

# What does spiritual care look like within three care homes in Suffolk?

Opportunities to share good practice (August 2017)



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## **About the project group:**

### **Simon King:**

Simon is a Registered Nurse for children and young people, having trained at Great Ormond Street Hospital. He has completed a BSc (Hons) degree in Nursing Practice and, in 2009, became the senior Service Manager for the EACH children's hospice in Ipswich.

In 2014 he joined Healthwatch Suffolk. In this role he has continued to be a strong advocate for spiritual care that is responsive to individuals, their values and future wishes.

### **Martin Hillary:**

Martin started working in the care sector in 1973. He became a Buddhist in 1993, ordained in 2001 and was given the name Dayasara.

Martin has had varied experience in nursing and in 2011 completed a PhD regarding support for Buddhists in long-term care. Latterly he worked as a staff nurse in nursing homes, supporting people with neurological disability, dementia and other needs.

Martin continues as a volunteer in a day service for people who have dementia.

### **Beverley Levy:**

Beverley's involvement with this project started in her capacity as a SIFRE trustee, now IFCF (Ipswich Faith and Community Forum).

She qualified as a Social Worker in 1992 and currently works as an Independent Practice Educator, supervising the placement portfolios of social work

students. Prior to this she worked for the Alzheimer Society on their Positive Caring Programme. Beverley is also a qualified yoga teacher with specific experience in teaching older people.

She completed an M.Sc. in Social Research Methods in 1985, and has worked as a freelance health researcher. She was a founding member of the Suffolk Liberal Jewish Community.

Beverley, with her two sisters, supported their mother, Sheila, after the death of their father. Sheila spent the last 13 years of her life in residential and nursing homes and the final three years of her life in a Jewish Care Home.

### **Lois Hickey**

Lois is a mental health lecturer at the University of Suffolk, where she leads on a Nursing Degree Module that focuses on the delivery of spiritual care. As part of the process of teaching spiritual care Lois has immersed herself in the topic, by for example, meeting with SIFRE and commissioners, and researching national and local practices.

As a lecturer, Lois's role is to be engaged in the promotion of good practice to both students and service providers. She endorses that spiritual care has many benefits for psychological and physical wellbeing.

Lois is trained in mental health nursing and three psychotherapies. She regards spiritual care as an essential part of delivering a therapeutic intervention. Lois has experience of various religious and spiritual philosophies on an academic and personal level.





# Foreword

By Reverend Jo Perry, Hospice Chaplain (St. Elizabeth's Hospice)

*What is spirituality? Anything that moves you, inspires, rejuvenates, brings hope, creates connections, is spiritual.*

St. Elizabeth's Hospice has moved from the language of 'chaplaincy' to one of 'spiritual care'. As the Chaplain, the ribbon I wear holding my badge bears the words 'spiritual care'.

Within the Hospice we have changed how we view spirituality. People have a wide range of beliefs, some are Religious, others are Spiritual but not Religious (SBNR being the academic term). We're adapting rather than holding on to a conservative view of spiritual care.

We seek to recognise where people are at and what their needs might be, because people in our care, whether relative or patient, are facing the biggest challenge of their lives, which brings spirituality into focus.

A challenge for the spiritual care team and the Hospice is that a patient or relative may not be spiritually articulate. Before the illness they may not have recognised themselves to be a spiritual person.

When having to face mortality questions can arise. Such as, what is important in life? And what isn't



A tree for prayers and wishes.

important in life? This can happen to anyone having a big life change or illness, whether terminal or not. None of us are as prepared for that as we may think we are, we can all have an awakening of spirituality at that time.

As a Chaplain people have an expectation I will do something to them, for example, that I will ask to pray for them and unless asked I don't. In

most cases the patient appears relieved when I don't.

I can offer more traditional spiritual care such as holy-communion but this isn't always wanted. A patient should not have an indication of what my spiritual beliefs are. I am here to discern what the patient wants me to be, which may include being a comforter, challenger, friend, counsellor or priest.

Good spiritual care encompasses all beliefs, religious, non-religious and none. Those with no beliefs still go on a journey and exhibit a spiritual need, they may be coming to terms with the life that has been, which may not always be the life they wished for.

To support a person to understand their changing priorities and values is part of spiritual care, and these may change

beyond recognition due to the circumstances.

I sat with a person who was really frightened, I encouraged her to breathe in what she wished to focus on, and to breathe out something she didn't want. Her choice was to breathe in peace, and to breathe out fear. There was no mention of God. We empower people to use techniques that will make sense to them.

A person who had volunteered as a gardener for twenty five years and won awards for gardening, chose to die at the Hospice, not least because of the gardens. From in the care area she could enjoy the gardens through the large windows, and could be outside in the garden in her bed, where she felt a sense of calm.





# An academic perspective

By Lois Hickey

Currently 36% of British adults would not define themselves as 'religious' (Office for National Statistics, 2012). Yet research is unveiling that spiritual beliefs offer the same health and psycho-social benefits to a patient as may be derived from having a religious belief. This includes improved coping styles, social support, protection against mental illness, and physiologically, an improved immune system (Seybold, 2001; Baldacchino, 2015).

A recent shift in belief systems in the UK population away from established religions, has led to an increase in research over the recent years into people's spiritual needs outside of organised religions (Fehring et al, 1997; Cadge, 2012). What has emerged is that individuals find their spirituality in unexpected places from its religious counterpart, for instance outside of the traditional remit of ritual and prayer (Bender, 2010).

People are taking part in various activities due to an intrinsic desire to gain a deeper understanding of their own individual realities and to find their position within it (Swinton, 2001). This exploration in itself can result in a spiritual pursuit (O'Reilly, 2004; Powell, 2002). These activities could include sailing, walking, the arts (Geue et al,

"Spirituality is broader than religion, concerned with meaning-making, human connection and community... quite apart from a sense of God or the sacred." - Cadge and Bandini, 2015

2013), caring for others, being involved in projects or gardening (Jones, 2011).

Swinton (2001) claims that this need for searching is sometimes unconscious and these activities are not realised to have such significance, until the individual can no longer participate due to physical illness or mental health difficulties (O'Reilly, 2004; Powell, 2002; Renz, 2012). Spiritual assessment tools have been developed over the last thirty years to assist practitioners to ask pertinent spiritual questions, in order to aid the person to replace, fulfil or express their loss of the activities (Borneman et al, 2010; Swinton, 2001; Puchalski and Romer, 2000; Anandarajah, 2001; Cadge, 2012).

Spirituality has broadened in its meaning beyond religion (Humphreys, 2000; Bender, 2010). This new perspective being drawn from themes in literature include a sense of purpose, a sense of 'connectedness' to self and others (Cadge, 2012), with nature, 'God' or a quest for wholeness (Humphreys, 2000; Bender, 2010). It can be seen from this that a patient need not have a belief

in god or a religion to experience spirituality (Cadge, 2012; Stoll, 1979; Bender, 2010; Bender, 2007).

Much of the research on spirituality is in the field of palliative care, for at this time spirituality can come into sharp focus (Renz, 2012). Valuable spiritual care can be delivered by an empathic carer, helping with any re awakened traumas and anxieties that can occur at this time of transition (Ramezani et al, 2014; Renz, 2012), enabling a person to reach a state of integrity, forgiveness, meaning, purpose, dignity and peace (Kuhn, 1998; Renz, 2012; Fitchett, 2012; Ramezani, 2014).

‘Spiritual elements are those capacities that enable a human being to rise above or transcend any experience at hand’ (Kuhn, 1998 p 91).





# Introduction



Through sharing the following examples and resources, the project group are aiming to promote discussion and reflection by providers and their teams, with the aim of promoting a positive experience of spiritual care in Suffolk Care Homes.

This study was initiated by Suffolk Inter-Faith Resource (SIFRE), a county-wide interfaith group, in 2015/16. The then Chair of SIFRE, Cynthia Capey, was keen to promote a study of the quality of spiritual care delivered in local residential and nursing care homes.

The project group has evolved. SIFRE has drawn to a close and three new linked Inter Faith groups, covering Suffolk, are forming.

