

# 'Lounging Around Sketchbook'

-exploring and enhancing the lounge experience in care homes-



A resource for generating conversations and ideas about people's experiences in care homes, particularly people affected by dementia and those who support them



**Kinectons**  
strengthening community in care homes

## Dear Lounger\*,

Welcome to the 'Lounging Around Sketchbook; a booklet designed to support the enhancement of the lounge experience in care homes, particularly for people living with advanced dementia.

Sit back, have a wee browse, see what catches your eye.

Lots of what is suggested here may be similar to how you currently engage with people living with dementia; we hope that within these pages there may also be one or two new gems that feel possible and exciting to try out.

At its heart, what this sketchbook is about is:

- Opening up conversations that are both verbal and non-verbal
- Uncovering people's interests, strengths and talents that were maybe previously hidden
- Offering ideas for you to chance doing something a wee bit different
- Capturing moments of learning

There are blank spaces in this sketchbook; we hope that you can use these to share your insights and ideas for the lounge/s in which you spend time.

**Happy lounging,  
Kinnections Team**

\* 'Lounger' is a person who spends time in care home lounges and is interested in the lounge experience being the best it can possibly be for everyone who is there



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# A Bit of Background

This sketchbook has been developed as part of Kinnections- strengthening community in care homes.

Kinnections is an initiative which has been funded by Life Changes Trust/National Lottery and is being led by LIFE/ University of the West of Scotland. Working in collaboration with East Ayrshire Health and Social Care Partnership, Kinnections aims to work with care home communities across East Ayrshire in the exploration and enhancement of dementia-friendly communities in care homes.

As part of this work care home staff identified a desire to further enhance the care home lounge experience for people living with dementia. Out of this, came the idea for 2 days of workshops which took place in August 2018.

This sketchbook offers a snapshot of what these workshops were about; the focus being on how we think and talk about being in the lounge and how we engage with others, particularly people with advanced dementia.

We have chosen the word sketchbook because we would like to imagine people writing notes and doodles on these pages as you try out some of what is being suggested.

We would welcome your thoughts and ideas on this sketchbook, and/or more widely on the topic of community in care homes.

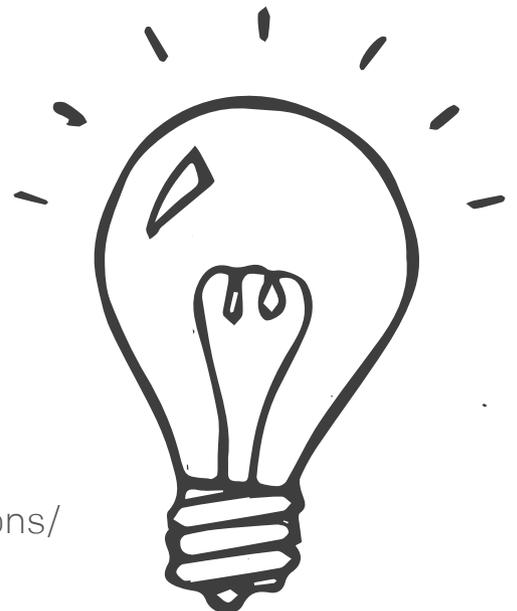
**If you would like to get in touch  
with the Kinnections team:**

