



Namaste Care: A model of palliative care for people with advanced dementia

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- To STOP and press pause before we begin.
- To recognise dementia(s) as life limiting syndrome(s) which could benefit from a palliative approach.
- To come to our senses and review the practice of Namaste Care in various settings.
- To introduce the M-Technique as one of the sensory engagement practices that could be introduced for people feeling anxious and upset.





STOP practice 5.4.3.2.1.



When should a palliative approach begin for people with dementia

A: At diagnosis

B: During the final year

of life

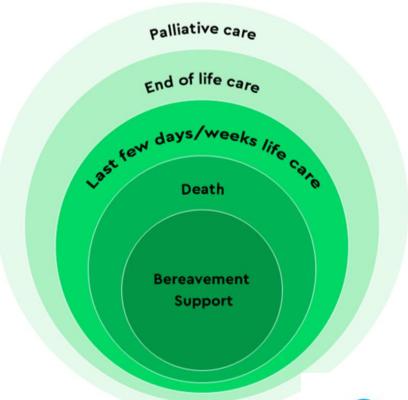
C: Once it is clear the person is dying

A palliative care approach for people with dementia – from diagnosis

A palliative care approach (from diagnosis, through death and into bereavement) to dementia should look at symptoms across the four pillars of palliative care...

but in reality, we tend to over-focus on physical and psychological symptoms, while spiritual and emotional needs can be overlooked, especially around the time of diagnosis, where such needs may be significant.

Timmons et al (2022) Age and Aging, Vol 51(3) Available Online: Palliative care for older people with dementia—we need a paradigm shift in our approach | Age and Ageing | Oxford Academic (oup.com)







The most common form of dementia is

Frontotemporal dementia

Vascular dementia

Alcohol related brain damage

Alzheimer's disease

The different kinds of dementia

Dementia is not one thing. There are several routes to similar symptoms

ALZHEIMER'S 62%

Causes problems with memory, language and reasoning. 5% of cases start before age 65

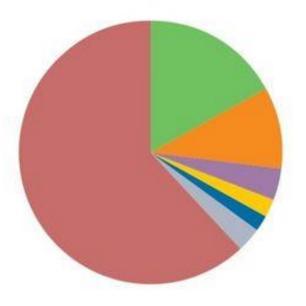
VASCULAR DEMENTIA 17%

Impaired judgement, difficulty with motor skills and balance. Heart disease and strokes increase its likelihood

MIXED DEMENTIA 10%

Several types of dementia contribute to symptoms. Most common in people over 85

SOURCE: ALZHEIMERS.ORG.UK



OTHER 3%

Conditions such as Creutzfeld-Jacob disease; depression; multiple sclerosis

DEMENTIA WITH LEWY BODIES 4%

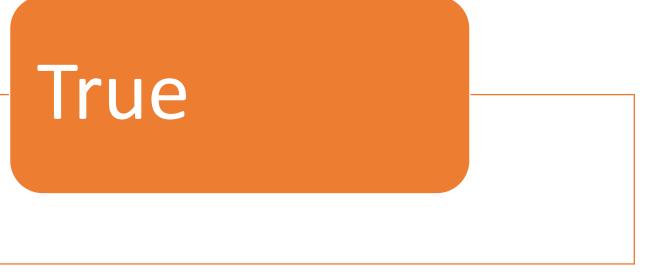
Caused by Lewy body proteins. Symptoms can include hallucinations, disordered sleep

FRONTOTEMPORAL DEMENTIA 2%

Personality changes and language problems. Most common onset between the ages of 45 and 60

PARKINSON'S DISEASE 2%

Can give rise to dementia symptoms as the condition progresses Although dementia has a common set of symptoms, each type presents itself differently



False



Dementia

An umbrella term used to describe a collection of brain diseases and their symptoms, which include: memory loss, impaired judgment, personality changes, and an inability to perform daily activities.



Alzheimer's Disease

Prevalence

60-70% of dementia cases

Characterized by

Amyloid plaques and beta tangles.

Symptoms include

Impairments in memory, language, and visuospatial skills.



Vascular Dementia

Prevalence

10-20% of dementia cases

Characterized by

Disease or injury to the blood vessels leading to the brain.

