

# Psychosocial care for elderly in old age homes in Kerala



**Social Justice Department, Govt. of Kerala**  
**IN COLLABORATION WITH**  
**DEPT. OF PSYCHIATRIC SOCIAL WORK**  
**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES**  
**BANGLORE**

**COMPREHENSIVE PROJECT  
GUIDELINE**

**Psychosocial Care for Elderly in Old Age  
Homes in Kerala**

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**INTRODUCTION**  
**(ABOUT PROJECT, OBJECTIVES AND**  
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## 1. INTRODUCTION

The wealth and fortune of a nation is its citizens. The people have an important role in economic development and growth of a country. There is a demographic shift in the global population from children to the old, which started in the second half of the 20th century and accelerated the process of aging. The major reason is better health management system and advanced medical technology.

Older persons, particularly the very old, are the fastest growing population in all over the world. At the global population the share of the persons above the age of 60 has risen from 8% in 1950 (200 million) to around 11% in 2011 (760 million). In India census data from 2011 showed there were 98 million older persons in India, or 8.1 per cent of total population, up from 77 million in 2001.

In India, among all other states, Kerala is set to witness a demographic transition with a rise in the proportion of aged. Kerala's total population as per the 2011 census is around 3.36 crore, of which 12.6 per cent are aged above 60 years.

Increase in the proportion of the elderly in the population all over the world, and the diminishing role played by the family in taking care of old members have contributed to an increasing need for old age homes. In Kerala, at present there are 577 old age homes accommodating 10,500 people. Rising elderly population, migration of youth to other countries and increase in the number of nuclear families has contributed to this phenomenon.

Elderly living in shelter homes are socially and economically deprived this warrants the need of psychosocial care focusing on their needs, problems and concerns. To address their psychosocial needs an individual care plan need to be developed as proposed in the old age manual of social justice department.

## **1.2 REVIEW OF LITERATURE**

The need to formulate policies and programmes for older persons was acknowledged throughout the world in the 1980s after the United Nations First World Assembly on Ageing. At that time, developing countries, including India, were still battling with issues related to population growth ,infant and maternal mortality.

Dev(2016 ) emphasized on the emerging need of the elderly in India from the existing literatures. The major observations were:

- The fifty-second National Sample Survey 1995 to 1996 showed that 70 percentage of older persons were economically dependent, 75 percentage participated in social matters, 4 to 5 percentage lived alone and 55 percentage lived in urban areas and 52 percentage lived in rural areas and had one or more chronic disease.
- 55 percentage of older persons had poor health, poor mental health, substantial disabilities in vision and locomotion, 5% of elderly had difficulty performing basic activities of daily living(UNFPA, ISEC & TISS, 2014).
- Two thirds of elderly reported at least one chronic ailment such as arthritis, hypertension, diabetes, asthma and heart disease. The prevalence of chronic diseases was higher among women than men. Most patients with chronic diseases sought treatment and private health care was the preferred choice for treatment. Only a little over a quarter of patients sought care from public hospitals. Women were more likely to use unpaid or free health services from public health facilities compared to men who were more likely to rely on private health facilities. Awareness of and access to health insurance schemes was negligible, including state funded health insurance through Rashtriya Swasthya BimaYojana (RSBY).

## **1.3 STUDIES CONDUCTED UNDER PROJECT**

### 1.3.1 Assessment using check list at Govt. old age home, Kozhikode (As per the study conducted in the month of December 2018)

To understand the present elder friendly indoor and outdoor infrastructure in the elderly home at Vellimadukunnu Calicut, a check list was developed and administered (Old Age Home Manual,2016). The results are given below.

#### Resident's details

There are 87 residents in the home, of which 44 residents are males and 43 are females. Out of the 44 male residents 16 residents are of age 60 to 70 years, 13 are of age 71 to 80 years of age and 15 are 81 years and above. Out of the 43 female residents 16 residents are having 60+yrs of age, 15 of them are having 70+yrs of age and 12 of them are having 80+yrs of age

#### Intake process

Intake Process	Present 1. Very good 2. Average 3. Poor	Not present
Formal welcome program		No
Opening file	Average	
Health assessment	Average	
Individual care and attention provided		No
Interests/ skills/ Abilities identified		No
Support programs to adapt to the new environment		No
Maintaining individual record for each resident	Average	
Updating information on regular interval in the file		No

There is no formal welcome program organized for the new comer in Government Old Age Home, Vellimadukunnu. Currently in the home individual attention and care is not being provided in a systematic way. The new residents may have concerns until they adapt to the new environment towards which support will be need for a few days. Interests/ skill /abilities of the new comer are not identified on a regular basis. The information regarding their health status is not updated in regularly. Though file for each individual is open d=systematic information about the person i.e psychosocial profile, health and mental health needs, interest and activities involved is not mentioned.

#### Manpower in old age homes

Total Number of staff:	Male	Female	Total	Manpower availability			Category		
				Sanctioned	Working	Vacancy	Permanent	Part time	Contract
Superintendent	1	-	1	1	1	0	1	-	-
Matron	-	1	1	1	1	-	-	-	1
Nurse		1	1	1	1	-	-	-	1
Caretakers	4	3	7	7	7	-	-	-	7
Store Keeper	-	-	-	1 (matron is managing)	-		-	-	1
Cook	-	2	2	2	2		1	-	1
Social Worker	-	-	-	-	-	-	-	-	-
Counselor	-					-1	-	1	-
Office assistant	1	-	1	1	1	-	1	-	-
Attenders	1	1	1	2	-	-	2	-	-
Peon	-	1	1	1	-	-	-	-	1
Watchman	1	-	1	1	-	-	1	-	-
Cleaning staff	-	2	2	2	-	-	-	-	2

As per the government old age home manual by Social Justice Department, Kerala, the core staffs of an old age home should consists of a Superintendent, Matron, Store Keeper, Cook ,Nurse, Social Worker, Counselor, Peon, Watchman. Government old age home Vellimadukunnu has all staffs except a Social worker. The roles of social workers are unmet in the home due to which the activities for care and support gets restricted to their basic care and protections. The psychosocial needs of the residents are



not met and hence it is recommended that the counselors post need to be filled with a social worker at the earliest in all the old age homes.

**Other Health support ensured in old age home**

<b>Support persons</b>	<b>Yes</b>	<b>No</b>	<b>In regular interval</b>	<b>On call</b>
Dietitian		No		Available
General Physician	Yes		Once in a week	Available
Geriatrist		No		Not Available
Ophthalmologist		No		Not Available
Orthopedic Doctors/ Surgeon		No		Not Available
Neurologist		No		Not Available
Clinical psychologist		No		Not Available
Psychiatrist	Yes		Once in a month	Available
Occupational therapist		No		Available
Physiotherapist		No		Available
Ayruveda	Yes		Everyday	Available
Homeopathy	Yes		Once in a week	Available

Occupational therapist, Physiotherapist, Geriatrist, Ophthalmologist, Orthopedic Doctors/Surgeon, Neurologist and Clinical Psychologist are not available in the home. And the people with mental illness are taken to Government mental health center, Kuthiravattom in case of emergency. District Mental Health Program is offering mental health services for the residents with mental health issues. A panel of doctors medical professionals can be formed for emergency call .

**Outdoor infrastructure**

<b>Facility</b>	<b>Present</b>	<b>Not present</b>
	<ol style="list-style-type: none"> <li><b>1. Very good</b></li> <li><b>2. Average</b></li> <li><b>3. Poor</b></li> </ol>	
Elderly friendly Land scape	Average	
Elderly friendly Walk space		Not present
Elderly friendly Free area		Not present

Elderly friendly Garden	Poor	
Elderly friendly Area for other activities		Not present

The Old Age Home is situated in a peaceful environment, but it is not attractive to the elderly, as well as there are no place to relax outside the home. There is a small garden in front of the home but it is not maintained well. There are few residents who are interested to work in the garden. There is no elderly friendly walk space outside the old age home. Most of the time residents are spending their time inside the home. This restricts their physical activities as well as their physical and mental wellbeing. There is a park outside the home but which not functioning, as well as there is no elderly friendly entrance and other amenities inside park. These facilities can be made elderly friendly and ensure that the elderly use it on a daily basis by bringing this in their daily routine.

### **Indoor infrastructure**

<b>Rooms</b>	<b>Availabl e</b>	<b>Need to improve</b>
Bed	Yes	yes
Bed sheets and blanket	Yes	No
Pillow	Yes	No
Individual cupboard	Yes	No
Individual chair	Yes	No
Fixed mosquito nets	Yes	
Space for movement of chair/ walker etc. between beds	Yes	Yes
Emergency alarm accessible for each residents	No	Yes
Emergency light facility for each resident	No	Yes
Room privacy	No	Can continue this way
Ventilation	Yes	No

There are sufficient beds, bed sheets, blanket, pillow, individual chair, individual cupboard and ventilation in the dormitory. According to Old age home manual each resident should have at least 7.5 sq meters of bed room space. There should be space between beds for movement of wheel chairs, use of walkers and convenience for moving the patient from wheel chair to the bed. There should be

emergency light attached to each table and alarm bells at the bedside. However all these facilities are not available in the Government Old Age Home, Vellimadukunnu.

**Bathroom & toilet**

<b>Facilities</b>	<b>Available</b>	<b>Need to improve</b>
Privacy	Yes	No
Cleanliness	Yes	No
Accessibility to bathroom and toilets	Yes	No
Nonskid floor	Yes	No
Exhaust fan	Yes	No
Handles and Grab rails fixed in bathroom and toilets	Yes	No
How many toilets	18	No

There is enough privacy and cleanliness in the bathroom. Accessibility to bathroom and toilet is elder friendly, non-skid floor and exhaust fan is available. Handle and Grab rails are fixed in bathroom and toilets. There are 18toilets available for the residents. In which 3 toilets for women and 3 toilets for men in the each dormitory (3 in each dormitory 3 dormitory=9) and each room (2 in each rooms\*3 rooms =6). Also there are 3 common toilets for men. Auto cleaning bathrooms can be fixed this will make the cleaning process easy for the elderly

**Kitchen and Dining**

<b>Facilities</b>	<b>Available</b>	<b>Need to improve</b>
Separate dining area	Yes	No
Lighting(Natural/ Other)	Yes	No
Hand rails on walls of corridors	No	Yes
Easy steps or ramp	Yes	No
Guiders in the corridors or free spaces	No	Yes
Ventilation in Kitchen	Yes	No
Cleanliness in kitchen	Yes	No
Food waste disposal	Yes	No
Availability of pure water	Yes	No

Menu displayed	Yes	Yes
Dining table and chair (Elderly friendly)	No	Yes
Washbasin (Through water supply)	Yes	No
Separate store room	Yes	No
Pest control facility	No	Yes

There are no hand rails on walls of dining area. Guiders in the corridors or free spaces are not available. Dining table and chair are not Elderly friendly, Table and chairs of dining hall are made up of steel, it can be replaced with wooden furniture.

### Facilities in the home

Facilities	Available	Need to improve
Rooms to carry out group activities	No	Yes
Rooms to carry out therapy	No	yes
Sick room	Yes	Yes
Isolation room	No	yes
Reading room	Yes	No
Library	Yes	No
Visitors room	Yes	No
Prayer room	No	Recommended
Separate office room	Yes	No

There are no rooms to carry out therapy or activities which need to be organised. Isolation facility is not available in the home. This is also very essential . Prayer room facility could be used for meditation and common prayer for residents of all denominations. It should be quiet and free from noise and disturbance from outside. However there is no prayer room in the old age home.

### Activities for the residents in the home

Activities	Daily	3 times a week	Once in a week
Yoga	-	-	Twice in a

			week
Walking	Daily(few residents)	-	-
Physical exercise	-	-	-
Entertainment activities			Once in a week
Group activities for elderly	-	-	-
Regular health checkups	-	-	Once in a week`
Involvement in responsibilities of the home	Daily(few residents)	-	-
Social activities	-	-	-
Sharing of life experiences	-	-	-
Supporting residents	-	-	-
Others-Music therapy	Daily (15 residents)	-	-

There is no yoga sessions and physical exercise. Few residents go for walk every evening. Entertainment activities are Television, caroms, and chessboard. There are no Group activities for elderly. Few members are involved in the responsibilities of the home like cutting vegetables, gardening and also taking part of music therapy. Elderly need to be involved in more productive activities that will help in improving their quality of their daily living as well

### 1.3.2 Psychosocial assessment of the residents of old age home, kozhikode

To address the psychosocial problems of elderly in homes a detailed psychosocial assessment was carried out by using. Standardized scientific tools along with socio demographic details and socio-bio-psychological assessment. Those tools were:

- Mini Mental State Examination,
- Depression Anxiety Stress Scale,
- Loneliness measurement tool
- Everyday Ability scale
- Sense of Competence scale for caregivers

The result of need assessment is given below:

### **SOCIO-DEMOGRAPHIC DETAILS OF THE RESIDENTS**

Socio demographic profile of residents show that majority of residents 47.6 % (30people) belongs to the age group of 60 to 70. Approximately equal people from both genders participated in the need assessment (50% are male and female are 49.2%).majority (65.1%) of the residents had primary educational qualification (41 people). A total of 50.8% (32 people) of residents were self-employed and majority of the residents (85.7%) belonged to Hindu religion (54 people). There is equal percentage of married and unmarried residents in the home i.e.36.5% (23 people). Majority (50.8%) of the residents belonged to middle class (32 people) and a higher proportion of the residents (57.1%) were from rural area.

#### **Place of residents:**

Seven out of every 10 residents were from Kozhikode district itself (68.3%, 43 people), and Two people were from Kannur and Trissur (2 people each) and also one person each from Ernakulum, Kollam and outside Kerala state (1 person each).

#### **Reason and circumstances for the admission in old age home**

Most of the residents (73.0%) were left alone in their life due to the reasons like death of their family members, being unmarried (46 people). 23% were separated and isolated from their family members (15 people). Only 3.2% got admission through their own decision (2 people).

#### **Details of referred agency and person for the admission**

Most of the residents (39.7%) were referred through their own panchayath (25 people), 27% were referred by various police stations of Calicut district (17 people), 15.9% were referred by social justice department itself (10 people), 11.1% were referred by various other agencies and NGOs (7 people) and 6.3% were referred by district collector for the admission in old age home ( 4 people).