The project has engaged with representatives from care home providers, representatives from different faiths, Suffolk County Council and the Ipswich and East Suffolk Clinical Commissioning Group.

The project group members, Martin Hillary (Buddhist name Dayasara), Beverley Levy, Lois Hickey, and Simon King of Healthwatch Suffolk, have over the period of 2016/17, explored spiritual care in three locations.

- St. Peter's Care Home (County Care Homes Ltd), Bury St. Edmunds
- Cleves Place (Care UK), Haverhill
- Seckford Almshouses and the adjoining Jubilee House (Seckford Foundation), Woodbridge

At the time of our visits, each of the three settings was rated Good or Outstanding,

in all five primary categories, including Responsive, by the Care Quality Commission (CQC). The project group selected homes in different locations, including the west and east of Suffolk

In the Sections of this report are examples of practice gathered from each of the three care locations, interspersed with shared personal experiences, of spiritual care in care homes, by Martin, Beverley and Lois (see page three for author profiles).

The project team agreed that one of the CQC's five key questions, 'Are they (the service provider) responsive to people's needs?'<sup>1</sup> was a good starting point when gathering examples of person centred (spiritual) care because the CQC recognise that, to be responsive, providers must give consideration to every individual's religion and beliefs (CQC, 2016).

It considers that care is responsive when 'people get the care they need, are listened to and have their rights and diverse circumstances respected'.

The team were guided by the CQC prompts within its Provider Handbook<sup>2</sup>. In respect of responsive care, the prompts include:

- How are people supported to follow their interests and take part in social activities and, where appropriate, education and work opportunities?
- How are people given the care and support they need, in terms of their age, disability, gender identity, race, religion, belief or sexual orientation?

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<sup>1</sup>CQC (2016) How CQC regulates: Residential adult social care services

<sup>2</sup>CQC (2015) Provider Handbook Section R1, pages 23-24



What did the project  
group observe on their  
visits?



# St Peter's House

## *Introducing St. Peter's House*

We were met at St. Peter's House on 9th November 2016 by the Manager and their Deputy.

St. Peter's House is a residential dementia home, caring for up to 62 residents, who have middle to late stage dementia.

County Care Homes own St. Peter's House, and has a second home in Saxmundham.

The CQC rated St. Peter's House as Outstanding for Caring on the inspection prior to our visit.

St. Peter's has a strong link with their local District Nursing Team, they liaise with the Home and support residents with nursing care.

For specialist palliative care they are supported by the St. Nicholas Hospice at Home service.

The local DIST (Dementia Intensive Support Team) provide guidance, when required.

*How are people supported to follow their interests and take part in social activities and, where appropriate, education and work opportunities?*

The manager explained that both the day to day care plans and end of life care plans are developed in

consultation with family members, if they wish.

There is an enhanced Care Plan in each bedroom, to help every staff member share and understand the individual preferences of each resident.

Special attention is given to ensure residents end of life care plans fully reflect their hopes and wishes.

An impressive aspect of St. Peter's Home is the wide range of activities on offer, 7 days a week from 8am to 8pm. Please see examples below.

Activities week commencing...Monday 7<sup>th</sup> November

Date	AM	PM
Monday 7th Nov	Arts and Crafts Make a Street! with Steph Skittles with Hazel Manicures with Amanda	Afternoon Quiz with Steph Arts and Crafts with Amanda Manicures and Hand Massages with Hazel
Tuesday 8th Nov	What's in the Sock with Steph Christmas Market final touches. Music 4 Health with Jade Reminiscing with Amanda Beetle drive with Hazel	Gents Pampers Afternoon with Steph Afternoon Quiz with Ali Ball Games with Jade Skittles with Amanda Target Practice with Hazel
Wednesday 9th Nov	Parachute Games with Ali and Hazel Quoits and Daily Sparkle with Hazel Board Games with Steph Morning Papers with Gordon Domestic Bliss with Amanda	Flower Arranging with Steph Poppy Wreath with Hazel Memory Games with Ali Music with Gordon Target Practice with Amanda
Thursday 10th Nov	Chiropodist with Jade Domestic Bliss with Steph Morning Quiz with Ali Cookery with Amanda One 2 Ones with Gordon One Minute Silence at 11am	Play Your Cards Right with Steph Basketball with Ali Board Games with Amanda Music with Gordon
Friday 11th Nov	Poetry with Gordon Musical Bingo with Amanda Arts and Crafts with Jade Reminiscing with Steph Minutes Silence 11am	Frank Taylor Trumpet Player 2pm Music in Old Lounge with Gordon
Saturday	Skittles and Target Practice	Domestic Bliss with



As of May 2017, there are three staff dedicated to activities and a fourth is being recruited, one has a senior grade. To help develop their Activity Coordinators, staff are being enabled to undertake relevant NVQ 2 level training.

The activities mentioned included photography, arts and crafts, theatre trips and a monthly pub lunch in town.

Every morning at 10am, there is an activity session, called Wake and Shake. Please see a photo of the day's activity board below.

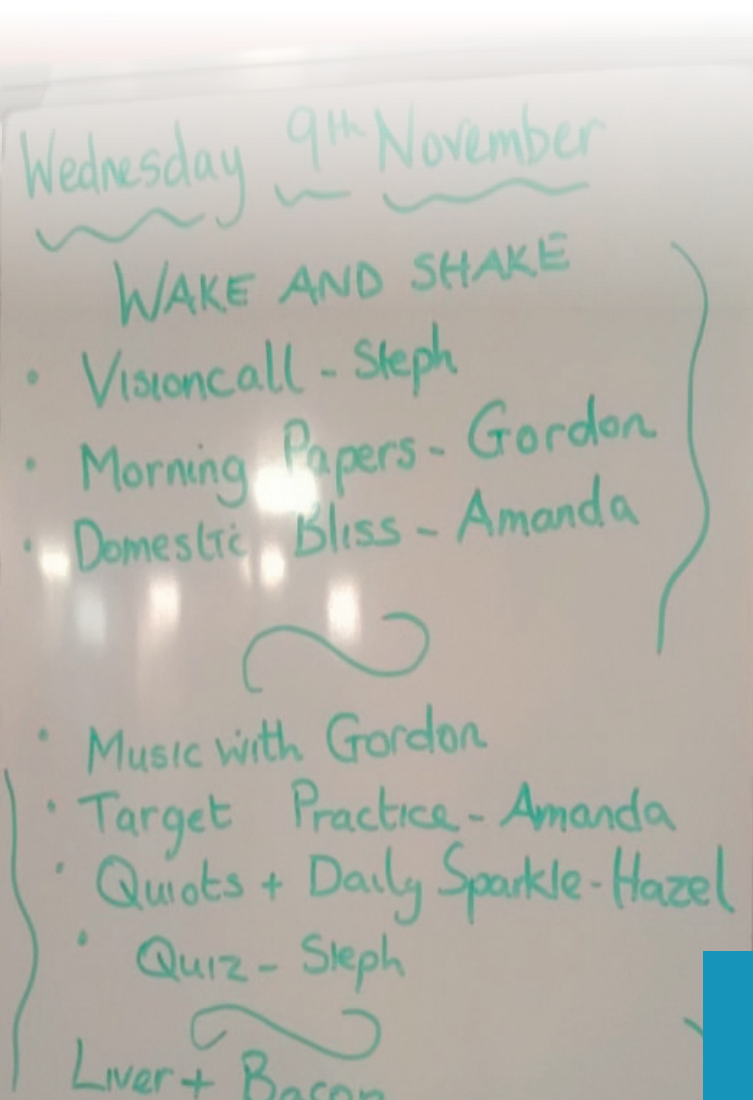
The project team were pleased to find that there was a men's group which

apparently can include having a drink together and a chat.

The project team observed a member of the home's activities team reciting a Pam Ayres poem to residents, whilst sitting in an open plan lounge area with his guitar beside him. A man of mature years who had worked as a farmer and knows the local area.

We observed a member of the team, helping three residents participate in a game of scrabble together.

High school students visit St. Peter's to spend time talking with residents, and they also help in the gardening club. The



There is a team that help people to participate in a variety of activities.