Symptoms include

Impaired motor skills and judgement.



Frontotemporal Dementia

Prevalence

10% of dementia cases

Characterized by

Deterioration of frontal and temporal lobes of the brain.

Symptoms include

Personality changes and issues with language.



Lewy Body Dementia

Prevalence

5% of dementia cases

Characterized by

Lewy body protein deposits on nerve cells.

Symptoms include

Hallucinations, disordered sleep, impaired thinking and motor skills.



Other Dementias

Prevalence

5% of dementia cases

Dementias related to

- Parkinson's disease
- Huntington's disease
- HIV
- Crutzfeldt-Jakob disease
- Korsakoff syndrome

knowing the person – knowing the dementia

Palliative care for older people with dementia—we need a paradigm shift in our approach - PMC (nih.gov)

Older people with dementia have multiple palliative care needs, with pain, agitation, dyspnoea, aspiration and pressure ulcers being common and persistent in advanced dementia.



Anticipating the person's possible symptoms requires knowledge of the whole person, including the type of dementia, which is problematic when the dementia type is often not documented.

How many people are estimated to be living with dementia in Scotland currently?

A: 9,000

B: 90,000

C: 900,000

How many people are estimated to be living with dementia in Scotland currently?

B: 90,000

How many deaths in Scotland were caused by dementia (2021)?

A: 600

B: 3,000

C: 6,000

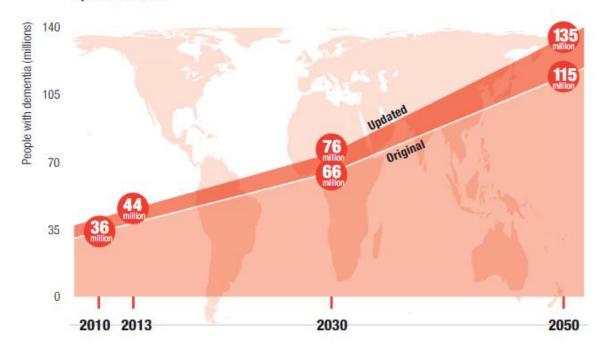
How many deaths in Scotland were caused by dementia (2021)?

C: 6,000

Increasing
Numbers of
People with
Dementia
Worldwide

(PDF) The Global Impact of Dementia: 2013-2050 (researchgate.net)

Figure 2 Increase in numbers of people with dementia worldwide (2010-2050), comparing original and updated estimates



Compared with people cancer, people with dementia are more or less likely to experience pain in the last six months of life.

More

Less

(PDF) Journey of Caring: an analysis of longterm care for Dementia. (researchgate.net)

Symptom burden at the end of life

Pain Depending on the setting, the stage of dementia, and the method of ascertainment, between 20% and 50% of people with dementi report some form on pain in the course of their illness progression ⁵⁵, with higher proportions affected towards the end of life ^{50,56}. People will dementia are more likely to experience pain in the last 6 months of life, compared to cancer patients (75% vs 60%) ⁵⁷.

Please take some time between classes to take a good look at the pain assessment (cognitive impairment - guideline.

 Scottish Palliative Care Guidelines - Pain Assessment - Cognitive Impairment

Half to three quarters of people with dementia experience shortness of breath - and this increases closer to death

True

False

Symptom Burden at the End of Life

Pain Depending on the setting, the stage of dementia, and the method of ascertainment, between 20% and 50% of people with dementia report some form on pain in the course of their illness progression ⁵⁵, with higher proportions affected towards the end of life ^{50,56}. People with dementia are more likely to experience pain in the last 6 months of life, compared to cancer patients (75% vs 60%) ⁵⁷.

Pressure sores several studies have recorded the prevalence of pressure ulcers towards the end of life, varying from 17% in a study of terminal dementia ⁵⁸ to 47% in a study of older adults with advanced dementia living in seven Italian long-term institutions ⁵⁹. This is a key indicator of quality of care.

Shortness of breath a recent review of the literature identified that shortness of breath is a common symptom in about half to three-quarters of people with dementia ⁵⁰, and increases closer to death ⁵⁶.