#### **Social engagement status of the residents**

Social engagement status of the residents assessed showed that majority of the respondents 69.8% (44 people) participates in the daily activities of the agency. A total of 25 residents (39%) participated in educational and entertainment activities and 44.4% (28 people) participated at times. A total of 55.6% (35 people) of the residents participated in all general meetings and 28.6% (18 people) of the residents participate at times. Residents who interacted freely with other residents formed 72.4% (46 people) where as 25.4% (16 people) of them interact sometimes.

### **Physical functional abilities**

Majority of the respondents have the ability to perform their daily activities. A total of 96.8% (61 people) of the respondents were able to dress without any supervision, 95% (60 people) of them are able to eat food by their own and 92.1% (58 people) are capable to move without the help of others. Assessment showed that 95.2% (60 people) of residents were able to get out of bed without the help of others, 90.5% (57 people) of them use toilets without other's assistance and 85.7% (54 people) each of men and women were able to maintain hygiene and shaving by their own.

### **Sensory and expressive impairment among residents:**

A total of 68.3% (43 people) of the residents have no trouble in hearing and 31.7% (20 people) of them have partial auditory impairment. A fewer percentage (38.1%) of residents have no trouble in seeing (24 people) and 61% (39 people) have partial visual impairment. 92% (58 people) of the residents are not facing any trouble in speaking but 7.9% (5 people) of them have partial speech impairment. 54% (34 people) of the residents (including the people with impairment) are not using any aids for their impairment except the specs which is using by 46% (29 people) of the residents.

### **Mental and Physical conditions**

Mental and physical health when assess showed that 46.0% (29 people) of the residents have hypertension, 27.0% (17 people) of them have diabetics, 15.9% (10 people) have cholesterol, 30.2% (19 people) of the respondents are suffering with arthritis, none of them have TB, a few 7.9% (5 people) of the residents have suicidal ideation, 3.2% (2 people) have hallucination, 7.9% (5 people) have agitation, 3.2% (2 people) have delusion, 7.9% (5 people) have paranoia, 6.3% (4 people) of the residents have cardio-vascular diseases 23.8% (15 people) of the residents have asthma, 14.3% (9 people) of the residents have gastro-intestinal diseases, 4.8% (3 people) of the residents have urinary problems, 11.1% (7 people) of the residents have constipation, none of them have cancer, 3.2% (2 people) of the residents have depression, 4.8% (3 people) have anxiety related issues, 7.9% (5 people) have dementia, 1.6% (1 person) have delirium, 1.6% (1 person) of them have Alzheimer's disease, nobody have Parkinson disease and 12.7% (8 people) of them are having other mental and physical problems.

Majority (65.1%) of the residents have physical illness (41 people), 14.3% (9 people) of the residents having both mental and physical illnesses together, 9.5% (6 people) of them have mental illness and

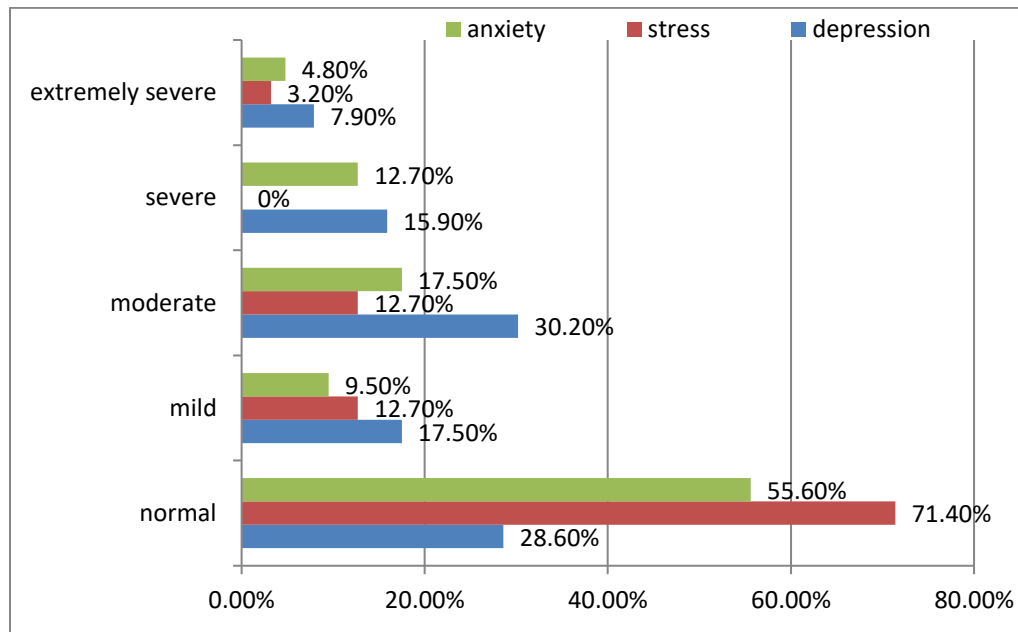
11.1% (7people) of them don't have any illnesses. In the institution, 14 residents have severe physical illness and 4 residents have severe mental illness.

**Mini mental status exam**

Category	Frequency	Percentage
Above 24 (normal)	22	34.9
20 to 23 (mild cognitive impairment or early stage of AD)	19	30.2
13 to 19 (moderate)	16	25.4
less than 12(severe)	6	9.5
Total	63	100.0

The results of the cognitive functioning of the residents assessed showed that 34.9% (22 people) of residents were above normal where as 30.2% (19 people) of the residents has mild cognitive impairment or have the early sign of Alzheimer's disease. moderate cognitive impairment was observed among 25% (16 people) of the residents and 9.5% (6 people) of the residents have severe cognitive impairment and Alzheimer's disease.

**Depression, Anxiety, Stress among residents**



Depression is significant in 54% of residents. Moderate depression is found among 30.2% (19 people), 15.9% reported mild depression (10 people) and 7.9% (5 people) experience severe depression. Stress



among the residents when assessed showed that 71% of the residents have no stress related issues. Significant levels of stress i.e moderate to severe stress are reported by 15.9% of residents. Anxiety is ranging from moderate to severe is identified among 35% of residents (Moderate 17.5 % (11people), severe 12.7% (8 people), extremely severe 4.8% (3 people).

### **The Loneliness Measurement Tool**

#### **Sense of Loneliness**

This is developed to do the intervention among large number of people to check whether they experience the sense of loneliness and as per the result, Sense of loneliness is reported by a large majority of the residents 68.2% , 61.9% reported feeling of loneliness and 6.3% reported most sense of loneliness

#### **Type of loneliness**

The de jonggierveld loneliness scale was used to assess the type of loneliness residents in the old age home go through such as, whether they are emotionally lonely or socially lonely. The scale has 0 to 6 points and higher point indicates that they are socially and emotionally lonely. The loneliness levels of moderate to mostly lonely was reported by 85.6% of residents of which 36.5% of residents were reported to feel mostly lonely

#### **Intensity of Loneliness**

The UCLA Loneliness Scale is designed to measure the intensity of loneliness how intensely they are suffering from loneliness. It is different from the campaign to end loneliness measurement tool because it assess only the experience or feeling of lonely. Majority (57.1%) of the residents feeling lonely and 42.9% of them are not lonely.

### **1.3.3 Care givers assessment**

The social demographic profile of the care gives showed that majority 25% (2 people) of them were in the age of 30-40. Gender wise distribution of the care givers showed that 62.5% (5 people) of caregivers are male and the 37.5% (3 people) of caregivers are in females. Educational status among the care givers showed that, 37.5% (3 people) of caregivers have secondary education and another 37.5% (3 people) of caregivers have graduation in their education. A total of 25% (2 people) of caregivers are working as attenders and the 75% (6 people) of caregivers are working as multi task providers. Religious status showed that, majority 87.5% (9 people) of caregivers are Hindus. Marital status showed that 75% (6 people) of caregivers are married. Economic status of the care givers when assessed showed that 12.5% (1 person) of caregivers are from low socio economic status, and the 87.5% (9 people) of

caregivers are from middle socio economic status, 12.5% (1 person) of caregivers are live in urban area, 25% (2 people)caregivers live in semi urban area, and the 62.5% (5 people) of caregivers live in rural area. All caregivers are from Kozhikode.

### **Everyday ability scale**

#### **Eating Related**

The ability of the residents to perform every day task was assed by the care givers. The care givers opined that the majority (62.5%) means 5 care givers among 8 answered that the residents never forget that he/she just eaten and they don't ask for food again. The 37.5% of caregivers (3 people) answered that the residents forgot that he/she just eaten and will ask for food again.

#### **Personal Hygiene**

##### **Urination on appropriate places and Dirtiness of clothes from urine and stools**

The majority (75%) of caregivers means 6 care givers answered that the residents couldn't urinate on appropriate places and 87% (7 people) couldn't keep their clothes from getting dirty.

#### **Dressing and Clothing**

##### **Ability of residents in button the shirt properly and the ability to wear Dhoti/Petticoat properly**

The majority (75%) of caregivers (6 people) are answered that the residents could button their shirts properly and also they could tie their dhotis/petticoats properly.

#### **Social Interaction**

##### **Ability to work as a member in a group activity and Opinion in family matters**

The majority (62.5%) of caregivers answered that, the residents can work as a member in a group activity and also they express their opinions in family matters.

### **COGNITIVE FUNCTION**

#### **Decides to undertake an important task**

The majority (75%) of caregivers means 6 care givers answered that, the residents if assigned for a task, then they surely decide to undertake it and follow through complete it.

#### **Able to remember important festivals**

The majority (62.5%) of caregivers answered that; the residents can't remember the important festivals.

### **Ability of remembering delivered messages**

The majority (75%) of caregivers means 6 care givers answered that; residents can remember the messages delivered by the caregivers.

### **Ability to discuss about various events and issues**

The majority (75%) of caregivers (around 6 people) answered that; residents do discuss about various events and issues like marriage, politics and disasters.

### **Ability to remember their ways of their villages**

The majority (62.5%) of caregivers (5 people) answered that; residents still remember the ways of their villages.

### **The sense of competence scale**

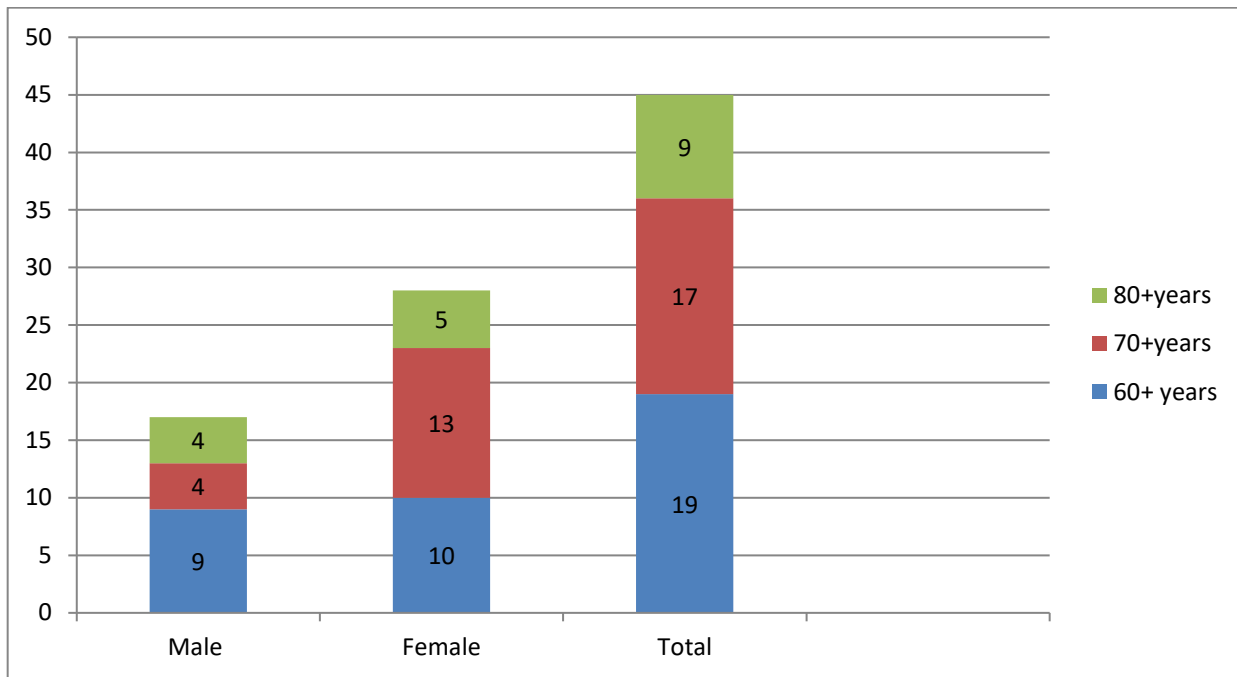
The sense of competence scale has score point starting from 0 to 108. In which higher score denotes higher sense of competence. The score of the care givers assessed showed a mean of 72.75 (min=56.00 max= 87. sd 11.83) and the score point is in between 56 to 87 which indicate a middle level or moderate sense of competence among care givers.

### **1.3.2 Assessment using check list at Govt. old age home, Ernakulam (As per the study conducted in the month of October 2019)**

Elderly persons in old age homes are exposed to higher levels of psycho-social stressors such as previous traumatic life experiences, economic deprivation, lack of privacy, change from home environment to the institute environment, routine changes etc. They have to adapt to this challenging situation for which support is needed. This warrants the need of elder friendly infrastructural facilities in old age homes that ensures comfort and contented rest of their life.

