

Nursing & Midwifery
Council

NMC

Guidance

for the care of older people

A great deal of work has already been done...

by many organisations and individuals to improve the care of older people, particularly in relation to dignity in care. The reports and guidelines, which have been produced by the Department of Health, Devolved Health Administrations and other organisations, should be used in conjunction with this guidance from the NMC to further inform the practical implementation of best practice. It is not possible for the NMC to recommend or list specific reports and guidelines but further information and links to relevant documents can be found on the Government website of the country in which you work.

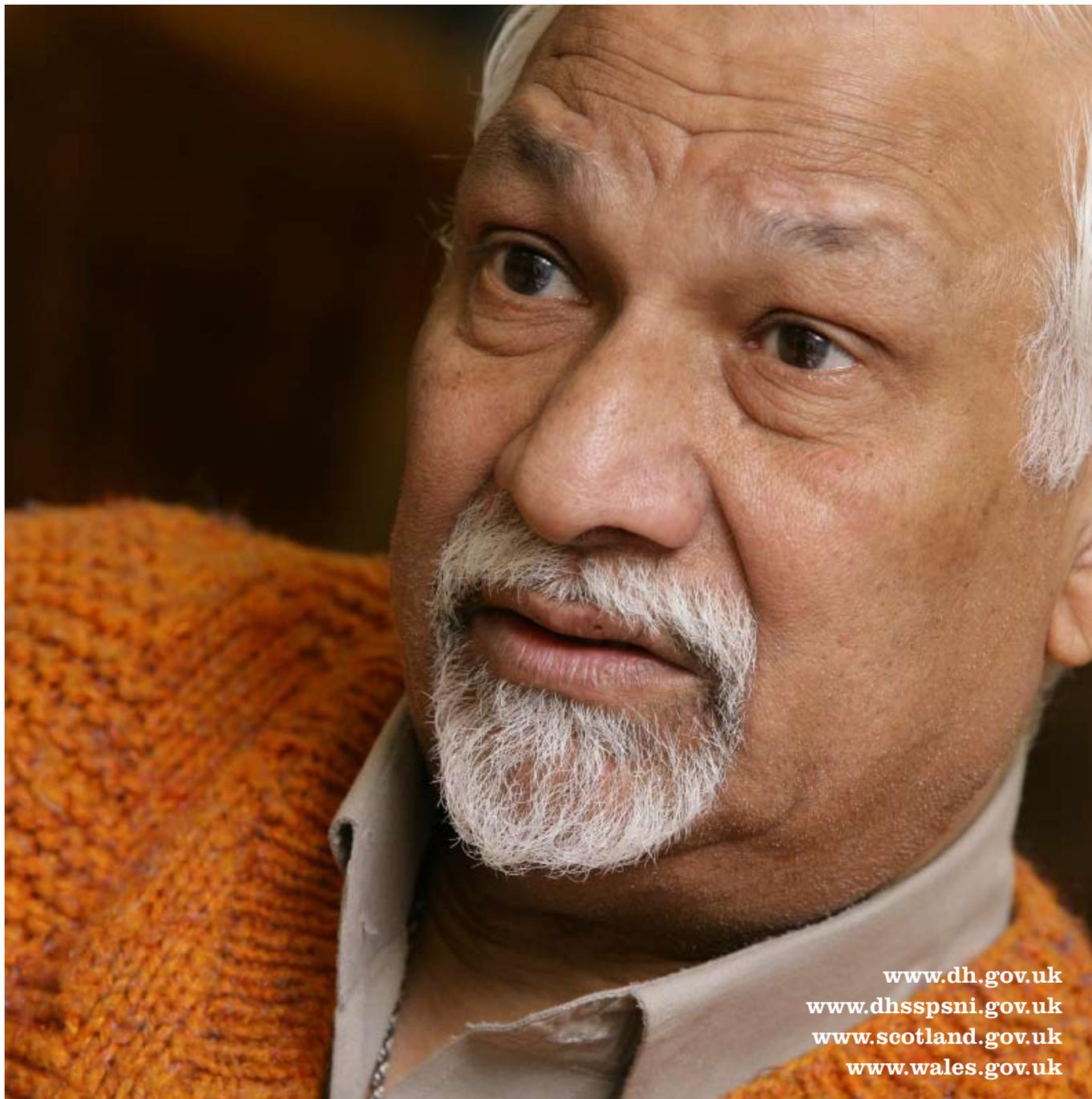
www.dh.gov.uk
www.dhsspsni.gov.uk
www.scotland.gov.uk
www.wales.gov.uk

This guidance can be used as a tool to challenge poor standards of care and provides employers with a set of principles to judge performance against.

Although this guidance is for nurses and midwives who are registered with the NMC it could be used in both pre and post registration training to provide principles for the delivery of best practice in caring for older people. It could also be used as a benchmark for principles of care delivery by all members of multidisciplinary teams, including healthcare support workers.

When the term '*older person*' is used it should also be taken to denote that sometimes it may also refer to 'relatives, carers or significant other'. This recognises the fact that although many older people take control of their own lives, some may want, or it may be necessary for, someone else to be involved.

When the term '*significant other*' is used it includes partner, including same sex partner, relatives or carers.



www.dh.gov.uk
www.dhsspsni.gov.uk
www.scotland.gov.uk
www.wales.gov.uk



Guidance

for the care of older people



Introduction

The Nursing and Midwifery Council (NMC) is the UK regulator for two professions: nursing and midwifery. The core function of the NMC is to establish standards of education, training, conduct and performance for nursing and midwifery and to ensure those standards are maintained, thereby safeguarding the health and well-being of the public. The purpose of this guidance is to establish principles for best practice in the care of older people in all settings where nursing care is provided, in both community and hospital settings. It is important that all nurses and midwives, wherever they work, familiarise themselves with this guidance. This advice is to provide clarity for all nurses, specialist community public health nurses and midwives, and should be read in conjunction with *The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC 2008)* and other relevant NMC guidance and advice that can be accessed at www.nmc-uk.org

This guidance is not intended to be a rule book or a manual, neither does it cover every single situation that may be encountered when caring for older people, but it does set out principles that will enable nurses to think through the issues and enable them to apply professional expertise and judgement in the best interests of older people in their care. This guidance is equally applicable to midwives as they often come into contact with older people when working with families.