Eating and swallowing problems Problems with swallowing are common in advanced dementia. However, the use of feeding tubes, while widespread, is controversial, and needs to be evaluated carefully with respect to patient and caregiver preferences, and the balance of risks and benefits for individual patients. A Cochrane systematic review suggests that tube feeding in dementia patients does not confer any benefit regarding nutritional status, reduction of pressure sores, mortality risk or survival time ⁶⁰.

Infections Pneumonia and other infections are often the direct cause of death for people with dementia. Up to 71% of dementia deaths are directly linked to pneumonia ⁶¹, a condition which can cause much discomfort, but which can be alleviated through effective palliative care.

Agitation and other psychological

symptoms It has been estimated that 90% of people with dementia will develop some form of behavioural and psychological symptoms of dementia (depression, anxiety, hallucinations, delusions, wandering, agitation, aggression), and that over half of people with dementia remain agitated, and distressed towards the end of life 49.

Story-telling — 'Silent and Invisible' and 'It's asking a lot'

Elizabeth is 84 years old. She has lived with Alzheimer's disease (AD) for the past eight years. She no longer walks, sometimes she makes sounds but most of her day is spent in bed; she becomes invisible. John has an irreversible dementia and is "parked" in front of the nurse's station for hours at a time. He occasionally cries out but no one can understand why. If he cannot be calmed, he is put back in his room; he becomes invisible. Emma, Julia and Harry all have been diagnosed with AD and are unable to actively participate in any of the activity programs offered. They are taken to a "day room" where they stare blankly at a television set; they are quiet and become invisible as staff scurry to assist the more vocal residents.

Residents like these are typical of thousands of nursing home residents with advanced dementia who are well cared for medically; given medication, vitals taken; they are groomed, changed, fed and bathed. They are the silent ones; easy to overlook as they are not vocal. As healthcare professionals, we should be asking, are we doing enough for these silent residents? Is this quality of life? Are we meeting their spiritual and social needs? Are we providing meaningful activities for the person with advanced dementia? Who is listening to their silent cries

"With um various dementia symptoms, the confusion, the agitation, umm, in patients can be very difficult to deal with Everything is always very time consuming And well that needs to be allowed for because I mean the practicalities and reality of it is that we haven't got the staffing for it. I mean the ward is short staffed Even when we are fully staffed it's asking a lot to be able to spend enough time to calm a patient down enough to be changed" (002/01 Staff Nurse).

• "It can be very sad sometimes to see the patients, because they are not engaging, they are not stimulated, even if they are in a bay. There's nurses and healthcare assistants, plenty of people coming in and out of the bay. They've got other patients around them but they're just sat in the corner. They're not engaging, they're not stimulated...Umm, that can be very difficult" (002/01 Staff Nurse).

https://apm.amegroups.org/article/view/15631/html

Draw your feelings

 How do you feel on listening to these stories



Can you name your feelings?

Anxious	Uncomfortable	A bit silly	Relieved	Comfortable	Included
Confused	Misunderstood	Numb	Connected	Fortunate	Moved
Awkward	Flustered	Frustrated	Valued	Calm	Respected
Tired	Powerless	Let down	Heard	Trusted	Reassured
Overwhelmed	Confused	Embarrassed	Hopeful	Surprised	Confident
Unsupported	Stuck	A little irritated	Safe	Encouraged	Pleased
Fed up	Apprehensive		Supported	Excited	

L: Of these 14 spiritual and emotional needs – how many were met?

Spiritual Needs List (Richards, Bell and Troxel)
Emotional Flower of Needs (Kitwood)

- To be connected
- To be respected and appreciated
- To be loved
- To be known and accepted
- To love
- To give and to share
- To still become
- To have hope
- (Richards 1990, Bell and Troxel 2001)



We need...



Namaste Care – in Namaste Care We Are...

- Nurturing the spirit within, and Nurturing strengths that remain
- Assessing and meeting individual needs and preferences
- Monitoring the impact
- Accessing resources and support
- Soothing harmonious healing spaces, and Sensory engagement practices
- Therapeutic scheduling
- End in Mind

- Changing how we think about and organise care
- Attending with intentional presence
- Reaching out, building our team. Reaching in, caring for carers
- Enriching and improving experiences of living and dying

Creating a more soothing, harmonious space.

