

Residents' health and wellbeing are centrepieces of the R&RA's new campaign

**Two conferences held to highlight problems,
more activities to come**



*The R&RA team launching
the campaign*

Growing recognition of the difficulties faced by care home residents in obtaining access to the usual range of health services that older people can normally expect to receive has prompted the R&RA to mount a campaign to change things.

Responding to accounts of difficulties experienced by residents as reported to the Association's advice line by their relatives, the R&RA decided that it would make the promotion of health and wellbeing the focus of a year-long campaign to raise awareness among health professionals, care homes, relatives and funders.

In the first part of the campaign, the R&RA has run two conferences to explore some of the problems that are commonly encountered and to hear from care professionals who are doing their best to improve matters.

In July Sir Cyril Chantler, chair of the King's Fund and a clinician with a career-long commitment to improving the patient's experience as well as clinical outcomes, opened the first of the two conferences, urging delegates to seize the opportunity of the proposed new NHS constitution to enshrine the principles of respect and dignity in all aspects of care practice.

The conference heard powerful pleas for

more attention to be devoted to ensuring that care home residents' needs for better dental care was satisfied, access to sight and hearing services was improved and adequate nutritional standards were observed.

A second conference was held in October in conjunction with the occasion of the R&RA's AGM. Chaired by Kina, Lady Avebury, who has a long association with the improvement of quality in care homes through her work on *Home Life* and the national minimum standards for care homes, the conference concentrated on identifying the factors which impeded care home residents' access to NHS services.

Delegates heard about new ways of involving GPs in care homes with presentations on projects taking place in Sheffield and Gloucestershire. Initiatives to improve the oral health of older people in care in inner London were highlighted.

R&RA staff outlined the goals of their health and wellbeing campaign. For the coming year, this is to be the main priority for the Association's work. The aim is to raise awareness across the care sector and to try to provide solutions to some of the seemingly intractable problems of lack of access to external health services.

In this issue

Advice	p. 2
Readers' comments	p. 3
R&RA reports	p. 3
Conference reports	pp. 4-6
Research	p. 6
Book reviews	p. 7
Obituary	p. 8
Helping out at the R&RA	p. 8

The R&RA AGM

At the AGM which concluded proceedings at the October conference, R&RA Treasurer Dennis Bradbury said he was delighted to be able to report a very satisfactory year for the Association. The R&RA was more financially robust than it had been for a number of years. He congratulated staff and volunteers on their efforts to achieve this outcome.

Pat Duff, Vice Chair of the Association, standing in for Judy Downey, Chair (who was unable to attend because of illness), outlined a successful programme of work that had been completed during the year. She reported that the R&RA advice line was taking an increased number of calls and project work was growing.

The annual review as well as the annual report and accounts are available on request from joy.mccarthy@relres.org or by phoning 020 7359 8148.



*Pat Duff, R&RA
Vice Chair*



It's over a year since the Mental Capacity Act 2005 came into effect so I thought in my column this time I would look at what has happened during the past eighteen months. Is the Act helping to resolve the sort of difficult situations that on the advice line we are all familiar with? A typical case that we might deal with is where a family is concerned about what is happening to their elderly mother who is getting more and more confused and, in their view, unable to look after herself safely and yet is resistant to their suggestions to move into care.

The Act was designed to assist decision-making in cases like this. Does it? The most striking change that the Act introduced was its approach to defining what capacity is. Most importantly, it stressed the need to judge the issue of capacity on a day-by-day basis and that 'eccentricity', for example, should not be regarded as proof of capacity lost. It sets out five principles underpinning the Act, the fourth and fifth of which state that all decisions have to be in the best interests of the person lacking capacity and that the decisions do not interfere with that person's rights and freedoms.

'Best interests' is possibly the key phrase in the Act and must be borne in mind on every occasion. This is impossible to disagree with but there are problems.

