and Queen Mary.  
Mickey Mouse appeared in colour for the first time.
- 1936 King George V died and succeeded by son, Edward VIII, on 20 January  
Edward VIII abdicated on 10 December to marry Mrs Wallis Simpson  
(American divorcee; thereafter known as the Duke and Duchess of Windsor) and succeeded by his brother, the Duke of York –  
King George VI.  
First television broadcasts (BBC).  
Crystal Palace destroyed by fire.
- 1937 Coronation of King George VI and Queen Elizabeth on 12 May.  
Neville Chamberlain succeeded Baldwin as Prime Minister.  
Billy Butlin opened the first holiday camp
- 1938 Two-thirds of homes wired for electricity from new National Grid.  
Nylon produced for the first time.  
The Beano comic launched.
- 1939 Britain, France, Australia and New Zealand declared war on Germany on 1 September – Outbreak of World War Two.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Significant dates

### Reminiscence – Significant events in the 20th and 21st centuries

#### 1940 – 1949

- 1940 Winston Churchill became Prime Minister.  
Dunkirk (26 May to 4 June). Blitz (September).
- 1941 Battle of Britain. Japan attacked US Navy at Pearl Harbor in Hawaii on 7 December – America joined the Allies. Women without children called up to help with the war effort.
- 1944 D Day – Allies started invasion of France on 6 June.
- 1945 VE – Victory in Europe Day after Germany's unconditional surrender on 8 May. Atom bomb dropped on Hiroshima on 6 August. VJ Day on 15 August.  
Labour Government elected.
- 1946 The first family allowances paid – 5 shillings per child per week (= 25p).
- 1947 India became an independent state – leaving the British Empire.  
Christian Dior launched the 'New Look'.  
Long-playing (LP) records were invented.  
Princess Elizabeth and Prince Philip of Greece married on 20 November.
- 1948 Formation of the National Health Service (NHS).  
The Berlin airlift.  
Prince Charles born on 14 November.

#### 1950 – 1959

- 1950 Princess Anne born on 15 August.
- 1951 The Festival of Britain.  
The Archers series started on the radio.  
Burgess and Maclean defected to Russia.
- 1952 King George VI died and succeeded by daughter, Queen Elizabeth II.  
Contraceptive pill produced.  
World's first jet airliner – 'The Comet' – flew; introduction of 'tourist' fares.  
Last trams seen in London.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Significant dates

### Reminiscence – Significant events in the 20th and 21st centuries

- 1953 Everest conquered.  
Coronation of Queen Elizabeth II on 2 June – event was televised, for which many families bought televisions.
- 1954 Rationing of most foodstuffs ended.  
Roger Bannister ran the first 4 minute mile.
- 1955 Commercial television introduced in Britain.  
Rock and roll music hit Britain as Bill Haley and the Comets went to No 1 with 'Rock Around the Clock'.  
James Dean killed.  
Princess Margaret decided not to marry Group Captain Peter Townsend.
- 1956 Britain's first nuclear power station began by producing electricity at Calder Hall.
- 1958 First American space satellite launched.  
CND (Campaign for Nuclear Disarmament) founded.  
Munich air disaster – eight Manchester United football players killed.
- 1959 First major motorway opened – the M1.  
The Beatles were formed.
- 1960 – 1969**
- 1961 Berlin Wall built.
- 1962 Cuban missile crisis.  
James Hanratty hanged for the A6 murder (in 1998 the verdict was found to be unsafe).
- 1963 Profumo affair.  
Kim Philby named as a Russian spy.  
President John F Kennedy assassinated on 22 November.
- 1966 England's football team beat Germany in the World Cup Final at Wembley.  
144 killed in Aberfan disaster.  
Ian Brady and Myra Hindley jailed for the 'moors murders'.
- 1967 The Abortion Act introduced.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)



# Living well through activity in care homes: care home staff resources

## Significant dates

### Reminiscence – Significant events in the 20th and 21st centuries

1969 First men landed on the moon – Neil Armstrong and Buzz Aldrin.

#### 1970 – 1979

1970 Equal Pay Act passed so that women got 'the same pay for the same work'.

1971 Britain introduced decimal currency on 15 February.

1972 'Bloody Sunday' – escalation of violence in Northern Ireland.  
Miners called an all-out strike.

1973 Britain joined the European Economic Community.  
Introduction of Three Day Week.

1974 Year of terrorist bombings in Ulster and mainland UK.

1975 Sex Discrimination Act passed to give women greater opportunity of equality in the workplace.

Race Relations Act passed (also 1978), making it illegal to discriminate on grounds of race in housing, employment and education.

1979 Conservative Party elected and Margaret Thatcher became the first woman prime minister.

The world's first test-tube baby was born.

Number of days lost through strike action exceeded those in General Strike year of 1926.

Assassination of Earl Mountbatten.

#### 1980 – 1989

1981 Prince Charles and Lady Diana Spencer married in St Paul's Cathedral.  
Race riots in Brixton, Toxteth and Moss Side.

1982 Britain at war with Argentina in the Falkland islands.  
Prince William born on 21 June.

1983 Cruise missiles installed at Greenham Common.  
Breakfast television started.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Significant dates

### Reminiscence – Significant events in the 20th and 21st centuries

- 1984 National Union of Mineworkers called national strike against pit closures.  
Bombing of the Grand Hotel in Brighton during the Conservative Party Annual Conference.
- 1985 First government-promoted public education campaign about risk of AIDS.
- 1986 British surgeons performed first heart, lung and liver transplant.
- 1987 'Great storm' swept across southeast England – 15 million trees felled.  
Zeebrugge ferry disaster.
- 1988 Lockerbie jumbo jet disaster.
- 1989 Mrs Thatcher resigned as leader of Conservative Party – replaced by John Major.  
Hillsborough football disaster – 96 Liverpool fans died.  
Berlin Wall came down.

### 1990 – 1999

- 1990 Poll tax riots took place in London.  
Nelson Mandela freed.
- 1991 Britain took part in the Gulf War against Iraq.  
War started in Yugoslavia.
- 1992 Princess Royal granted divorce from Captain Mark Phillips.  
Part of Windsor Castle destroyed by fire.
- 1994 Channel Tunnel opened.
- 1996 Prince Charles and Princess Diana divorced.
- 1997 The 'New Labour' Party elected in May – Tony Blair became Prime Minister.  
Hong Kong returned to Chinese rule on 1 July.  
Diana, Princess of Wales, killed in car crash in Paris on 31st August.  
Mother Theresa died later in the same week.  
The Queen and Prince Philip celebrated their golden wedding on 20 November.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Significant dates

### Reminiscence – Significant events in the 20th and 21st centuries

- 1998 Easter Peace Agreement in Northern Ireland.
- 1999 Bill Clinton, the US President, in impeachment trial – found 'not guilty'.  
Prince Edward and Sophie Rhys-Jones married, granted the title of Earl and Countess of Wessex.
- 2000 – 2012**
- 2000 Prince William celebrated his 18th birthday.  
Anti-capitalist riots in the City of London and other major cities in the world.
- 2001 11th September, terrorist attack on the Twin Towers of the World Trade Center in New York.
- 2002 Princess Margaret and Queen Elizabeth the Queen Mother died within weeks of each other.  
The Queen celebrated her Golden Jubilee by touring across the UK and World.
- 2003 The Queen celebrated 50th anniversary of the Coronation.  
The USA and UK began waging war against Iraq.  
A daughter, Louise, born to Earl and Countess of Wessex – the first royal baby to be born in an NHS hospital.  
England won the Rugby World Cup.
- 2004 Siege of school in Beslan, Russia.  
Death of Yasser Arafat, former leader of the PLO.  
An undersea earthquake in the Indian Ocean on Boxing Day caused massive tidal waves ('tsunamis') throughout the region – over 150,000 killed and many thousands more homeless or injured.
- 2005 Fox hunting banned.  
Prince Charles married Camilla Parker-Bowles at Windsor.  
7/7 Terrorist bombing of London transport network.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Significant dates

### Reminiscence – Significant events in the 20th and 21st centuries

- 2006 Isabelle Dinoire, a French woman, received the world's first face transplant.  
Saddam Hussein (deposed leader of Iraq) hanged.
- 2007 4-year-old Madeleine McCann goes missing in Portugal.  
Northern Rock bank collapses – recession crisis.
- 2008 The Large Hadron Collider project begins in Cern.  
Barak Obama wins presidential election – becomes America's first black president (Inaugurated in 2009).
- 2009 UK worst snowfall for 20 years.  
Michael Jackson (pop singer) died.
- 2010 Longest cold spell for 30 years.  
BP oil spill off the Gulf of Mexico.  
Volcanic eruption in Iceland – flights suspended for several days.  
Coalition government formed of the Conservative and Liberal Democrat parties – David Cameron elected as PM.
- 2011 Japanese earthquake and Tsunami.  
Prince William married Catherine Middleton.
- 2012 Queen's Diamond Jubilee.  
London hosted the Olympic and Paralympic Games.