**Email:** KinnectionsEA@uws.ac.uk

**Mobile:** 07720897717

**Website:** [www.myhomelife.uws.ac.uk/scotland/kinnections/](http://www.myhomelife.uws.ac.uk/scotland/kinnections/)

**Twitter:** @KinnectionsEA



# Truth or Dare

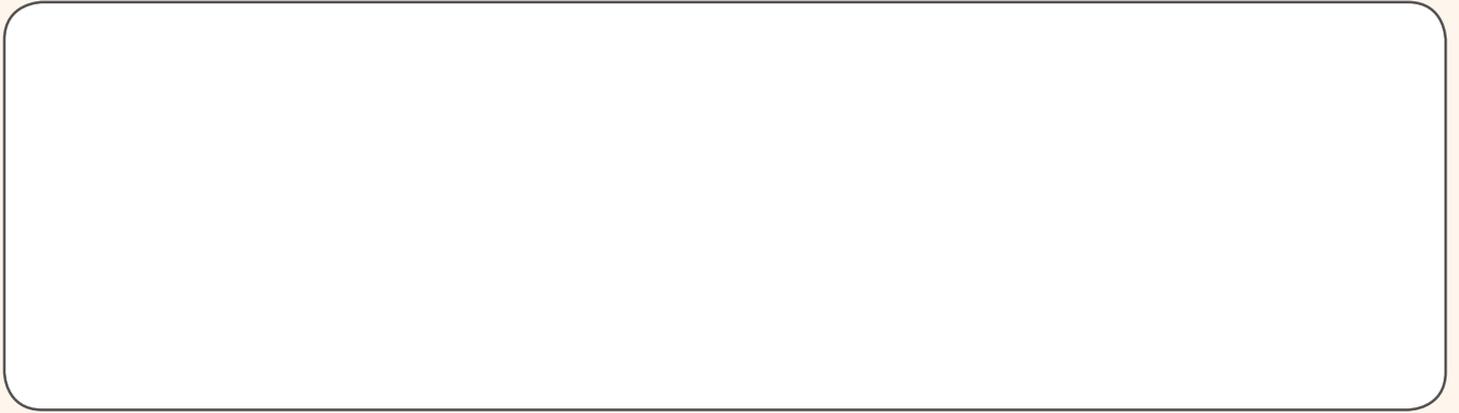
Pick a lounge partner and have a go at truth or dare.

## Truth

What for you is a really important ingredient to you enjoying your time in the lounge?

If you had a magic wand what would you like to create in the lounge?

Add your own truth questions below



## Dare

Browse the booklet and pick one idea that you will try out together

Add a suggestion/dare for what people might like to give a go



# Resources which Support us Getting to Know Each Other - Going Beneath the Surface

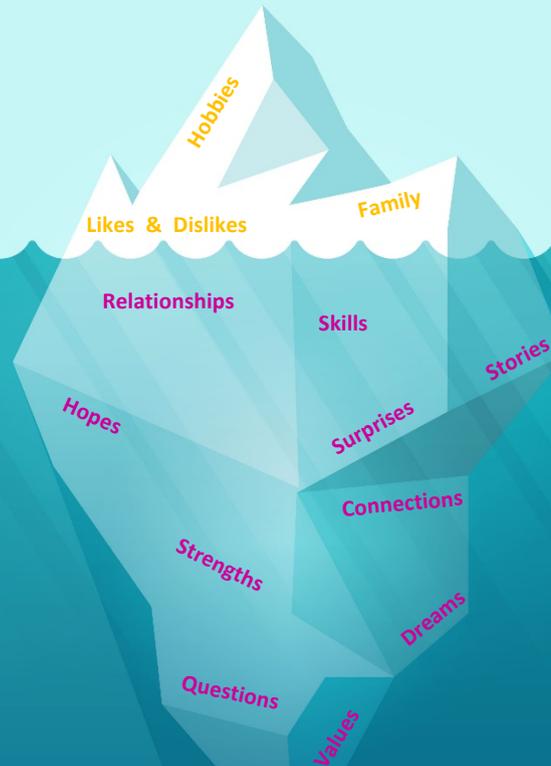
## Iceberg Idea Tool

Tip of the Iceberg

What we currently know about the person ...

What else we might like to discover and find out more about ...

Going Beneath the Surface



## Iceberg Idea Tool



### Diving Beneath the Surface What resources might we need?

**Resource 1: Noticing**- tuning into interactions, body language, wee moments, small hints and details, facial expressions, responses and reactions

**Resource 2: Questions**- Asking plenty of questions because we're keen to find out more

### Examples of the Tip of the Iceberg

We might know that particular residents like live music, or wearing soft jumpers, or a hug in the morning, or napkins folded a certain way, or learning their grandchild's name in Italian at foreign language classes for people with dementia (Lingo Flamingo)

*If we were to dive a bit deeper what else might we discover?*

### Beneath the Surface : Exploring a Sea of Questions

For the resident who likes soft jumpers, could we experiment and explore if there are particular soft textures they like best. For the resident who likes a hug in the morning, what else might we like to find out about why this is important? For the person who likes napkins folded a certain way could we ask how seeing this makes them feel? Could we find out more about the subtle differences in types, tempo, singers of music that individual residents enjoy?

### -For Others in our Community-

Family, friends, colleagues, visitors- professional and voluntary, neighbours, community and creative organisations and groups.  
What do we know now and what else might we like to find out?