In practice it can be used by either side if there is a dispute to justify their own position, especially in the case of decisions to be made around location and medication. This is where the Independent Mental Capacity Advocate (IMCA) service should be considered. However, what about cases where a third party top-up to the fees is being suggested by the local authority in order for the resident to remain in the care home of choice but is resisted by the family which is expected to pay? Failing agreement, the only alternative is of having to move the older person to another (cheaper) home. Is that in the best interests of that person?

Another feature of the Act is the introduction of Lasting Powers of Attorney (LPA), one to replace the old Enduring Power of Attorney (EPA) and a new one dealing with health and personal welfare. According to the Office of the Public Guardian (OPG), applications for LPAs have far exceeded expectation and the OPG admits to not coping with demand. The Office has recently announced a full review of its customer-facing processes.

So in answer to my original question of whether or not the Act is helping, I suppose the only answer so far is, like the curate's egg, it is – in parts.

Are callers satisfied?

We often wonder whether callers to our advice service are satisfied with the assistance they are given. So over the last few months we have been sending out short questionnaires to past callers to both the main advice line and the Partnership Advice Line (PAL) to ask them what they think of us. I am very pleased to say that they have been uniformly positive.

Here are just a few of the comments that we've received:

- 'Very good, manned by a human being, 5-star.'
- 'Very helpful.'
- 'Spoke to Dominic. He was outstandingly helpful and kind.'
- 'Excellent'

- 'I found out exactly what I wanted to know.'
- 'Wish I had known earlier about the R&RA.'
- 'I spoke to at least two of your advice workers, who were both extremely pleasant, understanding and caring. They were as helpful as possible.'
- 'Whereas all the other agencies deal with things in general, the R&RA was specific about my role with my father, so it was very supportive.'

Chris Ardill,
Advice Line Manager
chris.ardill@relres.org

Good news from the Partnership Advice Line (PAL)

Our advice service project, which the R&RA set up in partnership with five not-for-profit care home providers, has been running for just over a year. We provide advice and information to the customers or potential customers of the organisations, who are all members of the National Care Forum.

The PAL was initially run as a pilot scheme and we are all delighted that in September it was announced that the arrangement is going to be renewed for at least a further year. Other providers have also expressed an interest in joining the scheme.

We will be providing the same mix of services to our new partners, including direct phone line access to the R&RA advice service, a newsletter for residents and outreach work where appropriate. Most calls to the advice line are from people who are quite early on in the process of helping their loved one find a suitable care home. The majority of calls are about the problems associated with paying for care.

Sometimes calls are from people concerned about the standard of care that their loved one is receiving and we are always able to reassure callers that all of their calls are totally confidential and that the advice we give is entirely independent.

Alison Clarke and Dominic Regan,
PAL workers
alison.clarke@relres.org



The Relatives & Residents Association Advice Line

020 7359 8136

Open 9.30am–4.30pm,
 Monday–Friday

The Relatives & Residents Association (Essex) is launched!

After a year of hard work and close co-operation with the team at the national R&RA, the R&RA(Essex) was officially launched on 21 October at a brief ceremony in Chelmsford.

Lord Hanningfield, leader of Essex County Council, who initiated this ambitious project, welcomed the newest partner in the movement to support older people and their families throughout the county, regardless of eligibility for specific statutory services. Gillian Dalley, a staunch ally of the R&RA(Essex), and Barbara Williamson, chairman of the Essex association, then completed the ceremony by 'throwing the switch' to reveal the Essex association's new website (www.relresessex.org).

Having set up its core services, the R&RA(Essex) is now focused on the central task of establishing local groups, with volunteer training and backup, to complement the provision of information and advice with personal support. The first group is up and running, with more in the pipeline.

The response to this initiative, from statutory and voluntary organisations, care providers and many individuals who have already volunteered their time and expertise, has been overwhelmingly positive. The R&RA(Essex) is well on its way!

Janet Russell,
Joint Project Manager,
Essex County Council
info@relresessex.org

We received this email in response to Chris Ardill's column in the last issue of the newsletter on the role of relatives' groups in homes.