Based, with thanks, on work originally done by Cynara Davies, formerly Reminiscence Worker at Brighton Museum.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## References

Calkins M, Brush J (2002) Designing for dining: the secret of happier mealtimes. *Journal of Dementia Care*, 10(2), 24-26.

Medical Devices Agency (2001) *Guidance on the safe transportation of wheelchairs*. (DB2001(03). London: MHRA.

Pool J (2011) *The Pool Activity Level (PAL) instrument for occupational profiling: a practical resource for carers of people with cognitive impairment*. 4th ed. London: Jessica Kingsley.

National Institute for Health and Clinical Excellence (2008) *Occupational therapy interventions and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care*. London: NICE. Available at: <http://publications.nice.org.uk/mental-wellbeing-and-older-people-ph16>  
Accessed on 27.02.13.

National Institute for Health and Care Excellence (2013) *Mental wellbeing of older people in care homes* (NICE quality standard 50). Manchester: NICE. Available at: <http://publications.nice.org.uk/mental-wellbeing-of-older-people-in-care-homes-qs50>  
Accessed on 25.02.14.

Woods B, Spector AE, Jones CA, Orrell M, Davies SP (2009) *Reminiscence therapy for dementia* (Cochrane Review). The Cochrane Library (1). Chichester: John Wiley.

## Acknowledgements

### Based on material originally published as:

Hurtley R, Wenborn J (2005) *The successful activity co-ordinator: a learning resource for activity and care staff engaged in developing an active care home*. 2nd ed. London: Age Concern.

PREVIOUS  
PAGE

CONTENTS

# Living well through activity in care homes: care home staff resources

## What is activity and why is it important?

### Activity is defined as everything we 'do'.

To be emotionally and physically well we need to actively participate in daily life. This is not an added bonus of good care but an essential requirement. When a person is left to sit for most of the day with little movement or stimulation a number of detrimental physical and psychological changes can occur.

### When someone stops being active

#### Physical signs

- Muscles 'waste' and joints contract
- Bones lose calcium leading to osteoporosis and fracture
- Heart atrophies and blood pressure increases
- Appetite diminishes
- Gastrointestinal movement decreases, leading to constipation
- Urinary tract infections become more common, increasing the risk of incontinence
- The potential for respiratory infection increases
- The risk of pressure sores becomes greater
- Sleep pattern is disrupted.

#### Psychological signs

- Decreased alertness
- Diminished concentration
- Increased irritability, impatience and hostility
- Increased tension and anxiety
- Listlessness and restlessness
- Depression and lethargy
- Feelings of oppression
- Problem-solving difficulties
- Confusion and disorientation
- Sense of loss.

#### Social costs

- Loss of role, confidence, skills
- Boring environment
- Less rewarding for staff and visitors.

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## The benefits of activity

### Physical signs

- Muscle strength and joint mobility increase.
- Bone density diminishes and fractures start to heal more quickly.
- Blood pressure and potential for thrombosis and embolism diminishes.
- Appetite increases.
- Gastrointestinal movement increases and bowel function improves.
- Urinary continence also improves.
- The potential for respiratory disorders decreases as blood circulation improves, and stimulates more efficient breathing.
- Skin becomes less likely to break down and the risk of pressure sores decreases.
- Sleep pattern and quality improves.
- The immune system becomes more efficient.
- Weight control and management becomes easier.
- There is likely to be a reduction in accidental falls.
- Improvements in general fitness levels in relation to mobility and independence are likely to be maintained.
- Improvements to balance, posture and coordination are likely.
- Ease and range of normal movement is enhanced.
- Tension is eased and it becomes easier to relax.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## The benefits of activity

### Psychological signs

- Smiling, laughing and talking increase.
- The person is likely to find it easier to initiate and engage in social interaction.
- Alertness to environmental stimuli increases.
- Concentration and memory improve.
- Emotions are more readily expressed.
- Agitation diminishes and relaxation increases.
- Self-assertion increases.
- Self-expression is enriched.
- The ability to give and receive affection increases.
- Daily living function is improved.
- Renewed focus on abilities, not problems.
- Improved sense of wellbeing.
- Increased sense of belonging.
- There are likely to be improvements in perception of health, self-esteem and self-worth.
- Feelings of loneliness and isolation reduce.

### Social benefits

- Empowerment – choice, dignity, control.
- Forming new friendships.
- Maintaining old roles.
- Maintaining old skills and learning new ones.
- Fun for staff and residents to work and play together.
- Creating a stimulating environment.
- Reducing the stress of boredom.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE



# Living well through activity in care homes: care home staff resources

## The needs of older people living in care homes

Moving into a care home is a major life event. It may be a move that the individual has long considered; or it may have happened relatively quickly, following an illness or accident. Whatever the circumstances, it is likely to have been a major upheaval for the resident and their relatives and close friends. Aspects of moving into a care home can be seen as a bereavement involving loss of independence and autonomy. Alternatively, the security of knowing you are not alone and will be provided with warmth, food and comfort could be very appealing. Everybody differs, and older people entering residential or nursing care will vary in their reactions, depending on their personality and coping mechanisms, the circumstances that led to their admission, and the way in which the actual move has been handled. The extent to which they feel they were able to make the choice themselves will also have a bearing on how they adapt to this next chapter in their life.

The culture of the care home will further influence the degree residents are motivated and supported to live an active life.

For information that considers the factors that influence engagement in activity, see [\*How do I motivate residents to take part in activities?\*](#)

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Creating the right environment to support activity

The Alzheimer's Society (2013) estimate that 80% of residents living in care homes have dementia. Given this high number, creating the right environment for people with dementia is relevant to all residents in all types of care homes.

### Getting the design right will:

- support residents to be involved in daily activities;
- help residents find their way around the home;
- reduce confusion and distress.

### Key points to consider

People particularly benefit from an environment that provides:

- small-scale living units;
- familiar features and a homely style;
- age-appropriate furniture and fittings;
- opportunities for involvement in ordinary domestic activities;
- good signage and 'cueing' features;
- space for daytime activities;
- choice of areas with varying levels of stimuli;
- small dining rooms with a domestic atmosphere;
- bedrooms with photographs and personal items that can be seen on entering the room and from the bed. It is important that when the person wakes up and goes to sleep they are cued into this being their home.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Helpful resources

Kings Fund (2012) *Enhancing the healing environment dementia care programme. Assessment tools for: Is your care home dementia friendly?* Available at:  
<http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia>

Dementia Services Development Centre (2012) *The virtual care home.* Available at:  
<http://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home>



Occupational therapists are expert in understanding the impact of environment on a person and their abilities and assessing strengths and needs.

Occupational therapists are able to assess the current use of space within a care home and consider how it is being used. Refer to occupational therapists for advice on how best to balance meeting the needs of staff in delivering care with the experience of residents.



PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Seating and positioning

A person's independence can be influenced by their seating and positioning over the full 24 hours of each day. This is particularly important to remember when residents experience long periods of lying in bed or sitting.



People who are unable to change their position without assistance are vulnerable to contracture. Making sure a resident is well positioned and comfortable over 24 hours includes changing their position at regular intervals. Positioning needs to look at how they sleep, the chairs they sit on for meals and the chair they spend most of their time in. Making sure a person has a suitable pressure mattress needs to go hand in hand with how they are positioned in bed.

### Good positioning can:

- ✓ increase a person's awareness of what is going on around them and help their communication;
- ✓ improve their reach and ability to do activities.

### Correct seating can:

- ✓ prevent skins problems (like pressure ulcers);
- ✓ help with eating and improve digestion;
- ✓ aid breathing and cardiovascular function;.
- ✓ reduce the risk of falls.

### Poor positioning can:

- ✗ increase the risk of skin breaking down;
- ✗ cause pain and discomfort;
- ✗ result in joint stiffness, poor posture and fixed contractures;
- ✗ limit ability to do activities including eating and drinking;
- ✗ increase the risk of falls or slipping from a chair or bed.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## A chair is a good fit when:

- ✓ it feels comfortable;
- ✓ a person is sitting on their bottom and not their coccyx (tail of the spine);
- ✓ the depth of the seat allows the person to sit right back in the chair and there is two fingers width between the seat and the back of the person's knees;
- ✓ the back of the chair supports the natural curve of the person's back;
- ✓ the width of the seat allows a hand to slide either side of the person;
- ✓ the person can rest their feet comfortably on the floor;
- ✓ the arms of the chair provide support when getting up or sitting down (NB: soft and receding arms do not provide sufficient support);
- ✓ the weight of the person's arms are comfortably supported through the elbows, forearms and wrists by the armrests.