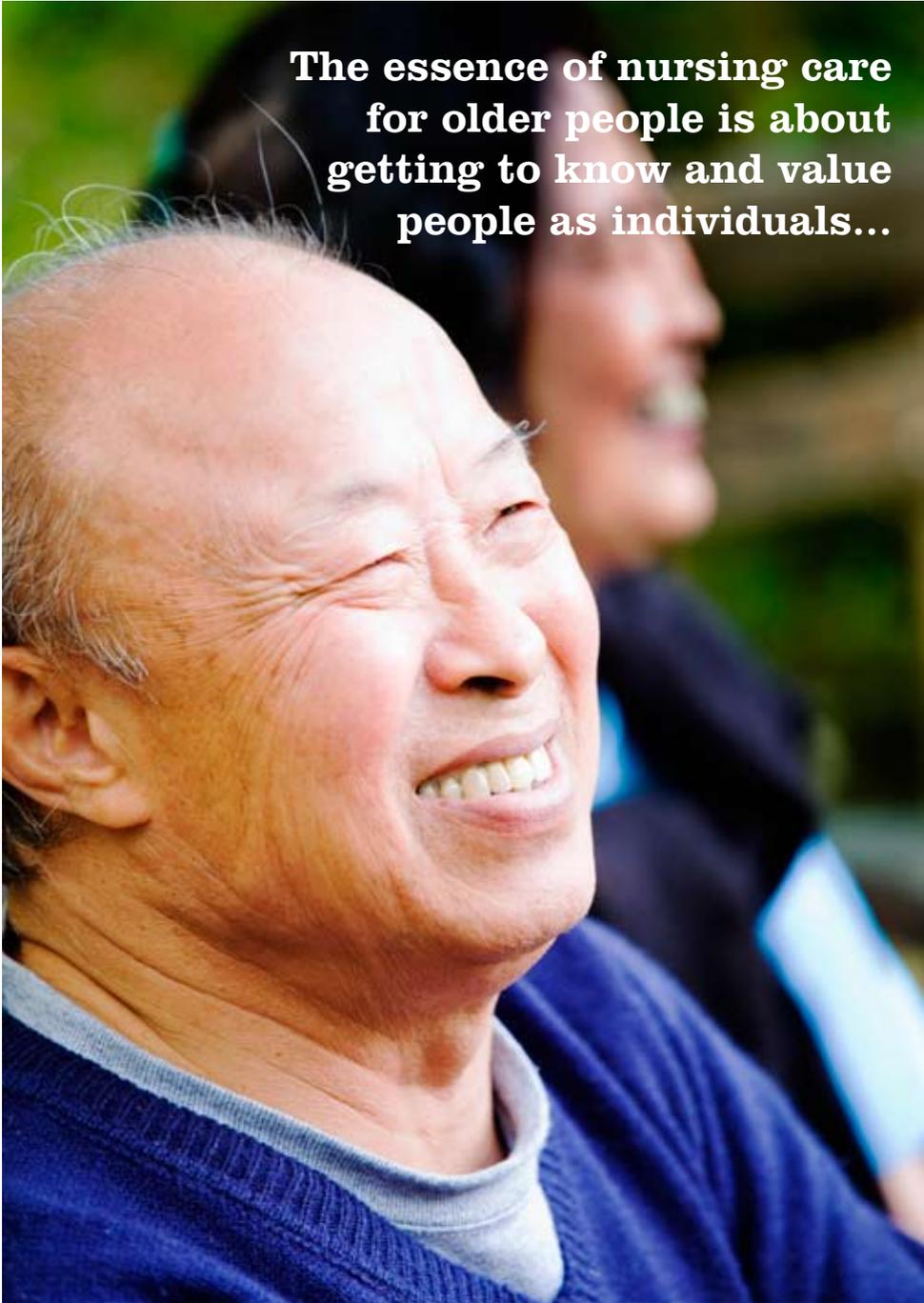
The guidance recognises the fact that nursing older people is a specialism that requires highly skilled nurses who can deal with the complexity of health and social care needs that older people can present you with. As the older population increases so too does the need for greater understanding of

the specific needs of older people. Ensuring quality of life and well-being during old age is vital and includes addressing issues around ill health and frailty. There is no doubt that providing the fundamentals of care in a skilled and caring way can make a huge difference to the outcomes and quality of life for older people in your care.

The essence of nursing care for older people is about getting to know and value people as individuals through effective assessment, finding out how they want to be cared for from their perspective, and providing care which ensures that respect, dignity and fairness are maintained.

Most of the principles of care identified in this guidance are not specific to older people but are what anyone receiving care would desire irrespective of age.

Older people do not have a particular need for the care outlined here compared with any other age group but it would appear that they are less likely to receive this care because of the inherent ageism in our society. The aim of this guidance is to encourage nurses to develop a positive attitude towards older people, and embrace positive feelings of respect and an understanding that older people are important members of society, the majority of whom have the potential to participate actively and be in control of their own lives. The principles in this guidance should encourage nurses to value the older people they care for and to promote opportunities for well-being and psychological growth rather than helplessness and deterioration.



**The essence of nursing care
for older people is about
getting to know and value
people as individuals...**

Background

In most countries around the world, populations are growing older with the population aged 60 and over growing faster than any other age group. At the end of 2008 a demographic milestone passed as the number of pensioners in the UK outnumbered that of children. In the next 10 years the number of people aged over 80 is likely to increase by 29% and by 85% in the next 20 years. By 2050 the changes will be even more dramatic as it is predicted there will be around 250,000 people aged over 100 in comparison to the figure of 10,000 in 2008.

This changing demographic presents a challenge to nurses to move from a medical model to focus more on health promotion and prevention of ill health to ensure that the majority of older people are enabled to enjoy healthy, fulfilling lives and make a positive contribution to the economy and society. Nurses have an important role to play in ensuring that services promote independence, well-being and active ageing as the majority of chronic illnesses which affect the lives of older people can be either prevented or postponed through lifestyle measures rather than clinical interventions. Nevertheless, it should be recognised that older people are more likely to experience ill health than younger people and they therefore

make up the majority of people who use the health and social care services. In fact over two thirds of acute general NHS hospital beds are occupied by people aged 65 years and over. Approximately 60% will have pre-existing mental health problems or will develop these during their stay, with depression, dementia and delirium accounting for 80% of these.