Dear Chris

I was involved in setting up a group about ten years ago and was very relieved that we did. (My mother is still in the same care home.). Coming together once a quarter proves invaluable from the point of view of sharing experiences, and hearing what the home is achieving (or not!). It's been a bumpy ride – some meetings I dread going to if the home isn't being run well at a particular time, or an 'incident' has occurred. At happier times, it's been an opportunity to share the good experience and say a 'thank you', and hear how others feel.

However, I was dismayed by a remark that was made to me when I entered the reception area at my mother's care home before the start of the last meeting. [A member of staff] said to me, 'I hope you haven't got a lot to raise as we want to go home early.' (They never usually last more than an hour and a half anyway!) If that comment had been made to a more 'easily bruised' person, they may have decided to shut up, not say anything or, at worst, never go to another meeting again!! Relatives MUST have a voice! Often they are the advocate for residents who can't speak for themselves, or are too worried/scared/confused etc to say how they feel. Needless to say, I did say my bit and will continue to do so!

I always look forward to reading your newsletters. Thank you. Do keep up your good work.

Regards

Anon

Problems of self-funders

During the summer, the R&RA published a report on the problems encountered by self-funders – people who have to pay for care themselves – when they try to approach their local council for advice and assessment for residential care.

This exploration of a highly topical issue draws on the accounts of callers to the R&RA advice line. It has been written by Gillian Dalley, R&RA Chief Executive, while Michael Mandelstam, an independent expert in the field, has contributed the chapter on the legal position of self-funders.

The publication has attracted a lot of interest in many quarters – from councils themselves, from voluntary organisations supporting older people and from people who have found themselves in similar situations.

The report, entitled *Assessment denied? Council responsibilities towards self-funders moving into care*, can be purchased by using the order form on page 8 or through the R&RA website (www.relres.org).



Are volunteers moving up the agenda?

A growing number of care home groups in the voluntary sector appear to be looking at their current use of volunteers, either to expand or to pilot a new approach. This was the view of Rose Heatley, author of the R&RA publication *Volunteers in care homes for older people: an underused opportunity?*, who led a workshop on volunteers at the 2008 National Care Forum Managers' Conference (3–4 November).

In March the Prime Minister's independent volunteering champion, Baroness Julia Neuberger, noted how volunteering can help to create people-centred services, and the 'huge potential for the expansion of volunteering in health and social care' in her review *Volunteering in the public services: health & social care*.

Copies of Rose Heatley's report can be obtained through using the form on page 8 or the R&RA website (www.relres.org).



Founders of the Essex branch of the R&RA

July conference 'Will they look after her?' Health and wellbeing in care homes

The first R&RA conference (16 July 2008) focused on the worries that relatives often have about whether their loved one will be looked after properly once they have moved into care. They are particularly concerned about oral health, the management of medication, the involvement of the GP, nutrition and the management of continence.



Gillian Dalley, chair of the July conference

Delegates first heard a plenary presentation from Les Bright, professional advisor to the R&RA, who set out many of these concerns. Workshops followed throughout the rest of the day, dealing with specific aspects.

Plenary presentation Why do relatives worry?

Les began by posing a series of propositions addressing the question 'why do relatives worry?' Perhaps they worry because it's natural to be concerned when you love somebody. Or perhaps they feel guilty at not being able to carry on the caring role themselves. Or they may be concerned because they don't see their loved ones very often and don't know what goes on in their absence. Or they may feel they have cause for concern because of things they see or overhear when they visit. Stories in the media colour people's views as well.

But for many people it is undoubtedly true that they have cause for concern. Too often, relatives feel that care professionals fail to keep them in the loop of communication so



Les Bright, plenary speaker

that they worry that the truth (whatever it is) is being deliberately hidden from them. They may be under-informed, un-informed or even mis-informed. They feel the need for support in being able to express their concerns. They get the impression that they are seen as 'rivals' rather than 'partners' in care.

Les went on to argue that relatives had legitimate concerns about the quality of healthcare that residents receive both from the care home itself and from services external to the home. Analysis of inspection data gathered by the Commission for Social Care Inspection showed that there is still great variation in the performance of care homes in relation to the management of medication and care planning.