Chairs should have a pressure relieving cushion and, if possible, ensure that this is integral to the chair. Many people in care homes have suitable mattresses on their bed, however, they are much more vulnerable in the chair due to their weight being concentrated in a smaller area. The blood supply is almost completely inhibited when sitting on a conventional cushion.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Wheelchairs

Postural changes are common in older people. Standard wheelchairs may not be comfortable or offer sufficient support, especially if the person has a number of musculoskeletal limitations.

If a person spends long periods of time in a wheelchair, it is important that they use a wheelchair that has been assessed to match their needs. Correct seating encourages an upright position; symmetry; offers lower back support and correct positioning of hips, knees, feet and shoulders.

***Remember! People are different heights and sizes and seating in the communal areas should reflect this***



An occupational therapist can provide a seating and positioning assessment to look at a person's skin integrity, posture, mobility pattern and their environment.

See [Further Resources](#) for organisations that can offer assessment and advice on equipment. Alternatively, contact your local Independent Living Centre.



PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Safeguarding

All care homes are responsible and accountable for meeting national guidance and legal requirements for safeguarding adults. These processes are designed to allow older people to live free from harm, abuse and neglect.

### **In terms of supporting people with activity, safeguarding includes:**

- protecting people from being harmed by unsafe or unsuitable equipment
- neglect when a person is deprived of both stimulation and company, or care needs e.g. placed in a room on their own (Gosney, 2009).

Neglect may be deliberate but can occur as a result of people not understanding the full extent of a person's needs.

### **Please talk to the care home manager if, for example, you:**

- have concerns about how equipment is being used and maintained, e.g. a wheelchair or a hoist
- feel a resident is not being given opportunities to participate in daily activities.

There may be a reasonable explanation – a person chooses to be alone and has capacity to make that choice or training to use equipment has been planned – but it is important to have that conversation.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Bereavement and loss

People entering care homes will all be experiencing some degree of loss. This may be because they have needed to give up their home and many possessions, status or their former roles and relationships within their previous communities. The loss of a partner or carer may be the reason why some people need to enter care, as may the effects of sudden illness and accompanying loss of independent lifestyle. It is important, therefore, that the significance and impact of such life events are considered and understood in broad terms. But it is also important to remember that each individual will have their own response to loss, and may respond in different ways to losses at varying times of their life.

### Common emotions associated with loss include

- Depression.
- Despair.
- Anxiety.
- Stress.
- Low self-esteem.

Staff need to be aware of grief and loss, especially when residents first come into a care home or during reminiscence sessions, which may trigger grief reactions. Professional help should be sought when problems are not resolved by normal support mechanisms within the care home setting. Professional bereavement counselling is available from organisations such as Cruse Bereavement Care.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)



# Living well through activity in care homes: care home staff resources

## You can support someone to come to terms with their loss by:

- Listening.
- Giving verbal and non-verbal attention – being actively present.
- Providing support and respect for an individual's expressed feelings and asking tactful questions.
- Developing a warm, empathetic and understanding relationship.
- Showing empathy and compassion.
- Being non-judgemental.
- Providing reassurance and helping an individual to acknowledge what they have lost.



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Relationships

Most people enjoy keeping in touch and socialising with family and friends. However, this is not always easy for care home residents. Their friends may have died, or simply lost touch when they moved into the care home. Friends may not be able to visit due to their own difficulties or because they do not know how to react to the resident's disabilities.

A number of factors can hinder making new friends within the care home. If a resident has impaired mobility and so does not move around the home, then they do not 'bump' into other residents with whom they may have something in common. Hearing and visual impairments can make it difficult to communicate with others, especially if both parties have problems. Residents with dementia can struggle: they may not be able to remember the other person's name, nor even what has just been said or asked in order to respond appropriately. Indeed, they may no longer be able to communicate verbally. The environment can also make it difficult. We all know the traditional picture of a care home, where all the residents sit around the edges of the room.

### Support relationships by:

- Encouraging opportunities to chat, such as afternoon tea around a table.
- Drawing people together with similar interests by running clubs and hobby groups.
- Encouraging residents to maintain contact with family and friends.
- Welcoming visitors into the care home; have a private space where residents can entertain visitors. Offer a cup of tea.
- Suggesting that residents use the telephone or email to keep in touch with those who cannot visit. Adaptations for telephones and computers are available to assist people with impaired senses or dexterity.
- Recruiting volunteers to visit residents who do not have family or friends who can visit them.



PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Physical activity in later life

Healthy older people lose strength at the rate of 1–2 per cent per year, and power at the rate of 3–4 per cent per year (Skelton 2002).

However, it is never too late to increase strength, flexibility and balance through planned exercise. Most activity involves physical movement. Many residents will not be able to take part in what we normally think of as 'exercise'. Different activities exercise different muscles and joints in the body. For example, singing exercises the diaphragm, standing up demands balance and uses our bottom and leg muscles.

### Physical activity can:

- Lift mood.
- Prevent aches and pains, sleep disorders, difficulties with memory and depression.
- Keeps people as independent as possible.
- Keeps people motivated.



Get advice from a doctor or health professional, such as a physiotherapist or occupational therapist if a resident has:

- Heart problems.
- High blood pressure.
- Dizziness or fainting episodes.
- Breathing problems.
- Balance problems or frequent falls.

If someone is experiencing pain then they should stop.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Myth busting

### Myth no. 1

Frail, older people cannot do exercise – **not true!**

There is increasing evidence that even frailer older people age 85+ can take part in regular physical activity and rebuild some of their strength.

It needs to be done gradually and within pain limits, and with some caution for certain conditions – maybe just in bouts of 5–10 minutes a few times a day at a lower intensity.

For some people, chair exercises are the only option possible, but these can improve balance and trunk flexibility, while working on shoulders, arms and wrists (Thow 2009).

### Myth no. 2

We don't have time to fit in exercise with all our other tasks – **not true!**

The best place to start to encourage exercise is to think about your existing routine. How many opportunities in a typical day are there for residents to get up and get moving?

For example: can residents be encouraged to go to another part of the lounge or dining room for refreshments, rather than the trolley coming to them?

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Would any of the residents like to:

- Take a gentle walk with staff?
- Deliver the mail and newspapers to other residents?
- Restock the bird table/feeder?
- Help serve tea and coffee?
- Help layout the tables for meals?
- Water the plants/arrange the flowers?
- Clean their room?
- Help with odd jobs?
- Go to a weekly tea dance/singalong?

## Myth no. 3

We are not experts in exercise – **true! But...**



There are plenty of resources out there to get ideas and you can bring in an exercise instructor, physiotherapist or occupational therapist that can teach a safe routine to use.

*For exercise ideas see Further resources*



PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

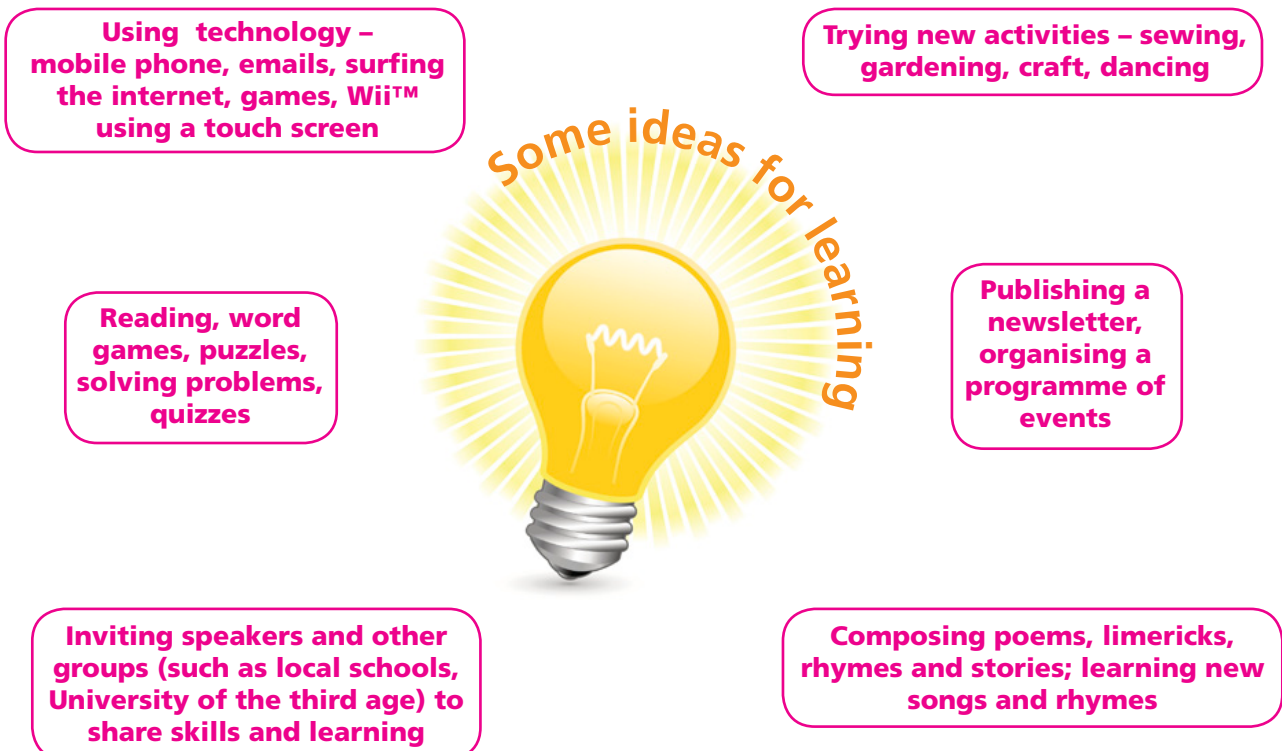
# Living well through activity in care homes: care home staff resources