Use what you have on hand today

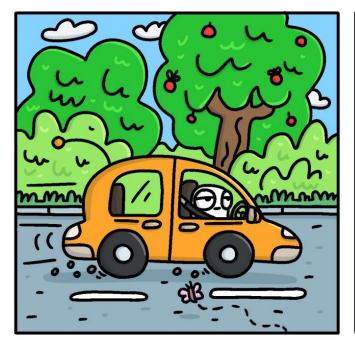
Can you take a minute to create a more soothing, harmonious space.

What do you need less of in the space?

What do you need more of in the space?

Think of all the senses

- Things you can see
- Things you can hear
- Things you can feel
- Things you can smell
- Things you can taste.



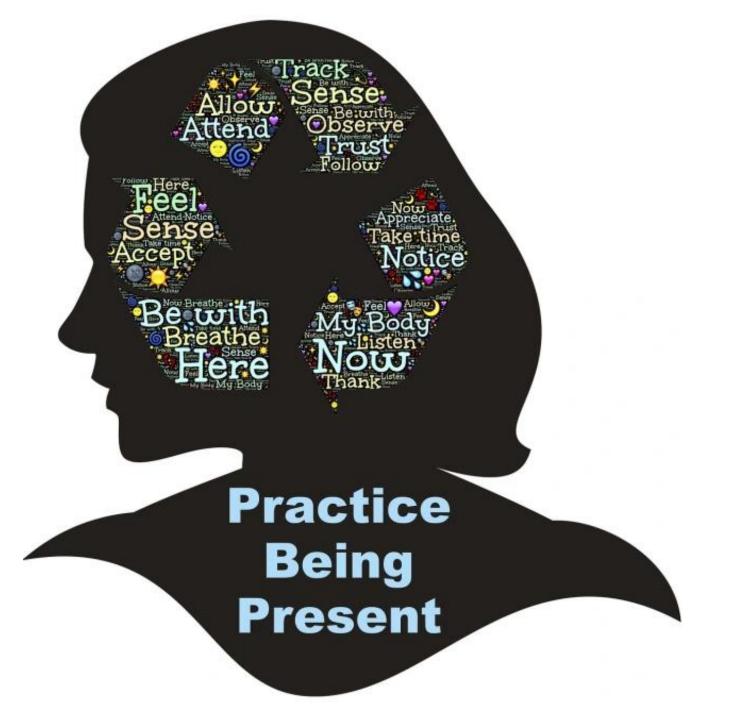






ADAM FOREMAN

SLICE OF MALLOW





Paying attention to

- Physical layout
 - What does it look like
 - What does it feel like
 - What does it smell like
 - What does it sound like







Story Telling – 'slowly and tenderly'

- After breakfast Matthew was offered a session Namaste Care. The Namaste Care Partner spoke warmly to Matthew, telling him what s/he was about to do. S/he calmly tidied up the room, put soothing music to create a relaxing atmosphere on to play, and put a few drops of lavender oil onto a tissue and placed it near Matthew. The Namaste Care Partner made sure Matthew was comfortable, pain free and in a chair that was close to the window.
- Matthew had expressed how much he liked looking at the mountains when he was still able to communicate
 verbally, so placing him near the window was a way to honour his wishes. A quilt was tucked around him and small
 pillows and rolled up blankets were placed around him to ensure he was as comfortable as possible during the
 session.
- Next to Matthew was an over the bed table with pictures of his family; one of his children, one of his wedding and a more recent one on the beach with his wife, Celia.
- A special treat for Matthew was being shaved in the Namaste way slow and tender. The Namaste Carer gently explained that he was going to have a wonderful shave to get ready for his visit with Celia (his wife) who would be visiting in the afternoon. The Namaste Care partner described everything she was doing as she was doing it. 'I'm placing this cape round your shoulders Matthew, I slowly washing your face with a warm facecloth how does that feel? I'm smoothing this cream on your face, can you feel it, can you smell it? I'm using the razor now, I'm using slow and careful strokes, one, two, three. I'm rinsing the razor in the warm water. I'm wiping all the shaving foam away, and here comes the cool aftershave. Can you feel that, can you smell it? The Namaste Care Partner did all h/she could to enrich this episode of care so it was a pleasurable and positive experience.
- Celia told us that, as a business man Matthew was always well groomed this shaving ritual honoured his personal history.

