

Battle over plans for the future regulation of residential care begins

Health and Social Care Bill on its way to becoming law

After four years in existence, the Commission for Social Care Inspection (CSCI) is due to disappear in April 2009. CSCI registers and inspects care services, including residential care, and is there to ensure standards of care are maintained at an acceptable level. A new regulator, the Care Quality Commission, will take over from both CSCI and the Healthcare Commission, which currently oversees NHS services, along with the Mental Health Act Commission.

Why? The government wants to scale down the number of bodies regulating services in all sectors (public services, business and industry) and thinks that merging the regulation of health and social care will help achieve that goal. And will it make things better? The R&RA is worried that it will not. Social care tends to be the Cinderella service when compared with services provided by the NHS, and residential care is even more underrated. We worry that the focus on health care will dominate and that social care, residential care in particular, will be overshadowed.

What is most worrying is that the new Commission will have powers to set its own standards. The current regulations and national minimum standards will be abandoned. We have been concerned that even under the present regime, standards have been watered down – for example, care homes no longer have to be inspected twice a year. Some are only inspected once every three years. We worry that this 'hands off' approach may be transferred to the new Commission and made even worse.

There has been a major campaign asking for greater clarification of the intentions of the Bill. The R&RA's contribution can be found on the 'Influencing policy and practice'

page of its website (www.relres.org). Details of the future arrangements under the Bill are out for consultation and can be found at: www.dh.gov.uk/en/Consultations/Liveconsultations/DH_083625. The R&RA plans to make a vigorous response, letting government know exactly what our worries and concerns are all about.

Human rights update

The R&RA's campaign to raise awareness of the vulnerability of self-funding residents in private care homes continues. As we have frequently pointed out to government and the general public, the Human Rights Act does not apply to private care homes. According to a statement in March 2008 by the care services Minister, Ivan Lewis, it appears that the government has now accepted that some change is necessary. It will therefore extend protection of the Act to publicly funded residents in private care homes. Self-funders, however, will not be included so their vulnerability remains. Our fight continues!

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The R&RA in Essex

Following a successful conference organised by Essex County Council last September on setting the quality agenda for care services in the county, a pilot project to improve local residents' access to high quality information, advice and support on issues to do with residential care is being established. As part of this initiative, we are delighted that plans are now in hand to establish a local branch of the R&RA in Essex. A pilot scheme to extend our service is under way, based in mid-Essex around the towns of Chelmsford, Braintree and Maldon (see page 5 for more details). We plan to add an Essex page to our website www.relres.org and will report on progress in future issues of the newsletter.

R&RA chief executive, Gillian Dalley (far right) with other speakers at the quality conference in Essex, September 2007





In this issue I thought I would look at the benefits of setting up relatives groups in homes. One indicator of a good care home is, arguably, the existence of, or willingness of management to consider, a relatives group within a home. From time to time I am asked by callers for guidance on setting up such groups. While there are numerous advantages of having relatives groups, it is a question that needs careful thought in answering. In particular, it is important to think what the purpose of such a group would be.

One caller, for example, thought a group would be a good idea for highlighting problems in the home, in which case I felt the group would be more like an 'action group' – troubleshooting on behalf of residents, and therefore unlikely to be encouraged by the care home manager who might feel targeted for criticism.

In another case, the caller thought setting up a group would be a good way of recruiting volunteers to support what she thought was an already excellent home. In her case, the home greeted her suggestion very positively and, by the end of the first meeting, a group of volunteers had been established and a further meeting scheduled.

Another caller told me about the home where her parent lived, in which a relatives group had been in existence for some time. A new manager, however, questioned its role and said he was happy for the group to continue only as long as it stuck to fundraising and did not discuss care issues.

This shows how varied the motivations might be in setting up groups and in homes' reactions to them. We know from experience over the years that relatives groups can be a great asset to a home. They can certainly help relatives come to terms with the unease and uncertainty, and sometimes guilt and grief, which they feel when a loved one moves into care. Meeting other relatives and building relationships with management through this collective, and positive, activity can help each other to overcome these feelings.

Relatives want the home that they are involved with to be 'good' for the sake of their loved ones living there. If they feel involved, understand more about the home's general ethos and its policies, and can see what they might do themselves to add to the quality of life of the residents, this is to everyone's advantage.