Many homes encounter difficulties in facilitating access for their residents to external health services such as occupational therapy, dental care, podiatry and sight and hearing services. And yet care home residents have just as much right to those services as every other citizen.

Les concluded with timely thoughts about sixty years of the NHS. 'In the year,' he said, 'when we are celebrating the sixtieth anniversary, it seems worth reminding ourselves of the commitment to healthcare services "free at the point of use", more recently described by the present prime minister as a "moral right" for UK citizens.'

This, he stated, was the reasoning behind the R&RA's health and wellbeing campaign. He went on to launch the campaign saying:

'We have some ideas on topics and themes that need to be pursued and it's likely that the list will grow as the day wears on:

- Recognition and respect for family and personal relationships
- Sharing information more openly and routinely: on medication, the options and effects; and on the range of treatments available to meet specific needs
- Commissioners should ensure that homes they use can gain access to a comprehensive range of health services to meet the needs of their residents
- Inspectors and commissioners should ensure that local plans for the development of health and care services reflect the needs of care home residents.'

October conference Better access: bringing health services into the care home

The second R&RA conference (22 October 2008) looked at the problems care homes encountered in trying to bring outside services into the home. The aim was to look at the problems but, more positively, also to look at innovative ways of tackling them.



Kina, Lady Avebury, chair of the October conference

Plenary presentation Access to primary care: the care home perspective

Martin Green, chief executive of the English Community Care Association (ECCA), described some of the challenges that care homes faced in ensuring their residents received the care they needed from the NHS.

He emphasised the levels of frailty and dependency experienced by a majority of residents. Many had a range of long-term conditions and were on multiple medication regimes that need careful monitoring and regular review. This required active involvement by GPs and pharmacists but it wasn't always forthcoming.

He said that the payment of GP retainer fees remained a problem for many care homes and he hoped that in the future retainers would be a thing of the past. He also wanted to see more training and support for care home staff in learning to manage medicines safely and reliably.



Martin Green, plenary speaker

Plenary presentation **Health in the home: meeting healthcare needs in a care home setting**

The second plenary address was given by Dr Amanda Thompsell, an old age psychiatrist who works with the Care Homes Support Team in Lambeth, Lewisham and Southwark primary care trusts (PCTs).



Dr Amanda Thompsell, plenary speaker

She outlined the urgency of the need to develop support arrangements for care homes. Residents have more and more complex physical and mental health problems. Many of them have dementia. She expressed her worry that too often chronic illness is not monitored effectively, depression goes unrecognised and access to rehabilitation services is restricted. She was concerned that there was an underuse of beneficial drugs and overuse of inappropriate or unnecessary drugs.

Amanda described the work of her team, suggesting that it could be used as a prototype for a new approach to meeting the healthcare needs of care home residents. It is a multidisciplinary team, which provides support to thirty-six nursing homes in southeast London and includes specialist nurses, a practice development nurse, a pharmacist and geriatricians. The team conducts regular physical and mental health reviews, comprehensive assessments and psychotropic drugs reviews. It also builds links with outside agencies. It is definitely a model for the future.

Workshop **Supporting GP involvement in care homes**

It's no secret that there are problems and challenges facing doctors, patients and homes wanting primary care services that meet residents' needs. We felt that it was a very important topic that had to be addressed – after all, access to, and availability of GPs causes some relatives to worry about their loved one's care. People

are right to be bothered as we all expect to be able to call on our GP to respond to symptoms of illness, diagnose problems, write prescriptions for medicines and, where necessary, refer us on to other healthcare staff at the practice or to hospital specialists. For some time there has been evidence of GPs in some areas refusing to accept care home residents on to their lists, or insisting on additional payment in recognition of the additional work they will have to do. Such a response by doctors seems morally wrong, as these charges are most likely to be passed on in the weekly fees charged to residents – while the rest of the population continues to have access without making any payment – and extended opening times!