## Learning in later life – it is never too late to learn!

Care settings for older people should be encouraged to provide facilities for learning that are regularly available, appropriate and identifiable (Withnall et al 2004).

Learning is about the process of living itself. As learning has made us what we are, we all need to have continued learning opportunities to continue to grow and flourish. Learning opportunities for older people in care settings have been shown to lessen dependency, improve quality of life and even reduce costs of medication and care itself.

To support learning, introduce activities to broaden horizons and allow some degree of trying out, or experimentation.



**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Spirituality in later life

Research is starting to show a link between religion/spirituality and health (Koenig 2004). Our spiritual beliefs are shaped by a range of life experiences and will therefore vary according to individual background and culture.

For those with specific religious beliefs, the encouragement of their faith is necessary to their experience of wellbeing and sense of identity. Some older people in care homes are too frail to attend a church, synagogue, mosque or temple outside the home, and need to have their needs met within the home setting.

But remember that there are also those people who are not interested in pursuing any religious practice.

Spirituality expresses itself primarily in a need to find meaning, hope, and a belief system that will make sense of the world for the individual within it. People who enter long-term care may need help to come to terms with the experience of loss.

Meeting residents' spiritual needs is challenging, especially in a multicultural society, but it is critical to promote wellbeing. Staff must be aware of the importance of a person's spiritual life. There are people who may be able to help and advise, for example a Rabbi, Imam or Priest.



[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## References

Albans K (2003) Looking at spirituality to enhance client wellbeing. *Nursing and Residential Care*, 5(5), 234-237.

Alzheimer's Society (2013) *Low expectations: attitudes on choice, care and community for people with dementia in care homes*. London: Alzheimer's Society. Available at: [http://www.alzheimers.org.uk/site/scripts/download\\_info.php?fileID=1705](http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1705)

Accessed on 14.01.14.

Gosney M (2009) *Safeguarding vulnerable older people (abuse and neglect)*. Best practice guide 4.10. London: British Geriatric Society. Available at: [http://www.bgs.org.uk/index.php?option=com\\_content&view=article&id=88:safeguarding-vulnerable-older-people-abuse-and-neglect&catid=12:goodpractice&Itemid=106](http://www.bgs.org.uk/index.php?option=com_content&view=article&id=88:safeguarding-vulnerable-older-people-abuse-and-neglect&catid=12:goodpractice&Itemid=106)

Accessed on: 29.01.14

Koenig H (2004) Religion, spirituality, and medicine: research findings and implications for clinical practice. *Southern Medical Journal*, 97(12), 1194-1200.

Kubler-Ross E (1969) *On death and dying*. New York: Macmillan.

Skelton D (2002) *Exercise for healthy ageing*. 2nd ed. London: Research into Ageing.

Thow M (ed) (2009) *Exercise leadership in cardiac rehabilitation for high risk groups*. Oxford: Wiley Blackwell.

Withnall A, McGivney V, Soulsby J (2004) *Older people learning: myths and realities*. Leicester and London: The National Institute of Adult Continuing Education and Department for Education.

## Acknowledgements

Based on material originally published as: Hurtley R, Wenborn J (2005) *The successful activity co-ordinator: a learning resource for activity and care staff engaged in developing an active care home*. 2nd ed. London: Age Concern.

PREVIOUS  
PAGE

CONTENTS



# Living well through activity in care homes: care home staff resources

## How do I motivate residents to take part in activities?

### What are the obstacles?

*"You surely can't expect me to do that at my age?"*

Negative stereotypes of old age stops a resident thinking and feeling they can have a go.

*"Residents no longer want to do things for themselves."*

Routines and ways of working can mean residents have limited day-to-day choices or opportunities to do things for themselves.

*Service delivery is task-focused and residents' individual identity can be lost.*

*Up to 40% of residents in care homes are thought to be depressed (Mental Health Foundation 2012).*

### Helpful tips

- Use humour, kindness and verbal encouragement.
- Consider using another resident or relative to support and encourage them.
- Find out what is meaningful to individuals.
- Give residents back a sense of control over their lives; offer choices.
- Activity is the tool for expressing personal identity.
- Don't judge, and be patient.
- Be kind – when someone is depressed they can be very hard on themselves.
- Allow the person the opportunity to talk.
- Offer help and support to manage personal care and keep in touch with family and friends.
- A gentle, caring and nurturing approach may help confidence and encourage someone to try.

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## What are the obstacles?

*"I'm not interested in flower arranging."*

Some people don't want to join in and prefer to keep to themselves.

## Helpful tips

- Respect differences.
- Don't just run group activities and expect everyone to join in.
- Find out what is meaningful to individuals.
- Making people feel valued and included. For example, are you supporting everyone's culture and the needs of homosexual, lesbian and bisexual residents?
- It is important to ask each resident and their families about their sexuality, culture, beliefs and practice and incorporate them in daily life.
- In many homes men are a minority group.

---

*"I'm happy to stay where I am."*

Fears regarding risk can make residents and staff anxious. This limits what they feel they can and cannot do.

- Find out why somebody doesn't want to move. Is it because they are frightened of falling or in pain? If yes, get specialist advice.
- See information on [\*Balancing risk and choice\*](#).
- Always give positive feedback and encouragement.
- Reduce unpleasant sensations, such as pain and anxiety, through diversion.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## What are the obstacles?

*"Whenever I ask Ann if she would like to do an activity she always says 'no'."*  
You can feel that you can never get some residents involved in anything.

*"Ted used to like gardening but he can't do it anymore."*  
You may do a life history but find the resident is no longer able to physically 'do' previous hobbies and interests.

## Helpful tips

Try different ways of communicating, for example:

- Rational approach – discuss the benefits of joining in.
- Enthusiastic, positive approach – this can work for some but for others it can be a real 'turn-off'. Used in the right place it can be a useful 'kick-start' but try not to sound patronising.
- Caring/nurturing – a more gentle, caring and nurturing approach instils confidence and action.
- Giving responsibility – allow residents to make a choice for themselves from a selection of activities.

- Think outside the box.
- What element of the activity did they most enjoy?
- What was it about that activity that motivated the resident to do it?
- Can these elements be met in other ways?

For example, some people may enjoy gardening because they like being outdoors and for others it is the reward of growing something.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## What are the obstacles?

*“George’s family feel he has come into the home for a rest and to be looked after.”*

Sometimes the anxieties and expectations of family can restrict what a resident thinks they can and cannot do.

## Helpful tips

- Take time to find out what the resident wants.
- Make them feel valued and included.
- Give residents a sense of control and choice.
- Allow a resident to watch and be with others who are really enjoying an activity.
- Support the resident to talk to family about how they want to live their life.

---

*“I asked everyone in the lounge if they would like to help me make some Christmas decorations but they all said no.”*

- Encourage curiosity – people are inquisitive. Start an activity and let people come to you.



**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Consent/assent

It is important to remember that free will and choice among residents must be respected.



Remember!

A positive, 'push-pull' approach can be used by offering various inducements to encourage participation and engagement. If a resident refuses to participate in an activity or an outing, they should never be forced or coerced. However, consider if there are anxieties or concerns that need to be addressed (for example, they may be worried about being able to access a toilet when out and too embarrassed to mention it). A different approach or ideas for solutions may be required.