Similarly, for managers there are also benefits. Some may fear that encouraging relatives to participate might create difficulties. But, with the more open communication and goodwill on all sides that a relatives group can promote, respect and confidence can be created between relatives and homes. This can only improve the quality of life of residents. Managers will come to see the existence of a relatives group not as judgemental or as a handy way of raising funds, but as an integral and supportive part of daily life in the home.

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

Working with Partners The Partnership Advice Line (PAL)

As reported in the last issue of the newsletter, since September 2007 the R&RA has been providing a dedicated phone line for residents (and their relatives) of the care homes of five not-for-profit care home providers. The participating partners promote the line throughout their homes and to people who contact them asking about care for their loved ones. The PAL runs alongside the general R&RA advice line.

As the partnership project progresses the effectiveness of the line is monitored noting, in particular, who calls the line and why. Over half of all calls to the PAL are from people who have a relative about to move into, or hoping to move into, a partner care home. Most of these calls, and over half of all calls overall, are about financial issues involved in moving into care – issues familiar to the R&RA generally such as shortfalls in fees and third party top-ups. There are fewer calls to the PAL than to the general advice line to do with concerns about care problems although there are some; these callers get the same level of advice and support as anyone else who contacts us.

ISSUE	% of calls
Financial issues	42
Admission to care homes	15
Information	15
Care issues	10
Family	2
Inspection	2
Moving	2
Other	8

The advice workers, Alison Clarke and Dominic Regan, work alongside Chris Ardill to provide all callers, whichever way they contact the R&RA, with the best advice possible. The whole organisation benefits from the different perspectives and experiences of new members of staff, whatever their backgrounds and current responsibilities. Having extra hands answering advice line calls frees individuals up to work on other projects as well, using the experience gained from talking to relatives in writing articles, applying for funding and talking to groups of care home managers.

(continued on page 3)



The Relatives & Residents Association Advice Line

020 7359 8136

Open 9.30am–4.30pm,
 Monday–Friday

We see the phone line as a 'win-win' for everyone concerned – for the callers who need advice, for the partners who by sponsoring the line demonstrate their commitment to ensuring customers have access to advice, and for the R&RA itself by expanding its work in such an innovative way and enhancing its national reputation.

For more information, contact Alison Clarke on 020 7359 8148 or alison.clarke@relres.org.



Alison Clarke and Dominic Regan,
PAL workers

We are always delighted to receive letters and emails from readers of the newsletter and callers to the advice line. Please contact us with your views, comments and ideas. We will be pleased to print them.

Choosing a care home

Dear R&RA,

Choosing a care home is always difficult. My advice (when asked) is to use your nose on entering (after a while one gets used to a heavy atmosphere), and look at the length and cleanliness of fingernails. A decider is whether the residents are allowed to wander about at will, or are sitting in neat, orderly rows. A good sign might be a bruise or stitches(!) Many years ago [1966] when I began my nurse training, I was seconded to a geriatric unit. There were two women's wards. One had a young ward sister who allowed her residents to wander at will. (One elderly woman thought she was still at her school cleaning job, and always had a brush and dust pan in her hand.) When one of the residents fell, the doctor on call would come and give her a 'once-over', fix a bit of sticking plaster, fill in the accident book and set her on her feet again. Off she would go, 'happy as Larry', having had a bit of fuss made over her. The other ward sister was an older woman. She believed in prevention, and had cot-sides and restrainers to prevent the residents getting out of bed, or out of their chairs, as the fancy took them. It was this second ward that had the broken arms and legs, because the residents had lost their muscle tone and their sense of balance.

When I moved my mother for the third time [2001], the decider for me was the elderly resident who took the ward sister gently but firmly over to the French window, opened it and put her out. And she let him do it!

Anon

No voice

Dear R&RA,

I have subscribed to the Relatives & Residents Association for quite a few years, ever since my dear mother was admitted to a nursing home and I felt the need for support and someone to turn to. Sure enough your brilliant staff chatted away to me about my rights as a daughter to watch over the care of my dear mum, who I reluctantly placed in a home due to dementia. In total my sweet mum spent eight years in three nursing homes before she passed away in May 2007.