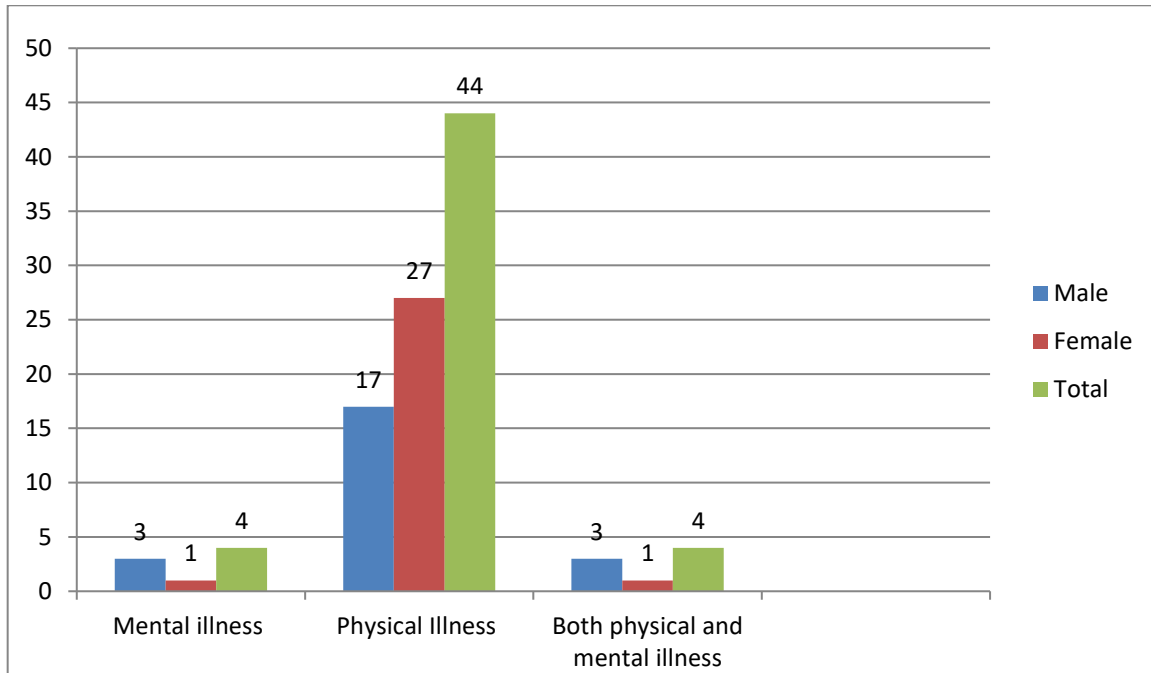
To understand the present elder friendly indoor and outdoor infrastructure in the elderly home, Ernakulam , a check list was developed and administered (Old Age Home Manual, 2016). This check list will give an idea about the inmate's details, intake process, health status, indoor and outdoor infrastructure, manpower and other supports available. The detailed result is presented below.

#### **Graph No.1 Inmate's details**



Above diagram shows that there are 45 inmates in the old age home in which 28 inmates are females and 17 inmates are males. When we look at the age wise classification of the inmates, there are 19 inmates who are in the age group of 60 and above. Whereas 17 inmates is in the category of 70 years and above and 9 inmates are 80 years and above category.

**Graph No. 2 Health status of the inmates**



Above diagram shows the health status of the inmates in the old age home, it shows that there are three males who are diagnosed with mental illness, and 17 diagnosed with physical illness. Among females there is one inmate diagnosed with mental illness and 27 inmates with physical illness.

- **Welcome Program:** According to the Government old age home manual by Social Justice Department (2016) it is necessary to explain to the newcomer(s) the working of the institution including the rules and regulations in operation, ways/pattern of behavior towards other residents and officials, rules to be observed and regulations to be followed. This should be done either by the Social Worker or by the Superintendent. The newcomer should be formally introduced to the other residents at the first meeting of the General Committee by the head of the institution. Nothing derogatory about the newcomer that would wound his feelings should be spoken or whispered there. The entire meeting should be cordial. However with regards to Government Old age home Thevara, there are no formal welcome programs like introducing newcomer in the formal meeting but supportive programs like introducing the rules and regulations of the old age homes are oriented to each new comer also special attention is given to the new comer for at least initial week.

***Suggestion:** Formal welcomes for the inmates need to be initiated as mentioned in the old age home manual.*

- **Opening File:** During each admission, the individual file is opened for the new comer with the basic socio demographic details, brief history and contact number of the consent person. Also it is updated in a regular interval.
- **Health assessment:** According to the Government old age home manual within seven days of admission, the resident should be subjected to a medical examination. There is a health assessment done by nurse, later the general physician in the old age home. And if necessary they are sent to medical college for further treatment. In Government old age home Thevara the inmates are admitted with medical certificate but in some special cases where the person is brought by the police or come with the recommendation letter of collector may not be able to provide medical certificate during the time of admission. In such instances a general medical checkup is done by the nurse of old age home and if needed detailed assessment is done in the general hospital Ernakulam.

***Suggestion:** The Mental health assessment of the inmates needs to be done during or after admission. So that the person with mental illness can get proper care and attention.*

- **Individual care and attention provided:** Currently in the home individual attention and care is being provided adequately since there is less inmates. If the number of inmates increases, then there is a higher risk of individual care and attention. The new inmates may have concerns until they adapt to the new environment towards which support will be need for a few days. As well as person with mental illness cannot be immediately shifted to the ward soon after the admission as this will cause discomfort to other inmates. In this institution a need based individual care is providing by care providers but not in a systematic process.

***Suggestion:** Towards ensuring safety of the inmates and ensuring peaceful environment for the inmates it is suggested that the new comers need to be kept in observation and provided individual care and attention to ensure that they can adjust with the inmates. Towards this the inmates can be kept in the observation room (current facility) in the home for at least 24 hours.*

**Interests/ skill /abilities:** Government old age home manual (2016) suggests gardening, walks, jogging, pursuit of hobbies – writing, painting, toys, paper bags, tailoring, ornament making towards healthy aging. To the extent possible, all measures should be taken to keep the inmates engaged in a constructive/positive manner. However in this Government old age home is not identified the interests/ skill /abilities of a new comer on a regular basis.

***Suggestion:** The interests of inmates need to be identified and they need to be encouraged productively in the activity and this need to be included in their daily routine. Daily routine developed is appended (Appendix-2)*

- **Individual record on each inmate and updating of information:** There is individual record per person consists of the physical and social status of the person. There are separate files for the Ayurveda and Alopathy section. The information is updated in regular basis. It is difficult to trace the whole information of a person from different files.

***Suggestion:** One file can be maintained for each person where all information about the person is maintained. The file that is opened for the person itself can be used for the same.*

<b>Brief description of an ideal intake process</b>
Residents of the home can be selected in accordance with the procedures stated in Provision 19 (18) of the Kerala Government 2009 Rules.

Ensuring age limitation (60 years and above) at the time of admission
The applicants will put on the waiting list in case if vacancy is not present
On admission each resident will be provided with an identity card including photo, name, age, address and blood group
Interview with the new inmate at the time of admission by the superintendent in the presence of social worker
Ensuring Primary level personal hygiene the new inmate including bathing, cropping hair, cutting nails etc.
The new inmate will be provided with necessary items for meeting their daily life needs
Sensitizing the new inmate about the institution by superintendent, or social worker about the institution, daily routine, facilities and its usages, rules and regulations in operation, ways/pattern of behavior towards other residents and officials
A welcome programme for the new inmate by the inmate committee
New comer should be kept in observation room for a particular period to understand his/her physical & mental health status
A primary medical checkup and behavior assessment of the new inmate during observation period
Enquiry and evaluation of the family background of the new inmate by the social worker or probation officer
Detailed medical and mental status examination of the new inmate within seven days of admission.
In case if the new inmate diagnosed with some contagious disease or other illness which is threat full for other inmates, the person will be provided with proper treatment at first and only after producing a fitness certificate issued by a doctor he or she will be re-admitted to the home.
Preparation of Individual Care Plan
Reviewing the application and evaluation of ICP in quarterly meeting with DSJO

**Table No.4 Manpower**

Total Number of staff:	Male	Female	Total	Manpower availability			Category		
				Sanctioned	Working	Vacancy	Permanent	Part time	Contract
Superintend	-	1	1	1	1	0	1	-	-

ent									
Matron	-	1	1	1	0	-	-	-	-
Nurse	-	-	-	0	2	-	-	-	2
Care takers	-	0	0	-	3	-	-	-	3
Store Keeper	-	-	-	-	-	-	-	-	-
Cook	-	2	2	2	1	1	1	-	-
Social Worker	-	-	-	-	-	-	-	-	-
Counsellor	-	-	-	-	-	-	-	-	-
Office attendant	1	-	1	1	1	-	1	-	-
Attenders	1	1	2	2	2	-	2	-	-
Watchmen	2	-	2	2	1	1	1	-	-
LD Typist	-	-	-	-	1	-	1	-	-
Cleaning staff	-	1	1	1	-	-	-	-	1
Vayo Amrudam doctor	-	-	-	-	1	-	-	-	1
Vayo Amrudam Attendant	-	-	-	-	1	-	-	-	1

As per the government old age home manual by Social Justice Department, Kerala, the core staffs of an old age home should consists of a Superintendent, Matron, Store Keeper, Cook ,Nurse, Social Worker, Counselor, Peon, Watchman. Government old age home Thevara has all staffs except a Social worker , Counselor and Store keeper. The roles of Social Worker are unmet in the home. The roles of social worker (Manual on old age home,2016) in an old age home is mentioned below :

- Interview the applicants seeking admission in the OAH and recommend selected cases to the Superintendent
- Understand the behavior patterns, attitude, capabilities and limitations of the new admissions and record them in the concerned register. This can be carried out by social workers by taking case histories, background information, assessment of mental illness, functionality and cognitive assessment.
- Visit the homes of the admitted persons and collect their previous history, character, behavior patterns, family and social background and economic condition, and make a report on them.
- Prepare an effective and practical care plan for the selected applicant in the light of the information collected through observation and enquiries and the medical report of the inmate



- Give individual or group counseling to those who are having tensions, mental strain, psychological problems, and critical situations.
- Provide family counseling as well as other family level intervention including repatriation.
- Ensure that the services and actions prescribed in the care plan are made available to the residents
- Record notes in the care plans about the services extended to residents
- Participate in the meetings which give approval of the care plan or make review of the care plan and make necessary suggestions for change
- Attend institutional and quarterly meetings
- Keep care plan in safe custody and give it for inspection when required
- Cooperate with family get together and other social activities of residents and contribute to make them a success
- Inform the institution about the welfare programmes relevant to the OAH organized by other agencies
- Take steps to make available legal aid to the residents when needed
- Represent the institution in meetings suggested by the superior officers
- Participate in all training programmes
- Extend all support for the rehabilitation programmes of the institution.
- Keep a diary of the daily activities and give it to superiors when required.
- Prepare report on monthly activities and submit it to the superiors before the 3rd of every month.
- Liasoning with other departments and service providers such as Health, welfare departments, police, Legal aid and others as needed.
- Conducting regular groups/ therapy for the inmates
- Developing and setting routine in the homes for the inmates in consultation with other staff
- The specific needs that arise in the homes need to be identified, informed to the authorities and ensure that is being addressed.

**Table No.5 Other support ensured**

<b>Support persons</b>	<b>Yes</b>	<b>No</b>	<b>In regular interval</b>	<b>On Call</b>
Dietitian		No		Available
General Physician	Yes		Twice in a month	Available

Geriatrist		No		Not Available
Ophthalmologist		No		Not Available
Orthopedic Doctors/ Surgeon		No		Not Available
Neurologist		No		Not Available
Clinical psychologist		No		Not Available
Psychiatrist		No		Not Available
Occupational therapist		No		Not Available
Physiotherapist	Yes		Once in a month	Available
Ayurveda	Yes		Everyday	Available
Homeopathy		No		Not Available
Legal services		No		Not Available

According to the Old age home manual the Supplementary staffs are Medical Officer, Dietitian, Clinical psychologist, Psychiatrist, Yoga and meditation instructors, Occupational therapist and Physiotherapist. However in Government old age home Thevara, General Physician is available in twice in a month. There is no availability of Dietitian, Geriatrist, Ophthalmologist, Orthopedic Doctors/Surgeon, Neurologist, Clinical Psychologist, Occupational therapist, Psychiatrist and Occupational therapist are not available in the home. Ayurveda services are available on everyday basis and Nursing services are available 24 hours a day. Physiotherapist is available once in a month from General hospital Ernakulam. The inmates are taken to general hospital for screening and incase of medical emergency. And the people with mental illness are taken to Pulari, Ernakulam for mental health emergency. There is no facility for legal services, earlier officials from District Legal Service Authority. **Suggestion:** *There is an emergency need of services from district legal service authority and district mental health programme.*

**Table No.6 Outdoor infrastructure**

<b>Facility</b>	<b>Present</b> 1. Very good 2. Average 3. Poor	<b>Not present</b>
Elderly friendly Land scape	Average	
Elderly friendly Walk space	Average	
Elderly friendly Free area	Very Good	
Elderly friendly Garden		Not present
Elderly friendly Area for other activities	Very Good	

- **Elderly friendly landscape:** The old age home should look like a living place – a home, not just a public building. It should preferably have enough greenery, flowers and foliage around. There should be convenience for benches to be placed in the shady area for the comfort of the older people (Old age home manual, 2016). But the Government Old Age Home Thevara is situated in a crowd area, like a public building, it is not attractive to the elderly, as well as there are no place to relax outside the home.
- **Elder friendly walk space:** Old age home manual says that the land should have enough space for walkways as the residents would like to take a stroll during leisure times. There is enough walk space outside the home but it does not have rails
- **Elderly friendly Garden:** There is no garden in the home. There is no way to get the fresh air. So the inmates can't do anything related with gardening.

*Suggestion: There is need of fixing up the rails in front of the home to make the elderly friendly walk outside. The space available in front and both the sided of old age home should be used for gardening, at present it is interlocked.*

- **Elder friendly area for other activities:** There is no space outside of the institution.

**Table No.7 Indoor infrastructure**

Rooms	Available	Need to improve
Bed	Yes	-
Bed sheets and blanket	Yes	-
Pillow	Yes but not sufficient	There is no sufficient number of pillows for each inmates
Individual cupboard	Yes	-
Individual chair	Yes	An inmate can get the chair if he/she has a need. Also the chairs are easily accessible for inmates.
Fixed mosquito nets	No	There are no fixed mosquito nets for the inmates.
Space for movement of chair/ walker etc. between beds	Yes	
Emergency alarm accessible for each inmates	No	It's an immediate need especially in sick rooms. Because the sick room is not at an observable area.

Emergency light facility for each inmate	No	There are no emergency light for each inmates, the inmates buy it if they need it. The new building has access to proper natural light. But the old building where the sick rooms are situated does not have natural lights.
Room privacy	No	In the new building there is enough privacy. But in old building , the sick rooms should have there should be curtains between each bed gap for changing dresses, treatment etc.
Ventilation	No	Almost all rooms does not have proper ventilation facilities.