The principles of fairness, respect, equality, dignity and autonomy, which underpin all international human rights instruments, resonate strongly with most people's core values. These principles have a central place in the relationship between those providing nursing care and the people they care for and are embedded in many aspects of this guidance.



The guidance reflects the obligations placed on public authorities by the Human Rights Act 1998 (HRA) implemented in 2000 which incorporated the European Convention on Human Rights into our law. The most relevant Articles of the Convention are Article 2 – the right to life, Article 3 – the right to not be subjected to inhuman or degrading treatment and Article 8 – the right to respect for private and family life, one's home and correspondence.

This guidance also reflects the five United Nations Principles for Older Persons of independence, participation, care, self-fulfilment and dignity (adopted in 1991), which confirms the right of older people to enjoy human rights and fundamental freedoms

when residing in any shelter, care or treatment facility. This includes the right for full respect for their dignity, beliefs, needs and privacy and the right to make decisions about their care and the quality of their lives. Older people should be able to live in dignity and security and be free from exploitation and physical or mental abuse.

This can only be achieved by valuing and respecting the older person as an individual and not just a person with a condition that needs to be treated. If nurses not only care for, but also care about older people in this way then older people will receive the "basic" care which they require and desire such as receiving food and drink, having their hygiene and continence, sexual, spiritual and relationship needs

identified and met, building relationships with the nurses caring for them and being communicated with. What older people, and some nurses, describe as "basic" care is in fact fundamental or essential care and is the foundation of the healing and therapeutic process.

There are three main elements to providing the fundamentals of CARE in a safe and effective way to older people:

People, process and place

People:

nurses who are efficient and able to deliver safe, effective, quality care by being:

- Competent: having the right knowledge, skills and attitude to care for older people
- Assertive: challenging poor practice, including attitude and behaviour and safeguarding older people
- Reliable and dependable
- Empathetic, compassionate and kind

See page 12

Process:

delivering quality care which promotes dignity by nurturing and supporting the older person's self-respect and self-worth through:

- Communicating with older people by not only talking with them, but listening to what they say
- Assessment of need
- Respect for privacy and dignity
- Engaging in partnership working with older people, their families, carers and your colleagues

See page 18

Place:

diverse environments in the community or hospital where care is provided for older people which is:

- Committed to equality and diversity
- Appropriate
- Resourced adequately
- Effectively managed

See page 31



“You must work with colleagues to monitor the quality of your work and maintain the safety of those in your care”

The Code

People:

nurses who are efficient and able to deliver safe, effective, quality care.

Competent: having the right knowledge, skills and attitude to care for older people

The NMC states that competence is ‘the skills and ability to practise safely and effectively without the need for direct supervision’. To be a competent nurse you need to have not only the *knowledge and skills* to carry out a task but also the *will* to provide compassionate, dignified care. You should never agree to undertake a task which you are not able to do.

Although most nurses know what they should be doing, they do not always do it. Philosophies of care and value statements are often displayed in care environments but the actions do not always reflect the words. Philosophies of care, value statements, standards, policies and competencies only guarantee what nurses can and should do, not necessarily what nurses do in practice.

It is essential as a nurse, in whichever setting you work either in the hospital or community, that you always provide fundamental care by:

- ensuring that older people receive adequate fluids and are given help to eat when required
- giving assistance with personal hygiene if the older person is unable to do this for themselves
- ensuring continence needs are met
- recognising and addressing expressions of distress
- observing for signs of pain and providing pain relief
- respecting privacy and dignity
- ensuring that older people are cared for in single sex accommodation whenever possible

“You must recognise and work within the limits of your competence”

The Code

“You must consult and take advice from colleagues when appropriate”

The Code

- speaking to older people courteously and respectfully, addressing them as an adult without the use of terms such as “dearie” or “love” (it is important to recognise that regional variations exist where such terms may be part of everyday speech and it may appear unusual if they are omitted, however you should always check with the older person to ensure that the use of such terms is acceptable to them)
- finding out what they would like to be called and then using their preferred name
- responding to requests for assistance promptly to reassure older people that when they need assistance someone will help them

If you feel unsure about a task or an element of care which you have been asked to undertake or oversee then you should raise your concerns immediately with a colleague.

Assertive: challenging poor practice, including attitude and behaviour and safeguarding older people

“Provide a high standard of practice and care at all times”

The Code

As a nurse you are accountable for your practice and should always act in the best interests of those in your care. You also have a responsibility to ensure that care which older people receive is of a consistently high standard whether it is provided by yourself, a colleague or someone you delegate care

to. You need therefore to be continually monitoring and challenging if poor care is provided by colleagues and championing the quality of each older person’s care experience. It is important that you give feedback to colleagues on their competence in caring, especially in relation to their behaviour and attitude.

If nurses providing care hold negative stereotypical views about older people and some of these older people are unable to assert their views, or right and have no advocate, this can result in undignified care and at its extreme lead to neglectful or abusive treatment:

A nurse said “You’re not getting back into bed until you eat this,” but I couldn’t eat it so I had to sit there. My legs were killing me (1)

“You must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk”

The Code

If you observe a colleague, either a nurse or another healthcare professional, giving a poor standard of care you should intervene as soon as possible, raising your concerns with the colleague, while maintaining the safety of the older person. Your approach to the situation should be non-confrontational as very often individuals do not realise that they are behaving in an unacceptable way. Sometimes it may be difficult for you to deal with the issue yourself, perhaps because you may perceive the person to be more senior than yourself, but you should raise your concerns as soon as possible with a more senior colleague. This is particularly important when dealing with a potentially abusive situation with a vulnerable older person. The priority has to be ensuring that the person is safe from harm.

It is every adult's right to live in safety and be free from fear and abuse. Abuse is a violation of a person's human and civil rights by other people. It may be single or repeated acts, a failure to provide the care which someone needs or neglect.