- Matthew loved music and Celia had made a playlist of music that had been important to them. Some days Matthew would listen to his music with headphones (for 15 mins at a time). His eyes seemed to light up at particular songs. Matthew also loved poetry and so sometimes the Namaste Carer would read a poem aloud while sitting close beside him.
- On the days when Celia was coming to visit one of her scarves sprayed with her perfume was placed around his shoulders. When Celia arrived she was greeted warmly by the Namaste Carer who told Celia all about Matthew's morning. She deliberately told Celia about all the positive things that s/he and Matthew had shared together the shave, the music, the way he tapped his foot, the way he rested his head on her shoulder when she read him a poem aloud. As his condition deteriorated it was important for Celia to hear how Matthew was, and how well he was being cared for, and cared about. Like so many spouses, Celia had cared for Matthew on her own for many years it was difficult to turn his care over to other people and to live without him. The Namaste carers recognised this and were appropriately warm and affectionate towards Celia.
- During the afternoon Matthew had passive exercises. He also seemed to enjoy the range of musical sounds rain stick, bells, wind-chimes that the carer brought for him to hear. Matthew especially liked chocolate pudding; his eyes glowed when the chocolate arrived and either Celia or the Namaste carer carefully and slowly helped him to eat it.
- Sometimes the Namaste carers just held his hand and looked in to his eyes. They encouraged Celia to do the same on her visits.
 Matthew was cared for with affection, and had a peaceful serene demeanour, so staff believed he knew they cared about him.

Let's press pause, add a comma and tune into our curiosity.



Story Telling — 'on-the-go'

Case Study 2- 'Andrew'



- Extremely driven in presentation, always on the go, impacting on physical health- poor food and fluid intake, unable to obtain observations, developing sore feet from repetitively mobilising etc.
- Flexible use of Namaste Care: walking with Andrew and engaging in conversation, offering a hand/ initiating touch, moving on to hand massage and deep pressure.
- Adapted approach to use 'Namaste on the Go', hand massage, gentle but firm pressure on joints (shoulder) which helped with connecting and to calm, walking with music (portable speaker) provided finger foods and drinks on the go.
- Staff would slow walking pace, which cued Andrew to do the same.
 Did this over several days/week, eventually he slowed, cued by seats
 in corridor, using visual and simple verbal cues he eventually would
 stop and sit for increasing periods.





Case Study 2- 'Andrew'

Tees, Esk and Wear Valleys

 Namaste became part of regular daily routine, would have morning Namaste Care session to help with sense of wellbeing and 'setting on right track' for the day.



 Reduced frequency of incidents, improved food/ fluid intake (would sit with others in the dining room and eat) able to take observations, accepted podiatry following a session.







 Liaising with care home at point of leave from the ward. Importance of handing this over and sustaining the positive impact Namaste Care had for him- staff modelled how to support Andrew using Namaste Care during a week's Section 17 leave.



Story Telling – 'he shared his wishes...I tried my best'

- I'm Emily. I'm the first hospital-based Namaste Care Practitioner in the UK...maybe in the world. I won the Hospital Hero award in 2024.
- In 2020, when we were trialling Namaste Care on Tennyson Ward for 6 months I got to see the impact on the hospital patients, staff and family members.
- Unfortunately, due to Covid no visitors were allowed, but I would call the next of kin before and after a session to find out what they liked and didn't like and to feedback on how things went. Each of them appreciated the update and took comfort in the fact that I was there to care for their loved one at a difficult time.
- One lady comes to mind. She was at the end of her life and her husband wasn't allowed to come in.
- The End Of Life Team at Medway Hospital informed me that they thought she didn't have long left.
- I called her husband to ask if he'd like me to say, do, or play anything in particular with his wife.
- He shared his wishes for his wife with me, and I packed my goody box of Namaste things, put on full PPE and went into her side room.