# Resources which Support us with our noticing and getting to know each other



# Seeing Thinking Openness Passing it on

## Taking Time to Stop and:

**See** - noticing how people are feeling, their body language and facial expressions

**Think** - reflecting on what we have noticed about how the person is, thinking about anything we would like to ask questions about or find out more about, anything we might like to try doing differently

**be Open to others and to learning** - being open to use our 'seeing' and 'thinking' to learn more about people who live, work and visit here

**Pass it On** - passing on to others what we have learnt about what is important to residents, relatives and staff so that we can achieve positive outcomes for everyone

Developed by staff in Thorntoun Estate Nursing Home

# Resources which support us with our noticing/ getting to know each other

## Observational Tools - Gareth Hammond, Care Inspectorate

### Positive Social

- Positive social or emotional interactions between staff, family and others living within the home, including: beneficial conversations, active companionship, opportunity to connect, fun, pleasure, functional activity, validation of social roles and norms.

### Positive Personal

- Good attention to personal and physical care needs where the interaction is limited to this and not enhanced. Includes: Brief verbal explanations of task, limited psychological, social or emotional needs being met.

### Neutral

- The main experience being one of lethargy, boredom, inactivity, sleeping for more than 30 minutes. Indifferent interactions with staff and others which have little relevance. A passive task orientated culture of care is the norm.

### Negative Controlling

- Staff deciding what is best for the individual. Staff stopping or preventing individuals undertaking tasks or actions that they wish to. Outpacing individuals, or through actions cause distress. Telling individuals what to do, or telling them off.

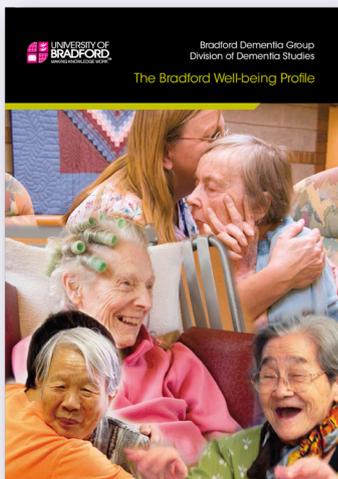
### Negative Restrictive

- Subtle forms of abuse which is not momentary in nature, but ingrained in culture. Care which contravenes the principles of human rights through preventing movement, expression and depriving comfort. Non validation of individuality.

To help us assess how we are supporting the outcomes of people, and the impact this has to wellbeing, there are a number of observational tools that can be used.

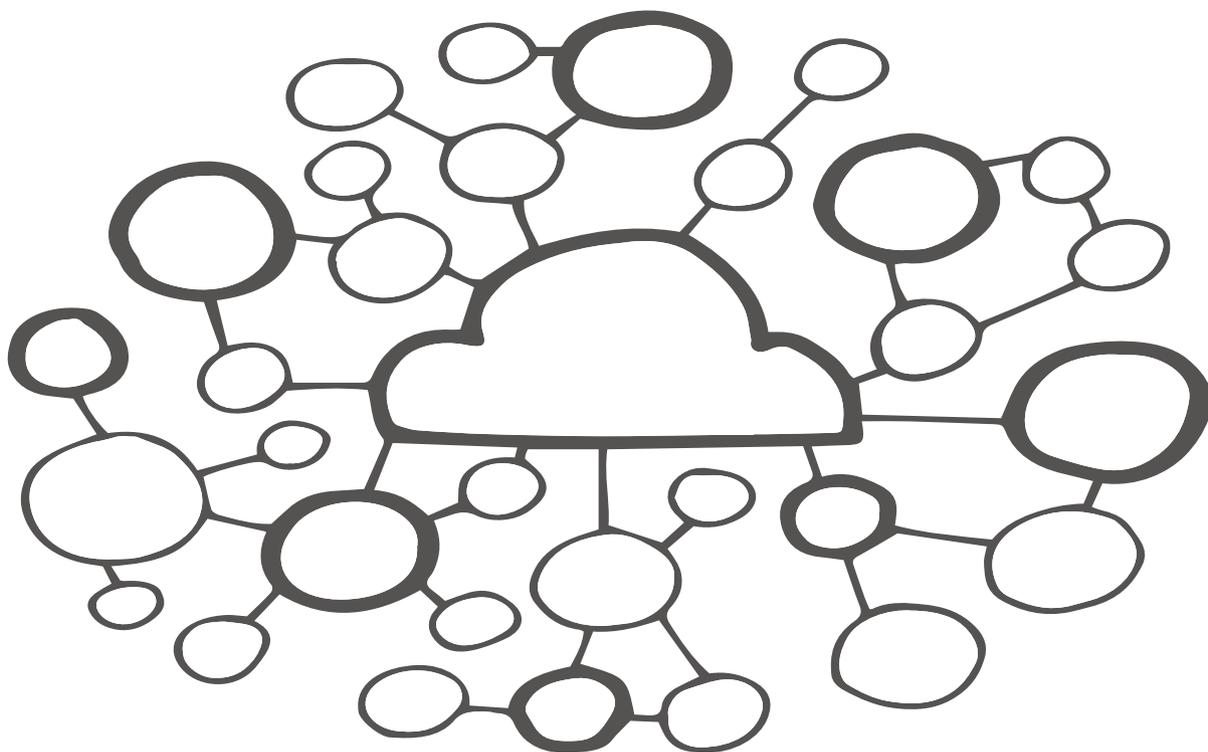
The 'Quality of Interactions Scale' (QUIS), allows us to observe the experience of one or more people within a communal space. The observer makes notes over a 5-minute period, and at the end of that time codes the overall experience for those observed, using one of the 5 care categories described. To help gain a better understanding of the care culture, and picture of what it's like within the service, observations should last for no less than 30 minutes. Further guidance on QUIS, can be sourced through the Healthcare Improvement Scotland website, including guidance notes and blank documentation.