## References:

Mental Health Foundation (2012) *Older People*. London: Mental Health Foundation. Available at:  
[www.mentalhealth.org.uk/help-information/mental-health-a-z/O/older-people/](http://www.mentalhealth.org.uk/help-information/mental-health-a-z/O/older-people/)  
Accessed on 27.02.13.

## Acknowledgements:

*Based on material originally published as:*  
Hurtley R, Wenborn J (2005) *The successful activity co-ordinator: a learning resource for activity and care staff engaged in developing an active care home*. 2nd ed. London: Age Concern.

PREVIOUS  
PAGE

CONTENTS

# Living well through activity in care homes: care home staff resources

## Communication

Communication is a two-way process of giving and receiving information. It is the means by which we express our thoughts, feelings, hopes, fears and aspirations. In other words, it is about who we are as individuals. In order to communicate effectively, we use a range of skills and strategies:

- Non-verbal
- Listening
- Verbal
- Written.

Not being listened to can lead to stress, frustration and feeling undervalued.

### 10 tips for effective communication

1. Always believe that communication is possible.
2. Show respect in your tone of voice and the language you use.
3. Try to focus on the non-verbal signs as well as verbal.
4. Avoid making assumptions: check things out with the resident.
5. Let your face be seen. Face the person squarely at eye level and make eye contact.
6. Speak clearly. Avoid the use of jargon or complicated explanations.
7. Be a good listener. Give the resident your full attention and resist the temptation to finish their sentences or talk at them.
8. Maintain a calm and unhurried approach. Be patient.
9. Above all, don't be afraid to try or say 'I don't understand'.
10. Check hearing aids and glasses are in good working order



Reference: CSIP Older Peoples Mental Health Programme (2007).

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Communicating with residents who have special needs

There are 222,000 people aged over 70 in the UK who have both sight and hearing loss (Robertson and Emerson 2010). Older people living in care homes are 30 to 60 per cent more likely to have a visual impairment than older people living in the community (Fletcher et al 2009).

### Hearing and visual impairments can cause:

- Isolation.
- Lack of awareness of the environment, which leads to fear of falling and accidents.
- Anxiety or withdrawal.
- Less opportunity for participation.
- Reduced participation in activities.
- Uncooperative behaviour.

### Tips for communication with residents who have impaired hearing

- Face the resident.
- Have the source of light on your face.
- Ensure sufficient lip movement without distorting your face.
- Speak slightly more slowly.
- Stand about one metre away.
- Talk in phrases and short sentences, not single words.
- Gain the resident's attention before saying anything.
- Check that any instructions are being fully understood.
- Avoid sudden changes of topic.
- Keep your head still and your mouth visible.
- Use visual cues and write things down if necessary.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## **Tips for communication with residents who have impaired vision**

- Gain the resident's attention.
- Do not touch the resident until they are aware of your presence.
- Use large gestures and non-verbal demonstration as necessary.
- Reassure the resident and reinforce your instructions with visual, auditory and tactile (touch) cues.
- Distribute lighting evenly around the room.
- Provide enough light from behind.
- Eliminate sources of glare, bright light and reflection.
- Allow the resident time to accommodate to changes in distance and lighting.
- Use large-print books, signs and instructions with clear contrast and definition.
- If words or numbers are being written on cards for an activity, use black on a yellow background, rather than on a white background.
- Watch out for signs of misunderstanding.

## **People with dementia may experience the following difficulties which will affect their ability to communicate:**

- Reduced insight and awareness of problems.
- Memory difficulties.
- Difficulty following conversations.
- Repetition.
- Saying things that may not be based on the reality of the listener.
- Inability to convey much information.
- Possible cognitive difficulties with reading and writing.
- Poor eye contact.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**



# Living well through activity in care homes: care home staff resources

## Tips for communication with residents who have dementia

- Follow *10 tips for effective communication*
- Consider what might be the best time of day – avoid times of fatigue or drowsiness such as after lunch or a tiring activity.
- Say who you are and use the resident's preferred name.
- Be positive. Encourage with smiles and head nods. Use humour.
- Introduce one question at a time.
- Exaggerate and emphasise key points.
- If the resident forgets what they have just said, recap by repeating it back or gently remind them of the subject being discussed.
- Try to avoid questions which have 'why' in them. The reasoning involved in giving an answer may be too difficult.
- **For mildly impaired residents** use cues, reminders and prompts, such as the time and place, day, weather and season.

### For residents in the later stages of dementia

- Respond to the emotion behind the words; the feelings are real even if the words are inappropriate.
- Use objects, pictures, symbols and gestures as well as spoken communication.
- Use colour rather than black and white images.
- Make associations, using songs, rhymes, words or pictures.
- Use rhyme, repetition and rhythm.
- Use interesting objects and pictures to talk about. Use reminiscence.

### To help with word-finding difficulties:

- Offer a choice of words: for example, '*Do you mean chair or shoe?*'
- Cue by providing the first sound of the word: for example, '*p*' for '*pen*'.
- Use word association: for example, '*tooth ... brush; hair .... brush*'.
- Use a lead-in phrase: for example, '*you eat with a knife and \_\_\_\_\_*'.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Residents who have experienced a stroke may have:

- Dysarthria – the person knows what they want to say but has difficulty in forming and saying the words.
- Dysphasia – the brain processes needed to produce speech are affected.
  - Expressive – people are unable to make themselves understood.
  - Receptive – person is unable to understand what is being said to them.

There are a number of strategies for communicating with residents with these difficulties. They are usually recommended by a speech and language therapist following assessment. They could include:

- Encouraging slow, deliberate speech.
- Reducing sentence length.
- The use of visual aids, of pointing and writing cued responses.
- Specific exercises and games to encourage restoration of function.

The Stroke Association produces advice and reference material for activities related to speech and language. However, if a resident has been – or is – in receipt of speech and language therapy, it is important to liaise with and follow any professional advice that is provided, to ensure consistency of approach.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Helpful hints for communicating with relatives and close friends

- Make visitors feel welcome.
- Know who regularly visits each resident.
- Be open and invite opportunities for visitors to talk in a private space about their relative and their life in the home.
- Remember relatives are making that transition. They may be experiencing feelings of guilt or loss of role as the main carer and need opportunities to talk.
- Remember relatives and close friends would like to hear about the life of the home and their relative or friend's involvement. Whenever possible discuss with the resident how they would like this to be done.
- The resident may not remember what they have been doing this week and cannot share this with their visitors.
- Relatives and friends can help contribute to a resident's life history.
- Relatives and friends may be able to help shape the resident's preferred daily routine.
- Visitors may have their own communication difficulties which you will need to take into consideration.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## References

Care Services Improvement Partnership National Older People's Mental Health Programme (2007) *Strengthening the involvement of people with dementia: a resource for implementation*. Heslington: CSIP.

Fletcher A, Evans J and Smeeth L (2009) *Impact of sight loss in older people in Britain*. (Research Findings No 22). London: Thomas Pocklington Trust. Available at: <http://www.pocklington-trust.org.uk/researchandknowledge/publications/rf22op19>  
Accessed on 26.02.14.

Robertson J, Emerson E (2010) *Estimating the number of people with co-occurring vision and hearing impairments in the UK*. Lancaster: Centre for Disability Research, Lancaster University.

### Acknowledgements:

Based on material originally published as: Hurtley R, Wenborn J (2005) *The successful activity co-ordinator: a learning resource for activity and care staff engaged in developing an active care home*. 2nd ed. London: Age Concern.

PREVIOUS  
PAGE

CONTENTS

# Living well through activity in care homes: care home staff resources

## Balancing risk and choice

Remaining as independent as possible is key to maintaining someone's health and wellbeing. Taking a person-centred approach to risk concentrates upon identifying risky situations for individuals rather than viewing every older person as being of equal risk. Instead of concentrating on the physical aspects of risk, such as falling, the psychosocial aspects should also be considered, such as the importance of the activity to the resident and the opportunities it provides – e.g. social, creative and spiritual. For example, if a person has always gone for a daily walk then it is important to try to support this activity if they wish it.



The challenge for a care home can be balancing the wishes of one individual with the rights of the other residents, the capacity of staff and the concerns of family and friends. It is, therefore, important to assess the situation fully. An occupational therapist can assess and advise on areas of risk, particularly for people with complex needs.