- I didn't think she was in pain, but she looked tense.
- I introduce myself while taking her hand in mine.
- I played "I did it my way" by Frank Sinatra (as advised by her husband).
- I used lavender spray in the room.
- I had a soft moisturiser and I sat by her bed side.
- I started giving her a light hand massage and spoke to her about her family. I told her I spoke with her husband – he wanted her to know that she was so loved.
- I told her she was safe, with me. She was not alone.
- Her body became less tense while I was with her.
- I combed her hair saying how beautiful she was, and I just tried my best to make her space full of calmness and love.
- I was with her when she took her last breath.
- It was very peaceful and I put that down to Namaste Care.
- Her husband took great comfort knowing she wasn't on her own and that she felt loved before leaving.
- I then continued with Namaste Care as a final act of care right up until her body was collected by the mortuary staff.
- Namaste Care has had a tremendous impact at Medway Hospital for everyone.
- People who may not have heard about it have witnessed it in al it's glory and now understand and respect Namaste Care.

Story Telling – 'the mum that shone through'

In https://www.amazon.co.uk/Namaste-Care-People-Kendall-Nicola/dp/1785928341?asin=1785928341&revisionId=&format=4&depth=1

Dr Trish Winter: Family Carer

- I open the front door. Mum's head appears at the far end of the kitchen to investigate the sound.
- When she sees me her face breaks out into a smile and she comes toward me with open arms.
- Her trousers are rolled up. Her hair is dishevelled. She is happy and animated.
- Grabbing my hands she takes me to the back room where I find Rosie – Mum's Namaste Care Volunteer - sitting in one of two reclining chairs.
- Rosie is surrounded by stuff.

- There are books, photographs, sheets of paper with poems on them, Mum's treasured life-history book, towels, oils, lotion and a washing up bowl.
- The room is in disarray but the atmosphere is calm, purposeful and fragrant. This is the Namaste space that mum and Rosie have created together and that, mum was so keen to show and share with me.
- In the years mum was living with dementia we encountered lots of different medical and care services, activities and groups. Some she enjoyed, some she tolerated, some she firmly refused to entertain.

- We heard much talk of person-centred care, but often those services, while well meaning, were not so person centered for reasons of resources, training or understanding. Mum had an unwavering radar for this, and she fiercely exercised her power of refusal when something wasn't right for her.
- The Namaste approach, in our experience, was genuinely centred on Mum as a person, and this is why it was so powerful.

 Mum had a great sense of fun, even in her darkest days. Shortly after she was admitted to hospital in what would be her final weeks of life, she was taken for an X-Ray. We wheeled along the corridor in a little procession, Mum centre stage in a wheelchair pushed by a nurse with another nurse as side runner holding the bag of fluids and me bringing up the rear. We were approached by similar procession travelling in the opposite direction. As we glided past each other, Mum acknowledged the crossing with a silent and stately thumbs up. When I collected her from the X-Ray the technician was still laughing – when the flash went off, mum smiled for the camera.

- When Namaste Care talks of 'honouring the spirit within' this is the spirit I think of – the Mum whose humanity and sense of fun shone through at the very moment that she was reduced to the status of a frail body in a hospital bed.
- My mum was clever and studious and sang to us.
- My mum was a photographer and teacher. She was a magnificent baker who iced her own wedding cake and supposed us with scones, sausage rolls and lemon meringue pie.
- This was the mum that Rosie honoured.

- It was never a case of Rosie 'doing something' to mum, jollying her along or trying to persuade her to get involved in an activity that somebody else thought would be good for her. Instead, she skilfully and sensitively created an environment and warm relationship where activities emerged between them, always with mum's interests as a starting point.
- Although words were increasingly failing her, mum had the pleasure of communication with Rosie in many different ways, through touch and poems and walking together, through looking at pictures and reading stories of her life and her hometown, through songs and laughing and knitting.
- The memory of mum bringing me into her Namaste space became one of my most treasured memories from mum's later life. As I replay it I am reminded that Namaste Care was not only important for our creative, sharp, skilled and fun-loving Mum, but for me and the family.



