

## BOOK REVIEW

Sarah Crockett, (2013). *Activities for Older People in Care Homes*, London: Jessica Kingsley. ISBN 978-1-84905-429-4

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### Introduction

This valuable book is aimed at staff caring for older people in Care Homes. The author, Sarah Crockett, provides lots of ideas and points care staff towards other resources which are available, in order to stimulate the provision of lively activity in residential care for older people in Care Homes. The experience of providing activities in residential care for over ten years is evident in Crockett's definition of activity. She explains that every moment can be an activity – whether someone is flicking through a magazine, out on a trip, using bathroom facilities, watching the cat, talking to someone or making a piece of artwork. Periods of inactivity can be turned into meaningful moments just by stopping to chat and really *listening* to what a person has to say.

### The organisation of the book

In the first chapter discussing the basics of dementia, the author explains that all the different dementing diseases create an individual route into dementia. As each disease is different, so is each person who experiences the disease. The different types of dementia are clearly explained. Because dementia is a progressive disease, readers are warned that care staff will meet people who may have just been diagnosed and who have become expert in covering up their memory lapses. They will also meet people who are right at the end of their journey, usually nursed in bed and largely unable to respond to the care worker. Part One explains the importance of activities and how to get started. After describing the basics of dementia, the aim of activities and assessing residents, using life stories is discussed. In this practical book, attention is paid to care planning activity and the value of timetables and encouraging people to join in. Sensory activity, environmental and reality orientation as well as recording what activities which have been done are full of invaluable suggestions. The last few chapters in Part One concentrate on assessing the risks, budgeting and money stretching and

communication problems with other members of the team who do not understand the importance of person-centred care. Part Two answers questions about what activities carers can actually do. These chapters provide 17 themes of inspiring activities for residents. This encompasses: artistic work, cooking, exercise, games, gardening reminiscence, sensory activities, spiritual and religious themes, theme days and trips out of the Care Home. There is a rich source of resources which can be used for activity work. In Part One of the book there are a dozen websites on dementia provided, including citations of recently published books. For assessing dementia activity work, two books are cited and one website. Very helpful links are provided for life story work which includes internet clips showing film making and animation as life story work. Another invaluable resource is information about downloadable publishing tools for professionally printed books which can be used for family life story work. There is also a website which helps people to create an autobiography using carefully crafted questions and other reminiscence products. There are also links to the charity Age UK. For staff starting out in activity work there is a week-by-week activity guide for one year, with a theme per week, games puzzles and exercises to fit each year. Another important charity in this area is the National Association for Providing Activities for Older People (NAPA), which publishes booklets aimed at showing all staff that they are part of the activity cycle. There are 8 links to websites for printing photo books and 8 links to websites for training in activities. Finally, under a general theme there are citations to books and websites with suggestions about activity and living in old age.

### Writing Style

As the subtitle correctly states, this is a "Handbook", or handy compendium. It is extremely practical, with clear guidance on assessment and the value of timetables and getting people to join in activities. A timetable may be in place which enables staff to focus on ideas or particular goals which need careful planning. This planning is best

carried out by the staff who know the people they work with, what they are likely to be doing, their routines, the times of day that are good or bad. In order to achieve a balance of activities, bingo every day, for example, would not be good and would not meet many needs. Planning for resources (including time and people) must be taken into account - an activity needing several staff will clearly not work if timed just when everyone is going on break. Advanced planning will be needed for some events, such as Christmas, when baking will need to be started well in advance to allow time for everyone to make and ice their biscuits, for cellophane bags to be ordered and the biscuits to be packed. It is also recognised that for people with dementia a routine will help give stability - a similar event at a similar time of the day and week. At the same time, plans need to be flexible, with back-up plans in place, in addition.

