

20 Minutes of Care – using the Chapelhow Enablers

Fiona Kendrew

Faculty of Education, Health and Community
School of Nursing and Allied Health
Liverpool John Moores University

Abstract

There are six fundamental skills that enable a health care practitioner to become an expert practitioner. Two of these skills needed will be considered before communication and risk management. These skills will be discussed in relation to an 81-year-old woman who lives in a nursing home, with Alzheimer's disease and diabetes. Good communication skills promote person-centred care and examples of verbal and non-verbal communication will be considered. The management of risk associated with dysphagia, malnutrition, osteoarthritis and diabetes will be described. This article demonstrates the clear links between the two enablers chosen.

Keywords

Chapelhow Enablers, Communication, Alzheimer's, Feeding, Risk.

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Chapelhow et al. (2005) suggest there are six fundamental skills/enablers that are essential for health care professionals, the development of which will enable a nurse to become an expert practitioner. These are communication, documentation, risk management, assessment, managing uncertainty and professional decision making. This article will discuss two of these enablers (communication and risk management) in connection with an element of care (feeding) given to an individual. Due to the individual's condition and understanding, verbal consent was gained from the individual whilst their daughter was present. To maintain confidentiality under section five of the Nursing and Midwifery Council Code of Conduct (NMC, 2015), a pseudonym will be used.

Amy is an 81-year-old woman who was diagnosed with Alzheimer's disease 4 years ago. Alzheimer's is a progressive brain disease where over time more areas of the brain are damaged (Alzheimer's Society 2014). When the brain is damaged by the disease, symptoms such as memory loss, difficulties with problem solving, thinking and language occur. These symptoms are known as dementia. Amy required patience and time from health care professionals and her family in order to be able to communicate her needs.

Amy has lived in a nursing home for 2 years and has required assistance with all activities of daily living from the staff at the home. Amy also has a swallowing problem due to her Alzheimer's and requires a pureed diet and custard thick fluids. An increase in the severity of Alzheimer's disease causes swallowing function to significantly deteriorate (Sato 2014). Amy is also a type two diabetic and requires assistance at

meals due to her osteoarthritis and Alzheimer's.

During one meal time, I assisted Amy with her meal after asking Amy if she would like to eat. Amy agreed and was in the sitting room with other individuals who were also eating alongside her. I brought the spoon to Amy's mouth whilst explaining that the spoon was at her lips. Amy paused before opening her mouth to take the food and then beginning to chew. Whilst Amy was chewing I spoke to her and encouraged her to eat, giving her time to speak throughout her meal. After she appeared to have finished one mouthful I would bring another spoonful to her lips, letting her know it was there. Amy would then open her mouth again. Before putting another spoon into her mouth, I checked to ensure she had swallowed the previous offering of food. If there was still food present I would remove the spoon and again encourage Amy to chew, demonstrating this action using my own mouth.

An essential part of person-centred care is being able to communicate with individuals in meaningful ways, which is even more crucial in the context of dementia (Royal College of Nursing (RCN 2016a). All aspects of an individual's care require good communication skills by all health care professionals. It is essential that nurses have good communication with patients to provide successful and individualised nursing care (Kourkouta and Papathanasiou 2014). It is not only communication between health care professionals and patients, communication that is important between health care professionals and outside agencies in order to provide high quality individualised care to patients who require it (Chapelhow et al. 2005). If there are issues with communication

between healthcare professionals this can affect the care received, which may have a detrimental effect on the individual as well as family members.

Communication is a complicated process that requires the exchange of information between two individuals (Downs and Collins 2015). For Amy, this became difficult and frustrating. Communication difficulties in dementia are a source of stress for the individual and the caregiver (Aselage and Amella 2010). So, giving Amy time to speak and express her needs can help to reduce stress and frustration that may occur.

However, good communication is about more than just speech. Written communication is vital to record important details about a person's care, for example, recording an individual's food and fluid intake on the correct charts to monitor of their nutritional intake. While providing time for Amy to talk I also interpreted her non-verbal communication throughout the meal such as facial expressions. Both the verbal and non-verbal language of an individual acknowledge that communication involves more than speech alone (Martinsen and Norlyk 2011). For example, on one occasion a health care assistant informed me that Amy enjoyed a drink of tea. I then approached Amy with a cup of tea and asked if she would like to taste this, putting the drink to her lips. She took a small mouthful and then turned her head away.

After enquiring with another health care assistant, I found that Amy did not like tea but preferred black coffee instead. This demonstrated that communication between health care professionals can impact on quality of care. The RCN (2016b) found that a

common cause of irritation for healthcare professionals was poor communication.

Throughout Amy's meal I explained everything I was doing and informed her when I was bringing a spoon to her lips. It is essential a carer has good communication skills for individuals living with dementia, which ensure they receive the information and support required (National Institute for Health and Care Excellence (NICE) 2016). Good communication skills are seen as best practice and promote person-centred care. Delivering high quality care for individuals with dementia requires a person-centred and an integrated approach to their care (NICE 2013). Whilst assisting Amy with her meal I was also communicating with her on a one-to-one basis. Martinsen and Norlyk (2011) stated that feeding provided individuals who had a language impairment with an opportunity to be closer to carers, which enabled them to express any concerns they had.