Residents help to maintain the garden at St Peter's House. The gardening club won a Senior Green Fingers award from Bury in Bloom in 2016.

gardens include a variety of seating for residents and relatives. Wheelchair accessible garden beds have been introduced to help everyone participate.

The gardening club, in 2016, won a Senior Green Fingers award from the Bury in Bloom project.

There are other events involving people from outside the home such as music groups, a petting zoo and a Disco.

Families can bring their dog in to visit, the staff risk assess these visits individually. The home has a cockatiel, Joey, which some residents adore. 'Zootastic', a petting zoo, visit bi-monthly.

St. Peter's recognise the importance of enabling outings and have an account with a local minibus company. For example, in October they had three trips for residents which included gathering Pumpkins, residents could then help to prepare these for Halloween.

There is a cookery group and the opportunity to help with baking cakes for everyone to share.

The Home participates in the YOPEY Befriender scheme [www.YOPEY.org](http://www.YOPEY.org). Through this scheme, young adults are welcome as befrienders in the home. They will usually visit for one hour per week.

The Home has had a variety of themed music activities, including a disco with flashing lights and loud music.

They have an annual music event. In 2016 they had a country farming theme,



with a marquee, straw bales and a Wurzels tribute band.

The Home has an annual Christmas Market, in 2016 the event included a donkey visiting and Newfoundland dogs. They have a Pantomime in the home at Christmas.

Every birthday for every resident is treated as a special day, this always includes a celebration of the birthday at teatime, including a cake.

To give residents a choice in when they would like their meals and to help care staff have ample time for residents who would like extra help, meal times are flexible.

The kitchen staff were, at the time of the visit, accommodating gluten free and lactose free diets and could equally meet resident's dietary needs for religious reasons and to meet personal preferences.

The Home has a minimum of five kitchen staff on each day, and six/seven Housekeepers, which promotes flexible dining times.

- Breakfast 06.30 to 11.00
- Lunch 12.30 to 14.30
- Supper 17.00 to 19.00

### How are people given the care and support they need, in terms of their age, disability, gender identity, race, religion, belief or sexual orientation?

The project team were advised that the great majority of current and former residents are white British. Those

residents who have a named religious faith, usually hold beliefs which are Christian-based.

There is a Bible reading group on Fridays and sessions of prayer, both of which are open to all.

Usually relatives accompany residents to church services. Staff have helped residents to attend the local Anglican Cathedral and the Methodist church.

If the Home has a resident(s) who would like to see a Minister regularly, a Deacon visits from St. Edmundsbury Cathedral. At the time, the Deacon was visiting weekly three residents.

The manager would like to establish a weekly church service in the Home, in a style that their residents may identify with from past memories.

An activities co-ordinator, together with a resident's relative, occasionally sing traditional hymns together in the lounge area which is accessible for all the residents.

The manager has found from experience that traditional hymns, songs and nursery rhymes, can resonate with past memories for dementia residents, and is therefore keen to include these in their range of reminiscence activities.

On the evening that a man died, the family had asked for a Priest. The staff first contacted the St. Nicholas Hospice at Home service, and then contacted a local Catholic (RC) Priest, who promptly visited shortly before the man died. The family were very thankful.

The Home has various Christian faith linked objects for residents, for example;



- prayer beads
- a cross
- a bible

These are objects which a resident could hold or have in their room if they wish.

As far as possible, new residents are offered a choice of the bedrooms available, and can bring favorite furniture and familiar things with them to help make their room feel homely. Outside each resident's room are objects, which help portray the individual's interests.

Staff found that as a Spanish gentleman's dementia advanced he reverted to speaking his native Spanish language. He could still understand English but stopped speaking it. Some of the staff, from the Philippines, helped with conversations, using their knowledge of Spanish.

Every day two or three residents are identified as being the 'residents of the day', all residents are included and the pattern repeats monthly. The residents of the day receive special attention. This encompasses all aspects of their care, which may include checking that the individual's care plans are up to-date and relevant, and the checking of their clothing and toiletries.

## Overall impression

The project group considered that St. Peter's was a friendly 'hive of activity'.

The team in St. Peter's House are endeavouring to support people's spiritual needs and, more broadly, to provide person-centered care.



# Cleves Place (Care UK)

## *Introducing Cleves Place*

The manager guided us through our visit to Cleves Place, on the 28th October 2016.

Cleves Place opened in March 2015 and offers single bedrooms for up to 60 residents. The building was purpose built.

Cleves Place has four in-house communities, each with 15 bedrooms; Early Onset Dementia, Advanced

Dementia, Frail Elderly, and a Nursing community which always has a Nurse on duty.

Cleves Place also offers an open plan Day Centre, in an adjacent building for residents and the community.

The project team spoke informally to several residents and staff, and had longer conversations with the Manager and the Home's 'Lifestyle Co-ordinator' about individualised care planning and their programme of activities.



Cleves Place offers an open plan Day Centre in an adjacent building for residents and the community.

The Home has a monthly Gems award, which recognises staff's achievements, open to the whole team.

The project team felt that having a leadership team board, with names and photos is helpful to residents and families by aiding them to identify staff and their roles.

Entering the Home there is an open plan seating area, a place for social contact and for residents to come together for activities.

The community aspect of the home is promoted by the corridors having street names.

The project team considered that thought had been given to the design and

detail within the home. Throughout the building there was a sense of light and space.

The manager referred to the layout and finishing touches to the interior décor being informed by current thinking in dementia design at the University of Stirling.

For example, the rooms which residents use have door frames painted in a contrasting colour to the door. Rooms intended for staff use are distinguished by having the same colour around the doorframe. It blends in with the door and helps to discourage people with dementia choosing to enter.



There is an open plan seating area, a place for social contact and for residents to come together for activities.



Leading around the corridors is a wooden handrail, just before each door entry there are smooth metal studs in the top of the handrail, forewarning anyone using it as a guide that they have come to a doorway.

The manager mentioned that she is a dementia friends champion.

A dementia friends champion encourages and trains others to be a dementia friend. The aim being to make a positive difference for people living with dementia. The Dementia Friends scheme is an initiative by The Alzheimers Society.

### How are people supported to follow their interests and take part in social activities and, where appropriate, education and work opportunities?

We met a resident who enjoys assisting the Home's Maintenance person with various jobs.

For this resident to be working alongside the maintenance person has made his life more fulfilling, to the extent that he has been nominated for a National Dementia Award.

To help those residents who still enjoy housework related tasks the Manager has arranged for an iron to be decommissioned, making it safer for all residents to use.

The project team engaged with several residents to talk about living in the home. For example, a lady talked about her former life in the East End of London, and we then saw, in a group singing activity, that the co-ordinator was mindful of this lady's past and included songs that would appeal to her.

In the communal reception area is a 'Tree of Wishes', on which residents can hang their wish.

One of the resident's wishes was to walk on a beach. To fulfil this wish the Home organised a trip to Walton on the Naze,





The shop is laid out in a traditional way, with weighing scales and an old-fashioned cash register, helping residents to participate in reminiscence.

where the staff helped the resident to walk on the beach and have a paddle in the sea.

In the open plan reception the residents can choose to take part in group activities, which include a weekly Singalong and quizzes. French doors open out onto a patio and into the gardens. The garden is a secure area, if a resident was to become confused they couldn't accidentally walk out of the garden.

Adjacent to the reception is a hair salon. The Home has a visiting hairdresser and a chiropodist. Alternatively, residents can have a hairdresser of their choice visit them.

A little further along the corridor from the hair salon is a shop for residents and their visitors. The shop is laid out in a traditional way, with weighing scales and an old-fashioned cash register.

The project team recognise this is a valuable feature which will help residents to recall things that were important to them in the past.

The Social Care Institute for Excellence (SCIE) suggest various ways in which people living with dementia can be helped to participate in reminiscence, including by offering pictures, objects, songs or poems, which are linked to their past and may help them to recall memories (Social Care Institute for Excellence 2015 Dementia: Reminiscence for people with dementia).

The shop is on a corridor which has been made to appear like a short row of shops, with window displays and signs. On the street, Brick Lane, is a new shop called 'As Time Goes By', displaying various vintage clocks (pictured top right).





