



A Providers Perspective
Abbotsford Care



The Loss



Think about a loss that you have experienced recently.

How was that affected by the year that was?

**We listened,
We learnt,
And we changed how we
moved forward.**





Nobody knew what was right at the start we were left to get on with it.

A lack of investment in understanding of Care Homes caused greater hurt.

Ever changing, unclear guidance led to further confusion.

The Learning
















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ABBOTSFORD CARE (GLENROTHES) LTD

Signs of Being Unwell

Resident Name:	Room Number:	
Known As:	Date of Birth:	

After looking at the maintaining psychological wellbeing check-in sheet or based on observations the following signs of ill-being have been noticed: **please tick all relevant new symptoms.**

<input type="checkbox"/>  Increased temperature	<input type="checkbox"/>  New Cough	<input type="checkbox"/>  Mood Changes
<input type="checkbox"/>  Change in mobility	<input type="checkbox"/>  Increased Falls	<input type="checkbox"/>  Loss of muscle mass
<input type="checkbox"/>  Weight Loss	<input type="checkbox"/>  Reduced Appetite	<input type="checkbox"/>  Swallowing Problems
<input type="checkbox"/>  Continence Problems	<input type="checkbox"/>  Urinary Tract Infections	<input type="checkbox"/>  Loose Stools or increased constipation
<input type="checkbox"/>  Increased Confusion	<input type="checkbox"/>  Sleep Disturbance	<input type="checkbox"/>  Increased Pain

What actions have been taken as a result:

Date: _____ Signed: _____

Death and Dying

Making sure we get it right

We know that sometimes no matter what we do, our residents will die. For residents with COVID-19 who pass away, there are a number of things we can do to help them through their final hours.

It is natural as a person approaches death that their body starts to 'close down' you may notice:



Laboured breathing especially for residents who have Covid - 19.



Lack of appetite, as the body needs less energy the resident will eat and drink less.



The resident may sleep for long periods of time and may become more difficult to rouse especially if taking certain types of medication to manage their pain.



Hands and feet may swell.

As the resident closes towards death they may 'Cheyne Stoke' periods of short sharp respirations followed by none. Gradually the resident will stop breathing and will have passed away.

Also, as circumstances allow you try to:



Create a quiet environment. The sounds of a dying person are often enhanced so loud noises can be disturbing and unpleasant.



Be in the moment – if you are in the room don't feel the need to speak, but if you do, speak in quiet and soothing tones.



Dim the lighting



Keep the resident's mouth as moist as possible.



Play soft music, if this is something you know the resident is aware of that is even better.



Use gentle touch although this may be harder if you are using full PPE.

Death and Dying

Making sure we get it right

If a family member is able to attend give them 'time and space' to spend with their loved one. Offer support if this is something that feels right to do.

When the resident passes it may be a sad moment. Expressing some emotion, especially if you know the resident well is not a sign of weakness, just that you care.

If the family member is present give them some time alone, but if the resident has passed with Covid - 19 this will be restricted. Be aware and sensitive of this.

It is equally important to pay the resident respect as you conduct last offices. Talk to them as you would normally do and pay the same respect and attention to their care and, placing them in the item of chosen clothing.

Some residents, if they had a specific religion, may have a specific ritual to follow and you should check with the nurse if in any doubt.

Common ritual for which is universal is to open the window. It is believed that an **open window** in the same room as a passed resident is needed to allow the souls of family members who have already died to come to retrieve the soul of the resident who is dying, to take them into the next life. Others believe that if the room is closed, the soul will be trapped and unable to move on. You may wish to do this, or simply leave the resident in a peaceful calm room whilst they await the next part of their journey.


For more information on end of life and palliative care, how to support residents and families in this stage of the care journey, scan these QR codes to watch videos and to visit further links with more information.



Tutor – NES Education & Information



Demonstration of the Confirmation of Death procedure in Scotland



Video – End of Life and Palliative Care

Reflective Conversations

What's on your mind,
Let's start this conversation:



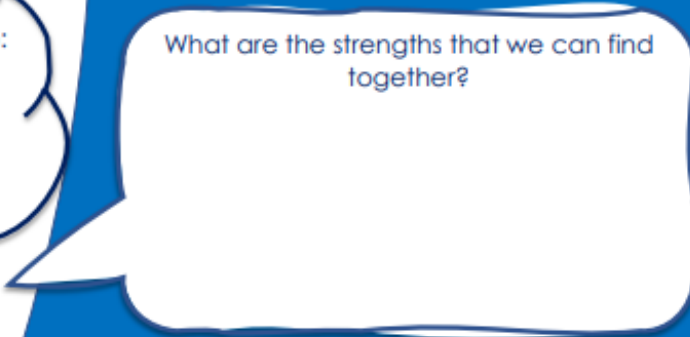
Date:

Care Home:

Collaborators:



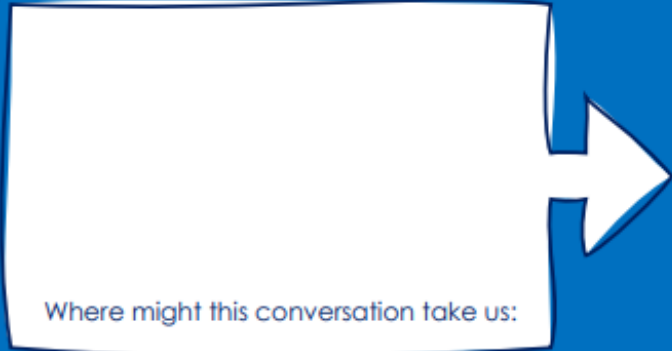
What are the strengths that we can find
together?



Make your voice heard –
what are your reflections.



Where might this conversation take us:



**We learnt, we
cried. We held
onto hope and
we reflected
deeply.**

The Relationships



Communication, relationships and reflection changed how we moved forward.

We built new relationships.

For us, integration moved forward.

We had to find new ways to communicate.

We invested in dialogue.

Increased scrutiny

Operation Koper

A blame, game culture in the media.

It has all had an impact and left the sector feeling vulnerable.



Our Staff



Our Residents



Our Families

"Sometimes all you feel
is fear
but
you
are not
alone,
and we
are
strong,
and we
will get through this.
So hold on." x



Illustration by Charlie Mackesy, © 2021

But we are determined to
Learn, Listen and Change the
way we move forward
holding onto the strengths of
our relationships and hope for
the future.



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