For the duration of the meal Amy was seated in the sitting room where other individuals who lived in the nursing home ate their meals. If individuals are eating a meal together their food intake increases, when individuals are eating alone they eat less (Martinsen and Norlyk 2012). However, Kyle (2011) states that an individual with dementia should be fed in a peaceful calm atmosphere without distractions. Giving plenty of encouragement and praise to Amy ensured she had a sufficient amount of food. Aselage and Amella (2010) found that providing praise during meals demonstrated a noticeable effect on the amount of food consumed by individuals with dementia.

Sufficient nutrients are required by all living organisms in order to survive by providing growth, repair and energy to the body. When certain conditions prevent the intake of these nutrients into the body the individual is at risk and the consequences of this can lead to serious illness or death. A healthcare professional's duty is to protect the individual and reduce risk.

The correlation between deteriorating swallowing function and increasing symptoms of Alzheimer's is well known (Sato et al. 2013). Amy has dysphagia brought on by her Alzheimer's and requires a pureed diet and thickened fluids in order to manage eating and the risk of choking or aspirating. Dysphagia is when an individual has a problem with some or all of the swallowing process (Thompson 2016). One of the main risks with dysphagia is poor nutritional intake. An individual living with dysphagia is at higher risk of malnutrition than other individuals (Willis 2014).

Individuals living in nursing homes can experience mealtime difficulties which lead to weight loss and malnutrition (Aselage, Watson and Amella 2011). Providing plenty of encouragement and making eating a sociable time for an individual living with dementia reduces their risk of malnutrition. However, managing the risk of malnutrition in individuals with dementia can be a challenge due to the condition itself (Jansen et al 2015).

All individuals at risk of malnutrition from a condition such as dementia should have nutritional support in order to maintain or improve their level of nutrition. NICE (2014)

state that healthcare professionals need to consider using nutritional support for individuals who are at risk of malnutrition. In the nursing home Amy has a diet high in fortified foods to ensure her nutrition is adequate and her weight remains at a stable level.

Type 2 diabetes is a condition where not enough insulin is produced for the body to function properly or cells cannot react correctly to insulin (RCN 2016c). Amy's diabetes was mainly controlled through her diet, so it was important that Amy's diet was healthy and well-balanced. Having a healthy well-balanced diet ensures blood glucose is controlled and a healthy weight is maintained (Diabetes UK 2016). To manage Amy's risk of having a high or low blood sugar level it was especially important that Amy's diet was balanced between nutrients that reduce her risk of malnutrition alongside the management of her diabetes. By offering regular snacks to Amy ensured her blood sugar level was kept constant and avoided it dropping too low.

Amy's osteoarthritis presented a risk with Amy unable to give herself sufficient diet and fluids. Osteoarthritis is when the joints are damaged preventing the joint moving smoothly (Arthritis Research 2016). This means that Amy struggles to use a knife, fork and spoon independently. Also, being unable to recognise everyday objects is a risk with individuals who have dementia. In dementia, it is common to lose the ability to recognise common objects such as food, cutlery or tableware (Aselage and Amella 2010). Meaning an individual such as Amy may not recognise or realise to eat food that is placed in front of her. So, in order to maintain her nutritional intake and manage the

risk of weight loss and malnutrition it was important to assist Amy with her nutrition needs.

It was also important to observe Amy closely whilst assisting her with her meal to ensure she was swallowing her food before the next portion of food was given to her. Difficulty in an individual's ability to empty their mouth is a sign of dysphagia and therefore it is essential to monitor for this in individuals living with Alzheimer's (Sato et al 2013). Ensuring that Amy had emptied her mouth of food before the next mouthful reduced her risk of choking or aspirating. It was important to check that Amy was not storing the food in her mouth. Storing food like this is due to problems with mastication where food is sent into the pharynx (Sato 2014). This could mean that Amy could not manage with the pureed diet and be at risk of choking.

Whilst feeding Amy I sat close to her and was careful not to rush her to finish quickly due to her swallowing problems that have been caused by her dementia. Individuals with dementia may take twice as long to finish a meal and require assistance with feeding in an unhurried manner by a caregiver (Kyle 2011). Giving Amy more time enabled her to control each mouthful of food and reduced the risk of choking from being rushed.

Whilst my element of care with Amy lasted no more than 20 minutes, there were several examples of where the communication and risk assessment enablers, as defined by Chapelhow et al (2005), were apparent in relation to the care given to her.

Communication with Amy was important when feeding her to understand her feelings about the food and ensure she received the best possible care. The risks of choking and malnutrition were also addressed. The link between the enablers was also evident. Communication of Amy's conditions ensures that the person feeding her is aware of the potential risks that could arise. An example of poor communication showed that Amy was given a drink that she disliked.

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