

10 Steps Towards Developing Evidence Based Best Practice in Night Time Residential Care



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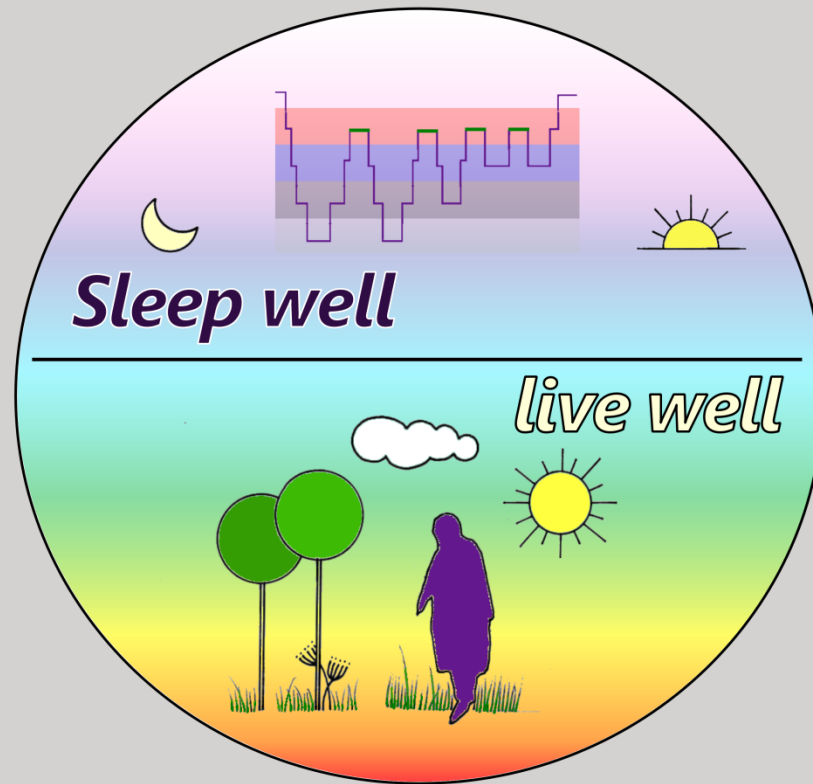


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Sleep is vital to our wellbeing



Importance of Sleep in Later Life



Sleep is restorative

Enhances cognitive abilities

Enhances physical abilities

Contributes to recuperation and rehabilitation

Reduces the risk of falls

Enhances quality of life

Why research sleep in care homes?