“You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising”

The Code



“Be open and honest, act with integrity and uphold the reputation of your profession”

The Code

Examples of abuse

PHYSICAL – hitting, slapping, burning, pushing, restraining, giving too much medication, giving the wrong medication, giving inappropriate medication

PSYCHOLOGICAL – shouting, swearing, frightening, blaming, ignoring, humiliating

FINANCIAL – illegal or unauthorised use of someone's property, money, pension, valuables, theft, fraud

SEXUAL – forcing someone to take part in any sexual activity without their consent

NEGLECT – depriving someone of food, clothing, heat, comfort, stimulation, social contact, attention, essential care

INSTITUTIONAL – mistreatment of a person or persons by a regime or individual staff; it occurs when the needs of the institution are put before the needs of people in their care

DISCRIMINATORY – oppressive attitudes towards a person motivated by negative attitudes towards race, gender, disability, religion and belief, age, culture or sexual orientation

As a nurse you have a responsibility to report abuse. Therefore if you see anything, hear anything or have any concerns about an older person you should take immediate action. It is essential that you follow your organisation's local policies and procedures for safeguarding and protecting vulnerable adults, dealing with abusive behaviour or whistle blowing, as other agencies such as social services or the police may need to be involved.

Reliable and dependable: presenting a professional image which demonstrates that you are well organised and managing your time well. You should be able to prioritise tasks around the needs of people rather than being task oriented.

A sense of control should be in place so that people can be reassured that vital aspects of their care will not be missed.

“You must treat people kindly and considerately”

The Code

Being reliable and dependable also means that when you say you will do something, you do it. Therefore when you say you will return to give assistance you should give a time and go back as promised. You also need to be reliable and dependable as a team member. This means:

- arriving at work on time
- completing documentation accurately and in a timely manner
- communicating effectively with other team members
- undertaking work allocated to you to the best of your ability
- supporting and mentoring students and more junior members of staff
- being aware when other team members may be stressed and finding it difficult to cope
- ‘being there’ for colleagues

Empathetic, compassionate and kind

As a nurse you should demonstrate empathy which means having a feeling for what someone is going through, perhaps by remembering or imagining yourself in a similar situation. In other words putting yourself in the person’s place and trying to imagine how it would feel for you. This is different to sympathy which gives the impression of being sorry for what someone may be suffering, but not really having some feeling or understanding of what a person is going through.

You should also demonstrate compassion which goes a stage further than empathy. Compassion is about not only having some feeling of what someone may be going through, but also caring enough to want to help and do something to make the situation better.

As a nurse you should care for older people with both empathy and compassion. This can be enhanced by understanding the older person’s history and background and the influence this can have on their current behaviour.

Assumptions are often made that because someone has chosen nursing as a career they will have both empathy and compassion for all older people in their care. The reality is that this is not always true. Some nurses appear to have the innate ability to be empathetic and compassionate; others may never have had these virtues or have lost them because of the drive for meeting targets and working in a task-oriented way with little or no respect for or recognition of the needs of the people they are caring for.

However nursing without empathy and compassion is empty and you should strive to develop skills in these areas.

Helpfulness and friendliness are two characteristics that older people value in a nurse as well as warmth, cheerfulness, being decent and kind rather than giving care in a cold, surly, harsh, sharp or stern manner (2)

Having an attitude of helpfulness is achieved by going to someone when called, giving people the opportunity to express their views, providing a good service, and showing an understanding of people’s needs and therefore providing appropriate and personalised care.



Older people appreciate when you do something which they feel may not be part of your duties as a nurse and is therefore unexpected and improves their care experience. Nurses who do this are seen to be compassionate and not just ‘doing their job’

“It has a lot going for it here, the little things they do, that are nice. I remember one nurse when I was poorly and she was washing my legs and I said: “Oh, look at the hairs on my legs!”

“Oh, don’t worry about that” she said, and produced a razor and shaved my legs. I did feel good after that (1)

Sometimes simply by asking an older person if there is anything you can do for them, or if there is anything they need, the response will be that they do not need anything at that time. This does however provide reassurance that you care and that if they do need something you will be there for them.

“You must listen to the people in your care and respond to their concerns and preferences”

The Code

Process:

delivering quality care which promotes dignity by nurturing and supporting the older person’s self-respect and self-worth

Communicate with older people by not only talking with them, but listening to what they say.

Communication is a two-way process. We all need to communicate with other people. Communicating our needs, wishes and feelings is vital not only to improve our quality of life but to preserve our sense of identity. Effective communication is one of the most essential skills that a nurse can have. Poor communication can have serious consequences and can damage the relationship between a nurse and an older person.

Communication is not only about the spoken word but also body language and

non-verbal cues. Effective communication takes place through interpreting body language and voice. It is important to remember that the spoken word is less effective than the message conveyed through body language. Eye contact is very important in establishing a link with an older person –

“Healthcare providers should never look at their watch when talking to people because it indicates they are not paying attention to me and do not care, and that I am not that important” (3)

It is important to remember that communication problems are not the norm for all older people. You need to take care that you do not raise your voice, speak more slowly, use simple language

or give little meaningful information when talking to an older person as this can appear to be patronising. You should find topics of conversation which will enable you to engage in meaningful discussion and conversation with the older person.

The care you give should reflect the needs and preferences of older people. In order to do this you need not only to talk with them but also listen to what they expect from you and your colleagues in terms of the care which they receive. You need to check that your understanding of what has been said is correct. Listening is valued as a sign of attentiveness and an indication of respect –

“There is an expression in the eye, a movement in the face, a movement of the hand, anything, body language means more than words and you can tell if people are listening” (4)

Never underestimate the importance of listening to someone and giving them your undivided attention –

“Older people, a lot of the time just don’t feel good” but after an interaction with a nurse realised that the nurse “basically hasn’t done anything except listen to you, but you feel better” (1)

There may be a number of reasons why you need to pay particular attention to meeting older people’s language and communication needs. If an older person is unable to communicate effectively, and demonstrate a full understanding of the subject being discussed due to language differences, then an appropriately trained interpreter

“You must share with people, in a way they can understand, the information they want or need to know about their health”

The Code

should be used whenever possible. However in certain circumstances like emergencies this may not be possible and a relative may be used.

Sometimes there may be difficulties with communication if the older person and a nurse have difficulty understanding each other due to dialect, regional, nationality or cultural differences. Steps should be taken to ensure that this is not detrimental to the care of the older person by addressing the issue and ensuring that the older person’s needs are met. It is the responsibility of the nurse to ensure that the message being conveyed is clear and has been understood.

There may be physical barriers to communicating with older people such as hearing loss, visual impairment, cognitive impairment or aphasia (loss of ability to speak or understand words) and it may take longer for frail older people to process information. It is vital that you find out who the main carer is and respect the knowledge and experience they have of caring for the person as they will be able to explain how best to communicate with the older person. If you are unable to ascertain this then you need to be aware of suitable ways of communicating and who is available to provide assistance with this, such as speech and language therapists.