There are sufficient bed,bed sheets, individual chair, individual cupboard and space for movement of chair in all the rooms are present. According to Old age home manual each resident should have at least 7.5 sq meters of bed room space. There should be space between beds for movement of wheel chairs, use of walkers and convenience for moving the patient from wheel chair to the bed. There should be emergency light attached to each table and alarm bells at the bedside. However all these facilities are not available in the Government Old Age Home, Thevara.

**Suggestions:** *There is an immediate need of mosquito nets for all the inmates, each inmate should have at least one pillow. There should be emergency alarm in the sick rooms and natural light facility, room privacy and ventilation in the old building.*

**Table No.8 Bathroom & toilet**

Facilities	Available	Need to improve
Privacy	Yes	
Cleanliness	Yes	The cleaning staff is cleaning the all areas once in a day. But in the ground floor, some areas are always seen wet after cleaning especially near the sick rooms and corridors.
Accessibility to bathroom and toilets	Yes	
Non skid floor	No	In the old building dormitories, bathrooms, toilets, kitchen, dining area are having a skidded floors. It is not elder friendly according to old age home manual.
Exhaust fan	Yes	Only 4 toilets have exhaust fans.
Handles and Grab rails fixed in bathroom and toilets	Yes	
How many toilets		Total 21 toilets and 19 bathrooms

There is no privacy and cleanliness in the bathroom. Accessibility to bathroom and toilet is elder friendly, non-skid floor and exhaust fan is not available. Handle and Grab rails are not fixed in bathroom and toilets. There are 21toilets and 19 bathrooms in the institution.

***Suggestions:** There is an immediate attention and action needed outside the old age home where the septic tanks are not properly constructed and there is leakages most of the places which is near to sick peoples room. Also there is no proper facility for the disposal of adult diapers, because of which the sick people are urinating or passing stools on the bedsheets,it can worsen the problems.*

**Table No. 9 Kitchen and Dining**

Facilities	Available	Need to improve
Separate dining area	Yes	There are two dining area ,one is in the old building and other one is in the new building
Lighting(Natural/ Other)	Yes	
Hand rails on walls of corridors	Yes	
Easy steps or ramp	No	
Guiders in the corridors or free spaces	No	There are guiders present but only few inmates can follow it. The letters should be big enough so that the elderly inmates can follow it.
Ventilation in Kitchen	Yes	
Cleanliness in kitchen	Yes	
Food waste disposal	Yes	The food wastes are kept outside the building in an unhygienic way. Twice in a week workers from corporation takes it away. And there is a need of a Biogas plant in the institution.
Availability of pure water	Yes	
Menu displayed	Yes	Only in Kitchen. It should be displayed at the visitor's room also.
Dining table and chair (Elderly friendly)	Yes	
Washbasin (Through water supply)	Yes	
Separate store room	Yes	The institution has 2 store rooms, one for food items and the other for material items.
Pest control facility	No	

Steps are not available and the available ramp is not elder friendly. Ventilation and Cleanliness in kitchen is sufficient. Water purifier is available. There are separate store rooms for food items and material items. Biogas is not available in the institution. There is a fixed menu available but when there is a food sponsor, menu changes. There are hand rails on walls and free spaces are available.

**Suggestion:** *There should be a proper food waste disposal system in the old age home. Either the food waste should be taken away by the corporation workers in a regular basis. Or else there should be a biogas plant.*

**Table No.10 Facilities in the home**

Facilities	Available	Need to improve
Rooms to carry out group activities	No	
Rooms to carry out therapy	No	
Sick room	Yes	Some needed facilities are not available
Isolation room	No	
Reading room	No	Books are available in the institution, but there is no separate room for reading.
Library	No	
Visitors room	Yes	Need More facilities
Prayer room	No	
Separate office room	Yes	Average
Laundry	No	
Guest room	No	
Couples room	No	
Others	No	

There is a visitor's room and office room in the home. There are no rooms to carry out group activities and therapy, an open area is using for Library and group activities. Also there are no separate rooms for praying, watching TV etc.

There is a **sick room** available in the home. According to the old age home manual, the sick room should have the following essential items

- Hospital beds. These should be electrical medical beds

- Bed for the attendant
- Needle Burner
- Food serving table
- Storage space for linen and medicines
- Oxygen cylinder with mask
- Nebulizer
- Emergency trolley with drugs
- Weighing machine
- BP Instrument
- Thermometer
- Bed pans for stools, urine and sputum
- Wheel chair
- Saturation probe
- First aid kit for minor cuts and wound,
- A dispensary may be attached to the sick room
- A physiotherapy center may also be planned along with the sick room

There are no rooms to carry out therapy. **Prayer room** facility could be used for meditation and common prayer for residents of all denominations. It should be quiet and free from noise and disturbance from outside. However there is no prayer room in the old age home.

***Suggestion:** Common prayer room to be used by persons from all religious dominations that can be also be used for meditation can be arranged*

***Suggestion:** Isolation room need to be build or arranged in the existing building and sick room need to be functional.*

**Table No.11 Activities for the inmates in the home**

Activities	Daily	3 times a week	Once in a week
Yoga	Yes	-	-
Walking	-	-	-
Physical exercise	-	-	-
Entertainment activities	-	-	-
Group activities for elderly	-	-	-
Regular health checkups	Need based		

Involvement in responsibilities of the home	Daily(12-15 inmates)	-	-
Social activities	-	-	-
Sharing of life experiences	-	-	-
Supporting inmates	-	-	-
Others-Music therapy	-	-	-
Vocational Training/ Skill development	No		
Gardening/ Agriculture	No		

There is no yoga sessions and physical exercise and there are no facilities for walking. Only Television is the entertainment activity for inmates. There are no Group activities for elderly; the inmates are done health checkup if needed. Few members are involves in the responsibilities of the home like cutting vegetables and cleaning.

**Table No.11 Daily routine for inmates**

Activity	Time	Remarks
Getting up time	5.30 am	
Bed coffee	6.30 am	
Breakfast	8.30 am	
Lunch	12.30 pm	
Tea	3.30 pm	Tea and snacks
Dinner	8.00 pm	
Recreational Activity/ Group activity	5 pm – 8.30 pm	Watching TV
Sleeping time	9 pm	

There is no specific food menu with the consultation of a dietician. The daily routine of the institution also very poor and it's unhealthy to inmates.



### **General Recommendations**

- Formal welcomes for the inmates need to be initiated as mentioned in the old age home manual.
- The basic history/ information on how the inmate came to the home as per the official who is admitting the person can be maintained in the file until detailed history is taken as this help the staff to be alert in specific cases
- Towards ensuring safety of the inmates and ensuring peaceful environment for the inmates it is suggested that the new comers need to be kept in observation and provided individual care and attention to ensure that they can adjust with the inmates. Towards this the inmates can be kept in the observation room (current facility) in the home for at least 24 hours.
- The interests of inmates need to be identified and they need to be encouraged productively in the activity and this need to be included in their daily routine. Daily routine developed is appended
- One file can be maintained for each person where all information about the person is maintained. The file that is opened for the person itself can be used for the same.
- Gardening of the institution is not possible at the outside of the building because of the unavailability of free space. But it can be done at the roof if the authority permits and grants financial assistance
- In garden as well as around the home an elderly friendly walk way can be made with rails on hold on. This will enhance their physical and mental health
- Hand rails can be fixed on the walls of dining area. Furniture's can be elderly friendly. Guiders on the corridors can be fixed as this will enable the inmates to identify the appropriate places.
- Common prayer room to be used by persons from all religious dominations that can be also be used for meditation can be arranged
- Isolation room need to be build or arranged in the existing building and sick room need to be functional

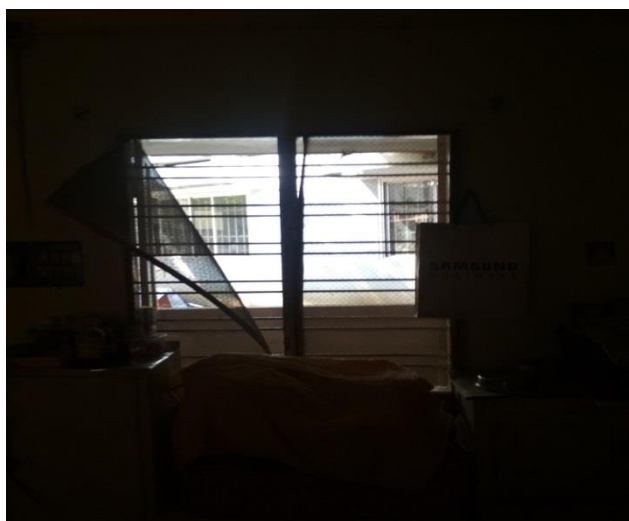
### **Specific Recommendations**

- Government Old age Home Thevara is situated in two buildings. The old building constructed in the year 2000. There are leakages in the pipes of septic tank, which is passing near the sick rooms of the inmates. Also the septic tanks are built in a place where if any leakages happens then will not be able to figure it out and it's been tiled completely.



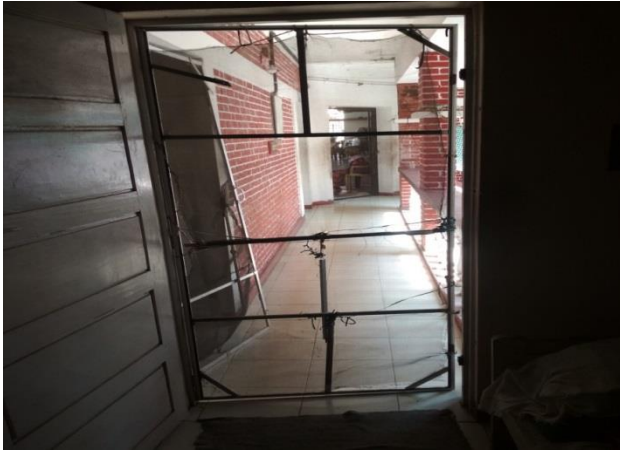
**Leakages in the pipes of septic tank**

- There are no natural lights and proper ventilation in the rooms of old building. Most of the inmates staying in the old building are sick people. So there is an urgency of proper ventilation. As per the findings of pilot study conducted in old age home Ernakulam by the project team found that an institution with elder people must provide proper lighting in all areas, guides on needed areas, rails on walls of toilets etc.



**Insufficient natural lights in the room**

- Mosquito nets are available in the old building but it is broken and not sufficient. But in the new building there are no mosquito nets available. So it is recommended to get sufficient mosquito nets for the inmates or else electronic pest killing ways can be adopted.



**Broken mosquito nets**

- Waste management is very poor in this institution. The food waste is taken the staffs of corporation, but only once in a week. So the food waste thrown in a dustbin which is kept outside of the dining hall gets over flowed that are leading to the disturbances of insects and dogs. It points that the institution must have a waste management system such as Biogas. In the institution there is a biogas plant but it's not functioning well.



**Dustbin for food waste**

- There is no space to dispose/ incinerate the adult diapers in the institution so it is burn in an open space during summer and in rainy season there is no way to dispose it. It points that the institution must have a waste management system such as incinerator for adult diapers.



**Open space for burning diapers and other plastic wastes**

- The institution does not have proper drainages, the tiles are broken and leakages are very common, it can cause health issues among the inmates. Also this place is used as the washing area. So the safety of the inmate is a major concern. So the maintenance of the old building as well as the outer environment will only solve this problem



**Broken and leaking drainages**

- There is no common prayer room in the institution. As per the researchers conducted in the field of elderly spiritual involvement of inmates is a relaxation process, also it helps to reduce the end of life issues of them. A well-structured sample of prayer room is given below,

**Common prayer room** to be used by persons from all religious dominations. That can also be used for meditation and other spiritual practices. It should build as following:

- ✓ Door and windows should be sound proof
- ✓ Plants can be fixed inside the room and there should be the facility for entering natural light
- ✓ Stereo system for playing soothing music

- ✓ Prayer room should have elder friendly chairs, table and also should have carpet.
- ✓ Silence should be maintained in the prayer room by the inmates.
- ✓ Famous quotes and words from all religious scriptures can be fixed in the prayer room.  
The signs, symbols and idol representing any religion should be avoided in the prayer room.

- There are 19 inmates in the sick rooms, and the sick rooms are situated in the old building. It has very limited facilities. The people in sick ward and the care providers feel discomfort with these limitations such as lack of proper lighting facilities, lack of appropriate bed gaps (5 feet), washable beds, absence of Television programs, needed medical equipment etc. So there are some important things in the modifications of both sick room and ward. A sample of a well-structured sick room is given below.



**Sick rooms**

**Sick room** need to be more functional and there should be enough facility and medical equipment. It should build as following:

- ✓ Requirements for privacy
- ✓ Entrance needs to be able to accommodate a stretcher or wheelchair (approximately 150 cm width)
- ✓ Ideally has a wash basin and attached toilet facilities
- ✓ If possible a ground floor location
- ✓ Adequate ventilation/heating/lighting facilities
- ✓ The room should be built near to the room of nurse and other health care professionals and also should have a window attached between 2 rooms for direct observation

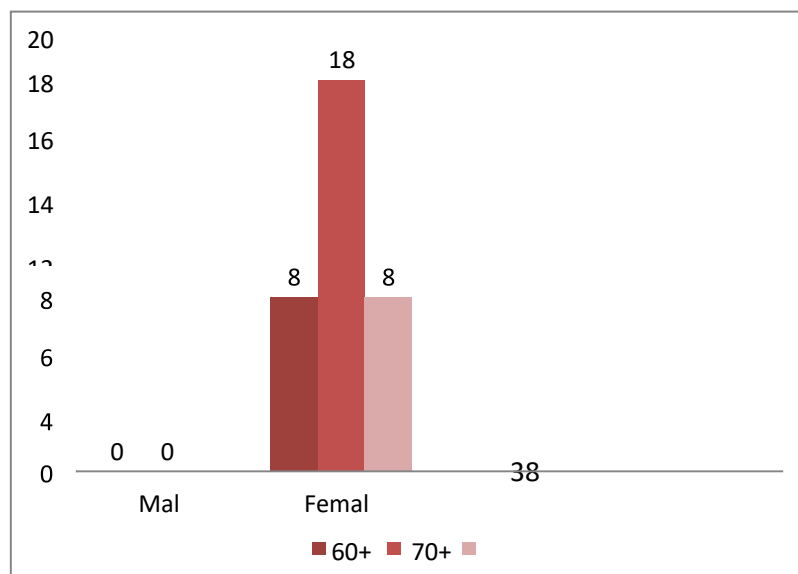


### 1.3.3 Assessment using check list at Govt. old age home, Trivandrum (As per the study conducted in the month of October 2019)

Elderly persons in old age homes are exposed to higher levels of psychosocial stressors such as previous traumatic life experiences, economic deprivation, lack of privacy, change from home environment to the institute environment, routine changes etc. They have to adapt to this challenging situation for which support is needed. This warrants the need of elder friendly infrastructural facilities in old age homes that ensures comfort and contented rest of their life.