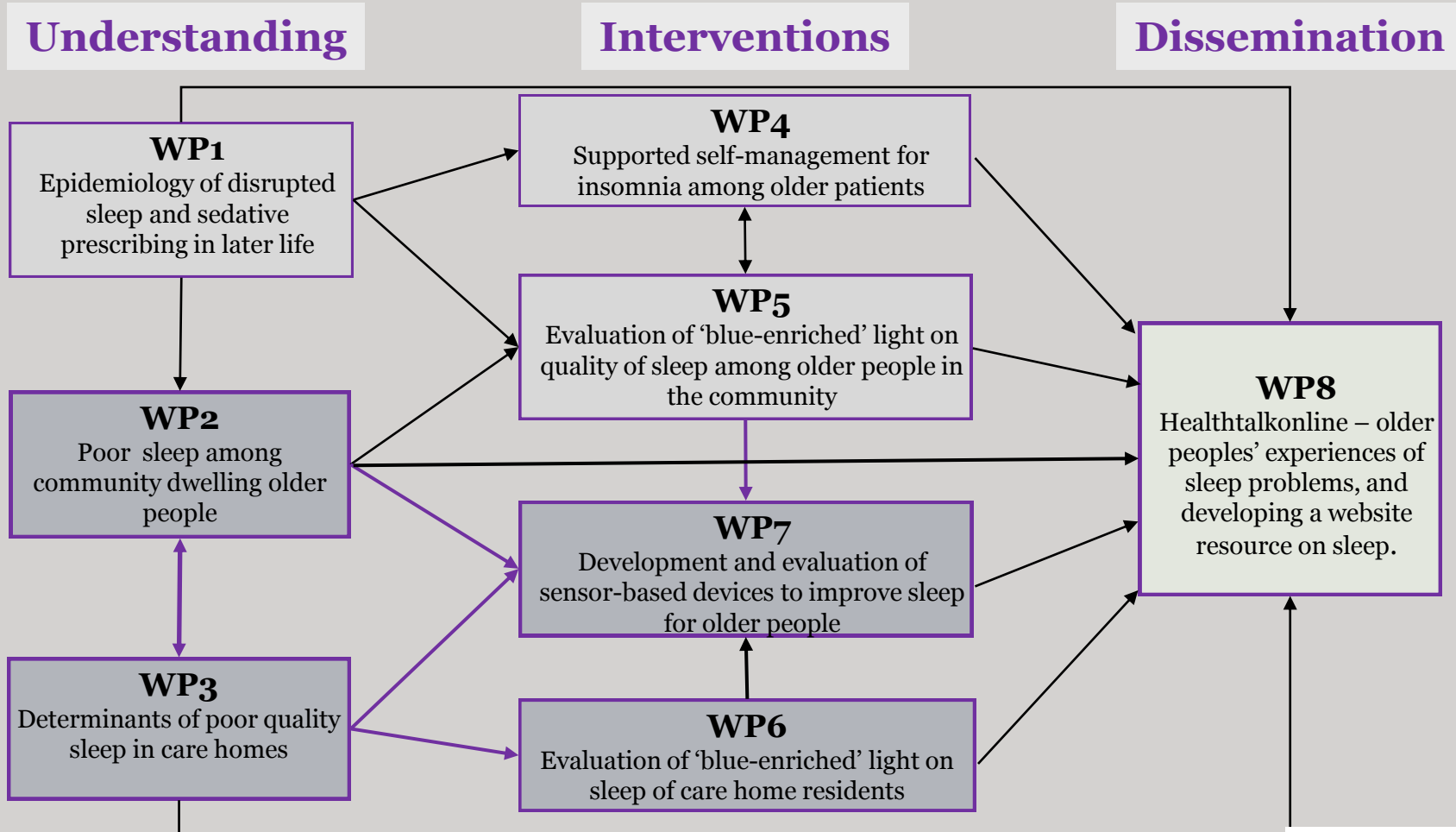


Sleep forms a significant part of the everyday life experienced by older people living in nursing homes and may dominate their lives

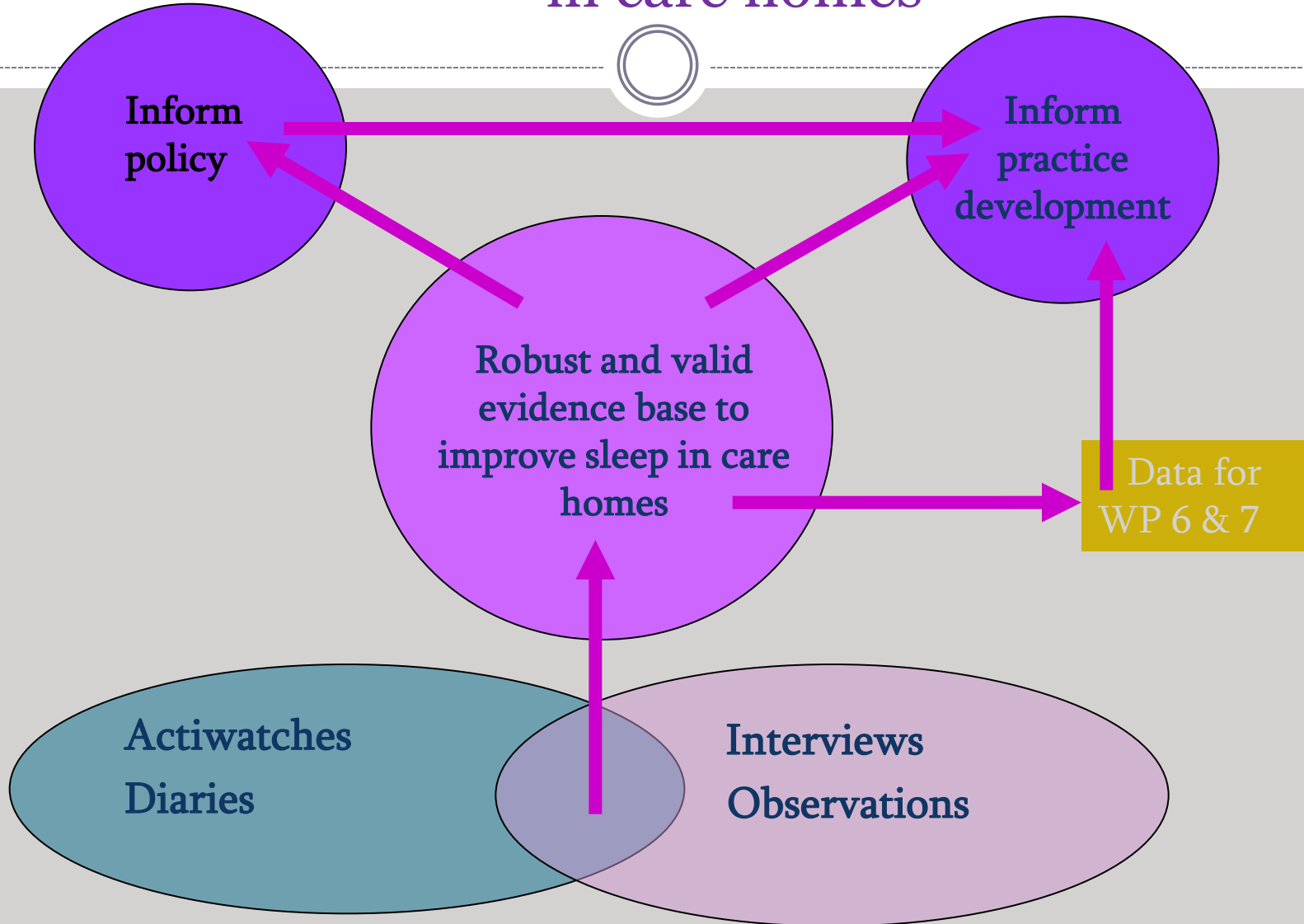
Getting residents ready for sleep, monitoring sleep and getting residents up in the morning are key to the support in activities of daily living provided by care staff