Namaste Short Questionnaire (NSQ)

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

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

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

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

Any others? (Please list)

Was the session interrupted or disturbed in any way?

Yes/No (please circle)

If yes, please describe how:

Any other comments about the session or residents



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

Physical well-being This includes anything to do with the person's body and physical sensations e.g. level

of comfort; pain; warmth/cold etc.

Emotional well- This includes anything to do with the person's emotions and feelings. e.g. level of

being distress; anxiety or signs of happiness/contentment etc.

Awareness This concerns the extent the person is aware of or interacts with the world around

them e.g. looking at specific items, following sounds or interacting with another

person or thing

/alertness



Residents Initials	Start of Session														End of Session																		
Please make a note of each resident's initials in the boxes below.			hysi ell-b		3				onal eing			Awareness / alertness								hysi II-b		,			noti ell-b					aren ertn	ess	-	Asleep
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5			1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
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	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5			1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	

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

<u>Latham-2020-VoR-The-impact-of-implementing-a-namaste-care-intervention-in-UK-care-homes-for-people-living-with-advanced-dementia.pdf (worc.ac.uk)</u>

Qualitative Impacts of N	ICI-UK Implementation
Themes	Sub-Themes
RESID	ENTS
Improvements in physical wellbeing	 eating better weight gain relaxation increased mobility where restricted
Improvements in mental wellbeing	- reduced displays of anxiety - reduced frustration - increased positive emotional expressions
mprovements in responsiveness/connection	- increased verbal communication - use of words - increase in eye contact - increase in spontaneous verbal expression

S	TAFF
Increased sense of purpose	- pride in Namaste Care - reflection on other areas of care
Improved staff wellbeing	 opportunity for relaxation provide meaning to work 'magic moments' with residents
Developing positive relationships	 between staff and residents in session between staff and residents outside session between family and staff

Y
n/a
- with their resident - with staff members
 resource donations invitations to training volunteering in sessions sharing information sitting in on sessions
OME
to demonstrate to visitors opinions of external professionals
n/a

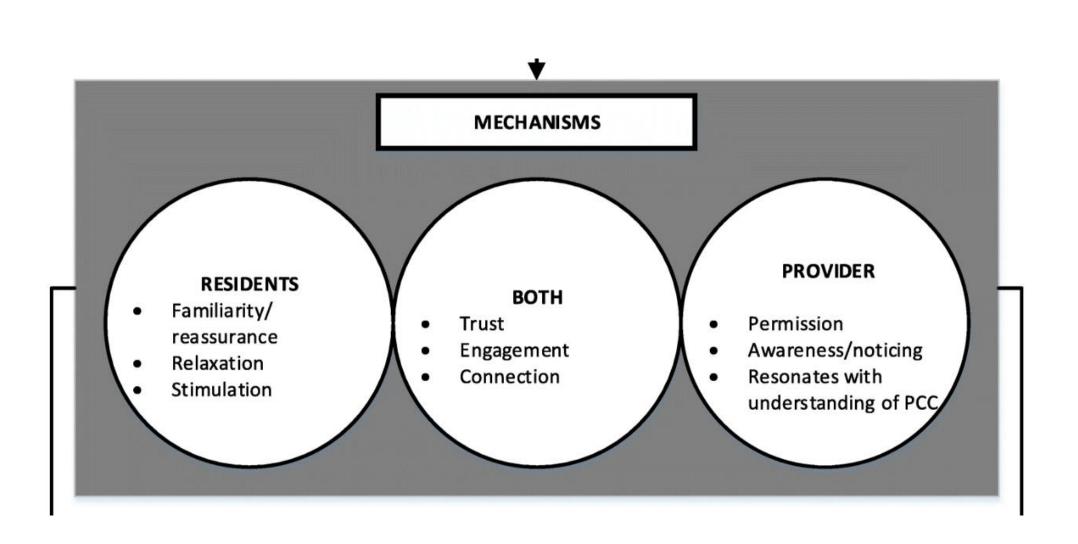
Improving living and dying for people with advanced dementia living in care homes: a realist review of Namaste Care and other multisensory interventions | BMC Geriatrics | Full Text (biomedcentral.com)