The conference provided an opportunity to find out about existing good practice, as a counterweight to some of the bad things we get to know about. Dr Alison Hobbs is a Sheffield GP, leading a two-year pilot programme for a consortium of eleven practices aimed at providing a better alignment of GP services with homes in their catchment area. She gave an enthusiastic and optimistic presentation on the project's work. The fact that she had been a care assistant herself before training as a doctor, and had also played a part in supporting elderly relatives while they had lived in care homes made her especially interested and knowledgeable. Research in the city found that care home residents were twice as likely to be admitted to hospital. It's costly to the NHS and certainly isn't good for the older person affected in this way.



Dr Alison Hobbs, workshop leader

Many admissions were considered to be avoidable and poor primary care was seen as a significant factor. Alison concluded that problems could be attributed to the 'chaotic and inequitable service' provided by GPs to care home residents. This situation was in itself a product of the changing levels of frailty of residents – many of whom might have spent time on long-stay geriatric wards in former times. So, while individual residents could be considered much better off as a result of the closure of these wards and

institutions, primary care had not adapted sufficiently.

It was against this backdrop that Alison worked up a proposal for a 'Locally Enhanced Service' (LES) that will offer:

- better management of long-term conditions
- better medicine management
- improved end of life planning.

This should lead to fewer admissions to hospital – planned or unplanned – and improved working relationships between colleagues from different professional disciplines. Before LES was set up, the medical workload was unevenly distributed and this meant that some practices were visiting lots of homes – seven practices visited four homes each, with one having patients at seven care homes. The project has dealt with this by agreeing a process for reallocating patients (subject to the agreement of residents) and for aligning homes and practices, which then enter into a contract of service that includes routine weekly visits and a systematic approach to medical and nursing reviews of all residents, at least annually. GPs receive an additional payment to reflect the extra work, and homes see an improved service for residents. It is still early days as the project began only in April, but it seems that homes are 'really happy' and that, on the whole, GPs are too.

In addition to overseeing and managing this innovative project, Alison spends two days each week acting as GP to home residents, and so remains in close touch with the needs of both patients and homes' staff. We will be watching progress so that lessons can be learned and passed on to other areas.

Workshop **Gloucestershire POPP project**

Justine Rawlings, project manager, gave a clear and informative presentation on the work of the Gloucestershire Partnerships for Older People Projects (POPP), which has focused exclusively on support to care homes (both nursing and residential). This project is called 'Gloucestershire Care Homes – Part of Our Community'.

Justine's background is in PCT commissioning and her role in the project has been to establish various services and support to care homes, including the Care Home Support Team. The team comprises community nurses and therapists with specialisms covering the range of needs of residents. They provide training and specialist advice

[\(continued on page 6\)](#)

and, most importantly, the project as a whole is developing ways of integrating the homes into their local communities. The aim is for residents and staff of care homes to feel they are part of their locality and not operating in a parallel world behind closed doors.



Justine Rawlings, workshop leader

As Justine pointed out, care home residents are sometimes given lower priority for all community-based services (health, social and voluntary) because they are in a safe place and receiving at least some attention to their care needs. In working exclusively with care homes the Gloucestershire project is putting the needs of older people living in care homes on an equal footing with those living at home.

At the last count most of the care homes in the county had signed up to the project. There had initially been a degree of resistance from some bigger groups of care homes who felt they were able to provide the support and training their staff needed. However, the help with building bridges to the local community has been welcomed – this has been achieved through liaison with local community groups and small voluntary groups. In some cases local clubs and groups meet in the care home thereby giving residents the opportunity to join in if they wish.

The project has used various methods to encourage care homes to join it. One of the more ingenious was to set up a scheme with PC World to provide computers and IT support to homes who have joined the learning network and the project's e-learning packages. Funded by the POPP for a year, this has been a key communication tool (the team had been shocked to realise that computer access is not common for care home staff) enabling homes to communicate with each other, not just with the team. Here is just one example of the innovative thinking which has made the Gloucestershire project a success.

The project is due to end in March 2009, but Justine is optimistic that the PCT will want the Care Home Support Team to continue.