The experience of sleep in nursing homes can be expected to differ from that of sleep 'at home'

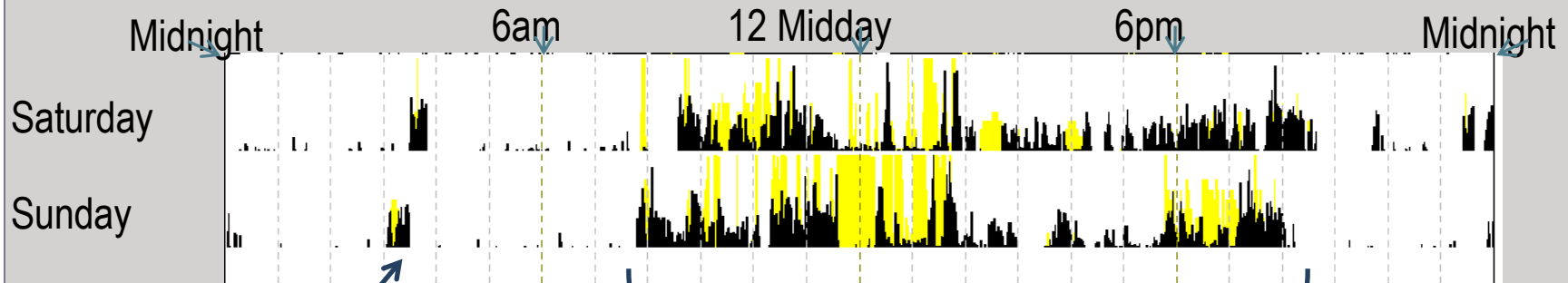
Establishing the evidence base: The SomnIA Work Packages



Identifying the determinants of poor sleep in care homes



Actigraphs



Night-time waking and light exposure
(e.g. continence care)

Day time activity and light exposure



Determinants of poor sleep in care



Key findings (quantitative data):

Mean time in bed 10hours 47minutes

64.8% of sleep disturbances were related to toilet/continence care

83.3% of residents experience fragmented sleep

Determinants of poor sleep in care



Key findings (qualitative data):

Conflict between staff and residents as surveillance and care giving processes disrupt sleep

‘...Checking on them... that’s our work, we have to look after them’ (*Madge, care staff*)