*Since living in the home Mrs Smith's Alzheimer's disease has progressed. She has always gone for an early morning walk taking the same route and her family recognise how important this is for her health and wellbeing. Staff cannot escort Mrs Smith every day but there are now concerns about her memory and orientation. A meeting with Mrs Smith and the family is held and a risk enablement plan is drawn up. It is agreed that preventing Mrs Smith from taking her daily walk causes her great distress. All agree that she still has the mental capacity to make the decision. Staff continue to support her to go out by making sure she is dressed appropriately and noting the time she leaves. If Mrs Smith is not back within half an hour there is an agreed plan to follow. A referral has been made to the occupational therapist in the dementia service to assess for assistive technology.*

**Knowing the resident, their strengths, routine, interests and wishes is vital when making decisions regarding risk.**

**People's perception of risk will be influenced by their personality and experiences during the course of their lives.**

Remember!

A yellow sticky note with the word 'Remember!' written in orange, cursive-style handwriting.

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

**Residents may need risk enablement plans for certain activities. These plans should list:**

- The risks and benefits.
- The likelihood that risk might occur.
- The seriousness/severity of those risks.
- Actions to be taken to minimise the risks.
- Actions to be taken if the risks occur.

## **An example of a risk enablement plan**

The value of the activity	The risks associated with this activity	Likelihood of risk		Severity of risk		How the risk will be managed
		High/Medium/Low	High/Medium/Low	High/Medium/Low	High/Medium/Low	
		Myself	Others	Myself	Others	

Shared agreement should then be sought and obtained from individual residents and, with their consent, relatives whenever possible.

As care home staff, you need to understand your responsibilities under the *Mental Capacity Act 2005* for England and Wales, and *Adults with Incapacity (Scotland) Act 2000*. (The legislative framework for mental capacity in Northern Ireland is currently under review.)

A person may fluctuate in their ability to make decisions, so having a good working knowledge within the staff team is important.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## The 5 Core Principles of the Mental Capacity Act 2005

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable (doable) steps to help him/her to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.
5. The decision or action taken must be done in a way that is least restrictive of a person's rights and freedom of action.

[PREVIOUS  
PAGE](#)

[CONTENTS](#)

[NEXT  
PAGE](#)

# Living well through activity in care homes: care home staff resources

## Key Principles of the Adults with Incapacity Act (Scotland) 2000

1. Any action or decision taken must benefit the person and only be taken when that benefit cannot reasonably be achieved without it.
2. Any action or decision taken should be the option that restricts the person's freedom as little as possible.
3. The wishes of the person must be taken into account.
4. Relevant others with an interest in the person's welfare should be consulted.
5. The person should be encouraged to use existing skills and develop new skills.

Sometimes we have to defend our decisions about risk. Family and friends of the resident may feel a resident is not being looked after properly or a resident may have a fall, and in the worst case scenario die following an injury.

### Decisions around risk can be defended if:

- All reasonable steps have been taken.
- Full assessments made.
- All information has been recorded.
- Decisions have been evaluated, recorded and communicated.
- Policies and procedures have been followed.

(Kemshall 2009 (cited by Department of Health 2010))

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE



# Living well through activity in care homes: care home staff resources

## References

Department of Health (2010) *Nothing ventured, nothing gained: risk guidance for people with dementia*. London: DH. Available at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121492](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121492)  
Accessed on 28.02.13.

Great Britain. Parliament (1986) *The Mental Health (Northern Ireland) Order 1986*. (No. 595) (NI 4). London: Stationery Office. Available at: <http://www.legislation.gov.uk/nisi/1986/595>  
Accessed on 28.02.13.

Great Britain. Parliament. (2005) *Mental Capacity Act 2005*. London: Stationery Office. Available at: [www.opsi.gov.uk/acts/acts2005/pdf/ukpga\\_20050009\\_en.pdf](http://www.opsi.gov.uk/acts/acts2005/pdf/ukpga_20050009_en.pdf)  
Accessed on 28.02.13.

Kemshall, H (2009) cited in Department of Health (2010, page 29) *Nothing ventured, nothing gained: risk guidance for people with dementia*. London DH. Available at: [www.gov.uk/government/publications/nothing-ventured-nothing-gained-risk-guidance-for-people-with-dementia](http://www.gov.uk/government/publications/nothing-ventured-nothing-gained-risk-guidance-for-people-with-dementia)  
Accessed on 13.06.12.

Scotland. Parliament (2000) *Adults with Incapacity (Scotland) Act 2000*. Edinburgh: Stationery Office. Available at: [www.opsi.gov.uk/legislation/scotland/acts2000/asp\\_20000004\\_en\\_1](http://www.opsi.gov.uk/legislation/scotland/acts2000/asp_20000004_en_1)  
Accessed on 28.02.13.

PREVIOUS  
PAGE

CONTENTS

# Living well through activity in care homes: care home staff resources

## Occupational therapy leaflets

- [Occupational therapy: supporting people living in care homes](#)
- [Occupational therapy: helping people to live with dementia](#)
- [Occupational therapy can help people with depression](#)
- [Occupational therapy: Helping people to maximise their recovery after having a stroke](#)

**CONTENTS**

# Living well through activity in care homes: care home staff resources

## How does this toolkit support training?

*Living well through activity in care homes: the toolkit* supports activity provision qualifications developed by Skills for Care, the National Activity Providers Association (NAPA), employers and other key partners.

## Level 2 award in supporting activity provision in social care

This qualification enables those working, or intending to work, in the health and social care sector to develop their understanding of the potential benefits for individuals of engaging in both every day and programmed activities. It will support learners in contributing to planning and delivering individual and group activities and increase learners' understanding of how activity has an important role in person-centred care.

(Skills for Care 2013)

How does this toolkit support training?	Skills for Care developed qualification	
Supporting information available in this toolkit	Links to Unit ref no	Unit title
<ul style="list-style-type: none"><li>• What is activity and why is it important?</li><li>• Balancing risk and choice</li></ul>	ACT 201	Understand activity provision within social care
<ul style="list-style-type: none"><li>• What is activity and why is it important?</li></ul>	ACT 202	Understand the benefits of engaging in activities in social care
<ul style="list-style-type: none"><li>• Where do I start? Ideas for activities</li><li>• How do I motivate someone to take part in activities?</li><li>• Balancing risk and choice</li></ul>	ACT 204	Understand the delivery of activities in social care

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

How does this toolkit support training?	Skills for Care developed qualification	
Supporting information available in this toolkit	Links to Unit ref no	Unit title
<ul style="list-style-type: none"> <li>What is activity and why is it important?</li> </ul>	ACT 206	Therapeutic approaches for activity provision in social care
<ul style="list-style-type: none"> <li>Where do I start? Ideas for activities</li> </ul>	ACT 208	Understanding the benefits of reminiscence as an activity
<ul style="list-style-type: none"> <li>Where do I start? Ideas for activities</li> </ul>	HSC 2023	Contribute to supporting group care activities
<ul style="list-style-type: none"> <li>How do I motivate someone to take part in activities?</li> <li>Balancing risk and choice</li> </ul>		
<ul style="list-style-type: none"> <li>Where do I start? Ideas for activities</li> <li>How do I motivate someone to take part in activities?</li> <li>Balancing risk and choice</li> </ul>	DEM 1	Dementia awareness

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## Level 3 certificate in activity provision

This qualification is aimed at those currently responsible for coordinating activity provision in care settings or intending to take on this role. It enables those working in the social care sector to develop skills in coordinating activity provision, including resource allocation, planning, working with others and evaluating provision. The qualification will increase learners' understanding of how coordinated activity provision has an important role in person-centred care.

(Skills for Care 2013)

How does this toolkit support training?	Skills for Care developed qualification	
Supporting information available in this toolkit	Links to Unit ref no	Unit title
<ul style="list-style-type: none"> <li>Where do I start? Ideas for activities</li> <li>How do I motivate someone to take part in activities</li> <li>Balancing risk and choice</li> <li>How do we measure quality?</li> </ul>	HSC 3008	Implement therapeutic group activities
<ul style="list-style-type: none"> <li>What is activity and why is it important?</li> </ul>	ACT 304	Understand the effects of ageing in activity provision
<ul style="list-style-type: none"> <li>Where do I start? Ideas for activities</li> <li>What is activity and why is it important?</li> </ul>	ACT 305	Activity provision in dementia care
<ul style="list-style-type: none"> <li>Communication</li> </ul>	SS MU 2.1	Introductory awareness of sensory loss
<ul style="list-style-type: none"> <li>Where do I start? Ideas for activities</li> <li>How do I motivate someone to take part in activities?</li> <li>Balancing risk and choice</li> </ul>	DEM 201	Dementia awareness

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Reference

Skills for Care [ca2013] developed *Qualifications and Credit Framework (QCF) qualifications*. Leeds: Skills for Care. Available at: [www.skillsforcare.org.uk/qualifications\\_and\\_training/qualifications\\_and\\_training.aspx](http://www.skillsforcare.org.uk/qualifications_and_training/qualifications_and_training.aspx)

Accessed on 17.05.13.