It was interesting to learn that it had initially been hard to recruit staff – after all, who wants to work in a care home? – but when it became necessary to find new staff after a few months, there were plenty of applications: the job satisfaction of those working on the team was evident.

This project is just one pilot in the national POPP programme, but one that has the potential to make a big difference to life and work in care homes. Hopefully, the final report will get the publicity it deserves and become a model for all councils and PCTs as they accept their responsibilities for the care home residents in their areas.

Other workshop topics covered in the two conferences

- Medical matters: GPs, assessment, hospital discharge, bringing healthcare into homes
- Medicines management: medication reviews, involving relatives, the role of the pharmacist
- How life in a care home affects wellbeing: meals, nutrition, communication, environment, sleep, continence management
- Community services: dental care, sight and hearing, podiatry
- Dementia care: training, care home responsibilities

For Marjery

*It comes again relentlessly
The shredding of my thoughts
This disappearing sense of me
And who I am or was*

*The window opens inches wide
Behind the blanks of dark
I fear the breaking cordless sash
That shuts me out at once*

*My anxious capsule gripping tight
So seldom yields away
My lucid moments filled with fear
A constant crippling pain*

*The gentle aura of your touch
The respite of your hands
My present moments feel the calm
And I know who I am*

Pat Duff

**Detecting and preventing financial abuse of older adults
The R&RA joins partners in innovative research**

Financial abuse has been poorly understood and has rarely been researched using rigorous methodologies. Consequently, current policies on detection and intervention are not grounded on a sound evidence base and yet the need for effective mechanisms for detection and intervening in cases of abuse continues to grow. It is essential to safeguard vulnerable older people as well as to protect carers and professionals from unfair and unfounded allegations of abuse.

A collaborative team involving a group of universities (Brunel, Hertfordshire, Northumbria, Plymouth and Sheffield) under the research councils' New Dynamics of Ageing programme is undertaking a project to explore how professionals in the banking and financial services determine and understand cues and patterns that raise suspicions of financial abuse.

The plan is to use 'critical incident' methodology to develop a picture of how professionals react to the possibility of abuse and then to test a series of hypotheses using case scenarios on decision-making. A third element of the project will be to examine current policy documents to make comparisons between recommended and actual practice.

The project is exciting because for the first time it brings together academics and professionals from a wide range of disciplines: psychology, sociology, general medical practice, social work, social policy, law, accountancy and banking. It also draws on the support of a number of partners from the voluntary and statutory sectors (Action on Elder Abuse, British Association of Social Workers, Help the Aged, HSBC Bank, North Tyneside Council, Peninsula Care Sector Group, Peninsula Primary Care Research Network and Relatives & Residents Association). The work has just started and will report in three years' time.

**Professor Mary Gilhooly,
Brunel Institute of Ageing Studies,
Brunel University**
mary.gilhooly@brunel.ac.uk

Three books offer advice and insight into caring for people with dementia. Should we take it?

The first two books, *When a family member has dementia: steps to becoming a resilient caregiver* and *Alzheimer's: caring for your loved one, caring for yourself*, have American authors and both are concerned with the wellbeing of carers of people with dementia. Since *When a family member has dementia* is the more analytical of the pair and is concerned with the spiritual, its American origins do not affect the central tenet of the book, which is applicable to a reader anywhere. In the case of *Alzheimer's*, however, its limitations are linked to its overseas origins. References to, and contact details for, various UK organisations are incorrect, inapplicable and/or confusing. For example, it suggests that it is possible to claim housing benefit to help towards the fees of a care home (wrong) and yet makes no mention of local authority funding that may be available. Such factual inaccuracies are exasperating especially as *Alzheimer's* often takes a robust, practical approach with tips and suggestions for relieving some of the burdens of care and as such could be a useful guide. But seriously suggesting that local childminders would be appropriate carers for someone with dementia (what would the local OFSTED inspector say?) or telling people to get forms from the Department of Social Security (abolished several years ago) is really not good enough.