However, the last injury, a broken hip, occurred when mum fell from her bed at 10am one morning. I had signed an agreement that a cot rail could be used to stop this happening, so it was a mystery how she had fallen, as she was too weak to climb over the rail. I was contacted by the nursing home to tell me mum had fallen, but she was fine, no need to worry. I arrived at the nursing home only to find mum crying out in pain. The manager insisted that there was nothing seriously broken, and that he was a qualified nurse. I said an ambulance should be called, he REFUSED, at which point I told him my opinion of his service and insisted on seeing the notes written on my mother's fall earlier that morning. This was when I noted it was 10am when the fall occurred. She had been in pain for seven hours. Staff told me they had heard her cries on and off all day. I asked for a copy of the notes and for those of you reading this letter please do so in similar circumstances. Consequently an ambulance was eventually called and my mum lay in A&E before being admitted for a broken hip.

The next day I contacted the local authority complaints dept who sent in a team to check the nursing home over. At the same time I contacted a solicitor who said I had a case for neglect and some months later the owners of the nursing home settled out of court. I would add my mother was partly self-funded and partly topped up by the local authority. I of course moved her yet again to another nursing home where she ended her days.

For what it is worth to anyone suffering the pain we did as a family I would say this: don't let the staff at the home make you feel beholden to them or that they are 'in charge' of your loved one. That doesn't mean there are not nurses who are angels in disguise, but unfortunately the elderly are getting the short straw in our society, especially those with dementia, who without loved ones have no voice.

Anon

MEMBERS – WE NEED YOU!

**Help us!
YOU ARE THE SECRET OF OUR SUCCESS!**

Our good reputation depends on our ability to represent to the world at large the true-life experiences of our members, especially those with direct experience of life in care homes as residents or as relatives of residents. Care provider members (managers, staff) also give us valued insights into care home life which helps us in our work.

This year we are trying to **double** our membership.

**PLEASE GET YOUR FRIENDS AND
COLLEAGUES TO JOIN THE R&RA!**

What do we want from care homes?

Roger Clough, Professor Emeritus of Social Care, Lancaster University

Over most of my work life I have been concerned at the attitudes that are held towards residential care and nursing homes. Most policy initiatives over the last forty years have been premised on the basis that people do not want to move into homes and that therefore services should help them to stay 'in the community'. Homes are the butt of stereotypical jokes. They are talked about as waiting rooms for death and the places where the residents sit around rooms, staring into space while the TV blares out in the background.

As with most stereotypes there are elements of truth: some homes are, or have been, poor places to live. But in spite of the policy drives, around 450,000 people in the UK live in residential homes. What is it like, I ask myself, to live and work in places that are regarded with so little esteem?

So I am trying to capture a different picture: what is it that is valued about residential living in later life? Some of the themes covered in this article were discussed in a *Guardian* article in January 2008: www.guardian.co.uk/society/2008/jan/09/longtermcare.socialcare. The article refers to research that I am carrying out into what people see as the positive aspects of residential care: www.eskriggerresearch.co.uk/rescare. Please pass on the information and encourage people to use the website.

Let me cover rapidly some key background points: many of those who state so certainly that older people want to stay at home at all costs are not themselves caught up in the range of problems some older people face. It is not inevitable that homes are regimented; hospices which recognise that death is near for those who live there are thought of as havens of good practice and supported by local communities.

Respondents to the survey have stated that the reality is that many residential homes offer very good experiences for those who live there. Noting the poverty of experience of some living isolated lives in the community with sporadic visits from care at home services, they have written about the good aspects of residential life:

- 'We are a happy family and all my

relatives and friends who visit comment immediately on the happy atmosphere'

- 'Not being a burden to my near and dear ones – at 102 likely to be imminent and possibly prolonged'
- 'Kindness and concern of the overwhelming majority of the staff'
- 'Removal of fear about the future – someone is there all the time'
- 'Being relieved of responsibilities. This has given me more time to do the things I enjoy doing'
- 'I have seen what good quality care can do to improve the difficult years as life ebbs away'
- 'Dignity during her last months'

The best nursing and care homes create a community of staff and residents where people are known and cared for. They are also seen as a part of local communities rather than as isolated from them.