To understand the present elder friendly indoor and outdoor infrastructure in the elderly home at Poojappura, Thiruvananthapuram, a check list was developed and administered (Old Age Home Manual, 2016). This check list will give an idea about the inmate's details, intake process, health status, indoor and outdoor infrastructure, manpower and other supports available. The result is presented in a graph below.

**Graph No.1 Inmate's details**



There are 34 women inmates in the home. Out of this 34, only 8 inmates 16 are of age 60 to 70 years, 18 are of age 71 to 80 years of age and 8 are 81 years an above.

**Table No.1 Health status**

<b>Disease</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Mental illness	0	2	2
Physical illness	0	16	16
Both mental and physical illness	0	6	6

Out of 34 inmates, 2 inmates have only mental illnesses, 16 inmates have only physical illnesses, 6 inmates have both physical and mental illnesses and 10 inmates have no illnesses.

**Table No.2 Disability status**

<b>Disability</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Vision	0	1	1
Hearing	0	3	3
Speech	0	1	1
Amnesia	0	0	0
Locomotion	0	2	2
Others	0	0	0

Out of 34 inmates, only one person has visual and speech disability. 3 persons have hearing disability and 2 persons have locomotive problems. 27 persons are living without disabilities.

**Table.3 Intake process**

<b>Intake Process</b>	<b>Present</b> 1. Very good 2. Average 3. Poor	<b>Not present</b>
Formal welcome program		No
Opening file	Average	
Health assessment	Average	Only Physical health
Individual care and attention provided	Average	Need based
Interests/ skills/ Abilities identified		No
Support programs to adapt to the new environment		No
Maintaining individual record for each inmate	Average	
Updating information on regular interval in the file		No

- Welcome Program:** According to the Government old age home manual prepared by social justice department (2016 )it is necessary to explain to the newcomer(s) the working of the institution including the rules and regulations in operation, ways/pattern of behavior towards other residents and officials, rules to be observed and regulations to be followed. This should be done either by the Social Worker or by the Superintendent. The newcomer should be formally introduced to the other residents at the first meeting of the General Committee by the head of the institution. Nothing derogatory about the newcomer that would wound his feelings should be spoken or whispered there. The entire meeting should be cordial. However with regards to Government women’s Day care



center/ Old age home Poojappura there are no formal welcome programs and supportive programs like introducing the rules and regulations organized for the new comer.

- **Opening File:** During each admission, individual file should be opened for the new comer with the basic socio demographic details and contact number of the consent person.
- **Health assessment:** According to the Government old age home manual within seven days of admission, the resident should be subjected to a medical examination. There is a health assessment done by nurse, later the general physician in the old age home. And if necessary they are sent to medical college for further treatment. But in this institution (Government women's Day care center/ Old age home Poojappura) about half of the inmates arrived here after the medical examination through the other stake holders such as police department, NGOs, public etc.
- **Individual care and attention provided:** Currently in the home individual attention and care is not being provided in a systematic way. The new inmates may have concerns until they adapt to the new environment towards which support will be need for a few days. As well as person with mental illness cannot be immediately shifted to the ward soon after the admission as this will cause discomfort to other inmates. In this institution a need based individual care is providing by care providers but not in a systematic process.

**Interests/ skill /abilities:** Government old age home manual (2016) suggests gardening, walks, jogging, pursuit of hobbies – writing, painting, toys, paper bags, tailoring, ornament making towards healthy aging. To the extent possible, all measures should be taken to keep the inmates engaged in a constructive/positive manner. However in this Government old age home is not identified the interests/ skill /abilities of a new comer on a regular basis.

- **Individual record on each inmate and updating of information:** There is individual record per person consists of the physical and social status of the person. There are separate files for the Ayurveda and Allopathic section. But the information is not updated in regular basis. It is difficult to trace the whole information of a person from a particular file.

Brief description of an ideal intake process
Residents of the home can be selected in accordance with the procedures stated in Provision 19 (18) of the Kerala Government 2009 Rules.
Ensuring age limitation (60 years and above) at the time of admission
The applicants will put on the waiting list incase if vacancy is not present
On admission each resident will be provided with an identity card including photo, name, age, address and blood group
Interview with the new inmate at the time of admission by the superintendent in the presence of social worker
Ensuring Primary level personal hygiene the new inmate including bathing, cropping hair, cutting nails etc.
The new inmate will be provided with necessary items for meeting their daily life needs
Sensitizing the new inmate about the institution by superintendent, or social worker about the institution, daily routine, facilities and its usages, rules and regulations in operation, ways/pattern of behavior towards other residents and officials
A welcome party for the new inmate by the inmate committee
New comer should be kept in observation room for a particular period to understand his/her physical & mental health status
A primary medical checkup and behavior assessment of the new inmate during observation period
Enquiry and evaluation of the family background of the new inmate by the social worker or probation officer
Detailed medical examination of the new inmate within seven days of admission.
In case if the new inmate diagnosed with some contagious disease or other illness which is threat full for other inmates, the person will be provided with proper treatment at first and only after producing a fitness certificate issued by a doctor he or she will be re-admitted to the home.

Preparation of care plan for each resident

Reviewing the application and evaluation of ICP in quarterly meeting with DSJO

**Table No.4 Manpower**

Total Number of staff:	Male	Female	Total	Manpower availability			Category		
				Sanctioned	Working	Vacancy	Permanent	Part time	Contract
Superintendent	-	1	1	1	1	1	1	-	-
Matron	-	1	1	1	1	-	-	-	1
Nurse		2	2	2	2	-	-	-	2
Caretakers	-	5	5	-	5	-	-	-	5
Store Keeper	-	-	-	-	-	-	-	-	-
Cook	-	2	2	2	2	2	-	-	2
Social Worker	-	-	-	-	-	-	-	-	-
Counselor	-	1	1	-	-	-	-	-	1
Office assistant	-	-	-	-	-	-	-	-	-
Ayah	-	2	2	2	-	-	2	-	-
Peon	-	-	-	-	-	-	-	-	-
Watchman	1	-	1	A common person for all institutions					
Cleaning staff	-	1	1	1	-	-	-	-	1

As per the government old age home manual by Social Justice Department, Kerala, the core staffs of an old age home should consists of a Superintendent, Matron, Store Keeper, Cook ,Nurse, Social Worker, Counselor, Peon, Watchman. Government women's old age home Poojappura has all staffs except a Social worker and store keeper. The roles of social worker are unmet in the home. The roles of social worker (Manual on old age home,2016) in an old age home is mentioned below :

- Interview the applicants seeking admission in the OAH and recommend selected cases to the Superintendent
- Understand the behavior patterns, attitude, capabilities and limitations of the new admissions and record them in the concerned register. This can be carried out by social workers by taking case histories, background information, assessment of mental illness, functionality and cognitive assessment.
- Visit the homes of the admitted persons and collect their previous history, character, behavior patterns, family and social background and economic condition, and make a report on them.
- Prepare an effective and practical care plan for the selected applicant in the light of the information collected through observation and enquiries and the medical report of the inmate
- Give individual or group counseling to those who are having tensions, mental strain, psychological problems, and critical situations.
- Provide family counseling as well as other family level intervention including repatriation.
- Ensure that the services and actions prescribed in the care plan are made available to the residents
- Record notes in the care plans about the services extended to residents
- Participate in the meetings which give approval of the care plan or make review of the care plan and make necessary suggestions for change
- Attend institutional and quarterly meetings

- Keep care plan in safe custody and give it for inspection when required, in old age homes in Kerala
- Cooperate with family get together and other social activities of residents and contribute to make them a success
- Inform the institution about the welfare programmes relevant to the OAH organized by other agencies
- Take steps to make available legal aid to the residents when needed
- Represent the institution in meetings suggested by the superior officers
- Participate in all training programmes
- Extend all support for the rehabilitation programmes of the institution.
- Keep a diary of the daily activities and give it to superiors when required.
- Prepare report on monthly activities and submit it to the superiors before the 3rd of every month.
- Liasoning with other department s and service providers such as Health, welfare departments, police, Legal aid and others as needed.
- Conducting regular groups/ therapy for the inmates
- Developing and setting routine in the homes for the inmates in consultation with other staff
- The specific needs that arise in the homes need to be identified, informed to the authorities and ensure that is being addressed.

**Table No.5 Other support ensured**

Support persons	Yes	No	In regular interval	On Call
Dietitian		No		Available
General Physician	Yes		Once in a week	Available
Geriatrist		No		Not Available
Ophthalmologist		No		Not Available
Orthopedic Doctors/ Surgeon		No		Not Available
Neurologist		No		Not Available
Clinical psychologist		No		Not Available

Psychiatrist		No	Once in a month	Available
Occupational therapist		No		Available
Physiotherapist	Yes		Everyday	Available
Ayurveda	Yes		Everyday	Available
Homeopathy		No		Available
Legal services	Yes		Once in a week	

According to the Old age home manual the Supplementary staffs are Medical Officer, Dietitian, Clinical psychologist, Psychiatrist, Yoga and meditation instructors, Occupational therapist and Physiotherapist. However in Government women's old age home Poojappura, there is only no availability of Dietitian. General Physician is available in once in a week. Geriatriest, Ophthalmologist, Orthopedic Doctors/Surgeon, Neurologist, Clinical Psychologist, Occupational therapist Psychiatrist and Occupational therapist are not available in the home. Ayurveda services are available on everyday basis and Nursing services are available once in a week. The inmates are taken to medical college, General hospital and Nrithalayam (Women and Child Hospital) when there is a medical emergency. And the people with mental illness are taken to Government mental health centre, Peroorkkada in case of emergency.

**Table No.6 Outdoor infrastructure**

<b>Facility</b>	<b>Present</b> <b>1. Very good</b> <b>2. Average</b> <b>3. Poor</b>	<b>Not present</b>
Elderly friendly Land scape	Poor	
Elderly friendly Walk space		Not present
Elderly friendly Free area		Not present
Elderly friendly Garden		Not present
Elderly friendly Area for other activities		Not present

- **Elderly friendly landscape:** The old age home should look like a living place – a home, not just a public building. It should preferably have enough greenery, flowers and foliage around. There should be convenience for benches to be placed in the shady area for the comfort of the older people (Old age home manual, 2016). But the Government women’s Old Age Home Poojappura is situated in a crowd area, and it is not attractive to the elderly, as well as there are no place to relax outside the home.
- **Elderly friendly Garden:** There is no garden in the home. So the inmates can’t do anything related with gardening.

**Elderly friendly Walk space and free area:** Old age home manual says that the land should have enough space for walkways as the residents would like to take a stroll during leisure times. However there is no elderly friendly walk space outside the Poojappura old age home. So most of the time, inmates are spending time inside the home.

**Elder friendly area for other activities:** There is no space outside of the institution.

**Table No.7Indoor infrastructure**

Rooms	Available	Need to improve
Bed	Yes	Yes, the bed should be well maintained and should always prefer steel or wooden bed
Bed sheets and blanket	Yes	Due to the bug disturbances, Care providers are providingonly bed sheets and pillows to the inmates.
Pillow	Yes	The pillow is not covered by Rixin. So it is more difficult to wash when any inmate urinate on it.
Individual cupboard	Yes	No
Individual chair	Yes	An inmate can get the chair if he/she has a need. Also the chairs are easily accessible for inmates.
Fixed mosquito nets	Yes	But there is a need of insect killer machine inside the all dormitories

		Psychosocial care for elderly in old age homes in Kerala
Space for movement of chair/ walker etc. between beds	Yes	
Emergency alarm accessible for each inmates	No	It's an immediate need especially in sick rooms. Because the sick room is not at an observable area.
Emergency light facility for each inmate	No	Two dormitories and two sick rooms are in the ground floor, and there is not proper lighting too. Sometimes the inmates are having difficulty to move around.
Room privacy	No	The privacy is a right of an elderly. So in every dormitory, there should be curtains between each bed gap for changing dresses, treatment etc.
Ventilation	Yes	Almost all dormitories and rooms have ventilation facilities but not in a healthy manner. <i>lack of exhaust fan in some needed areas is present</i>

There are sufficient bed sheets, pillow, individual chair, individual cupboard and ventilation in all the dormitories, but at the same time there is no wood/steel and bug resisting beds. According to Old age home manual each resident should have at least 7.5 sq meters of bed room space. There should be space between beds for movement of wheel chairs, use of walkers and convenience for moving the patient from wheel chair to the bed. There should be emergency light attached to each table and alarm bells at the bedside. However all these facilities are not available in the Government women's Old Age Home, Poojappura

**Table No.8 Bathroom & toilet**

Facilities	Available	Need to improve
Privacy	No	
Cleanliness	Yes	The cleaning staff is cleaning the all areas once in a day. But in the ground floor, some areas are always seen wet after cleaning especially near the sick rooms and corridors.
Accessibility to	Yes	



bathroom and toilets		
Non skid floor	No	In the institution, dormitories, bathrooms, toilets, kitchen, dining areas are built with skidding tiles. It is not elder friendly according to old age home manual.
Exhaust fan	Yes	Only 4 toilets have exhaust fans.
Handles and Grab rails fixed in bathroom and toilets	No	
How many toilets		Total 26 toilets are in the institution ( European closet – 11, Indian closet – 15)

There is no privacy and cleanliness in the bathroom. Accessibility to bathroom and toilet is elder friendly, non skid floor and exhaust fan is not available. Handle and Grab rails are not fixed in bathroom and toilets. There are 26toilets in the institution. Each dormitory includes 6 toilets for inmates.