**PREVIOUS  
PAGE**

**CONTENTS**

# Living well through activity in care homes: care home staff resources

## Further resources

### Useful websites

#### Age Exchange

[www.age-exchange.org.uk](http://www.age-exchange.org.uk)

Accessed on 27.02.13.

#### Age UK

[www.ageuk.org.uk](http://www.ageuk.org.uk)

Accessed on 27.02.13.

- **Age UK [ca 2012]** *Exercises*. London: Age UK. Available at:  
[www.ageuk.org.uk/search/1/?keyword=Exercises&nation=ageuk\\_en-GB](http://www.ageuk.org.uk/search/1/?keyword=Exercises&nation=ageuk_en-GB)  
Accessed on 27.02.13.
- **Age UK [ca 2013]** *Falls prevention*. London: Age UK. Available at:  
[www.ageuk.org.uk/professional-resources-home/services-and-practice/health-and-wellbeing/falls-prevention-resources](http://www.ageuk.org.uk/professional-resources-home/services-and-practice/health-and-wellbeing/falls-prevention-resources)  
Accessed on 27.02.13.
- **Age UK (2010)** *Finding a care home*. London: Age UK. Available at:  
[www.ageuk.org.uk/home-and-care/care-homes/finding-a-care-home](http://www.ageuk.org.uk/home-and-care/care-homes/finding-a-care-home)  
(Includes advice on finding a care home) Accessed on 27.03.13.
- **Age UK [ca 2010]** *Fit as a Fiddle*. London: Age UK. Available at:  
[www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle](http://www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle)  
Accessed on 27.02.13.

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

Includes:

Activity and wellbeing booklets - *Zest for Life*, *Add Flavour* and *Do As Much as You Can. Come to Tea* volunteer training package. (Stand alone resources supporting care homes in training volunteers to support wellbeing and activity in care homes.) More information from [fitasafiddle@ageuk.org.uk](mailto:fitasafiddle@ageuk.org.uk)  
Daily Moves DVD – independence at your feet.

Available at:

[www.ageuk.org.uk/professional-resources-home/services-and-practice/fit-as-a-fiddle/fit-as-a-fiddle-resources-2013](http://www.ageuk.org.uk/professional-resources-home/services-and-practice/fit-as-a-fiddle/fit-as-a-fiddle-resources-2013)

Accessed on 27.03.13

- **Age UK [ca 2013]** *Keeping fit*. London: Age UK. Available at:  
[www.ageuk.org.uk/health-wellbeing/keeping-fit](http://www.ageuk.org.uk/health-wellbeing/keeping-fit)

Accessed on 27.02.13.

**Alive!**

<http://www.aliveactivities.org/>

Accessed on 26.02.14.

**Alzheimer Scotland.**

[www.alzscot.org](http://www.alzscot.org)

Accessed on 27.02.13.

**Alzheimer's Society.**

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Accessed on 27.02.13.

- **Alzheimer's Society [ca 2012]** *Caring for a person with dementia*. London: Alzheimer's Society. Available at:  
[www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200343](http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200343)

Accessed on 27.02.13.

(Includes advice to carers on supporting everyday activities, such as washing and dressing)

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE



# Living well through activity in care homes: care home staff resources

- **Royal College of Nursing, Alzheimer's Society (2013)** *This is me: this leaflet will help you support me in an unfamiliar place*. London: Alzheimer's Society. Available at:

[www.alzheimers.org.uk/site/scripts/download\\_info.php?downloadID=399](http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=399)

Accessed on 27.02.13.

## **Arthritis Care.**

[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

Accessed on 27.02.13.

(Includes *Living with Arthritis* with advice on exercise, joint care and caring for someone with arthritis)

- **Arthritis Care (2013)** *Living with Arthritis*. London: Arthritis Care. Available at: [www.arthritiscare.org.uk/LivingwithArthritis](http://www.arthritiscare.org.uk/LivingwithArthritis)

Accessed on 27.02.13.

## **British Association of Occupational Therapists and College of Occupational Therapists.**

[www.BAOT.org.uk](http://www.BAOT.org.uk)

Accessed on 27.02.13.

(Includes advice on how to find an occupational therapist and resources on how occupational therapy supports people with a range of conditions)

## **British Geriatric Society**

[www.bgs.org.uk](http://www.bgs.org.uk)

Accessed on 17.05.13.

**British Heart Foundation National Centre for Physical Activity and Health [ca 2013]** *Older adults*. Loughborough: BHF National Centre for Physical Activity and Health. Available at: [www.bhfactive.org.uk/older-adults/index.html](http://www.bhfactive.org.uk/older-adults/index.html)

Accessed on 27.02.13.

(Includes advice and ideas for exercise and physical activity for older adults.)

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Care England

[www.careengland.org.uk/](http://www.careengland.org.uk/)

Accessed on 27.02.14.

## Care Inspectorate

[www.careinspectorate.com](http://www.careinspectorate.com)

Accessed on 25.02.13.

(Includes advice and resources)

- **Care Inspectorate [2014]** *Care...about physical activity*. Dundee: Care Inspectorate. Available at:  
[www.careinspectorate.com/index.php?option=com\\_content&view=article&id=8429&Itemid=100214](http://www.careinspectorate.com/index.php?option=com_content&view=article&id=8429&Itemid=100214)  
Accessed on 20.10.14.
- **Care Inspectorate [ca2013]** *Make every moment count*. Dundee: Care Inspectorate. Available at:  
[www.scswis.com/index.php?option=com\\_content&view=article&id=8195&Itemid=767](http://www.scswis.com/index.php?option=com_content&view=article&id=8195&Itemid=767)  
Accessed on 25.02.13.
- **Care Inspectorate [ca2012]** *Managing falls and fractures in care homes for older people – a good practice self assessment resource*. Dundee: Care Inspectorate. Available at:  
[www.scswis.com/index.php?option=com\\_docman&task=catview&gid=329&Itemid=378](http://www.scswis.com/index.php?option=com_docman&task=catview&gid=329&Itemid=378)  
Accessed on 25.02.13.

## Chartered Society of Physiotherapy

[www.csp.org.uk/publications/easy-exercise-guide](http://www.csp.org.uk/publications/easy-exercise-guide)

Accessed on 27.02.13.

(Advice on exercises.)

## Circle Dancing for People with Dementia.

[www.circledanceindementia.com](http://www.circledanceindementia.com)

Accessed on 27.02.13.

(Uses rhythm, music, touch and movement.)

## Dementia Adventure

[www.dementiaadventure.co.uk/](http://www.dementiaadventure.co.uk/)

Accessed on 26.02.14.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## **Dementia Services Development Centre**

[www.dementia.stir.ac.uk](http://www.dementia.stir.ac.uk)

Accessed on 27.02.13.

(Includes training and publications on supporting people with dementia)

- Dementia Services Development Centre (2012) *The virtual care home*. Available at: <http://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home>

Accessed on 08.01.14

## **Disabled Living Foundation**

<http://www.dlf.org.uk/>

Accessed on 19.02.14

## **Elderly Activities**

[www.elderlyactivities.co.uk](http://www.elderlyactivities.co.uk)

Accessed on 27.02.13.

## **Inner Health Studio.**

[www.innerhealthstudio.com](http://www.innerhealthstudio.com)

Accessed on 27.02.13.

(Coping skills and relaxation resources.)

## **Kings Fund**

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

- Kings Fund (2012) *Enhancing the healing environment dementia care programme. Assessment tools for: Is your care home dementia friendly?* Available at: <http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehc-design-dementia>

Accessed on 08.01.14

## **Lifestory Network**

<http://lifestorynetwork.org.uk>

Accessed on 27.02.13.

**PREVIOUS  
PAGE**

**CONTENTS**

**NEXT  
PAGE**

# Living well through activity in care homes: care home staff resources

## **National Activity Providers Association (NAPA)**

[www.napa-activities.co.uk](http://www.napa-activities.co.uk)

Accessed on 27.02.13.

(The monthly magazine provides ideas for activities.)

## **National Association of Equipment Providers**

<http://naep.org.uk/>

Accessed on 19.02.14.

## **National Care Association**

[www.nationalcareassociation.org.uk](http://www.nationalcareassociation.org.uk)

Accessed on 17.05.13.

## **NHS Choices**

[www.nhs.uk/Pages/HomePage.aspx](http://www.nhs.uk/Pages/HomePage.aspx)

Accessed on 27.02.13.

(Fact sheets on a range of health conditions and end of life care.)

- **NHS Choices (2011) Exercises for older people.** [s.l.]: NHS choices.