I cannot predict my own health or that of my wife. I know neither the sort of problems that each of us may face, nor the sort of solutions that may be appropriate. I have to recognise that I too am imbued with the idea that the prospect of a move to a residential home does not seem attractive.

Yet in all of this is something deeper about the final stage of life's journey. I have no doubt that there is an underlying question as to the purpose, indeed the value, of this final stage. What is it that people are living for? Given that fear, it is not so surprising to find residential homes given so little esteem. We are frightened of confronting the reality of our lives. A quick death, asleep at home, is the vision of many. The example of the hospice shows that fears of what are seen as premature deaths from cancer can be turned into life-enhancing events.

Two survey respondents captured similar aspirations for residential homes:

- 'Like the hospice, to support the person to their own death with as much individuality as possible'
- 'We need to make years spent in a care home become an acceptable part of some (not all) life journeys'

Residential homes can provide the space to live to the full when death is near.



Roger Clough (above) is now Director of Eskrigge Social Research. He has been involved in training, research and writing about residential care for over thirty-five years. His first book *Old age homes* was published in 1981. Recently, he was the lead researcher for the Commission for Social Care Inspection's study of the restraint of older people.

r.clough@lancaster.ac.uk
www.eskriggerresearch.co.uk/rescare

Dementia

I sit alone, your hand in mine
 And strive to see your face
 But spattered blocks of recall lost
 Deny my anxious quest.

I must go home to where I was
 Before the shutters closed,
 Fragmenting thoughts with fear
 entwined,
 As isolation grows.

I'll meet my friends of yesterday
 I feel their love from then,
 I'll feel the joy of joining in
 Then glimpse my world of now.

Is this your hand I hold in mine?
 Its warmth feels safe within,
 A moment's grace from ceaseless loss
 When emptiness begins.

Pat Duff

The R&RA in Essex

A new initiative

Janet Russell, Joint Project Manager, Essex County Council

Relatives and residents are at the forefront of our minds in Essex at the moment, as we work with the national R&RA to establish a local affiliated organisation that will, we hope, be able to offer practical and personal help to Essex people to complement the specialist advice and information supplied by Chris Ardill and his team.

The initiative for this development has come from the county council, which has provided funding and support to establish the new organisation, which will be called 'The Relatives & Residents Association (Essex)'. In the longer term, the intention is to establish the 'R&RA(E)' as an independent, incorporated body, with trustees and board members drawn from a group of older people, service users and representatives from key partner organisations, including the providers of residential care in the county. The project will be piloted first in mid-Essex, with a launch date sometime in the early summer of 2008. Thereafter, all being well, it will be extended across the county. Essex is a big place, though, and we don't intend to let the 'R&RA(E)' develop into a centralised and faceless entity. Maintaining a local identity and welcoming, accessible character will be one of our priorities.

In setting the course for this new organisation, we will be paying close attention to the recommendations of the reports published in 2005 by the Office of Fair Trading and in 2007 by CSCI, both of which address the issues and problems so often encountered by people seeking,

entering and living in residential care. We are particularly concerned about the plight of self-funders, who may be cut off from the support and advice available to people who are in contact with the statutory services. We will also be looking to develop close partnerships with existing organisations in the county, many of whom are already doing an excellent job of supporting people negotiating the maze of residential care. Our role will be to focus energy and expertise in this specific area; to support the work of partner organisations already offering services to relatives and residents; to develop services that supplement or complement those already available, where a need is evident; and to provide a voice for relatives and residents in the forums where the policies are made that affect the quality of their lives.

The progress we have made so far would have been impossible without the superb support we have had, and continue to have, from Gillian Dalley and Chris Ardill from the national R&RA. Much inspiration has also come from people running local groups and similar services in various places, many of whom gave generously of their time and advice when we contacted them in the autumn of 2007. They are too numerous to name individually here, but we thank them all and will be in touch with them personally in due course to let them know about our plans. Their help encouraged us to turn the original idea into a set of practical possibilities that could underpin our thinking and our planning.