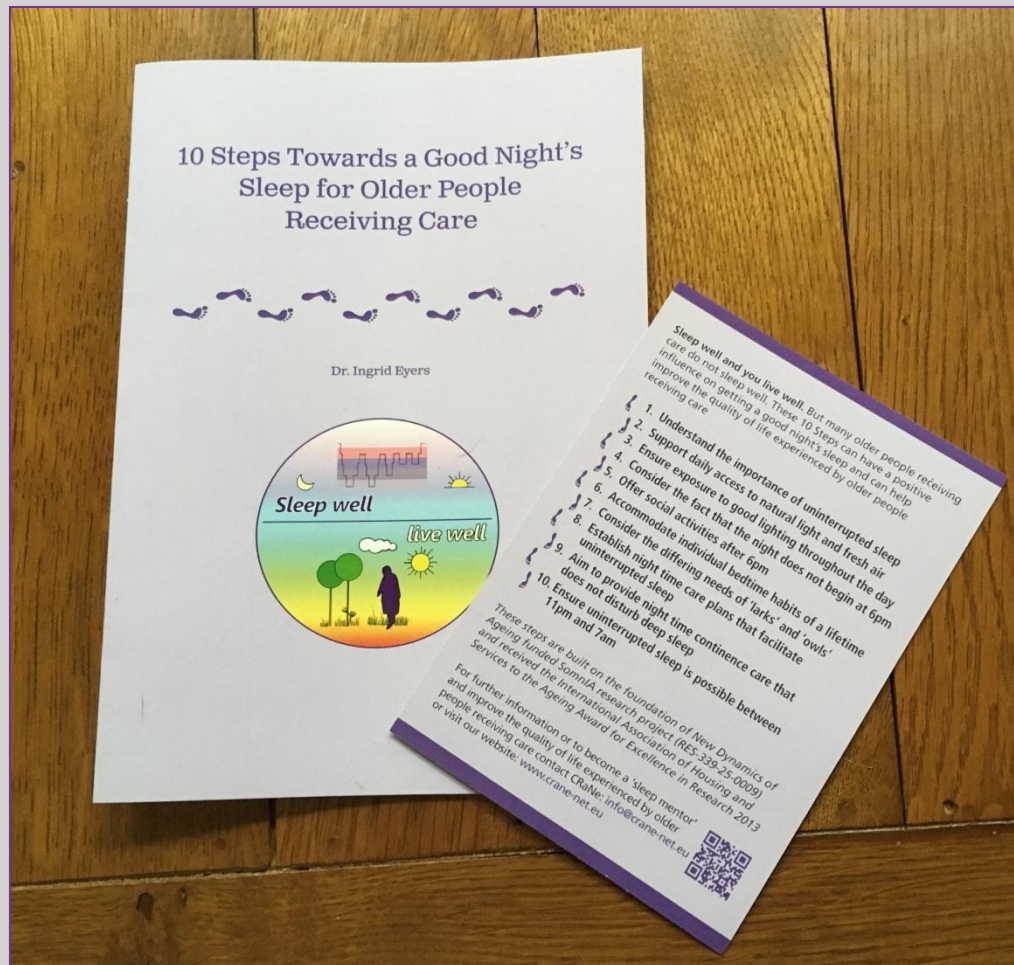
‘When the staff come into my room I wake up’ (*Stanley, resident*)

Research to Practice: Publications



- Eyers, I., Orpwood, R., Carey-Smith, B. And Evans, N. (2015) 'Sleeping like a log...'? Technology Supporting the Implementation of Person-Centred Care at Night. in van Hoof, J., Wouters, E. & Demeris, G (eds) *Handbook of Smart Homes, Health Care and Well-Being Part 2: The technical aspects of ambient assisted living: Functionalities, systems, engineering and design*, Springer Verlag
- Eyers, I., Carey-Smith, B., Evans, N. and Orpwood, R. (2013) Safe and Sound? Night time checking in Care Homes, *British Journal of Nursing* **22** (14):827-830
- Ellmers, T., Arber, S., Luff, R., Young, E. and Eyers, I. (2013) The importance of sleep – supporting care home residents at night, *Nursing Older People*
- Eyers, I., Young, E., Luff, R., and Arber S. (2012) Striking the balance: night care versus the facilitation of good sleep, *British Journal of Nursing* **21**(5):303-307
- Luff, R., Ellmers, T., Young, E., Eyers, I. and Arber S. (2011) Time spent in bed at night by care home residents: choice or compromise *Ageing and Society* **31**(7): 1229-50.
- Venn, S., Luff, R., Ellmers, T., Arber, S., Eyers, I. (2010) 'Optimising quality sleep among older people in the community and care homes: Some key findings' *Generations Review*, 20: 4.
<http://www.britishgerontology.org/1newsletter4/research5.asp>>
- Meadows, R., Luff, R., Eyers, I., Venn, S., Cope, E. and Arber, S. (2010) An actigraphic study comparing community dwelling poor sleepers with non-demented care home residents *Chronobiology International* **27** (4): 842-854

Research to Practice: Workshops



Development in Practice: Small Group Experience



12 bed unit was selected for trial in a rural setting in Western Australia's beautiful south west wine growing region