Available at: [www.nhs.uk/Tools/Pages/Exercises-for-older-people.aspx](http://www.nhs.uk/Tools/Pages/Exercises-for-older-people.aspx)

Accessed on 27.02.13.

(Advice on exercises.)

## **National Institute for Health and Care Excellence (NICE)**

[www.nice.org.uk](http://www.nice.org.uk)

Accessed on 27.02.13.

- **National Institute for Health and Clinical Excellence (2008)**

*Mental wellbeing and older people* (NICE public health guidance 16).

London. NICE. Available at:

<http://guidance.nice.org.uk/PH16>

Accessed on 27.02.13.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

- **National Institute for Health and Care Excellence (2013)**  
*Mental wellbeing of older people in care homes* (NICE quality standard 50).  
Manchester: NICE. Available at: <http://guidance.nice.org.uk/QS50>  
Accessed on 25.02.14.
- National Osteoporosis Society**  
[www.nos.org.uk](http://www.nos.org.uk)  
Accessed on 27.02.13.
- Older People's Commissioner for Wales**  
[www.olderpeoplewales.com/en/Home.aspx](http://www.olderpeoplewales.com/en/Home.aspx)  
Accessed on 17.05.13.
- Parkinson's UK**  
[www.parkinsons.org.uk](http://www.parkinsons.org.uk)  
(Advice on day-to-day living.)  
Accessed on 27.02.13.
- Royal College of General Practitioners**  
[www.rcgp.org.uk](http://www.rcgp.org.uk)  
Accessed on 17.05.13.
- Skills for Care**  
[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)  
Accessed on 17.05.13.
- Social Care Institute for Excellence (SCIE)**  
[www.scie.org.uk](http://www.scie.org.uk)  
Accessed on 27.02.13.
- **Social Care Institute for Excellence [ca.2012]** *Care needs*. London: SCIE.  
Available at: [www.scie.org.uk/topic/careneeds](http://www.scie.org.uk/topic/careneeds)  
Accessed on 27.02.13.
- **Social Care Institute for Excellence [ca.2012]** *Care Services*. London: SCIE.  
Available at: [www.scie.org.uk/topic/careservices/residentialornursingcare](http://www.scie.org.uk/topic/careservices/residentialornursingcare)  
Accessed on 27.02.13.
- **Social Care Institute for Excellence [c.a.2012]** *Dementia*. London: SCIE.  
Available at: [www.scie.org.uk/topic/careneeds/dementia](http://www.scie.org.uk/topic/careneeds/dementia)  
Accessed on 27.02.13.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

- **Social Care Institute for Excellence [c.a.2013]** *Find me good care*. London: SCIE. Available at: [www.findmegoodcare.co.uk](http://www.findmegoodcare.co.uk)  
Accessed on 27.02.13.
- **Social Care Institute for Excellence [c.a.2013]** *Adult Safeguarding*. London: SCIE. Available at: <http://www.scie.org.uk/adults/safeguarding/index.asp>  
Accessed on 25.02.14.
- **Social Care Institute for Excellence [c.a.2012]** *Using ICT in activities for people with dementia*. London: SCIE. Available at: [www.scie.org.uk/publications/ictfordementia/howcanicthelp.asp](http://www.scie.org.uk/publications/ictfordementia/howcanicthelp.asp)  
Accessed on 27.02.13.

## Stroke Association

[www.stroke.org.uk](http://www.stroke.org.uk)

Accessed on 27.02.13.

- **Stroke Association [ca2012]** *About stroke*. London: Stroke Association. Available at: [www.stroke.org.uk/about-stroke](http://www.stroke.org.uk/about-stroke)  
Accessed on 27.02.13.  
(Outlines common problems and contains a link to a Resource Library.)

## Thrive

<http://www.thrive.org.uk/>

Accessed on 04.03.14.

## U3A University of the 3rd Age

[www.u3a.org.uk](http://www.u3a.org.uk)

Accessed on 27.02.13.

(U3As are self-help, self-managed lifelong learning cooperatives for older people no longer in full time work, providing opportunities for their members to share learning experiences in a wide range of interest groups and to pursue learning not for qualifications, but for fun.)

## United Kingdom Homecare Association Ltd

[www.ukhca.co.uk](http://www.ukhca.co.uk)

Accessed on 17.05.13.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

## Publications

Arts for Health Cornwall and Isles of Scilly (2010) *Singing for older peoples' [sic] health and well-being toolkit*. Penryn: Arts for Health Cornwall and Isles of Scilly. Available at:

[www.artsforhealthcornwall.org.uk/resources-publications/our-publications](http://www.artsforhealthcornwall.org.uk/resources-publications/our-publications)

Accessed on 16.01.13.

Aldridge D (2000) *Music therapy in dementia care*. London: Jessica Kingsley.

Bowden A, Lewthwaite N (2008) *The activity yearbook: a week by week guide for use in elderly and residential care*. London: Jessica Kingsley.

Bruce E, Hodgson S, Schweitzer P (2003) *Reminiscing with people with dementia: a handbook for carers*. London: Age Exchange.

College of Occupational Therapists and the National Association for Providers of Activities for Older People (2007) *Activity provision: benchmarking good practice in care homes*. London: COT.

Craig C (2001) *Celebrating the person: a practical approach to art activities*. Stirling: Dementia Services Development Centre, University of Stirling.

Craig C (2001) *Celebrating the person: activity pack*. Stirling: Dementia Services Development Centre, University of Stirling.

Department of Health (2013) *Compassion in practice. Nursing, midwifery and care staff: our vision and strategy*. London: DH. Available at:

[www.commissioningboard.nhs.uk/files/2012/12/compassion-in-practice.pdf](http://www.commissioningboard.nhs.uk/files/2012/12/compassion-in-practice.pdf)

Accessed on 08.01.13.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE

# Living well through activity in care homes: care home staff resources

Gibson F (2005) Fit for life: the contribution of life story work. In: M Marshall (ed) *Perspectives on rehabilitation in dementia*. London: Jessica Kingsley. 75–179.

Hill H (2009) *Invitation to the dance: dance for people with dementia and their carers*. 2nd ed. Stirling: Dementia Services Development Centre, University of Stirling.

Hurtley R, Wenborn J (2005) *The successful activity co-ordinator: for activity and care staff engaged in developing an active care home*. 2nd ed. London: Age Concern.

Knocker S (2002) *The Alzheimer's Society book of activities*. London: The Alzheimer's Society.

Knocker S, Gaspar S (2007) *Starting out and keeping it up: a guide for activity providers*. London: National Association for Providers of Activities for Older People.

Mountain G (2004) *Occupational therapy with older people*. London: Whurr Publishers Ltd.

Mullan M, Killick J (2001) *Responding to music*. Stirling: Dementia Services Development Centre, University of Stirling

Murphy C (2004) The critical importance of biographical knowledge. In: T Perrin ed *The new culture of therapeutic activity with older people*. Bicester: Speechmark. 88–103.

National Institute for Health and Care Excellence (2013) *Mental wellbeing of older people in care homes* (NICE quality standard 50). Manchester: NICE. Available at: <http://guidance.nice.org.uk/QS50>

Accessed on. 04.03.14.

Progress for Providers (2013) *Care homes*. Stockport: HSA Press. Available at: <http://progressforproviders.org/resources/resources-for-people-living-with-dementia>

Accessed on 09.01.13.

PREVIOUS  
PAGE

CONTENTS

NEXT  
PAGE



# Living well through activity in care homes: care home staff resources

Owen T ed (2006) *My home life: quality of life in care homes*. London: Help the Aged. Available at: [http://myhomelife.org.uk/media/mhl\\_report.pdf](http://myhomelife.org.uk/media/mhl_report.pdf)  
Accessed on 22.02.13.

Perrin T (2004) *The new culture of therapeutic activity with older people*. Milton Keynes. Speechmark Publishing.

Pool J (2011) *The Pool Activity Level (PAL) Instrument for occupational profiling*. 4th ed. London: Jessica Kingsley publishers.

Ruddlesden M (1995) *You can do it! Exercises for older people*. London: Hawker Publications.

SHAP Working Party on World Religions in Education (2012) *E-calendar of religious festival: July 2012- December 2013*. Available at: [www.shapworkingparty.org.uk/calendar.html](http://www.shapworkingparty.org.uk/calendar.html)

Accessed on 22.02.13.

SHAP Working Party on World Religions in Education publishes an annual calendar of festivals for 12 major religions.

Sobczak J (2001) *Alive and kicking: exercises for the older adult*. London: Age Concern.

Swee Hong C, Heathcote J, Hibberd JM (2011) *Group and individual work with older people*. London: Jessica Kingsley Publishers.

**PREVIOUS  
PAGE**

**CONTENTS**