**Table No. 9Kitchen and Dining**

Facilities	Available	Need to improve
Separate dining area	Yes	Need good lighting in ground floor, individual chairs for their comfort sitting purpose.
Lighting(Natural/ Other)	Yes	Natural lighting is only available at the first floor and the ground floor has not proper lighting facilities.
Hand rails on walls of corridors	No	Majority of the inmates have mobility problems. So it's a basic need.
Easy steps or ramp	Yes	Both are available in this institution but those are not much elder friendly.

		Psychosocial care for elderly in old age homes in Kerala
Guiders in the corridors or free spaces	No	
Ventilation in Kitchen	Yes	Good
Cleanliness in kitchen	Yes	Good
Food waste disposal	No	The food wastes are disposing outside the building in a unhygienic way. And there is a need of a Biogas plant in the institution.
Availability of pure water	Yes	There is a need of water purifier in this institution.
Menu displayed	Yes	Only in Kitchen. It should be displayed at the visitor's room also.
Dining table and chair (Elderly friendly)	No	Need of individual chairs and the height of the table is not elder friendly.
Washbasin (Through water supply)	Yes	The wash basin is not at an appropriate height. Thus, it is not elder friendly.
Separate store room	Yes	The institution has 2 store rooms, one for food items and the other for material items.
Pest control facility	No	Only mosquito net is available, but need some more facilities like pest killer machine.

There is a Separate dining area but the availability of natural lighting is very poor in the institution. Steps are not available and the available ramp is not elder friendly. Ventilation and Cleanliness in kitchen is sufficient. Water purifier is not available. There are separate store rooms for food items and material items. Biogas is not available in the institution. There is a fixed menu available but when there is a food sponsor, menu changes. There are no hand rails on

walls and Guiders in the corridors or free spaces are not available. Dining table and chair are not Elderly friendly.

**Table No.10 Facilities in the home**

Facilities	Available	Need to improve
Rooms to carry out group activities	No	
Rooms to carry out therapy	No	
Sick room	Yes	Some needed facilities are not available like air bed,
Isolation room	No	
Reading room	No	Books are available in the institution, but there is no separate room for reading.
Library	No	
Visitors room	Yes	Need More facilities
Prayer room	No	
Separate office room	Yes	Average
Laundry	No	
Guest room	No	
Couples room	No	Women only institution
Others	No	

There is a visitor's room and office room in the home, but not in a good condition. There are no rooms to carry out group activities and therapy, an open area is using for Library and group activities. Also there are no separate rooms for praying, watching TVetc.

There is a sick room available in the home. According to the old age home manual, the sick room should have the following essential items

- Hospital beds. These should be electrical medical beds
- Bed for the attendant
- Food serving table
- Storage space for linen and medicines
- Oxygen cylinder
- Nebulizer
- Weighing machine
- BP Instrument
- Thermometer
- Bed pans for stools, urine and sputum
- Wheel chair
- First aid kit for minor cuts and wound,
- A dispensary may be attached to the sick room
- A physiotherapy centre may also be planned along with the sick room

There are no rooms to carry out therapy. Prayer room facility could be used for meditation and common prayer for residents of all denominations. It should be quiet and free from noise and disturbance from outside. However there is no prayer room in the old age home.

There is no isolation room in the home.

**Table No.11 Activities for the inmates in the home**

Activities	Daily	3 times a week	Once in a week
Yoga	-	Yes	-
Walking	-	-	-
Physical exercise	-	-	-
Entertainment activities	-	-	-
Group activities for elderly	-	-	-
Regular health checkups	Need based		
Involvement in responsibilities of the home	Daily(few inmates)	-	-

Social activities	-	-	-
Sharing of life experiences	-	-	-
Supporting inmates	-	-	-
Others-Music therapy	Available soon	-	-
Vocational Training/ Skill development	No		
Gardening/ Agriculture	No		

There is no yoga sessions and physical exercise and there are no facilities for walking. Only Television is the entertainment activity for inmates. There are no Group activities for elderly; the inmates are taken to government hospital for health checkup. Few members are involves in the responsibilities of the home like cutting vegetables. Now there is no programs related with music therapy, but a government initiated program is available soon.

**Table No.11 Daily routine for inmates**

Activity	Time	Remarks
Getting up time	5 am	
Food serving time	5 am	Black tea
Breakfast	8 am	
Lunch	1 pm	
Tea	4 pm	Tea and snacks
Dinner	8.45 pm	
Recreational Activity/ Group activity	5 pm – 8.30 pm	Watching TV
Sleeping time	P pm	

There is no specific food menu with the consultation of a dietician. The daily routine of the institution also very poor and it's unhealthy to inmates. There is no training programs conducted here about the efficient care tasking for staffs.

### **General Recommendations**

- Formal welcomes for the inmates need to be initiated as mentioned in the old age home manual.
- The basic history/ information on how the inmate came to the home as per the official who is admitting the person can be maintained in the file until detailed history is taken as this help the staff to be alert in specific cases
- Towards ensuring safety of the inmates and ensuring peaceful environment for the inmates it is suggested that the new comers need to be kept in observation and provided individual care and attention to ensure that they can adjust with the inmates. Towards this the inmates can be kept in the observation room (current facility) in the home for at least 24 hours.
- The interests of inmates need to be identified and they need to be encouraged productively in the activity and this need to be included in their daily routine. Daily routine developed is appended
- One file can be maintained for each person where all information about the person is maintained. The file that is opened for the person itself can be used for the same.
- Gardening of the institution is not possible at the outside of the building because of the unavailability of free space. But it can be done at the roof if the authority permits and grants financial assistance
- In garden as well as around the home an elderly friendly walk way can be made with rails on hold on. This will enhance their physical and mental health
- Hand rails can be fixed on the walls of dining area. Furniture's can be elderly friendly. Guiders on the corridors can be fixed as this will enable the inmates to identify the appropriate places.
- Common prayer room to be used by persons from all religious dominations that can be also be used for meditation can be arranged
- Isolation room need to be build or arranged in the existing building and sick room need to be functional

## SPECIFIC RECOMMENDATIONS

- Inmates are unable to use their beds due to bed bugs and extra beds are kept outside of the building without proper care. Pest controlling measures must be taken inside and around the institution.



- There are 12 bedridden inmates and they are urinating on the beds often in a day. So the staffs are reluctant to provide pillows to them, because the pillows are not washable. So there is an urgent need of air beds for bedridden inmates.
- Mosquito nets are available in every nook and corner of the institution, but it is not sufficient to prevent the mosquitoes all the times, and there should be a need of other measures like “electronic pest killing machine”. There is no sufficient arrangement to provide private spaces for each and every inmate in the institution, that one is important in each dormitory.





- There is no proper lighting (Natural light facilities) in the ground floor .Also no guides are available in corridors and free spaces in the institution. As per the findings of previous project in old age home Kozhikode, an institution with elder people must provide proper lighting in all areas, guides on needed areas, rails on walls of toilets etc. So there is a need of modification works in this institution.

#### **Dark shade in dormitories**



- Waste management is very poor in this institution. Staffs are disposing the food waste in an open space near one of the dormitory. It may be the triggering factor for many contagious diseases. Also the incinerator is completely damaged due to lack of maintenance. So the staffs are forced to dispose this waste by burning. It points that the institution must have a waste management system ( eg : Biogas) and an incinerator for adult diapers.

#### **Waste disposing area**



#### **Incinerator damaged**



- In the institution, all the toilets and bathrooms are constructed with Indian closets, and tiled but the toilets and corridors not elder friendly. Exhaust fans are not fixed in all toilets and one of the sewage pipe lines from the KSSM office (2<sup>nd</sup> floor) is passing through the dining area of the institution and there is a leakage in the pipe line. So there is an urgent need to renovate the plumbing facilities in the whole institution.

#### **The leakage area**



#### **Indian closets with skidding floor**



- The institution has no space specifically for extra activities such as cultivation and other engagement activities. But the roof areas of the institution is free space which can be utilized for those activities.

#### **Roof area**



The roof area of the institution was equipped by Government on 2016 for some industrial works. But

the industrial project is not implemented now due to some issues. This area is good to do cultivation and other engagement activities, also it can be used as laundry space. If the department initiates to provide the area easily accessible for inmates, it will help them to do several activities there.

### **Open area in ground floor**



This area is completely destroyed and there is no activities carrying now. If there is an initiative from the department to restructure the area as a useful one such as reading area or meeting area it will be good for inmates.

- There is a prayer room in the institution with limited facilities. As per the researches, spiritual involvement of inmates is a relaxation process ,also it helps to reduce the end of life issues of them. A well-structured format of prayer room is given below,

**Common prayer room** to be used by persons from all religious dominations. That can also be used for meditation and other spiritual practices. It should build as following:

- ✓ Door and windows should be sound proof
- ✓ Plants can be fixed inside the room and there should be the facility for entering natural light
- ✓ Stereo system for playing soothing music
- ✓ Prayer room should have elder friendly chairs, table and also should have carpet.
- ✓ Silence should be maintained in the prayer room by the inmates.

- ✓ Famous quotes and words from all religious scriptures can be fixed in the prayer room. The signs, symbols and idol representing any religion should be avoided in the prayer room.

#### **Available prayer room in the institution**



#### **1.4: DEVELOPED MODEL (OUTLINE OF ALL MAJOR SUGGESTIONS)**

Dignified living is the right of the elderly. The improved health facilities and health indicators have increased the life span of elderly hence government should take up affirmative action to provide physical & financial security, health care, shelter which acknowledges the need for affirmative action by the government. Kerala has the highest elderly population in India where 10.5% of 3.33 crore population is elderly. This increasing elderly population leads to the higher number of elderly destitute

The State has registered more old age homes since 2011 as per the data from Board of Control for Orphanages and other Charitable Homes, Department of Social Welfare, Kerala. There are 577-registered old age homes in the State.

Periodical inspections and modernization of government run homes could help to some extent, greater framework is essential to deal with the growing needs of elderly through holistic approach. Towards strengthening the quality of care and services for the elderly in the old age homes the state need to develop guidelines to provide psychosocial interventions that need to develop as a program in all the elderly homes in Kerala and psychosocial care activities need to be incorporated into the daily routine of the home leading to program and policy level changes in the existing system. Department of Social Justice in Collaboration with NIMHANS (National Institute of Mental Health and Neurosciences), has initiated the Project entitled “Psychosocial Care for Elderly in Old Age Homes in Kerala” focusing on sustainable psychosocial care programmes for residents in old age homes of Kerala.

The main aim of the project is to develop ICP (individualized care plan) as proposed by the old age home manual prepared by the Social Justice Department. And other specific objectives are:

- To develop systems for regular monitoring of care plans of the elderly in old age homes
- To develop systems for supervision for staff who are carrying out work with the elderly in old age homes.
- To develop and enhance physical infrastructure of the old age home
- To implement and evaluate the programme in seventeen old age homes in Kerala.

#### **Methods**

A study was conducted in the Government Old Age Home Kozhikode to identify the infrastructural facilities, services, and activities carried out. A check list was developed for assessing the facilities and services as well as health of the individuals. A detailed

psychosocial assessment was conducted using standardized scales: the scales used were:

- Mini Mental State Examination.
- Depression Anxiety Stress Scale.
- Loneliness measurement tool.
- Everyday Ability scale.
- Sense of Competence scale for caregivers.

Mini Mental State Examination, Depression Anxiety Stress Scale and Loneliness measurement tool administered among the residents through direct interview. Everyday Ability scale and Sense of Competence scale was filled by care givers. The results of need assessment provided detailed information about the current facilities, services, and care and health conditions of residents and psychosocial status of the residents. The results will support in improving the psycho-social status of residents and to develop an elder friendly facilities in the home as well to prepare psychosocial care model to support elderly through holistic care.

### **Suggestions**

The study conducted in the home gave information about the profile of residents, intake process in the home for elderly, health status, indoor and outdoor infrastructure, manpower and other support available for elderly. The study identified gaps in intake process, changes in infrastructure to make home more elder friendly, psychosocial assessment and intervention as well as gap in manpower such as social worker and other health professionals.

Towards addressing these issues there should be resident welcome programme, preparing case history of each resident, awareness creation about home and rules, skill and interest identification, physical and mental health assessment, preparation of individual care plan and also involve the routine activities of the home. Further improvement such as beautify the premises of old age home and making it elder friendly, improving daily routines, accessing the services of more health care professionals like, nutritionists, geriatrician, dietician, physiotherapist, etc is needed.

The results of the cognitive functioning of the residents assessed showed that 34.9% (22 people) of residents were normal where as 30.2% (19 people) of the residents has mild cognitive impairment or have the early sign of Alzheimer's disease and remaining have either moderate or severe cognitive impairment and Alzheimer's disease. Suggestion includes

improving mental and physical exercises, integrating other health care professionals and develop care plan, improving their safety and regular follow-ups and medications. Routine activities for the elderly as per their interest, ability and cognitive skills need to be initiated in the homes.

Towards addressing the physical and mental health issues, care should be given by the multi disciplinary teams in the system. Regular counseling, group work and group therapy, medications, regular check-ups and follow-ups need to be established. Regularly assessing other physical health problems, promoting engagements in various activities, exercises, yoga, meditation and entertainment programmes is recommended.

As a solution reducing loneliness among elderly they need to be engaged in more group activities which can help them to maximize their friendships, health and happiness, encouraging staffs of the old age home to develop good relationship with the residents and execution of their services need to be ensured.

### **Recommendations**

Following are the major recommendations and suggestion to improve the existing facilities of old age home and to solve the psychosocial issues among elderly. They are:

- A formal welcome for the residents needs to be initiated as mentioned in the old age home manual.
- The basic history/ information on how the resident came to the home as per the official who is admitting the person can be maintained in the file until detailed history is taken as this help the staff to be alert in specific cases
- Towards ensuring safety of the residents and ensuring peaceful environment for the residents it is recommended that the new comers need to be kept in observation and provided individual care and attention to ensure that they can adjust with the residents. Towards this the residents can be kept in the observation room (current facility) in the home for at least 24 hours.
- The interests of residents need to be identified and they need to be encouraged productively in the activity. This need to be include in their daily routine.
- One file can be maintained for each person where all information about the person is maintained. The file that is opened for the person itself can be used for the same.
- Increase the frequency of accessing medical health care professionals and their visits, appoint Clinical psychologist, Psychiatrist, Yoga and meditation instructors, Occupational therapist and Physiotherapist.