“You must make arrangements to meet people’s language and communication needs”

The Code

When providing information you need to use the right language. Older people do not want to be patronised by being spoken to as if they were a child, talked down to or talked at. When giving an explanation you should not use jargonistic language –

“You have a respiratory incident.” “A respiratory incident? I am choking to death. I am not having a respiratory incident!” (3)

You need to take care that the language you use is not too technical for the older person to understand –

“...the explanations I could not understand. They didn’t belittle me at all. She didn’t use scientific language. I might have understood the scientific language possibly, but she didn’t try to do that and again, I felt very reassured” (5)



You should also be aware that different people require different amounts of information. It is really important that you find out how much information each individual wants as giving too little information can be stressful for some people but giving too much information to someone who does not want it can be just as stressful –

“I feel we have the right to know what is happening to (our bodies) and ...the right to know what is being done to (our bodies) and why” (3)

Assessment of need

“Treat people as individuals”

The Code

In order to provide individualised care for an older person it is necessary to carry out an assessment of their needs which may be:

- Physical
- Psychological
- Psychosocial
- Biological
- Functional
- Sexual
- Spiritual
- Cultural



Some older people and nurses may find it difficult to discuss some of these issues which may be perceived to be sensitive, but this can be overcome by building a relationship with the older person. Through assessment, information is acquired which is essential to facilitate the development of a plan of care which will not only enhance the health status of the older person but will help individuals to maintain or gain control over their health.

It should be recognised that older people may have both physical and mental health needs and that an assessment of both of these should be carried out. Particular attention should be paid to identifying older people who may be depressed as this is often missed. It is vital that, where appropriate, referrals are made to psychology or psychiatric services to ensure older people with depression are given support.

The importance of the influence of an older person’s life history and personal circumstances should not be underestimated. Therefore personal and family relationships, social networks, previous occupation, sexual, cultural and spiritual needs should all be discussed as an integral part of ongoing assessment.

Taking these into account assists the assessor in gaining the older person’s trust and respect and enhances the therapeutic relationship with the older person. They are of equal importance as the assessment of ‘Activities of Daily Living’ which form the basis of the majority of nursing assessments and should influence the development of an individualised plan of care.

“The right knowledge means a full assessment and that’s where we start from. It’s around the daily activities of that person, their likes and dislikes, their abilities – we always seem to concentrate on people’s inabilities, their hygiene, their eating, what is important to that individual and making that person focused” (6)



When carrying out an assessment you should always involve the older person as their contribution is vital to ensuring that the plan of care which is developed is truly person centred. If for any reason the person is unable to participate in the assessment then the views and experiences of their “significant other” should be taken into account. You should take into consideration who the older person wants to be involved as sometimes this may not be the prime care giver –

“Older people should be asked who they want to be involved, there is an assumption made that carers are always the best people to advocate. There are some abusive carers, as well as some very good. It might be that some don't want their carers involved” (6)

It is particularly important to take into account an older person's wishes and desires when providing end of life care. The opportunity to discuss personal needs and preferences, including how they want to be cared for and where they want to die, should be given so that individual preferences and choices can be taken into account and accommodated whenever possible. This assessment should be used to inform a co-ordinated approach to care by each professional and organisation involved in the care process.

Assessment is essential to ensure that care is personalised rather than driven by a medical diagnosis or condition. Treatment and care should be planned in a way that suggests concern for the older person as an individual rather than being just a number or “the leg in room x”. The most important thing to do is to take the time to ask and find out

how an older person wants to be treated and what is important to them from their perspective

“I had a very good physical recovery and what impressed me most was how (they) treated me as a whole person, considering my physical as well as my psychological status. I felt that (they) really knew how to support and encourage me and they knew how to make me feel relaxed. They created an environment in which I felt able to make a good recovery” (7)

Although individual people will want different relationships with nurses, the majority of older people say they feel most comfortable when nurses know them on a personal level, for example by knowing about their family, their living arrangements and above all any worries or concerns they may have. This can only happen through comprehensive assessment.

Establishing a relationship takes time but older people appreciate nurses who take time to talk with them as they feel they are taking an interest in them as individuals. Older people accept the fact that every nurse will not know every detail about them, but they do expect every nurse to find out and give them important details when asked to. In order to do this you have to find out about, and keep up to date with each person's background, needs and progress. Sometimes it is not easy to understand why people behave in a particular way but it helps if you recognise that the person's behaviour and attitude is often influenced by their life experiences and possibly also the fear and difficulty in accepting physical or mental deterioration and the inevitability of death.

The very best of care can only be achieved if you are committed to getting to know older people in your care through effective assessment as individuals, finding out how best to care for and communicate with them from their perspective, whilst always ensuring that respect, dignity and fairness are consistently maintained.

Respect for privacy and dignity

Ageing is a natural part of life and as people age some may become more dependent on others. This means that some older people may require others to care for them and protect them in a way that they have not required since childhood. It is essential that you do not make the mistake of taking away their self-respect and returning them to the status of a child but rather you should respect them as an adult.

As a nurse you should treat all older people, irrespective of the care environment or their health status with dignity. Dignity relates to people's thoughts, feelings, and behaviours. It applies to everyone; each person has equal value as a human being. When caring for someone who is cognitively impaired it is important that you respect their feelings and behaviours and take seriously any concerns which they may express.

“I never felt embarrassed because they treated me with respect. They didn't treat me as if I were nothing” (8)

Some older people worry about becoming totally dependent on others for care. They fear that if they are in the situation where they are unable to care for themselves they will no longer be treated as an individual and that their independence and self-respect will be denied.

“You must treat people as individuals and respect their dignity”

The Code

“You must respect and support people’s rights to accept or decline treatment”

The Code

Some older people say that they would prefer to die than be in that situation

“If you end up like a cabbage, you’re deprived of all dignity and self-respect... that must be the worst possible experience – I hope I die before I get there” (2)

Respectful treatment is particularly important when someone is dying. You should ensure that they are pain free, and that their hygiene, continence, nutritional, emotional, cultural and spiritual needs are met. You should acknowledge that partners, including same sex partners, families including children, close friends and informal carers of older people who are approaching the end of life, have a vital role to play in providing care and being involved in the decision making process.