Having assessed an individual, decided on his/her level of ability, explored his/her life history and formulated some activities which the carer thinks he/she will enjoy, it is still necessary to get the person to join in. There can be lots of reasons why someone may not join in - some of which should be respected and some of which should be challenged. Difficulties might include: getting there (because of physical problems, time of day, other events, e.g., a bath), level (too childish or too hard, personal interests, medical state, knowledge, not knowing or having forgotten the event is on), fear of failure (this could include someone who knows he used to be good at this, but isn't any more and wants to hide this or not be reminded), or laziness. The use of the phrase "suggestions" is typical of the friendly style used throughout. In considering what care workers can actually do to provide activities there are suggested resources. Suggestions for encouraging people to join in include asking: 'Could you help?' 'Can you hold this?' 'Do you know how?' 'Can you show us?' 'Your daughter has paid for it.' 'Do sit and watch.' 'Thank you!' Involving friends and relatives is invaluable. It is also a good practice to remind people that an activity is about to happen and to take them to it. Actively sitting watching can be a valid activity. Activities should be planned so that people with lots of different abilities can join in. Running a session might not be about getting the whole group involved at the same time - allowing people to dip in and out or run lots of little group or one-on-one sessions to take the activity to the patients.

## What are activities for?

Every human being has certain needs and in order to feel 'well' these needs have to be met. Activities are aimed at filling these needs - not all in one go - but during the course of a day or a week. Lots of research has been carried out into just how beneficial activities can be - people who are given a balance of activities that appeal to them will be more able to make sure of the abilities they have and to retain them for longer. People may have better continence or better bowel regulation, be more motivated, or calmer, their mood will be better, they will be better

able to express themselves, they will remain safely mobile for longer, have less pain and fewer periods of ill health. They will be happier and healthier individuals.

Models which demonstrate how our needs affect us include Tom Kitwood's way of showing our needs, pointing out that everything is held together by love. Maslow talks of a hierarchy of needs. The author shows that when Maslow's theory is looked at in a Care Home setting, it points out that the 'basic' things we need are provided by the Home and the carers and the things we need to remain ourselves are provided by doing activities. These are useful tools included to help care workers think about the different needs people which can be met through activity. They are also useful as planning tools helping people to assess if they have managed to provide a range of types of activity that will address lots of different kinds of needs? 'If you don't use it, you'll lose it!' one resident I used to know always told me. She was right and this is the reason that so many Care Homes now have life skills areas and encourage individuals to become involved in the little day-to-day tasks that have to be done. The book describes how one lady keeps a carpet sweeper in her room and after she is encouraged to help make her bed, she runs the sweeper over her floor. It doesn't matter that the cleaners will be in later to vacuum; she is keeping her daily routine and her pride in herself as a homemaker. On Saturdays after her breakfast she is reminded of the day and goes back to her room to change the sheets. It doesn't matter how much she is actually able to 'do'; she is prompted tasks that are shared (duvet covers are always tricky things!) and 'women's work' is chatted about. Another example given is useful to describe here. A gentleman likes to sit in the nursery corner, singing softly and rocking the cradle with the dolls in it. He does not nurse them as some residents do, but his son tells us this is what he did when he came home late at night and the children were already in bed. One of his fellow residents likes to help with the drying up and, once started, often cleans the kitchen. Even though the staff know that they need to go round once she is gone and check where she's tidied things to and often to rewash the cups, she is nevertheless encouraged to follow her routine and to continue as she would at home. In contrast to people living at home, residential care workers are not related to the resident people and there is no pressure on them to get it 'right'. There are many more staff available in Care Homes. Care staff are not trying to cope alone and they can go home at the end of their shift. We are also able to meet the people who come to us as they are now - without the need for them to still be the people we once knew. Relatives who continue to care for their loved ones at home do a heroic job in almost impossible circumstances and often with little support. It is worth remembering this and the terrible guilt that often goes with 'putting a relative into a Home'. Many relatives like to remain involved in their loved one's care and activity is one way to do this. In a further example given by the book, a daughter regularly takes her mother off to the kitchen where they work together on familiar recipes they cooked together at home. Some relatives are glad to be included and as their family member knows them less and less, they are able to visit the group.