## Observational Tools - Gareth Hammond, Care Inspectorate



To help gain an understanding of the impact of meaningful activities at an individual level, the University of Bradford 'Well-being Profile' provides services with the necessary guidance, documents, and samples to carry out observations over a period of time, normally a week.

This helps to make assessment on where and when well-being for individuals is experienced, and where potential detractors from care exist, thereby allowing services to be responsive. As the tool has been developed in the University of Bradford, it shares many common features with other observational tools available, namely Dementia Care Mapping and the Short Observational Framework for Inspectors (SOFI), which is used by the Care Inspectorate during service inspections.



# Using Caring Conversations (Dewar and Nolan, 2013) to think about noticing and observing

**Celebrating:** When we notice genuine connection and everyday excellent care in the lounge how do we acknowledge and celebrate that? How might we like to celebrate it in the future?

**Becoming Curious:** Are there things that we are curious about and would like to spend some time noticing and finding out more about? What ways do you/could you use to find out how others in your care setting feel about observation?

**Collaborating:** If you were to think way outside the box who else could you ask about their perspective of what they observe/notice in the lounge? In thinking about exploring and observing people's experiences in the lounge, what resources would you like to draw on?

**Considering Other Perspectives:** Might there be chance for you to spend time sitting quietly in the lounge noticing the different sounds, sights, smells and sensations that are part of people's experiences?

**Compromise:** What compromises do you notice taking place in the lounge? How are these compromises negotiated?

**Connecting Emotionally:** What do you notice about how people respond to displays of strong emotion in the lounge? What examples have you seen or been involved in where support for people experiencing strong emotion was at its best? What helped people to give that support?

**Becoming Courageous:** What would others be noticing if you were being courageous in the lounge?

## Reference

Dewar, B. and Nolan, M. (2013). Caring about Caring: Developing A Model to Implement Compassionate Relationship Centred Care in an Older People Care Setting. *International Journal of Nursing Studies*. Vol. 50(9), pp.1247-1258

# Exploring how we might find out more about what's important to people

## The Value of Empathy and Playfulness in our Lounges - Suzie Ferguson, Hearts and Minds

Playfulness, Vulnerability & Empathy are woven into this approach.

**Vulnerability** - does not mean to be fearless, it is more doing something without certainty that it will work out.

**Empathy** - How we understand what others are experiencing as if we were feeling it ourselves.

**Play** - Being playful involves tapping into the part of ourselves that is not over-thinking and does not rely on words.

Non-verbal play might be the most effective way of building relationships and communicating - it enables self-expression and creativity. A meaningful relationship can be built around eye contact alone.

When we are being playful we can laugh at our wee mistakes - for example spilling some water, and they can become a source of connection with others.