You should identify who the older person wants to be with them at this time, who they want to be involved in making decisions and respect their wishes even if their choices conflict with your personal beliefs and values.

You should also recognise that “significant others” will have their own needs as for many this may be the first experience they have of being with or caring for someone who is dying. You should ensure that they are told about the likely progress of the older person’s condition and are given practical and emotional support during the person’s life and after their bereavement. During the older person’s last hours you should ensure that they and their “significant others” are given privacy.

When dignified care is provided it dignifies not only the older person but the nurse also. An integral part of providing dignified care is how you present yourself. As a nurse you should present yourself at all times in a professional manner. Your demeanour, behaviour and attitude should portray a professional image which will encourage the trust and confidence that older people have in your ability to provide dignified care.

Asking for permission to carry out care contributes to the retention of respect and control by older people. Privacy and dignity should be protected at all times. Many older people mentioned the embarrassment, shame, humiliation and loss of respect when privacy was denied. Washing, dressing and using the toilet are all examples of when consent should be obtained prior to giving care privately.

“You must ensure that you gain consent before you begin any treatment or care”

The Code

As a nurse you should ensure that each person in your care receives the care they need. Sometimes individuals will make the choice to refuse the care offered. You should discuss with them why they are refusing. It may be that they feel this is a way for them to maintain some control in their life or may indicate the onset or existence of a depressive illness. You should discuss with them the consequence of refusing the care offered, for example that there may be a deterioration in their health or that they may present a health hazard to others. However it is important that you acknowledge and respect that older people do have the right to deny themselves personal care and neglect themselves and you should honour their wishes. You should document fully any decisions made by an older person to decline care.

You should also be aware that some older people may want to make an advance decision to refuse treatment, should they lack capacity to make such a decision in the future. Others may wish to outline their general wishes and preferences about how they are cared for and perhaps where they would want to die. Where older people have set out clearly what their wishes are then these wishes should be respected.

“You must respect people’s rights to confidentiality”

The Code

You need to be aware of any situation where there is the potential for confidentiality to be breached. This is particularly important when carrying out intimate personal care or when discussions are taking place of a sensitive nature.

Care should be taken that personal information and details are not disclosed to other people in your care, relatives, visitors or others who are not involved in the care process

One woman on a urological ward described her embarrassment when the consultant explained her surgical procedure to her... “I just thought, don’t speak too loud – I’m not exactly proud of what’s going on” (9)

It is vital that you are always aware of who may be able to overhear conversations wherever care is being provided.

Engage in partnership working with older people, their families, carers and your colleagues

Older people should be equal partners in their care; you should therefore not only listen to them but also explain processes and

“You must recognise and respect the contribution that people make to their own care and well-being”

The Code

options they may have in their treatment or care plan so that they can make informed decisions about their care. The contribution that older people can make should be encouraged and valued. You should make a personal connection with older people in your care as making joint decisions about care options improves their perception of a positive care experience. If you actively engage with older people rather than waiting for them to raise issues, you will prevent problems from arising and reduce anxieties. By handling concerns immediately and proactively you can prevent concerns becoming complaints.

“You must uphold people’s rights to be fully involved in decisions about their care”

The Code

Many older people want to be involved in making decisions about their care –

“I try to make decisions (about my care). They (the nurses) don’t like it, but I try” (10)

This means that you should involve older people in the process when you are carrying out assessments, planning or evaluating their care, providing any information and explanations so that they can make informed choices.



Many older people do not consider themselves to be a part of the care process and have low expectations in terms of what rights they have in being able to have an input into decisions which are being made about their care. Others are frightened to make any comments about the care they have received as they fear that they will be ignored or that their future care needs will not be met. As a nurse you should actively encourage older people to be involved in the decision making process and ensure that their voice is heard.

“You must act as an advocate for those in your care, helping them to access relevant health and social care, information and support”

The Code

In this context advocacy is about acting on behalf of the older person in a professional capacity whilst ensuring that their best interests are central to any discussions or decisions. There may be a number of reasons why you as a nurse may need to act as an advocate for older people in your care. The older person may

- be acutely ill
- be physically compromised
- be cognitively impaired
- be unable to care for themselves
- be unable or unwilling to speak out for themselves
- on some occasions lack the capacity to make decisions

As a nurse you should encourage participation or if the older person is not able to speak up for themselves then you should advocate on the person’s behalf putting forward their needs and views.

You need to be aware that if someone is unable to exercise their autonomy it may be necessary for you as a nurse to speak on their behalf to ensure that their rights are promoted –

“One night I was on duty and caring for an older person who was in a lot of pain. I asked the nurse in charge if she could call the doctor to prescribe a stronger painkiller. She said no because his pain relief had already been reassessed earlier that day. I wasn’t happy about this so I kept going back to her but she didn’t want to disturb the doctor. Eventually she agreed that I could call him. He came and prescribed different medication and the person settled and had a good sleep” (11)

As a nurse you are in an ideal position to act as an advocate to support older people in fulfilling their need for self-respect, companionship, love and intimacy. These needs are often disregarded and overlooked but are of great importance to many older people. Some nurses do not feel able to discuss and deal with these issues. You should ensure that you receive the training and support to enable you to identify and meet these specific needs. It may also be appropriate to identify someone who can act as an independent advocate to ensure that these needs are met.

“You must ensure people are informed about how and why information is shared by those who will be providing care”

The Code

“You must be aware of the legislation regarding mental capacity, ensuring that people who lack capacity remain at the centre of decision making and are fully safeguarded”

The Code

You should be familiar with the legislation regarding mental capacity which is specific to the country of the UK in which you work. You should always presume that older people who you provide treatment or care for are able to make their own decisions. Older people with cognitive problems may find it difficult at times to understand what is going on around them. Their capacity to make decisions can fluctuate and may vary depending on the decision to be made.

As a nurse you should be aware of the times when a person can be involved and should ensure that they are involved and not totally excluded from the decision making process. On occasions it may be necessary for you to obtain the services of someone who can advocate independently on behalf of an older person, for example an independent mental capacity advocate.

“You must work effectively as part of a team”

The Code

This means working “as a team” not just “in a team”. Nurses should work together with other members of the multidisciplinary team and support each other to ensure that older people feel more confident about the care they will receive. It is important that any differences of opinion are resolved in private to prevent feelings of insecurity and lack of confidence in the care which is being provided if older people or their relatives overhear the discussions.