## Daily Living

In the context of daily living the example of Sarah is given. Sarah, is an experienced activities co-ordinator and provides very useful practical suggestions to stimulate activities for people living in residential care. She recommends finding out what the person is happy to do and what keeps them engrossed in something. When helping someone to rise from bed, carers encourage them to open the curtains and maybe comment about the weather. Residents can also be asked to help to lay the table for meals, even if they are only able to layout their own cutlery from their wheelchair. They are involved in making the bed and encouraged to talk about all the chores they remember doing as a child to help at home and if they had to earn their pocket money? The laundry can be asked to save tea towels, aprons and tabards to fold. The kitchen staff can be asked for simple vegetables or fruit to prepare. Residents may like to polish the silver, or the stainless steel. Dusting is an absorbing activity - one lady Sarah knew would put on an apron every morning after breakfast, with at least one duster in the pocket. Washing and drying up are wonderfully sensory activities if you add lots of bubbles. It is much better to use real crockery and cutlery, even if it needs rewashing again later, but plastic plates can be used, particularly if the resident has weak hands or wrists. Flower arranging, watering the pot plants, are all described as useful. Using pots of herbs as a table centre, which provide a great smell and are edible too. Readers are asked to remember that the most important part of these activities is feedback - if someone always hated housework, no longer wants to be busy 'at work' and is pleased to be retired, then they should not be encouraged or forced to do these things. Watching can be an activity too. At the same time, it is important to watch out for people who become so involved they don't know how to stop and keep going to the point of exhaustion. Readers are encouraged to allow residents to 'help' - either truly providing assistance, or being part of something to the best of their ability. Either way, they have to be praised for their support - nothing much makes us feel better about ourselves than helping someone and being genuinely thanked.

## Some suggestions for reminiscence

Reminiscence can be a means to an end - finding out about and creating mementos of a life story - or it can be the purpose - spending time together reliving happy memories. Practical tips include not trying to test memories by asking about information in photographs. Instead people are encouraged to talk about the feelings a picture gives. Saying: 'They look happy, don't they?' This could lead to the resident describing the day the photo was taken. 'It's my mum and dad just after they got married.' Reminiscence can be a great group conversation starter. A DVD or CD can prompt memories - the book recommends watching old footage of The Queen, or watching a year-specific DVD and listening to the conversation it sparks.

The book also recommends asking families for old photographs - the earlier in a person's life the better - or ones linked strongly to things they've always enjoyed. Objects will also bring out strong memories. It is important to involve families. 'Rummage' boxes or bags can be provided for a variety of reasons and should contain a variety of things. A good general rummage box should contain a variety of shapes, sizes, textures and colours, some items that are familiar and some that are strange, the idea being that there is a lot to engross the person in and keep him/her exploring. These can be set up and left for residents to dip into when passing, or put on a table within easy reach of someone who loves to 'fiddle', who is restlessly up and down, or who sits still for a large amount of time. A personal rummage kit can be made around someone's memories - objects should trigger particular stories that can be re-told. The book recommends including labels with notes aimed at the user - 'Remember using this dibber when you worked in the nursery?' Labels might include questions or trigger words, or a story that is familiar and can be fed back to the resident if they are no longer able to start it for themselves. This type of kit might be kept to one side and only used in reminiscence work with the resident for whom it is made. Also recommended are attempts to find relevant items that work through all 5 senses - a CD of the factory whistle, a bottle of a favourite scent or fabric from a wedding dress. Whatever the contents, they must be personal - but so might the container be! What about a hat box, a vintage suitcase, an old fashioned biscuit tin? Theme kits are also a good idea - why not, the book asks, put together a 'Day at the sea' kit, with postcards, shells, sticks of rock, sunglasses and hats, sound effects and seaside songs, seaweed (great as a sensory smell as well as texture!), bucket and spade and then play 'We're all going to the seaside', unpacking the bag together, dressing up and exploring the shells? Here, the container can be suited to the theme - a beach hold-all for the seaside, a box covered in cut-out snowflakes for a winter kit, a box wrapped in birthday paper for a party kit, or a tool box for a kit.

## Conclusion

There are many reasons to suspect that this experienced activity co-ordinator's voice will inspire caregivers working in Residential Care Homes. The realistic and highly practical emphasis of the book and the way it is written in a very user-friendly style, means that everyone working in residential Care Homes would find this book an invaluable tool for their work. The relatively short chapters contribute to the book being a useful departmental tool to be consulted according to need. The book is carefully illustrated so that the figures explaining human needs are limited to 3 very clear communications. Similarly, the illustrations for art work are clear and relevant. The diagrams showing how to perform chair exercises are particularly worthy of study. This book could comfortably replace endless shelves of notes on activities and is of course much more portable and compact than file pages. In

conclusion, then, this book is a really excellent tool for every Care Home for Older People and is highly recommended to all those who are building a person-centered approach to dementia care.

## Conflicts of Interest

The author declares no conflict of interest.