The shop is on a corridor which has been made to appear like a short row of shops, with window displays and signs.

On the first floor is a cinema room. At one end of the cinema room there is a small traditional bar counter and an area where residents can have a drink and which may help some residents who enjoy socialising (pictured below).

The residents in each unit can decide and vote on matters such as how they would like the lounge arranged. For example, how much, or little, they would like the television to be a focal point. In one of the in-house communities, the residents decided they didn't want the

television to be the focal point.

Continuing the reminiscence work, in each unit there are themed areas for the residents, some of which have memorabilia.

Some of the smaller themed areas offer a quieter place for activities such as reading, knitting or looking out over the garden.

There are memory boxes outside residents' rooms showing items linked to each person's life story. For example,







There are themed areas for the residents within each unit, some of which have memorabilia.

included in the memory box outside a male resident's room were football and horse racing memorabilia.

The Activities Co-ordinator was the only member of the team solely focused on providing and promoting activities. There were plans to recruit another person, part-time, to help enable activities to be provided across seven days of the week.

The Activities Co-ordinator mentioned some external visits from the community, such as a fortnightly activity led by a music therapist. Upcoming planned musical activities in the home included a brass band and Christmas bell-ringers.

Other activities mentioned, included both gardening and cooking.

There was clear evidence in the Home that pets continue to play a very important role in some resident's lives.



The project team met Emma, the Cleves Place resident rescue dog (pictured above) who contributes to a sense of normality and comfort for some residents. Apparently one of the residents often sits on the sofa with Emma of an evening.

Through the French doors from the communal area into the garden is a hutch, where 'Reg' the guinea pig lives.

How are people given the care and support they need in terms of their age, disability, gender identity, race, religion, belief or sexual orientation?

In our discussion with the Manager, she commented that seeking an understanding of someone's life and interests was "as important as their medical notes".

A monthly Church of England service is held in the home. The manager explained that there were (at that time) no residents practicing religions other than Church of England or Catholicism, or requiring special diets on religious grounds.

Residents have been enabled to participate in church services in the wider community if they wish.

There was mention of care for a resident who was a Jehovah's Witness and how the staff had listened to and understood the needs of the resident in relation to care planning.

The manager expressed confidence that the Chef would provide for any resident who may have dietary needs relating to their religion, as they do for medical reasons, or to meet a resident's preference.

The manager explained the importance they place on both training and mentoring for new staff, to enable them to get to know and better support their residents.

To help residents and relatives recognise all the staff and their names, in the reception there was a display board.



There was a clear understanding that wishes towards the end of a resident's life vary from one individual to another, the team engage with residents and families to talk about their preferences and choices.

The manager shared with us a book of information the Home has created to help relatives, a 'Bereavement Information Pack'.

The Home has various items they can offer to place in a resident's room that have a religious link. For example, a pottery figure of two hands held in prayer.

If a resident is approaching the end of their life, family members are able to stay if they wish, either in a vacant room, or on a put-up bed or reclining chair in the resident's bedroom. A basket of toiletries is provided to help the family members

who choose to stay.

Whilst the Home didn't have a wide range of religious beliefs amongst the residents at the time of our visit, the manager explained that when a resident has a faith with which the staff are less familiar the team will find out how to support them.

### Overall impression

Cleves Place appears to have been designed with care and attention to the needs of residents.

The project team's impression was that the manager and her team are endeavouring to offer a range of social activities in a homely setting.

Residents, their relatives and staff, have an opportunity to share feedback through staff in the Home who are Healthwatch Suffolk Ambassadors, about their experiences of health and social care.

Healthwatch Suffolk Ambassadors is a local initiative in which staff in a care home invite residents and their relatives to feedback about their experiences of health and social care services generally. The Ambassador then shares the feedback with Healthwatch Suffolk.



Various items can be placed in a resident's room that have a religious link (e.g. a pottery figure of two hands held in prayer).





# Seckford Almshouses & Jubilee House

## *Introducing Seckford Almshouses and Jubilee House*

The project team were welcomed by the Head of Care when we visited on the 18th January 2017.

Seckford Almshouses is a very sheltered housing scheme of 30 flats, 21 are designed for single occupancy and 9 for couples.

Adjoining Seckford Almshouses is Jubilee House, a residential care home which offers 25 single rooms. There is a hallway connecting both.

Some of the residents in the Almshouses and Jubilee House are privately funding their accommodation and personal care, and others are supported by social funding.



To be eligible to become a resident in the Almshouses, the individual needs a minimum of one hour of personal care support a day, which can be increased to whatever level is required to support the person's needs. This can be over 30 hours per week for some residents.

The care is delivered according to a domiciliary care model, with care being delivered at pre-agreed times each day.

The level of care for residents can be adjusted to help meet changing needs. Residents can choose to have housekeeping in their flat, a laundry service, and/or to have their meals either prepared in their flat or bought to them by the meals on wheels service, having been prepared fresh in the Jubilee House kitchen.

The manager commented that overall the dependency needs of residents is increasing, a trend which all care providers may recognise, and that this is likely to necessitate enhanced staff training, which enriches the overall quality of care and is rewarding for staff.

Staff have attended Dementia Action Alliance training and have become Dementia Friends' Champions.

The manager shared examples of staff who have chosen to progress in their qualifications, including care assistants who have gone on to train as Nurses and one as a Paramedic.

## How are people supported to follow their interests and take part in social activities and, where appropriate, education and work opportunities?

Part of planning for person centered care involves knowing each individual's interests, hobbies and preferences. Establishing how they would like to live their life and planning to support them to achieve this.

Prior to first moving in as a resident everyone has an assessment, over the course of the first week a care plan is developed together with the resident.

Family involvement was referred to several times. There are regular opportunities for meeting with relatives, and they can be involved in helping to plan care if this is the individual resident's wish.

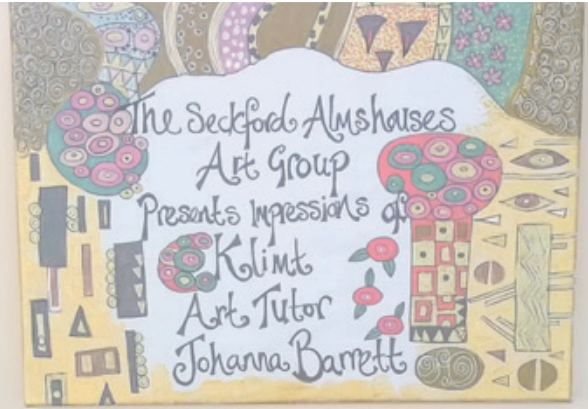
The guide to delivering each individual resident's care is signed by the resident and is kept in their room. Every resident has a Keyworker who has regular planned conversations with the resident and will amend their care plans as necessary.

There is a general principle that "Activities are everyone's responsibility".

There is a shared activity programme for residents in both the Almshouses and Jubilee House, staff and volunteers help with a variety of groups and activities. For example, a volunteer runs a photography course and a collection of resident's photographs were on display.

The art group also had pictures on





A collection of residents art and photography was on display.

display. In a recent project the residents were learning about and copying the style of a particular artist.

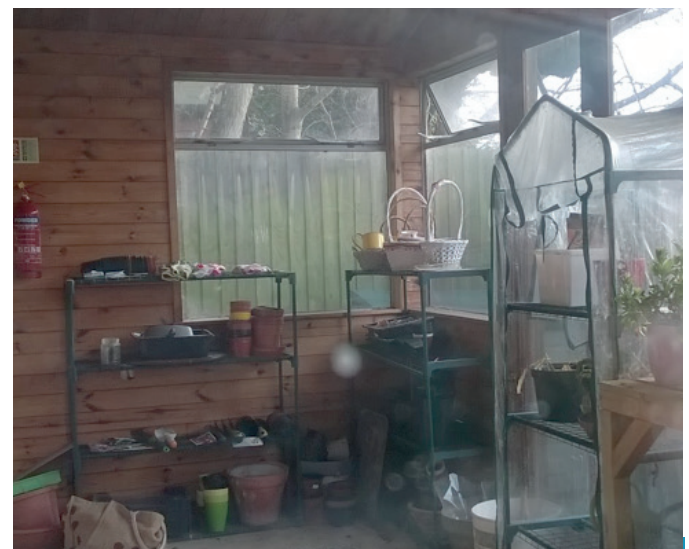
A gardening group has the use of a large potting shed and courtyard areas. Residents are encouraged and enabled to take part in growing plants, from choosing the seeds to potting on and caring for them.