1 19. J

From: Improving living and dying for people with advanced dementia living in care homes: a realist review of Namaste Care and other multisensory interventions

CONTEXT

- Regular structured access to social and physical sensory stimulation
- Equipping staff to cope effectively with complex behaviour and variable responses
- Providing a framework for care home staff to deliver person-centred care



Outcomes

Leads to (supported by evidence)

- Reduced agitation/anxiety
- Improved mood

Potentially leads to (some evidence but weaker)

- Improved communication
- Increased staff satisfaction
- Namaste Care becomes routine aspect of care

The M-Technique

https://www.youtube.com/watch?v=OfZxM6jTr9s

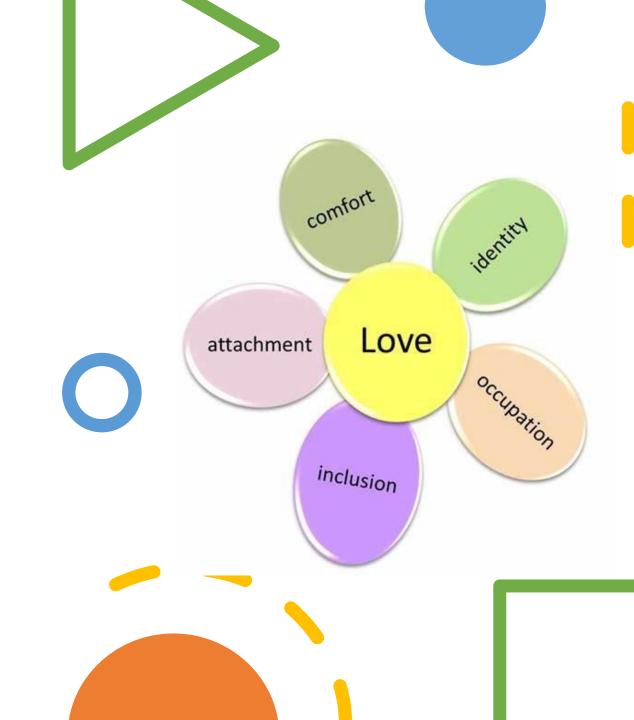
Story Telling — 'I am so grateful...'

- Mum had been an active resident this past three months she was in bed and could not engage as she used to.
- Jane told me about Namaste Care she coached me in eye hugs and I tear up as I write because it became such a meaningful way for Mum and I to connect. Jane taught me how to offer mum comforting touch and think about using a calm even tone of voice to describe what I was doing.
- I saw Jane hang up colourful scarves round the room to create a different kind of atmosphere, she also put a wind chime up where mum could see it and she used a diffuser to make the room smell like lavender and lemons. I watched as Jane offered a beautiful hand rub that left mum looking calm and rested.
- The room was filled with gentle music, lovely smells, and felt calm and peaceful and beautiful – and I am so grateful that when mum died she did so in a room that was enhanced and with staff who knew how to connect and communicate with mum and maintain her dignity and comfort right to the very end.
- Many thanks, from a grateful daughter

Of these 14 spiritual and emotional needs – how many were met?

Spiritual Needs List (Richards, Bell and Troxel)
Emotional Flower of Needs (Kitwood)

- To be connected
- To be respected and appreciated
- To be loved
- To be known and accepted
- To love
- To give and to share
- To still become
- To have hope
- (Richards 1990, Bell and Troxel 2001)



Draw your feelings

 How do you feel on listening to this case study?



Latham-2020-VoR-The-impact-of-implementing-a-namaste-care-intervention-in-UK-care-homes-for-people-living-with-advanced-dementia.pdf (worc.ac.uk)

Guidance for Namaste Care Workers V3 updated
(worcester.ac.uk)

Guidance for Care Homes V3 updated (worc.ac.uk)

<u>Guidance for Care Homes - Implementing Namaste Care - Worcester Research and Publications</u>

Namaste Brochure.cdr (lancs.ac.uk)

<u>Introducing Namaste Care to the hospital environment: a pilot study - St John - Annals of Palliative Medicine (amegroups.com)</u>