- Landscaping and garden need to be made in front of the home as well as vegetable garden can be made. The residents can be employed to take care with minimal remuneration towards motivating them to engage in positive activities. Support from existing programs can be used for this.
- In garden as well as around the home a elderly friendly walk way can be made with rails on hold on. This will enhance their physical and mental health.
- There should be space between beds for movement of wheel chairs, use of walkers and convenience for moving the patient from wheel chair to the bed. There should be emergency light attached to each table and alarm bells at the bedside.
- Hand rails can be fixed on the walls of dining area. Furniture's can be elderly friendly. Guiders on the corridors can be fixed as this will enable the residents to identify the appropriate places.
- Common prayer room to be used by persons from all religious dominations that can be also be used for meditation can be arranged
- Isolation room need to be build or arranged in the existing building and sick room need to be functional.
- Repeated reminders, more interesting activities should be there and involvement of residents should be ensured to make sure the social engagement status of the elderly
- Once in three months camps (Sensory impairment check-up camps and other medical camps) are preferably good for solving the issues of sensory impairment
- A health care training program for caring staffs will be good to decrease the level of physical and mental health problem. Individual engagements (both physical and mental) also will help to solve the problem.
- Improvement in cognitive performance, and retard or prevent progressive deficits. Proper medications, avoidance of toxins, reduction of stress, prevention of somatic diseases, implementation of mental and physical exercises, as well as the use of dietary compounds like antioxidants and supplements can be protective against MCI (mild cognitive impairment).
- Ideally, a team approach integrating the services of physicians, nurses, other healthcare professionals, social workers, and community organizations may improve medical and behavioral outcomes for the patient
- Health care professionals in collaboration with care givers and other related professionals develop a care plan and discuss the diagnosis and treatment plans and



address potential issues of their safety, suggest aids for daily functioning, such as to-do lists, a calendar, and other reminders. Technology for medication management, safety (e.g., emergency response and alarms), make them do regular physical activity, provide healthy diet, engage them in social activity, support their hobbies and intellectual stimulation and continues follow ups.

- Provide specific training for care givers about the various mental and physical problems of elderly and tips for the effective management
- Promote social engagement, provide counseling and group therapy, medications, regular check-ups and follow-ups.
- Include yoga, spiritual exercises, PMRT (Progressive Muscle Relaxation Technique), music therapy, restoring their hobbies to decrease the level of depression, anxiety and stress among residents.
- Along with physical and mental exercises, certain lifestyle or habit improvements can help to reduce and manage stress among elderly like, ensuring appropriate sleep, providing nutritious food, effective time management, make time for hobbies, interests and relaxation.
- Elderly need to be engaged in more group activities which can help them to maximize their friendships, health and happiness. Encouraging staffs of the old age home to develop good relationship with the residents and execution of their services need to be ensured.
- Interactions and continuing relationship with friends and relative outside the elderly home is also very essential to ensure sense of wantedness among the residents. Regular visits and communication need to be encouraged for getting them out of loneliness.
- Conducting regular activities and programmes in collaboration with other government institutions such as children home, involving with local community members and ensuring the participation of elderly in society also need to be promoted in old age homes.
- Provide therapies for elderly with dementia such as Reminiscence therapy to recall their positive past experiences, favourite hobbies and Cognitive stimulation therapy for engaging in activities like talking about current events and entertainment activities.

- Care givers can improve their sense of competence and effectiveness of their work. For this, they need some skills like: effective communication skills, empathy, patience, positivity, observation skill and body language skills. For strengthening their skills it is very necessary to provide appropriate training and guidelines which is prepared by professionals in geriatric care settings

### **Role of social worker in an old age home**

- Interview the applicants seeking admission in the old age home and recommend selected cases to the Superintendent
- Visit the homes of the admitted persons and collect their previous history, family and social background and economic condition, and make a report on them.
- Ensure that the services and actions prescribed in the care plan are made available to the residents
- Record notes in the care plans about the services extended to residents
- Participate in the meetings which give approval of the care plan or make review of the care plan and make necessary suggestions for change
- Attend institutional and quarterly meetings
- Keep care plan in safe custody and give it for inspection when required
- Cooperate with family get togetherness and other social activities of residents and contribute to make them a success
- Inform the institution about the welfare programmes relevant to the OAH organized by other agencies
- Take steps to make available legal aid to the residents when needed
- Represent the institution in meetings suggested by the superior officers
- Participate in all training programmes
- Extend all support for the rehabilitation programmes of the institution.
- Keep a diary of the daily activities and give it to superiors when required.
- Prepare report on monthly activities and submit it to the superiors before the 3rd of every month.
- Liaisoning with other departments and service providers such as Health, welfare departments, police, Legal aid and others as needed.

## **Role of a medical & psychiatric social worker in an old age home**

- Understand the behavior patterns, attitude, capabilities and limitations of the new admissions and record them in the concerned register. This can be carried out by social workers by taking case histories, background information, assessment of mental illness, functionality and cognitive assessment.
- Prepare an effective and practical care plan for the selected applicant in the light of the information collected through observation, enquiries, data assessed by using scales and tools and the medical report of the resident
- Give individual or group counseling to those who are having tensions, mental strain, psychological problems, and critical situations.
- Provide family counseling as well as other family level intervention including repatriation.
- Record notes in the care plans about the services extended to residents
- Participate in the meetings which give approval of the care plan or make review of the care plan and make necessary suggestions for change
- Attend institutional and quarterly meetings
- Keep care plan in safe custody and give it for inspection when required
- Represent the institution in meetings suggested by the superior officers
- Participate in all training programmes
- Extend all support for the rehabilitation programmes of the institution.
- Keep a diary of the daily activities and give it to superiors when required.
- Prepare report on monthly activities and submit it to the superiors before the 3rd of every month.
- Conducting regular groups/ therapy for the residents
- Developing and setting routine in the homes for the residents in consultation with other staff
- The specific needs that arise in the homes need to be identified, informed to the authorities and ensure that is being addressed.

ELABORATION OF DEVELOPED  
MODEL  
(SERVICES)

## 2.1: Admitting a resident: Need of a guideline, Pre-admission process and Post admission process

### Need of a guideline

As said above, the old age homes should include those people who are deprived and too poor to maintain themselves, destitute, the persons whose family members are incapable for providing the care, Indifference among the family members to look after the person, neglect or outright, abandonment by the family, Adjustment problems with the family members and the people who are concerned about their declining health and seeking for more assuring arrangements. But as the care systems (such as: Care homes and the facilities in it) run by state often have very finite resources, so the elderly who are too needy should be prioritized to ensure the effectiveness of the services.

*Where there is limitation of space, other things remaining the same, priority will be given to eligible applicants who are more indigent and needy, those who are older and those who are female. (Page no 27, old age home manual 2016)*

It doesn't mean that elderly who are less needy should be avoided but the important matter to consider here is to ensure equality among care recipients by providing equal opportunity for receiving services but prioritizing the neediest and arranging the alternatives for less needy. By following this guideline the authority will able to:

To identify the elderly who are more needy and provide services accurately to them and also will help the authority to provide alternate services to those who are lesser needy and ensure equal services to all.

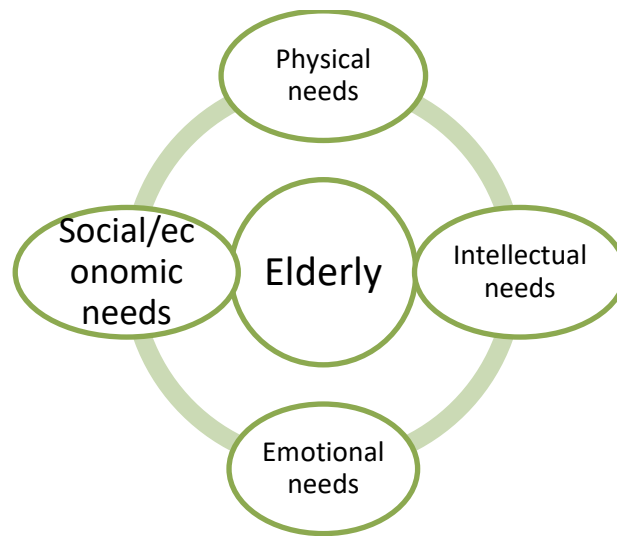
Give an idea about the old age home and its atmosphere, functions and rules to the applicant/elderly person prior to the admission to avoid conflicts and confusion.

Take preventive measures against the conflicts, problems due to the adjustment issues after the admission.

### Identifying the needs of elderly

All individuals have needs or essential requirements for their health and well-being. These can be classified as physical, intellectual, emotional and social needs. Some of these needs are common to all individuals but as they pass through the life stages and experience life changes these needs may change. Most adults are able to meet some of their needs but the older adults have more specific needs and may require support from health and social care services to meet these needs

**Fig 1.1: Needs of elderly**



**Table 1.1: Elaboration of needs of elderly**

Physical needs	Intellectual needs	Emotional needs	Social needs
Nutrition	Stimulation	Sense of belonging	Contact with people
Hygiene	Knowledge about own condition	Sense of control over one's life/ sense of autonomy	Social interaction
Exercise, Movement and Mobility	Opportunities to learn new things and improve	Feeling valued and being cared	Relationship with family & Friends
Safety (financial, legal, health, housing)		Self-confidence/ self-worthiness	

The elderly person who is facing trouble or barrier in fulfilling almost his/her all needs as mentioned in the Table 1.1 is needier.

**Matters that should be observed by the responsible officials:**

**Pre admission**

- Interviewing the applicant/ identification
- Rules and regulations to be followed by the residents in institution
- Declaration by residents

**Post admission:**

- Intake process (guideline for OAH officials)

Primary details						
S.No	Questions	Entry code				Remarks
1	Name					
2	Age	75 above				
3	Gender	Female				
4	Marital status	Unmarried, divorced or widowed				
5	Living status	Living with children/ relatives	Living with spouse only	Living alone		
6	Address (Mention in the remarks if referred from any NGOs or other care homes)				Referred from any NGOs or other care homes, police and court.	
7	Place of residence	Group of houses	Village	Town or Urban	Isolated house	No shelter
8	Yearly income				No income or Depending only on old age or disability Pension	
9	Personal assets/ land/ property/ FD/gold/ saving schemes				No assets or properties	
Details of bio-psycho-social background						
10	Availability of 3 times nutritious food				Difficulty is present	
11	Medicine usage and availability				usage of more than 5 medicines per day and difficulty in buying	
12	Any health declines (Weight loss, frequent tiredness, increased fall)				Any condition is present	
13	If any chronic disease (heart issues, lung issues, kidney issues, dementia and others)				Any condition is present	
14	Sensory impairment (vision, auditory, smell touch, taste or spatial awareness)				Any condition is present	
15	Any other visible				Present	



	disability			
16	Activity of daily living (mention if assistance needed in dressing, bathing, toileting, hygiene, House chores, getting out of chair or bed, eating and walking)		Assistance required for majority ADLs	
17	Experiencing a decline in memory		Present	
18	Experiencing depressed mood and fear frequently		Present	
19	Experiencing loneliness		Present	
20	Relationship with family members		Poor	
21	Relationship with neighbours and friends		Poor	
22	Any threat to life, asset and dignity		Present	
Note of the authority/ assessor				

Date

Place

Signature

### **Instruction for the assessment**

The main aim of this checklist is to earlier need or risk assessment of applicant or entrant prior to the admission to old age home.

From this checklist, the authority will able to identify the elderly who are more needy and provide services accurately to them and also will help the authority to provide alternate services to those who are lesser needy and ensure equal services to all.

In the checklist, the highlighted columns of entry code are the indicators of risk factor or the condition for considering the admission. A person with majority high risk factors can be considered as needier and eligible for the admission.

The person with minimum yearly income of Rs 120,000 (monthly income of 10000) or any person with adequate land, properties, house, enough savings can be refer to any other paid old age homes or institution.

However, in case if the person have to be admitted in old age home by any means, then he or she should surrender 50% of the amount from pension and sale/exchange of fixed and movable assets/properties to the Government (as per the old age home manual page no 34).

The person who has no any other severe risk factor except the relationship problem with family members should be first referred to Conciliation officer, maintenance tribunal or any certified counselor.

If any applicant/ entrant found with abnormal behavior or any identifiable issues like assault or abusing behavior should refer to mental hospital or any rehabilitation institution.

### **Rights and Rules for the resident**

#### **Rights of elderly**

Older persons should have Independence and should have the access to adequate food, water, shelter, clothing and health care through the provision of income, family and community

Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.

Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

Older persons should have access to social and legal services to enhance their autonomy, protection and care.

Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Older persons should be able to pursue opportunities for the full development of their potential.

Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

### **Rules to be follow in institution**

There should not be any activity, discrimination, dialogues and ideas against other residents on the basis of cast, class, gender and religion.

Those who have the income of more than Rs.20,000/- per year should contribute Rs.500/- per month as maintenance charge.

If the applicant has valuables including records with him or her, these should be entrusted to the Superintendent for safe custody. They should be submitted to the Superintendent in the presence of two persons. If the applicant is not willing for, he or she has to give a separate declaration in writing that they will be responsible for the loss of valuables

If the applicant have much amount of money, this should be deposited in a nationalized or Cooperative Bank and the pass book, cheque book, ATM Card etc should be given to the Superintendent.

Cooperate with care givers, superintendent, staffs, social worker/ counselor and other resident committee members.

There should not be any kind of dealings with visitors and staffs without the knowledge of superintendent.

Smoking and drinking is strictly prohibited inside the institution.

Assaulting others physically and assaulting or using abusive language against women is a serious offence. Such complaints will be reported in the police and immediate action will be taken.

The resident should avoid verbally abusing, aggressive behavior towards others.

Those who violate the rules or who disobey them will be dealt seriously. First the warning will be given and if the offence is repeated, disciplinary action will be taken.

**Declaration by residents**

I Mr/Mrs..... On the day ..... (Date) of my admission procedure or on behalf of my ..... (Mention the relationship with applicant), Mr/ Mrs/Ms....., read all the rules/ regulations regarding the admission procedures and rules should be follow in the institution prior/post to the admission and I understood and admit the following statements:

I have given all the details correctly such as; personal details, income, assets, family details and address during my admission process.

I understand that the superintendent, social worker or the district probation officer have the right to enquire about my background, verification of all the details I have given during the admission process, Interviewing family members and verifying the financial capacity

I understand that, if the authority granted me admission it will be temporary for a period of 3 months. After the period, the permanent admission will be only granted by district social

justice officer based on the evaluation of the reports of probation officer, social worker and superintendent.