There is a monthly book club, they have a book of the month to read and discuss. A resident leads the discussion each month.

Films suggested by residents are shown monthly, and there is the popular offer of either ice cream or popcorn during an interval.

A musician visits regularly to offer the opportunity for residents to enjoy music and singing together. Concerts and performances are organised for the resident's enjoyment.

There is a quarterly newsletter which all residents are invited to contribute to. For example, by sharing reviews of activities and events. The residents suggest the topics they would like to read about in the newsletter, which can be wide ranging.



A gardening group has the use of a large potting shed.



A trained volunteer has led sessions of Otago, exercises for strength and balance. There is a weekly chair based exercise class.

A knitting group meet weekly, they've made and sent items to the charities of their choice which they've said they find fulfilling, especially knowing that they're helping others.

The activities co-ordinator has introduced baking sessions. For example, the group were making mince pies before Christmas, which came about from a conversation with a new resident who was missing baking for Christmas.

The philosophy is that whatever the resident wants to do the staff will try to make it happen.

There is a Chef on site and the food is cooked from fresh. Residents are offered a menu for each meal. In Jubilee House there is a choice of cooked breakfast available every day. The Chef caters for a range of dietary needs, for example; for people who are diabetic, vegetarian, needing enriched foods to help with weight management.

Meal times in Jubilee House are a time for people to come together and enjoy each other's company.

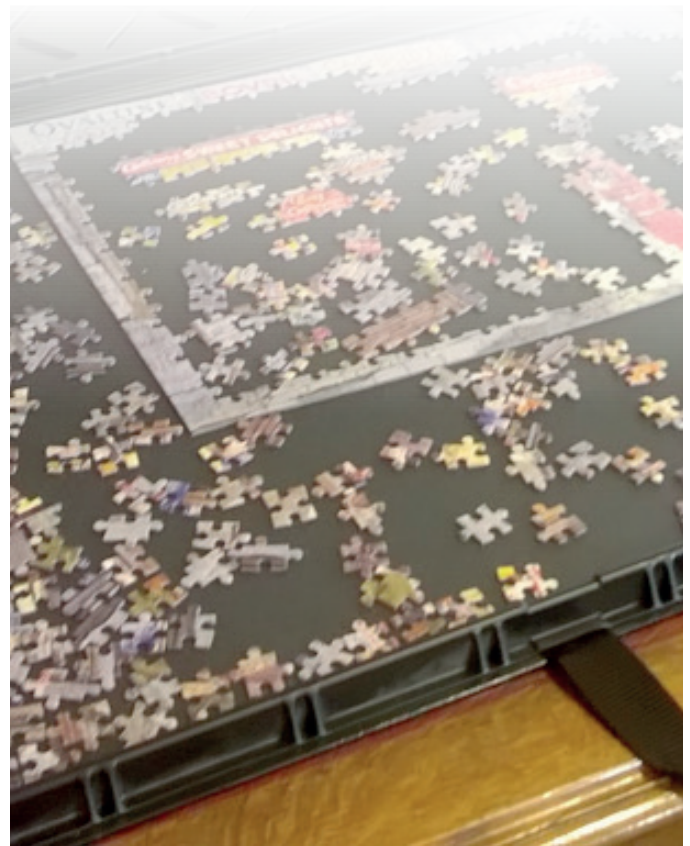
Residents have had the opportunity to take part in cookery courses.

In conversation with a resident in Jubilee House, she showed us the view from her room, across a meadow and trees, which she described as 'the best view'. She showed us a picture of the farmhouse where she had lived in a local village, which together with her view, provide

her with valuable connections with her past.

Seckford Almshouses and Jubilee House are connected with the local community in various ways. Students from Woodbridge School visit regularly, for example helping residents with jigsaws and board games.

Residents are offered help with using computers, tablets or phones.



The Abbey Prep School and St. Mary's Primary School's students have likewise visited to engage with residents. The Head of Care gave the example of a school project. During resident's coffee mornings, residents and pupils discussed "What was it like being 8 years old, now and in past years?"

People living in their own homes in the Woodbridge area are welcome to



The Chapel is part of the local Parish of St. Marys.

participate in a day club, which is offered one day each week in a local Church Hall. Four people living in the Seckford Almshouses regularly visit the day club.

A lady from the day club chooses to regularly visit the Almshouses to be assisted to have a bath in the specially equipped bathroom.

Residents are enabled to visit Woodbridge town centre, a weekly bus is provided by Seckford from the home's doorstep. Garaging is provided for residents who have mobility scooters.

**How are people given the care and support they need, in terms of their age, disability, gender identity, race, religion, belief or sexual orientation?**

A prominent feature in the Seckford Almshouses is the Chapel, which is part of the local Parish of St. Marys.

Prayers are held in the Chapel on Wednesdays and there is a monthly Anglican service on Sundays.

There is an adjacent Chapel Lounge.

On the day we visited there was a funeral service taking place in the Chapel for a resident, who wished to have their service there.

There is a fortnightly Quaker meeting held at the home.

The Head of Care explained how all staff are very attentive to people's needs,

especially at the end of life stage, adapting their support and care for both the resident and their relative's needs.

For example, for a resident who was a very devout Christian a member of staff offered to say prayers with her and ensured she had the music and flowers and a wooden cross in her hand, that she wished for. These wishes had been discussed with the resident beforehand and were in the resident's care plan. The staff, as a team, collectively helped ensure the resident's wishes were respected.

When a resident has died an electric candle and a card are placed in the hall, to let everyone know.

Some residents attend church services and faith-related groups elsewhere in the locality.

The manager gave several examples of sensitivity to individual needs. There is a tradition of Christmas gifts being given by the Home to each resident, planning starts in October with staff pooling ideas to match the gift to the individual.

The manager shared an example of a gentleman who was a resident, who had a Jewish faith, how they listened to and respected his preferences. For example, offering an appropriate choice of menu, supporting him in choosing his time for prayer, and discussing with him how he wished to take part at Christmas.

At Lent, especially for residents who were used to fasting and giving alms, there is the opportunity to have a Lent lunch, for example soup and a roll, and to choose to make a donation. The residents choose the charity to benefit.

The Head of Care explained that they endeavour to see each person as the individual they have become through the story of their life so far, to thereby be best able to support them on their continuing journey.

## Overall impression

Seckford Almshouses has the benefits of a characterful, often beautiful environment combined with modern facilities.

The Seckford Foundation is well known in Woodbridge as are the Almshouses, local people moving there may well feel a sense of belonging.

The presence of the Chapel gives the home's culture an Anglican "flavour", though we gathered there to be an openness to people from all faiths.

The philosophy of, whatever the resident wants to do the staff will try to make it happen, is a sound basis for person centred care, and we consider this to be commendable.





The project group  
shares their experiences



# By... Martin Hillary

Martin is also known by his Buddhist name Dayasara. He is an Order Member in the worldwide Triratna Community.

Sharing some narratives drawn from personal experience of providing care and support in Care Homes, as a Buddhist, a Registered Nurse and a Volunteer. All names and other identifying details have been changed.

These narratives touch on aspects such as diet, specific religious and spiritual practices, cultural and social support and reminiscence work.

Raj became disabled whilst working in the UK. He is unable to walk and does not speak. He is known to be a Buddhist and our Centre was asked to help when he moved to this area. I have found that he responds to spiritual chanting. I am now in contact with his family in Asia, and with a monk from his country, who is based in London and who may be able to visit.

Nadia spoke about difficulties when her father was admitted to a care home as the only Muslim resident. He had dementia and other health problems. Although Nadia found the care staff to be kind and friendly there was a lack of understanding of some of his dietary needs and aspects of his personal care.