Being light-hearted around our own mistakes can help to create a culture where others, including residents with dementia, can feel more comfortable if they make a mistake.

### With your lounge partner:

Time Delay Conversation  
A asks B a simple question that they will know the

answer to. B waits 10 seconds to reply.

- Can you (A) wait without putting pressure on the other person?
- Can you stay present and maintain gentle eye contact?
- What if you are interrupted?
- What does it feel like if the other person doesn't wait?

### With a resident in the Lounge:

Consider spending time alongside a resident with no plan, no expectation, except to be with them

What they might be seeing, hearing, smelling, tasting, feeling?

How would you describe their facial expressions and body language?

What do you notice about any movements or sounds they are making- can you get a sense of the emotion behind it, does the sound or movement seem anxious or relaxed, what about the speed and tone of the sound or movement? Might there be a purpose or intention to the sound or movement?

Could you have a go at doing the same as the person you are with, in this sense engaging in respectful imitation. Echoing what they have done is about being with the person where they are, and speaking their language.

After spending time noticing, how might you respond - can you bring yourself to this, your own spontaneous response.

Still focusing your attention on the other person, how are they responding to you being with them? Might there be a surprising or playful element that you would like to bring to the interaction?



**empathy  
&**

**playfulness**



# Exploring how we might find out more about what's important to people

## Engagement through Comforting Touch - Lorna Reid, Accord Hospice

Touch becomes an act of comfort and care when, the giver is fully tuned in to the needs of the receiver, and fully aware of their primary intention to offer comfort and care. The hands can be good areas of the body for using touch in a meaningful way. As long as touch is acceptable to the receiver, and there is no medical reason to with-hold it (such as pain, infection or inflammation) most people feel comfortable having their hands touched.

Creating the right conditions before you begin  
-Some questions to ask yourself before you begin.

Have you created a peaceful physical space – clutter free, warm, with pleasant smells, sights and sounds? Have you explained that you would like to offer some comforting touch? Has the person conveyed that they are comfortable receiving touch? Have you washed your hands? Have you made the person extra comfortable with blankets and pillows for support? Have you checked for allergies if using hand-cream or oil? Have you made yourself comfortable? Have you created a peaceful relational space – you can do this by placing your hand on theirs and giving your full attention to the breath of the receiver for two breaths before you begin.

intention to offer comfort and care while looking out the window, or listening to a favourite song, or just sitting peacefully breathing together for a short while. Or, you can simply rest your hand on their hand or arm while softly reading a short poem aloud, or looking at photographs or an interesting picture book together.



### Comforting touch with movement

You can offer comforting touch with movement. There are a variety of set sequences of comforting touch, for example the M-Technique, developed by Jane Buckle (Internet search M Technique Hands YouTube sharing for demonstration) . The pressure used in comforting touch with movement is 3 (where a pressure of 1 is described as light as a feather and a pressure of 10 is heavy and crushing). In other words, your touch should be tender but not ticklish. Each movement in the sequence should be offered 3 times to allow the person to become familiar with the movement, but not become irritated by it. It is strongly recommended that before offering residents comforting touch with movement, that it is worth practicing first on a few people who can give you clear and honest feedback about what feels good and what does not.

**Ask yourself What do you notice in yourself and in the resident after offering comforting touch without or with movement?**

**How do you feel? What is the residents facial expression & body language suggesting about how they feel?**

# Exploring how we might find out more about what's important to people

## Care Empathia Approach - Dr Margaret Brown, Alzheimer Scotland Centre for Policy and Practice, UWS

Care Empathia is a way of providing daily care like eating and drinking, washing and personal care that highlights ways to be person centred and focused on the resident.

The approach involves thinking, feeling and then doing care as a partner for the residents, instead of doing care TO the person.

If you are getting to know a new resident who is living with dementia, it may be useful to consider some of these points and build up a picture of the ways in which they like to be approached in the lounge.