We are looking forward to continuing this fruitful collaboration with the national Association. Of course, we will be encouraging the people of Essex to make use of the specialist help that is uniquely available through the national advice line. In future, though, we hope that more and more of them will also be able to get the ongoing practical and personal support they may need to navigate successfully the obstacles and pitfalls that so often seem to lie ahead of those on the life-changing path to residential care.

For further details, contact one of the joint Project Managers: Janet Russell on 01621 868984 or Jan Lockyer on 01206 845131.

New leaflets from the R&RA

We have been working hard trying to bring our information materials up to date. As a result we are able to announce a new series of R&RA leaflets that will be available both on the web and in hard copy. We are concentrating on topics that are of greatest concern to people when they move into a care home.

One of their difficulties is facing the unknown – what will life in the home be like? What is the standard of care they can expect? How will difficult problems be handled? The leaflets set out what new residents should reasonably be able to expect. They cover:

- Clothing and laundry
- Communication
- Continence
- Contracts
- Mealtimes
- Medication
- Pain management
- Personal care

Leaflets will be available from May 2008. Look out for them on www.relres.org or contact alison.clarke@relres.org.



Fishing smacks and Thames barges moored at Maldon Hythe, Essex (courtesy of the Tollesbury Sailing Club)

The SomnIA project

A major research project investigates sleep problems in residential care

Dr Ingrid Eyers, Lecturer, Division of Health and Social Care, University of Surrey

R&RA CEO, Gillian Dalley, writes: 'We are delighted to be involved in the SomnIA project. Sleep problems among care homes residents are rarely acknowledged and almost never investigated. This research programme is the first of its kind and will provide important insights into the sleep experiences of older people in care. As a partner in the project, the R&RA is committed to supporting the research, building links with, and disseminating findings to, colleagues throughout the care sector.'

Think about how important sleep is. After just a few nights of poor sleep we struggle to function and we have difficulty thinking clearly. Among older people this can lead to an increase in falls and exacerbate cognitive difficulties.

This is why we are presently undertaking a large-scale study of older people's sleep. The SomnIA project will identify what determines poor sleep in order to develop ways of improving sleep for older people.¹ This four-year project involves a team of researchers from the University of Surrey, Loughborough University, Bath University and King's College London, as well as the Relatives & Residents Association as a project partner.

SomnIA involves two studies in care homes and research on older people living in the community; a comparison of these data sets will be very informative.

The initial care home study collects detailed data in ten care homes over a two-week period. In each home, twenty volunteer residents wear 'Actiwatches' (photo below) that record movement, providing information about when residents are asleep and awake over two weeks.



The participants are visited daily by a young researcher, Emma Cope, who has a beautiful smile. Emma sits and chats with each resident daily for at least ten minutes to find out how they slept that night and what they

have been doing since she last talked with them. This is recorded in diary form so that we can compare the daily diaries with the Actiwatch data. Emma and participants often have a good chat which Emma enjoys and she is touched by the many stories she is told about the rich lives of residents.

A full understanding of life in care homes also comes from collecting observational data about what care home life is like for residents and staff during the day and the night. Observations are conducted during at least one nightshift and two dawn and dusk shifts in each home. Audiotape-recorded interviews with staff and residents collect their views on what disturbs residents' sleep and promotes good sleep.

The second care home study looks at the effects of 'blue light'. 'Blue light', such as being outside during the day in sunlight or sitting near a window, is thought to improve sleep. We are measuring light within the care homes and the Actiwatches record the amount of light residents have been exposed to, providing evidence of whether residents who have been exposed to more light during the day also sleep better at night. We are currently in the midst of collecting data in care homes and look forward to letting you know about our findings and recommendations.

¹ The New Dynamics of Ageing initiative is a multidisciplinary research programme supported by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009).

For further information about the project, please visit the website (www.somnia.surrey.ac.uk), email SomnIA@Surrey.ac.uk or telephone 01483 689292.



Ingrid Eyers and researcher Emma Cope

Author of R&RA report gives presentation at Volunteering England conference

The discussion around volunteers in care homes initiated by the R&RA in 2007 (with its report and conference on *Volunteers in care homes for older people: an underused opportunity?*) continued in April 2008.