I met two care home residents who had migrated from Eastern Europe as a result of World War Two. Anna was visited by a Catholic priest originally

from her country of birth. Jerzy had visits from an elderly man from an East European cultural organisation. It was vital to make these visitors welcome and support their visits as far as possible.

Jayabala was an English born man and an ordained Buddhist. After a stroke he was admitted to a residential home. He was pleased that staff were willing to use his Buddhist name, though he found he had to “educate them about vegetarian food, as otherwise I get far too much cauliflower cheese”. He was delighted when a young Polish care worker asked him about the Buddhist art work in his room, borrowed a book and came back with lots of questions.

Samuel was born in Jamaica and had lived in the UK for many years. He developed dementia and other health problems and was admitted to a care home where I worked. One of his visitors was his son Earl. Late in my time working at the home Earl told me he was joining the board of a local ‘black majority’ church. In retrospect I would like to have asked Earl more about Samuel’s religious background, and to have explored whether this could have been an additional source of support for Samuel.

I met two ladies in a care home who had both worked at Footman's Department store in Ipswich. I sought more information about this, and about the Women's Land Army in which two other residents had served. It is also whilst working with the elderly that I have learned more about the farms, factories, docks etc. where many people worked.

Sometimes this knowledge can spark off positive communication e.g. one lady loved to talk about her time in the Land Army and told me about "being in beautiful countryside", the wonderful dances she used to attend, and that this was "the happiest time of my whole life".

I find the concept of "religious literacy" (RL) useful, and traditions of hymn-

singing are a relevant example. My mother used to comment that the BBC's Songs of Praise is often moved around the Sunday schedules.

One measure of RL would be whether care home staff locate this programme for residents who might enjoy it. This week in my dementia volunteering work one of the attendees was very anxious as to whether his wife would remember to pick him up. He is a religious man and he seemed to relax when we put on a CD of popular hymns and he and I with others were able to sing along.

Please see Giles Fraser's recent article in 2017, 'As Songs of Praise viewers will find out, the market is bad at doing religion' (Fraser 2017).



## By... Beverley Levy

**Beverley is a member of the Suffolk Liberal Jewish Community**

Following the death of our father in 1995, our mother Sheila, displayed obsessional behaviour and was quite confused. After a few years struggling with this we (I am the eldest of three daughters) arranged for Sheila to be admitted to a residential home in Enfield.

Mum deteriorated and began to go through various stages of disintegration and confusion. Mum was moved to a nursing home in Highgate after about

six years of living in the residential home, and we finally moved her into a Jewish Care Home, Lady Sarah Cohen House, in Friern Barnet where she remained for the final three years of her life until her death in 2012.

Mum and Dad were culturally traditionally Jewish and had been active members of their local orthodox synagogue in South Woodford, but weren't very observant.

Whilst Sheila was in Highgate Nursing



Home, we wondered about the feasibility of moving her to Suffolk, to try to reduce some of the driving for me (between Ipswich, or initially Woodbridge and North London). We made enquiries of several nursing homes in the Ipswich and surrounding areas (in approximately 2005), but found that the lack of other residents who were Jewish meant that the staff had no idea of Jewish practices. I felt that Mum would feel very isolated, being the only Jewish person in the home, with no opportunities to attend Jewish services for key festivals and nobody amongst the staff team who understood her cultural requirements. Judaism being an intensely social religion, is almost impossible to observe alone.

Lady Sarah Cohen Home, being a Jewish Care home, trains the staff in dietary requirements and possible life experiences of Jewish residents (they may have been survivors of the Holocaust), and the cycle of festivals that make up the Jewish year and traditions that go along with this. The staff are also trained in the Jewish approach to death and procedure when a Jewish person dies (ie they will traditionally be buried within 24 hours). They have a lot of entertainment drawing on the rich traditions of Jews living in the North London area, including singing in Yiddish.

We decided to abandon our search for a suitable place for our mother in Suffolk, as nowhere would compare to the services provided by nursing homes that cater specifically for Jewish people. These are only available in areas with a high density of Jewish people, such as North London. Our mother spent the

final 13 years of her life in residential or nursing care, and she did not speak for the last six years of her life. We were comforted to know that she could attend weekly Sabbath services in Lady Sarah Cohen Home which has a synagogue on the premises. Services are adapted to be suitable for their residents.

## Suffolk Liberal Jewish Community

Throughout the 20th century there was no organised Jewish community in Suffolk, however in the early 2000's a group of us got together to provide services and some social events for local Jewish people.

As the only feasible form of community was Liberal Judaism, we adopted this style and are now known as the Suffolk Liberal Jewish Community.

Last year (2016) a member of our community, GW, told us that her mother (DH) had been admitted to a local care home (Park View Care Home). GW explained that her mother was very confused and frail. We (as members of Suffolk Liberal Jewish Community), offered to run a short Sabbath service in the home, the home were in agreement with this and were going to make space available.

Sadly this hasn't happened yet as on the date set to do this DH was too ill to permit it. No doubt we will try again.



# By... Lois Hickey

On entering the home, run by TPIC (The Partnership In Care) to discuss a resident I knew very well called Dora (Pseudonym), I was greeted by a statement on the wall under a stunning picture of a tree 'If you have love, you don't need to have anything else'. I was then met by a selection of old photos of the town where the home is situated and where many of the residents come from. I passed a hair salon, a nail bar and a shop where residents can be pampered or buy things. The wall was covered with butterflies - 'a symbol', I was told by a member of staff, 'we call ourselves butterflies because we are everywhere'.

In the home, the doors of the residents' rooms had pictures of the pastimes they loved including sewing machines, balls of wool and knitting needles, and pigs for the resident who use to be a farmer, linking with the life experience of the person.

I remembered 'Dora' having a picture in her room, of herself in a blue gown at a dance. She had practiced dancing with one of the staff in the residents lounge in preparation to dance at the care home's Annual Awards Ceremony, which most residents attend if they're able.

Dora loved to sing and dance and had as a young woman entertained by singing to soldiers during the war in London. Her favourite place was to sit

next to the stereo, always in the same chair; "no one else was allowed to sit there". She would sometimes sing along with the old songs tapping her foot. Dora was one of the first residents to turn up at the music session, run by one of the five activities workers, to sing and shake the maracas- she liked to entertain.

Dora loved to wear jewellery and earrings and liked very much to have matching clothes- 'this is what she wanted- this was important'; whenever I visited Dora she was dressed accordingly and looked smart. Dora liked to be waited on where other residents liked to participate in the running of the home, one lady 'loves to polish and is actively encouraged to do so'. Others, like a former secretary, shreds paper, another folds washing, one resident I met sat knitting and when asked what she does at the home she answered that she is 'very busy as she helped the washer woman and mended hems on the clothes'. The home runs a sewing and knitting group where residents can use a sewing machine- which is where perhaps this lady's sense of industry came from?

'It is very important,' as the manager stated, 'that some residents can still give something back, to reciprocate is part of some residents' identity.' Dora however, would wake every morning to say, 'I am fine, it's all those others!' She

did not really want to get involved in that way.

The home's Quality Assurance Lead mentioned similar examples from other homes she had worked in, including one which had received a CQC result of 'Outstanding'. For instance, by parking an old caravan in the grounds of one home, as some residents liked to holiday in caravans and liked to think they were in a caravan park. Another example was having 'an old car parked up' for elderly residents who used to be mechanics, so they could take a look under the bonnet. All these things bring 'meaning' and a sense of 'connection' to a person's life, which is an aspect of spirituality.

When it came to Dora's end of life care, I was very touched by the home's approach. During her last few days, candles were lit in her room and wave music was played. Members of staff would sit with her and hold her hand. Dora always liked to be kissed and cuddled and staff would be happy to do this. The staff put no time boundaries on family visits. Supporting family wishes for, on one occasion, a relative to play guitar for hours to Dora and another time when Dora sang war songs in the garden with a relative.

On further questioning, it was clear that the staff knew what Dora wished for her end of life and that Dora and her family had been consulted; to not go to hospital, to not be resuscitated, to be pain free and comfortable and this was documented on her care plan. Staff were aware that she believed in God but not in the afterlife and she liked to read the bible and that she knew where it was if she needed it. To check for terminal anxiety, the staff would ask if she had any worries

and her answer was always 'no'. Dora did not have any other wishes apart from which music and readings she wanted at her funeral.