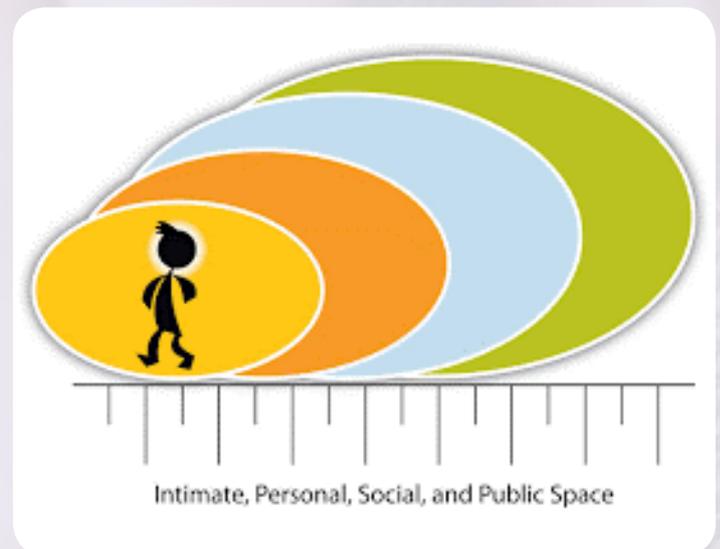
1. It is possible that the person has limited range of vision and may have other eye conditions, try positioning your face and body where the person can see you (that will be at least two arm lengths away, public space).
2. Slowly move into social space and then check the person's looking at your face. When you have the persons attention say hello and give your name.
3. Now put your hand out to the person as though you were going to shake their hand and wait until

they lift their hand to respond (if they are able to do so).

4. Observe for facial expressions and body language, which convey that the person's comfortable with you approaching them, this allows time to check out the persons consent with you being in their personal space.
5. After moving from the persons' public, to social space and checking that the person appears comfortable the next step may be to engage in their personal space through the use of touch.

This process can encourage the person to allow you to be a care partner in eating and drinking, and other personal and social activities. It can be helpful to move slowly conveying to the person you are there to help.

Care Empathia is about **knowing** the person and how to provide care in the best possible way, **feeling** empathy for the person and how this care experience might feel and only **touching** the person when they have given consent.



# Exploring how we might find out more about what's important to people

## CAPA in the Lounge - Laura Haggarty, Care Inspectorate

Remembering why we need to Care...About Physical Activity.

Remembering it is everyone's business to promote physical activity.

Remembering even the smallest of movements are important and do benefit.

Remembering the environment plays an important part of promoting movement – particularly the lounge - thinking about where the opportunities are for movement, what encourages people to move and what can hinder people to move.

Valuing having areas of interest, clear signage, walking aids within reach, windows providing opportunity for movement if there are things to look at outside, tea/coffee stations to encourage independence, considering changing pictures on walls and resources available and reflecting on the importance of not having a circle of chairs around the outside of the room.

Recognising and emphasising the importance of starting with the person and what matters to them around moving more and how a good conversation is the start of this.

Making the most of useful resources including 'Moving More Often' resource [www.capa.scot](http://www.capa.scot)



and

Ideas for spontaneous movements which are effective and can be done by everyone – British gymnastics foundation, love to move, age and dementia friendly exercises. [www.britishgymnasticsfoundation.org](http://www.britishgymnasticsfoundation.org).