The third book, *Contented dementia: 24-hour wraparound care for lifelong well-being*, describes the development of the work of Penny Garner, the mother-in-law of the book's author, Oliver James. She is credited with having invented the SPECAL (Specialized Early Care for Alzheimer's) method of responding to people with dementia that uses intact feelings and memories of past events as substitutes for more recent information that has been lost. By following simple rules, James contends, people with dementia and their carers are 'able to enjoy a peaceful continuity that is rarely seen in the world of dementia care'. The problem with this book is that while it is very good on the importance of communication and the validation of emotions and feelings, it does not quite convince. Everything is just a little too neatly tied together. Garner's insights and instincts are inevitably always spot on. Explanations of behaviour are too pat. There are no loose ends and there is little sense of the messy, inexplicable complexity of the lives of people with dementia.

Susan M. McCurry, *When a family member has dementia: steps to becoming a resilient caregiver*, 2008, ISBN 978-1-84645-057-0, 182 pages, paperback, £11.99. Published by Greenwood World Publishing (www.greenwood.com)

Sharon Fish Mooney, *Alzheimer's: caring for your loved one, caring for yourself*, 2008, ISBN 978-0-7459-5289-5, 256 pages, paperback, £8.99. Published by Lion (www.lionhudson.com)

Oliver James, *Contented dementia: 24-hour wraparound care for lifelong well-being*, 2008, ISBN 978-0-09-190180-6, 296 pages, hardback, £17.99. Published by Vermilion (www.rbooks.co.uk)

Reviewed by Alison Clarke, R&RA advice line worker

Going into care

The authors of a new guide, *Find the right care home: a step-by-step companion*, are Rosemary Hurtley and Julia Burton Jones, who have worked for many years in the care field and who also have personal experience of needing to find a care home. The book comes with warm endorsements from leading charities and from the actor Richard Briers, who has written the foreword.

The need to go into a care home can be a very difficult and extremely stressful experience – for the person themselves as well as relatives, spouses, partners and friends. This work takes the reader through the entire process and explains all that needs to be known in order to make the best possible decisions. Attractively designed and well laid out, it is divided into ten steps, each covering a particular topic. At the beginning of each step, introductory text sets the scene, while at the end there is a summary of points covered. Each step has plenty of headings and bulleted lists so it is easy to move through the text and find topics that

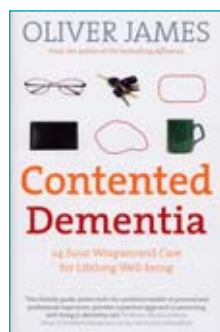
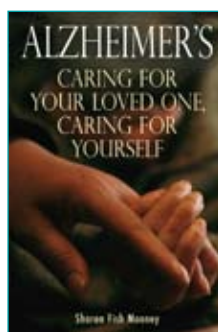
may be of particular interest to a reader. The coverage is comprehensive and looks at the many issues involved, such as health, social, emotional and financial. The book is very positive in its approach and the writing warm and sympathetic. I felt, for example, that the sections on a person's biography, the actual day of moving into a care home, care plans and visiting to be particularly helpful.

Inevitably in a work that covers so much ground in such a complex area, there are places where the text could have been strengthened. As an example, there are some references to the Care Quality Commission (CQC) indicating that it is already the regulatory body for social care although it will not in fact become responsible for the regulation of the quality of health and adult social care in England until April 2009. In other places, it mentions the Commission for Social Care Inspection (CSCI), the current regulatory body, with no indication that this is going to be abolished. In addition, because financial figures will alter year by year, it is to be hoped that there will be regular new editions which take into account changes and correct oversights.

Overall, this is an extremely useful volume which brings together a huge amount of experience and knowledge and it will be extremely valuable to a wide variety of readers and users, including older people, their relatives and carers, care homes (whether providers, managers or staff), social and health services, and all other organisations involved in long-term care.