The home has a wish list fund and other residents benefitted from this; one lady who wanted to go to Graceland had an Elvis impersonator sing at the home and a barbeque. Another resident enjoyed a trip to a sweet shop and bought many sweets, as when she was young she couldn't afford to.

The Quality Assurance Lead talked about how, in the past, death used to be concealed in the home and Funeral Directors would come in the back door and the deceased resident would also leave that way and how this had changed. A process allowing bodies to be taken from the home in an open and dignified manner having been in place for the last five years.

Residents are allowed to visit a dying person and are informed of a death. 'Staff and some residents have built close relationships with the dying resident' and it's important for people to say goodbye, to be able to mark the occasion in their own way. 'One time some residents lined the hall when one resident was carried out'. Photos of residents who had passed away were in the lounge, Dora, being part of the photo display, was a lady much loved by many of the staff and a few of the residents.





Next steps

The project team considered that these three Care Homes offer some valuable examples of creatively delivering person centered care (spiritual care) which promote the wellbeing of the individual.

During the three visits the project team did not encounter residents from a wide range of cultures or diversity of religious beliefs.

The East of England Faiths Agency (EEFA) offer contact details for regional and county faith groups, including the Suffolk Inter-Faith groups in Bury St. Edmunds, Ipswich and Lowestoft.

An 'Emergency Planners Faith Card' (see from page 42), originally created by Suffolk Inter-Faith Resource (SIFRE), provides useful information for health and social care professionals in respect of all faiths and cultures.

The project team recognise that in all Care Homes there could be residents who spend relatively long periods in their bedrooms, and on reflection we didn't explore how these resident's individual needs are equally met, which we think is important.

The project team are aware of the Suffolk Clinical Commissioning Group's (CCG) My Care Wishes folder. These include; do not attempt cardiopulmonary resuscitation (DNACPR), Powers of Attorney and an Advance Care Planning tool. Source: East and West Suffolk CCG websites.

The Advance Care Planning tool helps to enable and keep a clear record of discussions with patients and their relatives about personal values, beliefs and choices, this includes wishes relating to care towards the end of life.

The Alzheimer's Society offer a support tool 'This is me', for completion by, or together with, people who are living with dementia, delirium or other communication difficulties. 'This is me' is intended to provide health and social care professionals with information about the person as an individual, with the aim of enhancing their care and support.

To apply reminiscence activity within the Care Home where you work, do you know what makes each resident happy or sad, what their favourite things might be? What makes them who they are?

Every person is an individual with a history, their life stories continue to be written, their favourite things, both likes and dislikes, continually evolve and make them who they are.

Could you re-write the song 'My Favourite Things' for each resident, for them as an individual?

To be offering truly person centred (spiritual care) providers of services must see each person as an individual, know their past and what is important to them.

The project team, in completing this piece of work, are endeavouring to share some good practice that can help providers.



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# Additional resources

**Alzheimer's Society 'This is me':** [www.alzheimers.org.uk/info/20033/publications\\_and\\_factsheets/680/this\\_is\\_me](http://www.alzheimers.org.uk/info/20033/publications_and_factsheets/680/this_is_me)

**Cinnamon Trust:** National charity 'helping elderly people to care for their companion pets'. Call 01736 757900 or visit [www.cinnamon.org.uk](http://www.cinnamon.org.uk)

**DSDC Virtual Care Home:** Launched in 2012, it is an online access to design ideas [www.dementia.stir.ac.uk/design](http://www.dementia.stir.ac.uk/design)

**East of England Faiths Agency (EEFA):** 01379 678615 or visit [www.eefa.net](http://www.eefa.net)

**Iriss, Spirituality and ageing:** Implications for the care and support of older people ([www.iriss.org.uk](http://www.iriss.org.uk))

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Norfolk and Suffolk NHS Foundation Trust (2016) Spirituality Strategy - Making Connections 2016 -2019

**Our Special Friends:** Suffolk charity 'enhancing human wellbeing through animal companionship'. Call 01284 247077 or visit [www.ourspecialfriends.com](http://www.ourspecialfriends.com)

**The Dementia Design Centre:** An independent organisation based at the University of Stirling

**The Suffolk Brokerage:** Information and support including Training, Development, Qualifications & Apprenticeships. Call 01449 720400 or visit [www.suffolkbrokerage.co.uk](http://www.suffolkbrokerage.co.uk)



# Contact us

For more information about this project, please contact:



Healthwatch Suffolk  
14 Hill View Business Park  
Claydon  
Suffolk  
IP6 0AJ



01449 703949



[info@healthwatchsuffolk.co.uk](mailto:info@healthwatchsuffolk.co.uk)



[www.healthwatchsuffolk.co.uk](http://www.healthwatchsuffolk.co.uk)



# Faith Card

Please remember these are only guidelines. All faiths hold human life to be sacred, so who needs to be overruled. For example, it is not always possible to be treated or assisted by a person of the same sex. The most important thing is to respond humanely.

Faith or Culture	Likely languages in UK	Diet	Dress	Physical contact
Baha'i	Mainly English, also Arabic and Farsi.	Baha'is do not normally drink alcohol, but may take it within medicine if prescribed by doctors.	No special dress code.	Baha'is are unlikely to object to being touched or treated by members of the opposite sex
Buddhist	English, Cantonese, Hakka, Japanese, Thai, Tibetan, Sinhalese	Often vegetarian or vegan. Salads, rice, vegetables and fruit are usually acceptable	No special dress code for lay Buddhists.	A Buddhist may be touched by a person of either sex for comfort, treatment and medical examination
Chinese (Buddhist, Christian, Confucian, Taoist.)	Cantonese, Mandarin, Hakka, Hokkien, English	Cow's milk is avoided. Rice is the staple diet with lots of freshly cooked vegetables, fish and very little meat.	Both men and women usually wear shirt /blouse and trousers / slacks	Women usually prefer to be treated by women.
Christian	English, and many other languages	Generally, all foods are permissible. Some follow Jewish customs. Some are vegetarian. Some are forbidden to use alcohol and other stimulants.	Most have no dress code except for clergy and members of religious orders. Some women cover their heads.	Most Christians would have no objection to being treated or comforted by members of the opposite sex.
Hindu	English, Bengali, Gujarati, Hindi, Punjabi, Tamil	Hindus do not eat beef. Some Hindus are strictly vegetarian and also avoid fish, eggs and animal fat. Salads, rice, vegetables, yoghurt, milk products and fruit are acceptable.	Modesty and decency are essential.	Some Hindus would prefer to be treated or comforted or treated by someone of the same sex.
Humanist	English or any other language.	No particular requirements. Some Humanists are vegetarian or vegan	No particular requirements	No specific restrictions on physical contact
Jain	English, Gujarati, Hindi, Punjabi Rajasthani, Tamil.	No alcohol, meat, fish, poultry or eggs. Salads, fruits, grain, vegetables, bread or biscuits made without eggs or dairy products are acceptable. Some do not eat root vegetables or honey.	Unless they are monks or nuns, Jains may follow a western dress code, while avoiding leather. Females may dress traditionally.	Jains may prefer to be treated by people of the same sex.
Japanese (Buddhist, Shinto, Christian)	Japanese, English	Preference for rice	No religious requirements	Japanese people may prefer to be treated by people of the same sex

This card has been prepared by Suffolk Inter-Faith Resource (SIFRE). For more information visit [www.sifre.org.uk](http://www.sifre.org.uk) or contact the Inter-Faith Centre by phone 01473 233447 (out of hours 01473 233448)

When life is endangered, any religious observance which interferes with assistance may be a member of the same sex. You may need to touch or hold someone who is distressed.