Strategy



Nurse Practitioner reviewed all residents with a view to de-prescribing with their regular GP

Resident and family meeting were held regularly during the process to keep people informed and for opportunities for questions

A plan for implementation was commenced

Staff Education



- Care staff and clinical staff attended education with a sleep specialist
- Unfortunately funding was not approved for the project
- Innovative ideas were given a green light



Settling Routine



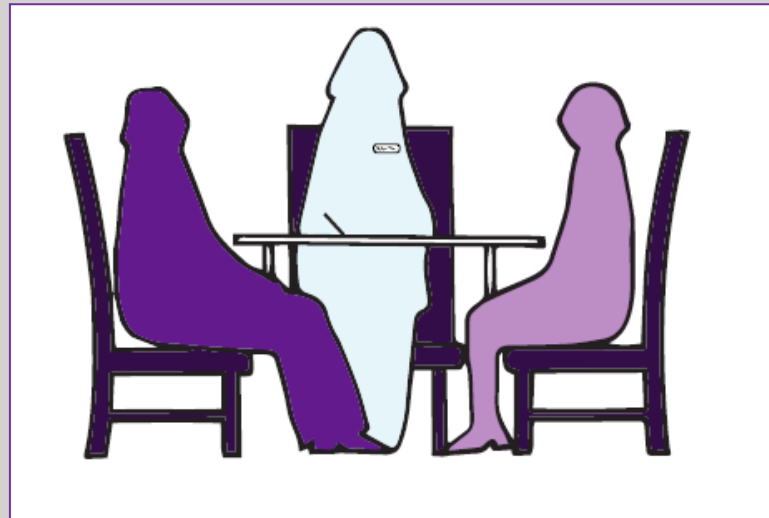
- Later dinner – 6.30
- Staff changed into slippers and dressing gowns
- Supperclub with high calorie snack



Getting to Sleep



- All residents were reviewed by continence advisor
- Chronic health assessment by Nurse Practitioner
- 5 day sleep assessment
- Pain assessment



What were care staff concerned about?



- What if we don't check?
- What about pressure injuries if we don't turn people?
- What if someone falls?