Rose Heatley, author of the report, was invited to lead a workshop on 'Engaging volunteers in the private sector' at Volunteering England's National Convention in Newcastle, 23–25 April 2008. Volunteering England is an organisation which supports and promotes volunteering nationally, carrying out research, tackling policy issues and offering guidance on good practice.

The invitation arose because of controversy within the volunteering world about whether volunteers should get involved in the private sector. Some people dislike the idea because they believe volunteers should only work with not-for-profit organisations.

Rose Heatley comments: 'I don't believe the volunteering world is yet aware that almost 80% of care home places are now in the private sector. Many residents don't have visitors, or enough to do. Volunteers could make a big difference. Volunteers should be able to decide for themselves where they work – after all, they are free to leave if they feel unhappy or exploited.'

Copies of Rose's report entitled *Volunteers in care homes for older people* can be obtained through using the form on page 8 or the R&RA website (www.relres.org).



Resident and volunteer at Rose Cottage Residential Home, near Huntingdon

Baby-boomers and parents

What do you do when your parents live forever? is a book for people born just after the Second World War. Someone born in 1945 is now sixty-three and either retired or soon will be. This is Generation X, the baby-boomers, the have-it-all people. Before they can settle down to enjoy this time, a serious cloud appears on the horizon. The parents of these same people if they were twenty-five when their baby was born in 1945 are now eighty-eight.

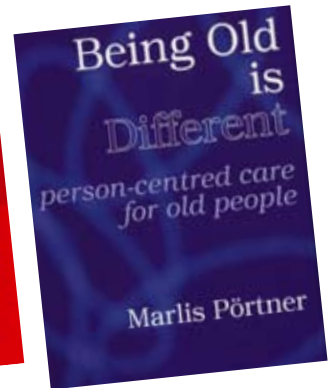
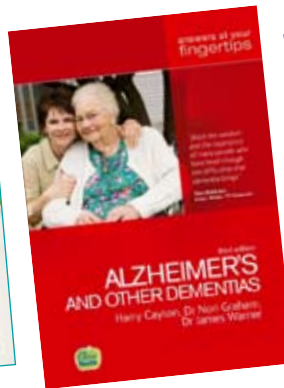
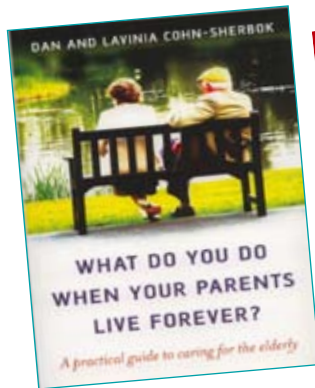
The people who came through the privations of the war and benefited from the general improvements in living and health conditions since seem as if they might go on living forever. With a long life, however, come all the problems of old age. The book covers all the areas of concern from health to relationships to organisation and planning.

Bulleted lists highlight all the points of a topic with a little general information. While this means nothing is left out, it can be a little overwhelming to be confronted with so many points in what is still for many people a loving care willing undertaken.

There are examples of situations throughout. Children and parents react in individual ways to the difficulties of old age and its practical concerns. These snapshots bring life to what can seem endless lists. However, there is no context given and no references so the snapshots have less force and emotional validity than they might have had.

The authors, an academic and a former headmistress, have both cared for very aged parents. They have tried to make this book appeal to a British and an American public, but while there is much in common it may seem too mid-Atlantic. However, they are clear and honest in confronting all the issues facing our ageing relatives.

A new situation begins a steep learning curve: for many children of elderly parents that is what happens – usually when they least expect it – and it can go on for what seems forever. As a first step on that learning curve this book certainly sets out to cover all the bases, which it does well. It would not be wise to see it as a tick list or to feel that everything is well if you have worked through a list. It is a beginning to make you think. There is no answer to the title of this book here, but it does indeed put up signposts on the road.