	Medical treatment	Dying	Death customs
being s of	No special requirements	No special religious requirements, but a family member or friend may read the Baha'i scriptures Baha'is believe in an after-life.	The body is washed and wrapped in white silk/cotton and a special ring placed on the finger of those aged 15 upwards. The body should not be embalmed and should be buried in a durable coffin within an hour's travelling time from place of death. A special prayer for the dead is said.
a rt, tions.	No special requirements	Many Buddhists wish to maintain a clear mind when dying. They may want to have quiet, or time with another Buddhist chanting sacred texts. Non-Buddhists should treat the dying person mindfully. Buddhists believe in rebirth/reincarnation.	The body of the deceased may be handled by non-Buddhists. Many Buddhists believe that the soul does not immediately leave the body after death, so it is important to treat the corpse as a person not as an object. It should be moved as little as possible.
ated	Injections are preferred to pills	Usually family members gather at the bedside, so it is important that the dying person is not left alone. Although beliefs about the after-life vary according to faith, all respect their ancestors.	Undertakers handle the deceased after death. Chinese people are usually embalmed and are dressed in their best clothes. White is the colour of mourning. Grief may be expressed loudly.
	Some may decline conventional medical treatments. Jehovah's Witnesses have special procedures regarding blood transfusions.	Some appreciate quiet when they are dying; others value prayers or scriptures being read. Some may require Holy Communion and / or the Sacrament of the Sick. Christians believe in the resurrection of Jesus and that they too will be raised.	Choice of cremation or burial is personal. The wishes of the family should be sought
e ne of	Generally no special requirements, though some Hindus prefer Ayurvedic medicine.	Most fatally ill Hindus would want to pray with a mala (rosary). The dying person may prefer the company of someone of the same sex. Hindus believe in re-incarnation.	The body should be undressed and washed, preferably by someone of the same sex. Jewellery and religious items should not be removed. Hindu bodies should be placed together with head facing north and feet south, arms placed to the sides and legs straightened.
sical	No special requirements.	Humanists prefer to have family or close friends with them. They might object to prayers being said or reassurance given based on belief in God or afterlife.	No specific requirements. Many Humanists request a non-religious celebration for their dead.
by	Blood transfusions and organ transplants are acceptable if these are not at the expense of another life	Jains seek mental detachment from all desires and wish to concentrate on the inner self.  Jains believe in reincarnation.	No specific rituals. Bodies are always cremated and never buried except for infants
be sex.	No religious requirements	Dying Japanese may wish to meditate.	Preference for cremation.

For more information, consult our 'Handbook of Faiths' or visit our web site (01379 678615) or email [aa@sifre.org.uk](mailto:aa@sifre.org.uk).

# Faith Card

Please remember these are only guidelines. All faiths hold human life to be sacred, so who needs to be overruled. For example, it is not always possible to be treated or assisted by a member of their faith. The most important thing is to respond humanely.

Faith or Culture	Likely languages in UK	Diet	Dress	Physical contact
Jewish	English, Hebrew, Yiddish	Pork is forbidden; so is shell-fish. Fish must have fins and scales. Red meat and poultry must comply with kosher standards of slaughter. Milk and meat are usually kept separate. Vegetarian food is acceptable. Alcohol is usually acceptable.	Some Jewish men and women keep their heads covered at all times. Some Jewish men wear black clothes and have side-locks and beards. Some Jews have no strict dress code. Women and girls usually dress modestly.	For some Jewish men and women, physical contact is not usually acceptable to be touched by someone who is not a member of their close family. However, the need to save life always takes precedence within Judaism.
Muslim	English, Arabic, Bengali, Dari, Farsi, Gujarati, Kurdish, Punjabi, Pushto, Turkish, Urdu and many others.	Pork is forbidden. Alcohol is also forbidden. Meat must be halal. Kosher food is usually acceptable. Vegetarian meals and fresh fruit are acceptable.	Some Muslim women and girls wear a head covering. All are expected to dress modestly. Both males and females may choose to wear clothes that reflect their cultural background.	Treatment by medical staff of a different religion is permissible but both males and women usually prefer to be treated by members of the same faith.
Pagan	Mainly English	Most Pagans eat meat and drink alcohol. Many Pagans are vegetarian and some may be vegan	Ritual jewellery is common and has deep significance. Some wear a special ring, the removal of which would cause distress	No specific restraints
Rastafarian	English. The vocabulary may include Jamaican patois.	Pork, pork products and shellfish are banned. Most Rastafarians are vegetarian and avoid all stimulants such as alcohol, tea and coffee.	Many wear standard Western dress but some Rastamen wear crowns or Tams (hats) and some Rasta women wear wraps (headscarves)	No specific restraints
Sikh	English, Hindi, Punjabi, Swahili, Urdu.	Many Sikhs are vegetarian or vegan and do not eat eggs. Those who do eat meat will generally avoid beef. Salads, rice, dahl, vegetables and fruit are acceptable. The use of tobacco, alcohol and drugs is forbidden.	Initiated Sikhs wear five K symbols: Kesh (uncut hair), Kangha (comb), Kara (steel bangle), Kirpan (short dagger) and Kachhera (shorts). Other Sikhs may wear some of these symbols. Most men wear turbans. Women usually cover their heads.	Treatment by medical staff of a different religion is permissible but men and women prefer to be treated by members of the same sex.
Zoroastrian (Parsee)	English, Farsi, Gujarati, Persian.	Some avoid pork and beef; some are vegetarian.	Most adult Zoroastrians will wear a sudreh (vest of fine muslin cloth) and kusti (cord around their waist) under western clothes.	No specific restraints

This card has been prepared by Suffolk Inter-Faith Resource (SIFRE). For more information visit [www.sifre.org.uk](http://www.sifre.org.uk) or contact the Inter-Faith Centre by phone 01473 233447 (out of hours 01473 233448).



When life is endangered, any religious observance which interferes with assistance may be overridden. You may need to touch or hold someone who is distressed.

	Medical treatment	Dying	Death customs
When it is a matter of life or death, always override religious observance.	All laws normally applying to the Sabbath or festivals are overruled for the purpose of saving life or safeguarding health.	It is usual for a companion to remain with a dying Jewish person until death. The dying person should not be touched or moved. He or she may wish to recite the Shema (The Lord our God is One...). Most Jews believe in an after-life.	The Chevra Kadisha (Jewish burial society) should be notified immediately after death. When a person dies the eyes should be closed and jaws tied. The body should be washed and wrapped in a plain white sheet and placed with the feet towards a doorway.
Any religious observance should be overridden if it is a matter of life or death, always override religious observance.	Blood transfusions are acceptable. In the case of other interventions, such as organ transplants, the views of the family should be sought.	When a Muslim is dying, the face should be turned towards Mecca (south east in UK). A dying Muslim will need to say (in Arabic) or hear "There is no God but The God, and Muhammad is His prophet." You could say it in English for them. Muslims believe in an after-life, and believe illness and death should be faced in a spirit of acceptance of Allah's (God's) will.	Muslim bodies should be kept together in a designated area with men and women separated. Usually Muslim men handle a male body and women a female body. The body should be laid on a clean surface and covered in a plain cloth with the head on the right shoulder and facing Mecca. Next of kin usually make arrangements for burial which should take place as soon as possible.
	No particular requirements. Alternative treatments may be preferred.	Most Pagans believe in reincarnation.	The emphasis in funerals is on the joyfulness for the departed in their passing to new life.
	The cutting of the hair is prohibited in any circumstances.	No particular rituals. The person will want to pray.	When a Rastafarian passes (dies) a gathering takes place where there is drumming, singing, scriptures read and praises given.
Any religious observance should be overridden if it is a matter of life or death, always override religious observance.	Some Sikhs prefer Ayurvedic medicine. In general, cutting or removing any body hair should be avoided. If it is necessary to do so, don't throw it away. You should give the hair to another Sikh to dispose of. However, some Sikhs do cut their hair.	The dying person might want to have access to the Sikh scriptures. Sikhs believe in reincarnation.	The five Ks should be left on the body. Deliberate expressions of grief are discouraged. The dead person should be cremated.
	No special requirements.	Zoroastrians prefer to die quietly and without being disturbed. They believe in an after-life.	Zoroastrians believe that corpses are polluting and dispose of them as soon as possible, traditionally in a Tower of Silence, but usually by cremation in the UK.

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**If you require this report in an alternative format please contact us on 01449 703949 or by email to [info@healthwatchsuffolk.co.uk](mailto:info@healthwatchsuffolk.co.uk).**

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