Working together as a team and communicating effectively with each other will give reassurance that information will be passed on and will be available to all team members. Comments such as

“I’m not your nurse”, “I don’t know, I have been on holiday”, “That’s not my job” (12)

are not helpful and do not inspire confidence in the level and standard of communication between team members. It is essential that clear documentation is kept to facilitate the communication process. You should make sure that the confidentiality of all documentation is maintained and only able to be accessed by those with authority to do so.

It is important that you explain to older people that any information that you are given will be shared with other members of the multidisciplinary team to ensure continuity of care. For example if an older person shares information with you which leads you to believe that they may be at risk you should explain to them that you have to share this information with your colleagues to ensure their safety.

“You must keep your colleagues informed when you are sharing the care of others”

The Code

“You must work co-operatively within teams and respect the skills, expertise and contributions of your colleagues”

The Code

Due to the complex needs of many older people it is of particular importance that a team approach is used when providing care. When caring for older people all members of the multidisciplinary team should be involved to ensure that the care planned and provided is holistic. Partnership working with older people and all the members of the multidisciplinary team is particularly important when a transition is being made between services and care environments. Continuity of care should also include ensuring that older people know who will be coming to their home when they are receiving care in the community

“The most important thing was continuity of care, so the older person knows who is coming to their house, you don’t just get someone turning up saying I am Mrs Whatever, people need to know beforehand who is coming into their home. You are always being told don’t answer your door to a stranger, very important” (6)

You should aim for true inter-professional working where the needs of the older person are put before any organisational boundaries.

You need to recognise your limitations in the scope of your practice and refer to a colleague, for example older people’s nurse specialists, psychiatric and palliative care nurses or other members of the multidisciplinary team, to ensure that the most appropriate care is provided.



“You must demonstrate a personal and professional commitment to equality and diversity”

The Code

Place:

diverse environments where older people are cared for in the community e.g. someone's own home, intermediate care settings, care homes, sheltered and extra care housing, hospices, prisons or in hospital which may be acute or rehabilitation in both general and mental health services.

Committed to equality and diversity

Commitment to equality and diversity means providing care in a non-discriminatory, non-judgmental and respectful way. Equality is about making sure that all older people in your care are treated fairly and that care given is person centred, valuing each

individual and meeting their specific needs rather than treating everyone in the same way. Diversity is about recognising that older people come from different backgrounds and embraces culture, social class, belief, disability, sexuality, gender, race and ethnicity, as well as older people from marginalised populations.

It is important that you as a nurse, familiarise yourself with the likely characteristics of specific minority groups and then respond accordingly. However to provide person centred care you should not make assumptions that every older person from that group will possess those characteristics. You should take action to assist people to maintain autonomy, control and a quality of life that anyone can reasonably expect irrespective of age, race, ethnicity, social class, gender, sexual orientation, disability or religion and belief.

The care environment should provide for the diverse needs of those who use the service. Advice should be sought from the local community and support organisations to ensure that the environment does reflect the needs of older people from minority groups. It is also important to seek the views of older people using the care environment to ensure that individual needs

“You must recognise and work within the limits of your competence”

The Code

“You must not discriminate in any way against those in your care”

The Code

are met as these may differ from the wider minority group.

Discrimination in care occurs when the care you give to one person differs from another with the same needs, for example when the standard of care is not as high as the care received by another person. There are many reasons why older people experience discrimination including age, race, ethnicity, social class, gender, sexual orientation, disability or religion and belief. Your own beliefs, values and practices can have an influence on the way you provide care and treatment to others.

Nevertheless older people want to experience care and treatment which actively encompasses their values, beliefs and practices. This means that they expect you as a nurse to understand and respect their individual values, beliefs, personal relationships, rules of behaviour and lifestyle choices. How they behave and think may be very different from how you would behave or think. You may experience hostility towards your cultural heritage, beliefs, values or life choices. These differences should not affect the quality of care you provide. Even if you disagree or disapprove of an older person's views or way of life, you should provide care in a non-judgemental way which meets their individual needs.

Appropriate environment

The environment of care should allow for care to be delivered in a dignified and safe way. As a nurse you may have to work in an environment which is not conducive to delivering care which meets the specific needs of older people. It is important when new facilities are being built or modifications are made to existing facilities that nurses are involved in the design and redesign to ensure that the environment is conducive to providing care that meets the needs of older people.

“You must report your concerns in writing if problems in the environment of care are putting people at risk”

The Code



The care environment can be an indicator not only of how attentive nurses will be to people but also to the whole process of caring. Therefore if the care environment lacks cleanliness, is untidy or noisy this can give the impression that there is a general lack of control and that important things may be missed. It can also raise concerns that there may be an increased risk of infection. This perception is justified and you should therefore take steps to ensure that the environment is clean and tidy and raise your concerns when standards of cleanliness are not maintained.

You should however recognise that in some care facilities or in the person's own home older people choose to live in an environment which you may think is not conducive to safe or healthy living. It is important to remember that individuals do have the right to make these decisions. Your role as a nurse is to make clear the risks involved and work with them to minimise the risk where possible and acceptable to the older person. You should be aware that you are a guest in the person's home and act accordingly.

The environment of care should promote independence and choice as far as possible taking into account the fact that some degree of risk may be inevitable.

It is necessary to discuss what level of risk is acceptable in order to maintain the person's quality of life and protect their independence and dignity. Avoiding risks totally constrains an older person's choices and opportunities. The steps you take to safeguard the person will depend on how they are able to cope, taking into account the safety of the care environment. An individual's choice may place them at risk, therefore there needs to be a balance between acceptable and unacceptable risk. Acceptable risks are those which maximise potential benefits to the individual while minimising potential harm. However if someone makes choices which places others at risk the balance tips over into unacceptable risk.

“You must inform someone in authority if you experience problems that prevent you working within this Code or other nationally agreed standards”

The Code

Risk is a concept which tends to be viewed negatively but people take risks all the time and gain positive benefits from doing so. People want choice and control but in practice it is sometimes difficult to weigh the benefits of one choice of action against the potential risks. As a nurse you should ensure there is a balance between enabling people to have control over the decisions they make about their care and treatment, the way they choose to live their lives and ensuring they are free from harm, exploitation and mistreatment. It is essential that any decisions are made, following a risk assessment, in collaboration with the older person, their relative and other members of the multidisciplinary team, including social workers, and documented fully.