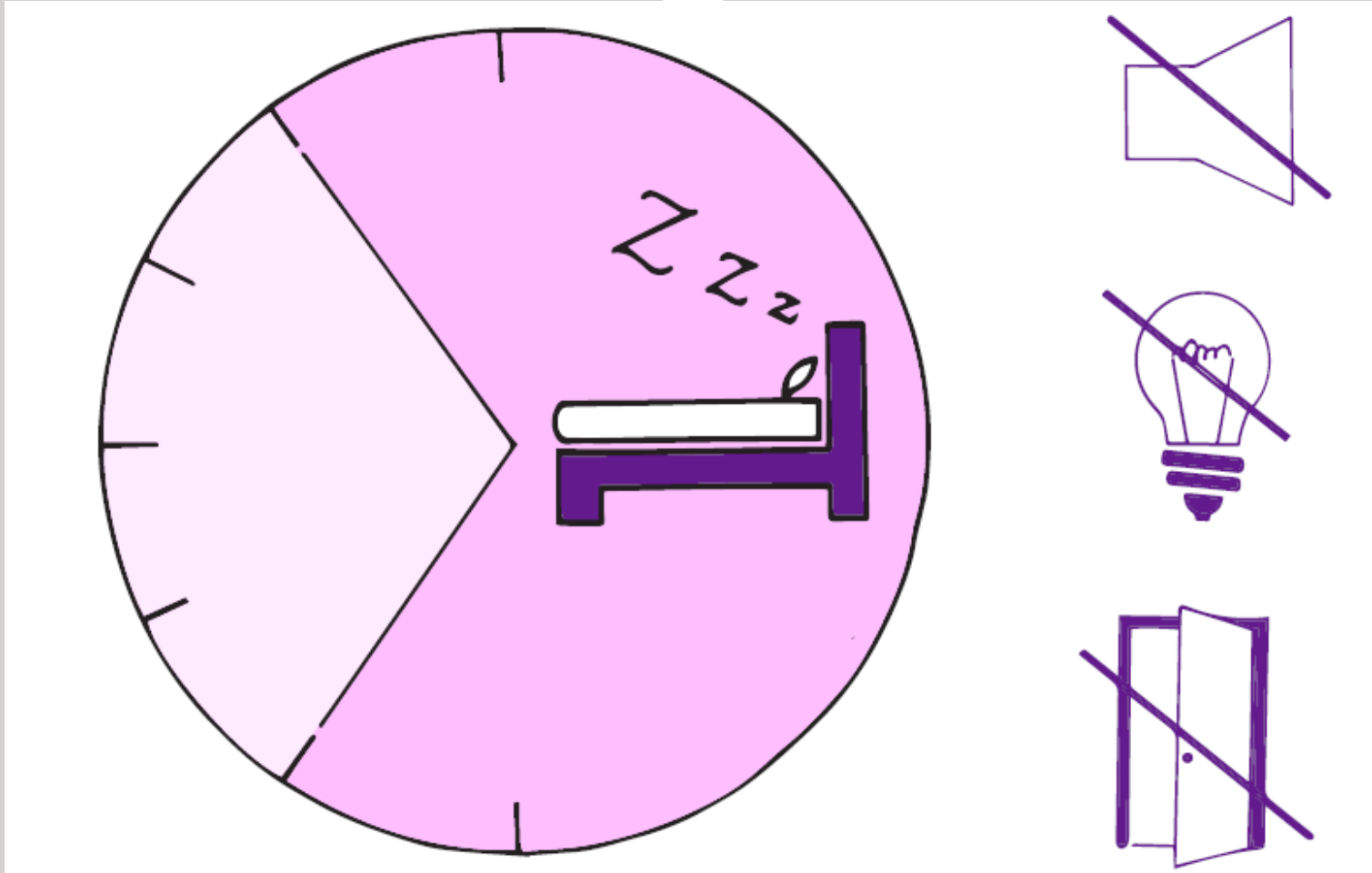
Solutions



- Resident and family meetings
- Staff were informed of the evidence base
- New mattresses were used where required
- Infra-red monitoring sensors introduced



7 to 8 hours uninterrupted sleep was provided



Outcome:



Sleep improved

Active participation in everyday life improved

Behaviour improved

Reduction in falls

De-prescribing is reported by nurse practitioners to be successful

Residents, their families and staff are happy

Conclusion:



All inclusive approach is needed to improve sleep of older people receiving care. Involve everybody in the quest

Review policy (Inspectorate, Quality Control)

Inform

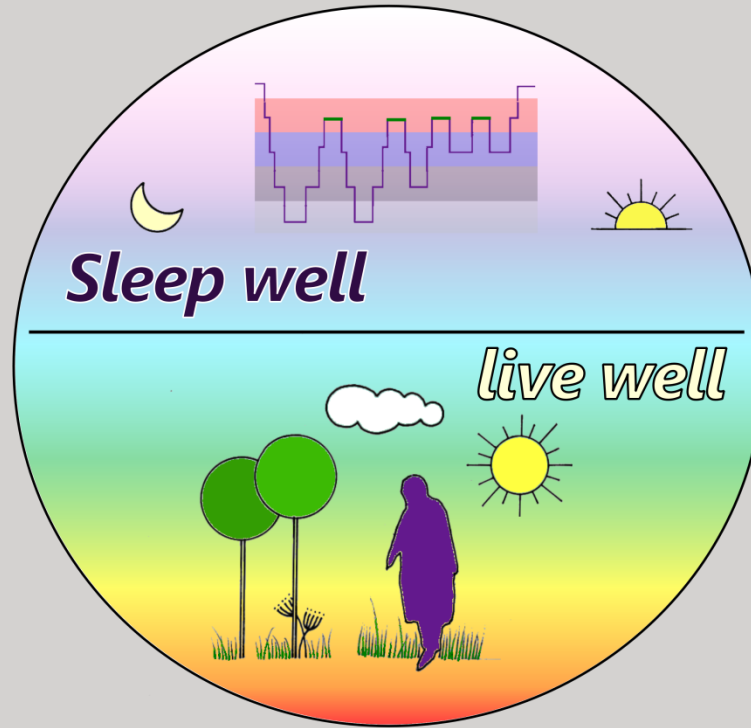
Educate

Respect the individuality of each older person being cared for

Person centred care continues through the night to improve the day

Include knowledge transfer to practitioners in research funding

**Thank you for listening, please don't forget
your own need for restorative sleep**



www.crane-net.eu/en/publications

Acknowledgement



THANK YOU to everybody who took part especially to Vicki Fitzgerald who at managerial level actively took research into practice

The **10 Steps** are built on the foundation of New Dynamics of Ageing funded SomnIA project (RES-339-25-0009) and are the outcome of wide ranging discussions with the care sector in the process of disseminating the research findings to the care sector at a national and international level