Dan and Lavinia Cohn-Sherbok, *What do you do when your parents live forever? A practical guide to caring for the elderly*, 2007, ISBN 978-1-84694-028-6, paperback, £11.99
Published by O Books (www.o-books.net)

Reviewed by Gerard McMullan, former carer and chair of the Patients and Public Involvement Forum (PPIF) for Islington PCT

New books on older people and care

These three books focus on older people in need of care. One is aimed directly at relatives, the others have a more diverse audience. The latest edition of *Alzheimer's and other dementias*, aimed at answering the questions that concern relatives of older people with dementia, gives plenty of useful tips and advice and is set out in clear question and answer format with a comprehensive glossary of the terms that can confuse relatives navigating the system of medical, statutory and private care.

Being old is different discusses the principles of person-centred care and, while there are examples where the author uses practical situations to illustrate principles of care, much of the book is a mixture of academic discussion and more abstract notions of ageing and care.

Being: an approach to life and dementia, which could be described as a coffee table book about dementia, seems to cover yet more abstract ground. At first glance, lovely full-page pictures of white water rafting and pebbles on a riverbed may confuse the reader as to their purpose, but the words accompanying the pictures anchor the book securely in the principles of understanding the world as it is experienced by a person with dementia. The book is designed to be of use to, and used by, everyone affected by a diagnosis of dementia whether they have dementia themselves, are a relative or



a carer, paid or unpaid. The look of *Being* certainly represents a new departure in books on dementia care and caring for older people. Is dementia care being dragged into the spotlight, no longer the Cinderella of care services? We shall see.

Such is the level of recent interest in how older people are cared for that you could be forgiven for believing that the messages about care covered in all three of these books are newly discovered. The fact that they aren't new, though, doesn't mean that they don't need repeating. Person-centred care is the holy grail of dementia care and it is the translation of these principles and values, expressed so well in these books, into practical and easily accessible ways of working for care staff on the care home floor that is the greatest challenge.

Harry Cayton, Dr Nori Graham and Dr James Warner, *Alzheimer's and other dementias: answers at your fingertips (third edition)*, 2008, ISBN 978-1-85959-148-2, paperback, £14.99 inc. free p&p, tel 01256 302 699 quote code V29 or go to www.class.co.uk
Published by Class Publishing (www.class.co.uk)

Marlis Pörtner, *Being old is different: person-centred care for old people*, 2008, ISBN 978-1-898-05999-8, paperback, £13
Published by PCCS Books (www.pccs-books.co.uk)

David M. Sheard, *Being: an approach to life and dementia*, 2007, ISBN 978-1-872874-77-7, hardcover, £20
Published by Alzheimer's Society (www.alzheimers.org.uk)

Reviewed by Alison Clarke, R&RA advice line worker

MEMBERSHIP & ORDERS

Please tick and complete as appropriate:

- Individual membership
(annual subscription £15)
- Corporate membership
(annual subscription £60)
- 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):

.....

Organisation: Type of Home (if applicable):

Private	Private
Voluntary	Voluntary
Public	Local Authority

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

I am interested in becoming a volunteer

Office Use only:

RV: Date:

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CONFERENCE ANNOUNCEMENT

R&RA Conference London, 16 July 2008

'Will they look after her?'

Health and wellbeing in care homes

- Dental care
- Involving the GP
- Medication reviews
- Sleep problems
- Sight and hearing services
- Foot care
- Hospital links
- Family involvement

'Will my mother be cared for properly?' 'Will my father's medication be reviewed regularly?' 'Will they be able to see the GP when they need to?'

When older people go into residential care, families often worry about the care their relatives are going to receive. They do not know what to expect on their behalf, or what rights they have as families to be kept informed and involved.

This conference will explore the concerns that families have and hear from health and social care professionals responsible for providing the care that residents receive.

Delegate fees: £90 (£25 R&RA individual members)

Who should attend?

Relatives of care home residents • Health and social care professionals • Researchers • Care home managers • Care home inspectors • Voluntary organisation members

For details of venue and speakers, please contact:

Laura Jones on 020 7359 8148 or email laura.jones@relres.org

Helping out at the R&RA



This issue's 'Helping out at the R&RA' corner features David Smith, who writes: 'I have been volunteering at the R&RA for a year. I have been able to gain a wide range of experience of office administration, which will increase the possibility of finding a job in the charity sector.'

I have been working on a filing and archive project, which has been a rewarding and interesting experience for me. One of the unexpected benefits of being a volunteer here is that you get a real sense of contribution to other people.'

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.

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