Resourced adequately

It is the responsibility of management to ensure that there are sufficient numbers of staff and the necessary equipment to provide effective care. It is essential that if you are unable to carry out care for someone because of a lack of resources you document this on the person's plan of care and record the consequences for the person. This information should be brought to the attention of your manager both verbally and in writing. This will provide them with valuable data to support their claims for more resources including staff.

“As a professional, you are personally accountable for your actions and omissions in your practice and must always be able to justify your decisions”

The Code

Whether you are leading a team, delegating and supervising the work of others, carrying out enhanced roles or are working as part of a team under the leadership of others, you are always both professionally and personally accountable for any decisions you make and actions you take.

Some older people will make excuses for any deficiencies in the quality of care because they perceive the nurses to be busy. Their expectations may therefore be low and they may be grateful for whatever care they receive, particularly if they feel that the nurses do try to meet their needs.

“You must make sure that everyone you are responsible for is supervised and supported”

The Code



It is important that you manage your time effectively and prioritise your workload to ensure that you carry out all actions which are required of you.

Effectively managed

It is essential that there is a commitment from management at all levels within an organisation and indeed within the wider health and social care organisations, regionally and nationally, to support nurses to enable them to adhere to the principles of care for older people outlined in this guidance.

Effective managers and nurse leaders should be good role models and lead by example, making explicit the standard of care which they expect to be delivered within their area of responsibility. They should ensure that their staff can see their commitment to providing excellence in the care for older people. This should include acknowledging when circumstances such as poor staffing levels, due for example to sickness and vacancies, prevent their staff from delivering care to the standard outlined in

this guidance. As they are accountable for the delivery of care in their area of responsibility they should take steps to address these issues to ensure that the accountability of their staff is not compromised.

Those who manage nurses should be highly motivated to influence and develop members of their team to ensure that they have the necessary skills and abilities to care for older people. Particular attention should therefore be given to the need to ensure that the training needs of staff are identified and that training opportunities are provided. Specific training should be provided in

- End of Life Care
- Dignity in Care
- Identifying and meeting the mental health needs of older people
- Equality and diversity

“You must give a constructive and honest response to anyone who complains about the care they receive”

The Code

When a complaint is made about the care which an older person has received, it is essential that the complaint is investigated thoroughly viewing the issues raised from the older person’s perspective. Complaints should be viewed as an opportunity to learn from to improve the care experience of other older people. Complaints will often highlight training needs which can be incorporated into an action plan which can be shared with the complainant to demonstrate that concerns are taken seriously and action taken to address identified issues.

There should be an open culture in the care environment which encourages older people to raise their concerns without fear that their complaint will adversely affect the care provided. You should ensure that an older person is not ignored or treated less favourably than other people because a complaint has been made. It should be made clear to all staff that this is unacceptable and will not be tolerated.

“You must not allow someone’s complaint to prejudice the care you provide for them”

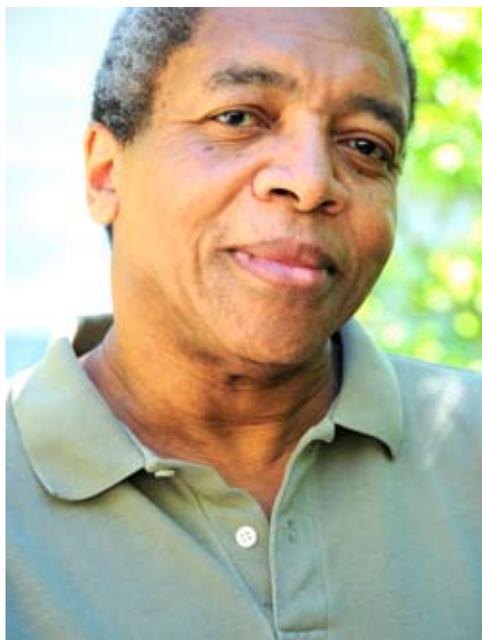
The Code



Conclusion

This guidance is constructed around the views of older people. It sets out what older people expect when receiving care and therefore provides a framework to help nurses to focus on the issues that matter most to them and enables nurses to provide a safe and positive care experience from the perspective of older people.

Quotations in the main body of this guidance are followed by a reference number, indicating which of these sources has been used.



References

- (1) Tutton, EM. Seers (2004) Comfort on a ward for older people, *Journal of Advanced Nursing*, (46)4, 380-389
- (2) Bayer, T. Tadd, W. Krajcik, S. (2005), The voice of older people, *Quality in Ageing*, 6(1), 22-29
- (3) Calvin, AO. Frazier, L. Cohen, MZ. (2007), Examining older adults' perceptions of healthcare providers, *Journal of Gerontological Nursing*, May, 6-12
- (4) Jonas-Simpson, C. Mitchell, GJ. Fisher, A. Jones, G. Linscott, J. (2006), The experience of being listened to: A qualitative study of older adults in long-term care settings, *Journal of Gerontological Nursing*, January, 46-53
- (5) Shaw, C. Williams, KS. Assassa, RP. (2000), Patients' views of a new nurse led continence service, *Journal of Clinical Nursing*, 0,574-584
- (6) Focus group members, Thurrock, October 2008
- (7) Williams, AM. & Irurita, VF. (2005), Emotional comfort: the patient's perspective of a therapeutic context, *International Journal of Nursing Studies*, 43, 405-451
- (8) Shaw, C et al (2000), Patient satisfaction with urodynamics: A qualitative study, *Journal of Advanced Nursing*, 32(6), 1356-1363
- (9) Baillie, L. (2007), The impact of urological conditions on patients' dignity, *International Journal of Urological Nursing*, 1(1), 27-35
- (10) Cooper, GH. Bruckner, E. (2005), Elder's impressions of ethical issues in healthcare, *Online Journal of Health Ethics*, 1(2) available at <http://ethicsjournal.umc.edu/ojs2/index.php/ojhe/article/viewFile/39/43>
- (11) Band 5 Nurse in West Midlands NHS Trust
- (12) Nurses in various organisations

Nursing & Midwifery
Council



Get in touch
020 7333 9333

advice@nmc-uk.org
www.nmc-uk.org

23 Portland Place, London W1B 1PZ