Rosemary Hurtley and Julia Burton Jones, *Find the right care home: a step-by-step companion*, 2008, ISBN 978-0-86242-428-2, 208 pages, paperback, £9.99. Published by Age Concern Books (www.ageconcern.org.uk), tel 0870 44 22 120 to place an order

Reviewed by Colin Hutchens, R&RA Volunteer Publications Officer and former carer



MEMBERSHIP & ORDERS

Please tick and complete as appropriate:

- Individual membership
(annual subscription £15)
- Corporate membership
(annual subscription £60)
- Booklet order – *Assessment denied?*, £8
(£6 for R&RA members) inc. UK p&p
- Booklet order – *Volunteers in care
homes for older people*, £7.50 (£5 for
R&RA members) inc. UK p&p
- Donation £

Total Amount:

Name/Contact:

Organisation (where applicable):
.....
.....

Position (where applicable):
.....
.....

Address:

Post code:

Tel:

Email:

For taxpaying individuals:

Please treat all my donations as Gift Aid
until I notify you otherwise.

Signature:

Date:

Please make cheques payable to:
The Relatives & Residents Association
and send to:
24 The Ivories
6–18 Northampton Street
London N1 2HY

Office Use only:

RV: **Date:**

The Relatives & Residents Association is a
company limited by guarantee (no. 2813362)
and a registered charity (no. 1020194).

OBITUARY

Pat Tyler 1923–2008 R&RA founder member and Company Secretary

Frederick Lockwood Tyler, known to friends and family as 'Pat', died on 11 June 2008 after a series of strokes.

Pat was born in Battersea on 20 January 1923. He attended St Albans School and got a scholarship to read English at Cambridge, where he became secretary of the Labour Club. He joined the army in 1942 and served in France, Belgium and Germany. After the war, he graduated in law and read for the Bar. He and Mary Southcombe were married in 1947. Their sixtieth wedding anniversary was celebrated last year with their four children and nine grandchildren.

Pat first met Dorothy White, founder of the R&RA, through the Labour Party. Dorothy worked for Pat in the 1945 General Election, where he stood unsuccessfully as Labour candidate for Knutsford. They subsequently became neighbours and close friends in Hampstead Garden Suburb. Pat was a founder member and always gave the R&RA his unstinting support.

He offered his resignation last year but was persuaded to reconsider. We were anxious not to lose his gimlet eye for detail, his penetrating and analytical intelligence, his delightful presence and his unfailing common sense and good humour. He combined a



Pat Tyler with R&RA founder Dorothy White

clear sense of purpose with essential steeliness and focus when things got tough. His negotiating skills were a pleasure to behold.

None of this was surprising since he had had a successful career in the media working for both Mirror Group and Express newspapers as legal manager, ending his press career as Pensions Director and Company Secretary in 1987. He was deeply involved with his local community and was leader of the Labour group in Barnet for many years.

Pat was committed to making society a better place and to the improvement of public services. He will be much missed.

Judy Downey,
Chair, R&RA

Helping out at the R&RA



This issue's 'Helping out at the R&RA' corner features Gerry McMullan, who writes: 'I became a volunteer at the R&RA through my partner, Colin Hutchens, who is also a volunteer. We had the experience of placing his mother in a care home which gave us an interest in the work of the R&RA. I was involved with the patients' forums for health so my interests fitted in with the general role of the Association. I have helped with mailings and with conferences. Recently I have been responsible for a small project surveying primary care trusts on their provision of dental care to residents in care homes. As a volunteer I feel valued and

encouraged to contribute to the activities of the R&RA.'

The R&RA is always looking out for volunteers to help in the office (website and desktop publishing in particular!). Please contact us on 020 7359 8148 or info@relres.org for further details.

Copyright © The Relatives & Residents Association 2008. The Association is happy for individual articles to be reproduced providing suitable acknowledgement is made; the text of articles is not to be changed unless prior permission has been obtained. The R&RA would like to thank all those who provided copy for this issue and who gave permission for illustrations to be reproduced. The editor of this issue is Colin Hutchens, Volunteer Publications Officer of the R&RA.

Printed by Imex Group Ltd.,
Swansea SA1 7DA

