

# Namaste Care Training to Enrich and Improve Experiences of Living and Dying with Advanced Dementia

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## BACKGROUND

People with advanced dementia (PWAD) live with an incurable syndrome leading to difficult physical and mental symptoms (1,2,3). To alleviate these symptoms PWAD should receive palliative care tailored to their specific needs (4). Namaste Care is a multi-component palliative care intervention for PWAD that has improved physical and mental wellbeing among this group (5,6). Since 2010 the authors have delivered the only Namaste Care Training (NCT) that is widely accessible to staff in Scotland. NCT prioritises comfort, meaningful activity, and connection, and raises awareness that entry into Namaste care should prompt advance care planning (ACP) conversations.

## AIMS

NCT aims to:

- introduce staff to a range of non-pharmacological interventions known to improve physical and mental wellbeing in PWAD (7).
- highlight the importance of ACP conversations for PWAD enrolled in Namaste Care.

## METHODS

NCT was developed following a literature review and service evaluation. It is subject to continuous improvement based on feedback, post-training evaluation, research, guidance, and national policy. Training includes sessions on identification of needs, non-pharmacological interventions, the promotion of a calm environment, and guidance on ACP conversations.

## RESULTS

Since 2010 NCT has been delivered to a wide range of health and social care professionals (n=350+) both in person and online. Feedback suggests that NCT has:

- empowered staff to take more responsibility for offering individualised non-pharmacological interventions to improve physical and mental wellbeing among PWAD.
- emphasised the appropriateness of ACP conversations for people enrolled in Namaste care.
- 100% of participants would recommend this training to their colleagues.

## CONCLUSION

NCT has offered staff practical ways to enrich and improve experiences of living and dying, producing reported benefits for NCT participants and PWAD. Although there is an appetite for NCT in Scotland, currently there is limited availability. A more strategic approach is now required and is under discussion.

## REFERENCES

Available on request.

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## CONTACT DETAILS

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# "Don't be feart to try it!"

A descriptive participant feedback story constructed from Namaste Care Training evaluations (2010 - 2022)



The Prince & Princess of Wales Hospice

Ayrshire Hospice  
Making today matter

**N**  
nurture  
strengths

● I was touched by the hands that held mine – the gnarly hands that reached out and held mine – and the life behind them ● Memories are there – but they need music and things to bring them back – it's powerful ● The residents were so relaxed and peaceful it rubbed off on me.

**A**  
access resources

● It's great to have the resource file with all the links to the tools and information and film clips and web-sites – we can refer back to it and share with our teams once the training is over.

**M**  
manage  
change

● Walk don't run – remember it took Lesley (care home manager) 2 years to work up to Namaste Care 7 days a week. She started off just a couple of hours a week AND she did it with resistance from staff ● I am proud that the staff are on this course with me to build on the future and put this into practice in a tangible way.

**A**  
assess who  
would benefit

● It's a great resource to reach the people with silent voices (i.e. people with advanced dementia) in your care setting ● Always question ... silent resident? Silent residents get forgotten about ● Recognise them, then spend more time on personal touch and care.

**S**  
sacred  
space

● It's lovely contented and peaceful ... it felt like a duvet day ● It's helping residents find peace, relaxation, and calmness ● Words can't describe the feeling I have seeing the residents like this.

**T**  
team work

● Namaste Care is not something that is out of our capability to put into practice ● Get the support of the manager ● Initially other staff members thought the Namaste Carers were skiving so we offered sessions for staff to get a sense themselves what this is all about ● Come and we'll show you what's it's about and you can tell us if it's a good idea or not.

**E**  
end in mind

● What has felt like a stretch during this training? Speaking to family members about dying, talking about the imminence of death, working so closely with people so close to the end of their life and discussing death, dying, and last wishes.



**C**  
comfort & connect

● Slow down, focus ● Speak calmly in a soothing voice ● Take your time to learn about people's likes and dislikes ● It's not the thousand things, it's the one small thing that can make a significant difference to the resident ● I tried a light hand massage and some therapeutic stroking of my new patient's arm. This seemed to alleviate any distress in her face. Quite out the blue she said, 'You're nice'. Her daughter was overwhelmed with emotions. This was a lovely moment for her daughter who hadn't heard mum speak months.

**A**  
attend to needs

● I've learned different ways in which I can care for a person other than medications. The benefits for people, the importance of self-care and being aware of my own thoughts ● The whole course has reminded me of why I went into nursing. It is inspiring ● Proud to know the difference this can make to families and to staff.

**R**  
& evaluate  
record

● Pain indicators are important to notice – the different effects of pain and how to pick up on it ● It was helpful to see the SPICT (i.e. the Supportive & Palliative Care Indicators Tool) – helps us recognise changes and think about how to speak to the nurses ● I like the sensory biography.

**E**  
& improve  
enrich

● One staff member was caring for a resident at the end of life. The staff member tried some hand massage, and the resident became very relaxed and fell asleep. Since then the resident has been reaching out for touch. This was a surprise to the staff member as staff had felt in the past that the resident wasn't keen on touch ● It will help families with bereavement and empowerment at the last stages of their loved one's life – to take part in care – they often feel helpless.

WHAT ADVICE WOULD YOU GIVE FUTURE PARTICIPANTS SIGNED UP FOR THIS TRAINING?

● Don't be feart to try it ● Open your hearts and minds to a new possibility ● Embrace what you are being taught, do the homework, practice what you are learning and speak to other staff who are not on the course.

A POST-TRAINING CASE STORY.

● We heard of a daughter who found sitting with her dying relative very stressful, so staff who'd done this training transformed the bedroom. Soft covers. Lights dimmed and soft, no overhead harsh lights. Soft and relaxing music. Essential oils. Gentle massage. Soft tone of voice deliberately used. That daughter felt included and informed. Although it was a sad experience, it was a positive one and one that she had no regrets.