# Exploring how we might find out more about what's important to people

## Emotional Touchpoints - Prof Belinda Dewar and Tamsin MacBride, LIFE team, UWS

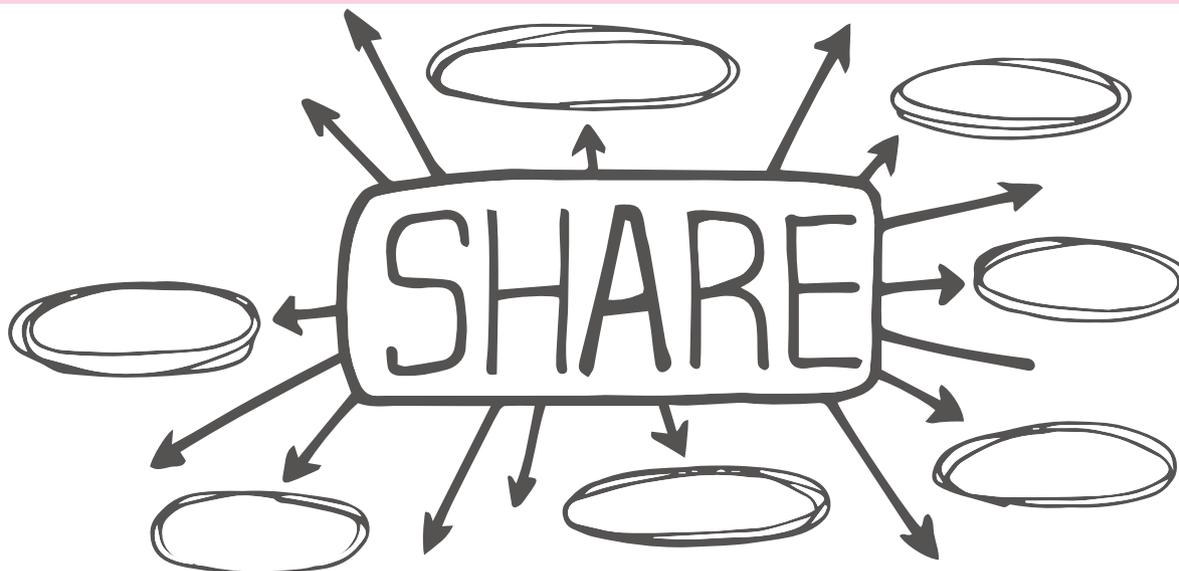
Emotional touchpoints can be a useful way for us to learn about the experiences of residents/, relatives and staff. We can learn about those things that worked well for them and those that caused concern. The touchpoints help the storyteller to share their experience in a structured way. The information we hear through the story can be used to identify small improvements that can have a huge impact on people's experiences.

A touchpoint is a point in a person's experience. Examples of touchpoints related to the lounge experience could be 'spending time in the lounge', 'working with colleagues in the lounge', 'activities in the lounge'. It is worthwhile also having blank sheets available for the person speaking to create their own touchpoint if there is an experience they would like to talk about that isn't already included.

What other touchpoints might you add to this list:

The second component of the Emotional Touchpoints resource are cards with a range of emotion words written on them. These words, for example 'pleased', 'moved', 'angry', are used to help the person speaking to share their story through the lens of the emotions they experienced. Again blank cards are useful should the person identify a different feeling that they would like to include.

For a list of emotion words and a video of Belinda and Fiona from My Home Life using emotional touchpoints visit: <http://myhomelife.uws.ac.uk/scotland/resources/emotional-touchpoints/>



**Step 1:**

Invite the person sharing their experience to take part by explaining the process and providing verbal and written information if appropriate.

**Step 2:**

Present the range of touchpoints to the storyteller. Ask them to select one that they would like to talk about

**Step 3:**

Ask the person to select the emotion words (usually 3-4) that sum up the experience for them, and to physically lay the words they have chosen on to the touchpoint. Suggest that they go through the emotion words with you one-by-one sharing what it is they picked each one.

**Step 4:**

Ask the storyteller to select one of the emotion words and to share with you why they felt that way. Listen intently to try to understand their experience, and perhaps ask some follow-on questions.

'For example you might say 'I'm glad to hear you feel comfortable visiting the lounge, **do you know what helped you to feel this?**

or

'thanks so much for sharing about how you felt awkward the first time you tried doing hand massage, might there be another word you would pick for **how you would like to feel** if you give it another try?'

**Step 5:**

Continue process as above for the rest of the emotion words.

**Step 6:**

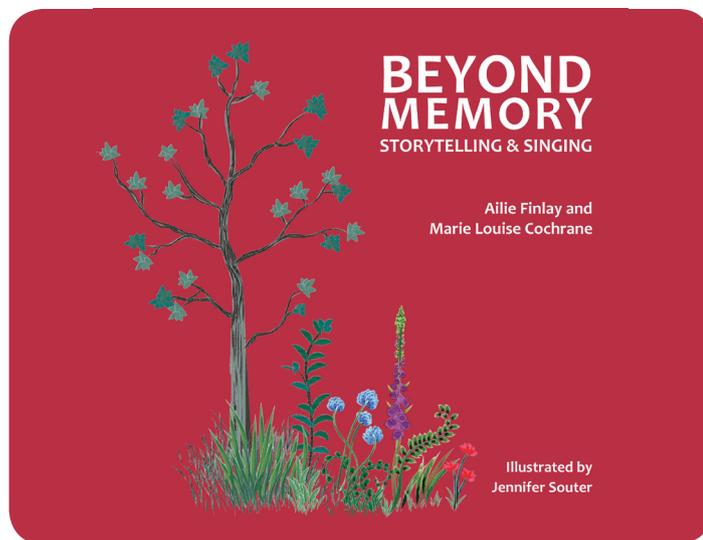
When all words have been discussed check if there is anything else the person would like to add. It may also be appropriate to chat about any ideas or actions that you might like to take forward in light of the conversation.



# Exploring how we might find out more about what's important to people

## Story-telling - Ailie Finlay, Flotsam and Jetsam

Scotland has a rich variety of stories, myths, legends and folklore that tap into the country's history and heritage. A variety of these Scottish stories are accessible online and in written form. A resource, which has been developed particularly with people living with dementia in mind, which gathers together some of these tales, and offers suggestions for how they might be shared with a particular focus on incorporating the persons senses in the experience. The resource is called: Beyond Memory- Storytelling and Singing. One of the authors of this book, Ailie Finlay, shares the following suggestions for story-telling.



- Slow down! Generally people talk too fast. If it feels like you are talking too slowly you are probably going about the right speed!
- Use your eyes. Try to make eye contact with your audience as you tell the story. And make sure everybody is included – even people at the edge of the group or people who seem to be unaware of what is happening.
- Practise telling the story to friends and family. Listen to what you are doing (where are you quiet, where do you pause, where do you slow down). The next time you tell the story exaggerate all of those features a little...so pauses become a little longer, quiet parts quieter etc.

### Hints and tips for using props and objects during your story sessions

#### Props don't have to be expensive! Think about using:

Scrubbing brushes, dish mops, yellow dusters, feather dusters, carboric soap, clothes pegs, coffee grinders, coffee beans, spices (being attentive they don't get in people's eyes!), massage rollers, pine cones, sea shells, sea weed, seeds and seed heads, autumn leaves, flowers, catkins, herbs, groan sticks, music boxes, bird whistles, wash boards, old-fashioned toys (skipping ropes, yo-yos, spinning tops, topsy turvy dolls), silk scarves, fruit and vegetables, bubbles, wellies, flip flops, confetti...

### Reasons to use props when telling a story:

- To make something more understandable.
- To surprise or entice someone into engaging with the story.
- Props allow people who struggle with language to join in with the story.
- Props allow you to make a connection without making eye contact
- Props give your audience a rest from listening – listening can be hard work. (They also give the person telling the story a rest!)
- Props can bring back memories and spark conversations (but note this is not necessarily the most important role of the props.)
- Props provide nice sensory experiences to people whose range of day-to-day experiences may be quite limited.



### Make your props even more interesting:

- Use movement – an object that moves attracts our attention, but be sure to use deliberate movement interspersed with stillness (not lots of jiggling)
- Use secrets – pockets, baskets, bags and boxes... what's inside? Keep the audience in suspense...
- Use all the senses – smell and touch too, if possible.

**Space for you to jot down, draw or doodle your ideas and hopes for the lounge where you spend time.**

# Volunteering in care homes

## Volunteering In

## Care Homes Toolkit



Effectively engaging Volunteers in care homes can have significant positive impacts on residents, relatives, staff, volunteers and the care home sector



For more information on the toolkit contact: [volunteer@eav.org.uk](mailto:volunteer@eav.org.uk) for details  
Volunteering In Care Homes Toolkit NCVO

## Volunteer Centre East Ayrshire can help...

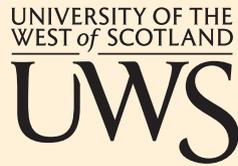


- Volunteer recruitment and induction
- Intergenerational training
- Befriending support
- Support and supervise volunteers
- Promote volunteering opportunities
- Saltire Awards for young volunteers
- Disclosure and PVG scheme membership
- Volunteer policies including expenses
- Introducing volunteers to your paid staff
- Volunteer standards and awards such as [www.volunteerscotland.org.uk](http://www.volunteerscotland.org.uk) Volunteer Friendly or Investing in Volunteers

16 Brewery Road Kilmarnock KA1 3GZ Scottish Charity No: SC030266 Company No: SC384410

Thank you for  
lounging, please do  
visit again!





## Acknowledgements

Image: Hand on mug, Photo by fotografierende on Unsplash

Image: Grey pencils Photo by Joanna Kosinska on Unsplash

Various Images: istock.com

Artwork thanks to Derek Lennox.

Many thanks to the workshop facilitators and participants who have contributed to this resource.