During the temporary or permanent admission, if I break any rules and regulations of the institution and not cooperating with the authority. I will be liable to accept the disciplinary action taken by the respective authority including even the expelling from the institution. I will be responsible for the further consequences.

Date

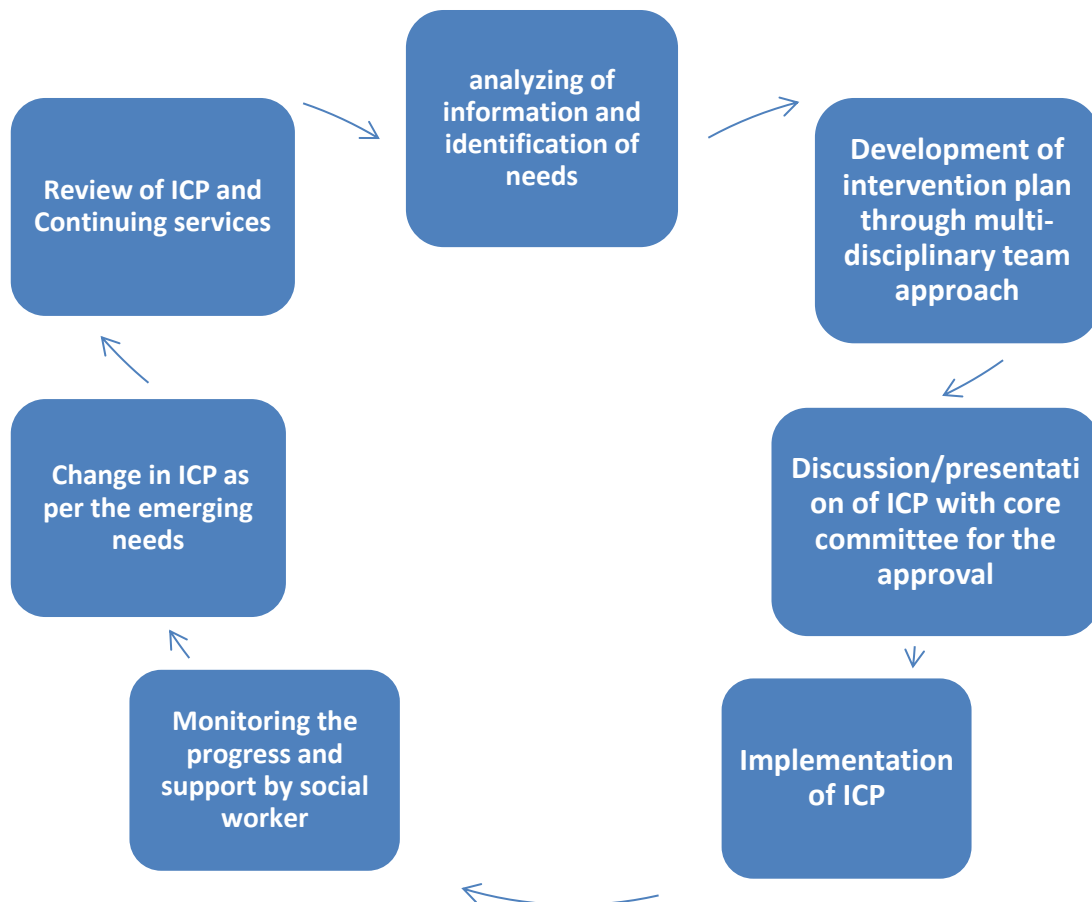
Place

Signature

## **2.2: Individual care plan: Need, Process of ICP**

- The preparation of an individual care plan will be start as part of the intake process of a recipient who is going to admit in the home.
- The process of ICP preparation starts with the collection of basic details of the resident at the time of admission and followed by the primary report prepared by the health care staff of the home regarding the physical health condition of the resident after the observation period.
- After the bio-psycho-social assessment of the resident, case history and home visit, a detailed report should be prepared by the social worker including the psychosocial problems of the resident, physical health condition, mental health condition and the level of functionality.
- Then, the collected information will be documented and analyzed to find out physical, mental and social needs of the residents by the social worker.
- After the need identification, with the collaboration and the consultation of other health care professionals (professionals related or connected to geriatrics/multi-disciplinary team) and stake holders, the intervention plan with a proper dimension will be developed for the fulfillment of resident's needs.
- The social worker should be a member of internal committee and the intervention plan should be presented in front of other members of internal committee consist of core staffs of the home like: superintendent, matron, and other health care professionals for the finalization, evaluation and approval of ICP.
- After the implementation of ICP, it is the duty of the social worker to monitor the ICP through timely reporting of every progress and gaps and keeping those as a referral document for every other health care professionals/ service providers and similarly, the result of the provided service will be updated in the ICP as well as the other emerging needs of the resident.
- Monthly and quarterly review in front of the internal committee should be done and the process should be continued through identification and reporting of other emerging needs and improving the existing intervention plans through post-assessment of the resident and referring those for service providers.
- The responsibility of preparing the ICP and monitoring it lies to the social worker appointed in the home.

- The ICP should be focus on the needs of the resident. Thus, it should be flexible and social worker should able to prepare the ICP for the resident who is already admitted in the home previously.
- Care Plan should be prepared and implemented within three months of admission of a resident
- The process of ICP preparation is given below:



The ICP is divided in to 3 parts which has to be covered while preparing it. They are:

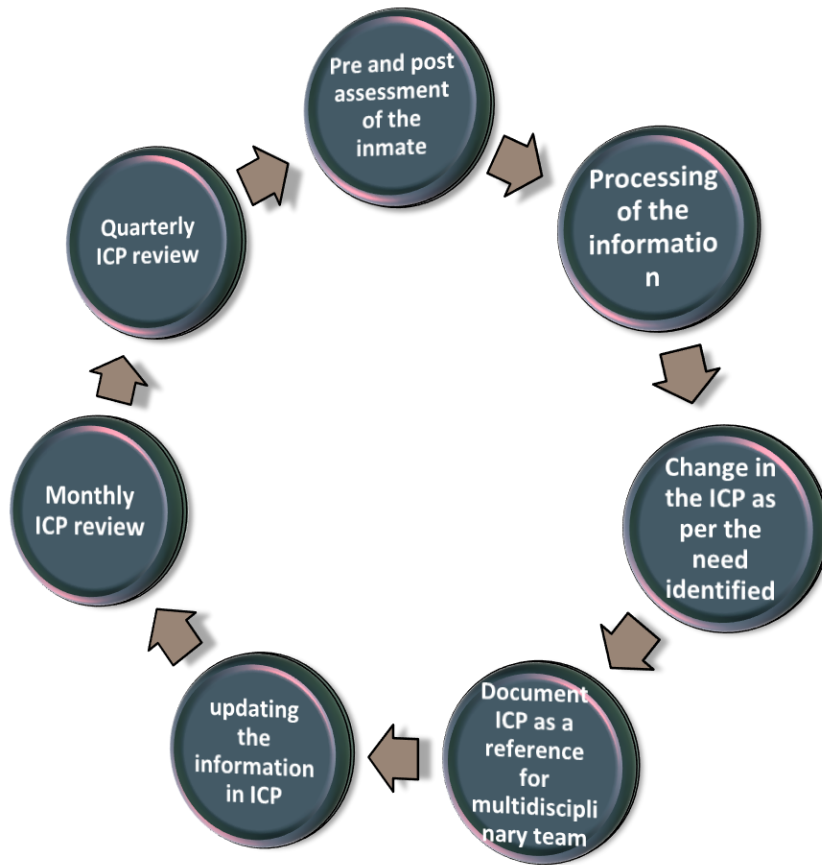
- **Demographic details of the resident:** This part includes the personal details, economic status, domicile, educational and occupational background and the summary of detailed case history
- **Bio-psycho-social assessment of the resident:** This includes the report on physical check-ups done by medical professionals, detailed psychological assessment result, report of referring agency and person, 24 hour observation report, socio-engagement status report, report of house visit

- **Intervention strategy to deal with psychosocial needs of the resident:** This part contains the intervention plan and strategy prepared with the collaboration of all necessary health care professionals and other stake holders to deal with the psychosocial needs of the elderly and there will be a separate option for input the periodic result or outcome of the services provided and for generating a brief report as per the need of various service providers as well.

### **Process of monitoring the ICP**

- The responsibility of preparing the ICP and monitoring it lies to the social worker.
- As mentioned earlier, after the implementation of ICP, it is the duty of the social worker to monitor the ICP through pre and post assessment before and after providing them with an intervention plan
- After the post assessment, the collected information should be analyzed and bring necessary changes in the intervention plan if any gaps are identified.
- The social worker should mark of every progress of intervention plan and other gaps identified in the ICP and should keep those as a referral document for every other health care professional, multi-disciplinary team and stake holders and similarly, the result or the information of the intervention plan should be updated in the ICP.
- Monthly and quarterly review meetings with internal committee should be done and continue the process through the identification of any other emerging needs through pre assessment and also through post assessment for improving the existing intervention strategy or plan.



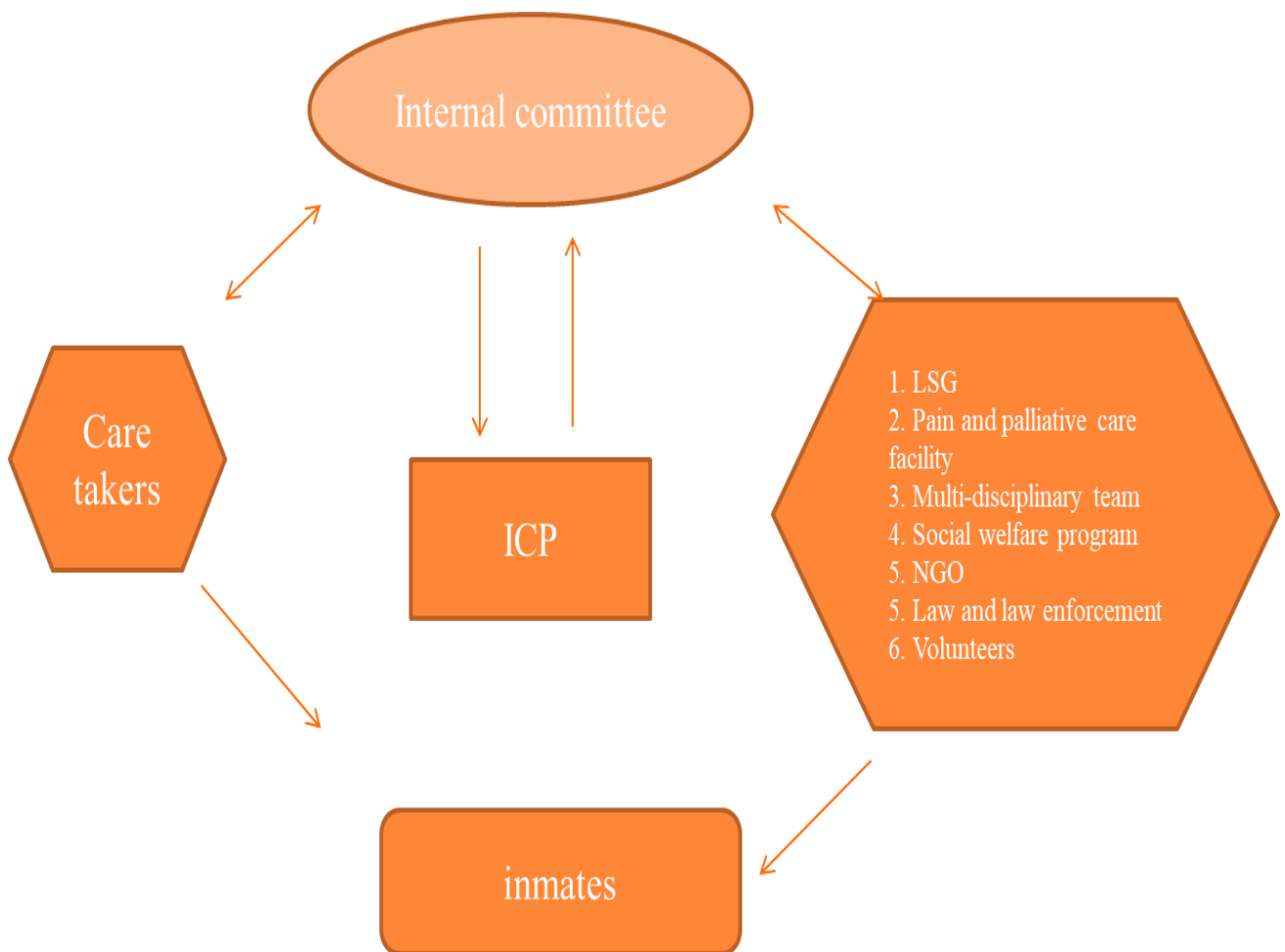


### **2.3: System for the supervision of staffs**

A standardised system should be there for supervising the staffs and for monitoring the services of every other service providers and stake holders for regular and systematic functioning of old age home. For this, development of ICP as a mediating system will meet the above mentioned requirement in a great extent.

- An internal committee including social worker can monitor or run the ICP as a system and the head of the institution, who are also the head of committee would be able to supervise the staffs and can be monitor the services of multidisciplinary team and all other service providers and stake holders.
- The process of the system include: at the first, when ICP is developed in to a system or programme, it will contain individual wise care plan of every resident which was developed in collaboration with multi-disciplinary team and other service providers. So, for implement and continue a care plan, every professional should complete their specific duties and task.
- So, these tasks and responsibilities of every professional, staffs and other service providers will be noted down in the ICP and the details of services given and the services to be given. Thus, there will be a facility in the system through which head of the institution can check and monitor the details of every resident, details of specific needs and intervention needed, the details of professionals who are providing the services to fulfil their needs and the details of services provided and to be provided.
- For completing a care plan the support and the assistance of other supplementary staffs like, care takers, multi task providers, cook etc. is needed so, the head of the institution can monitor and supervise their activities and duties towards fulfilling or completing the individual care plan and other duties.
- In the ICP there will be a separate facility to record the activities and duties of every staffs and professionals and also the duties and tasks to be completed. The head of the institution and internal committee can decide the tasks which have to be completed by the staff and also there will be a facility in the system to record the activities of internal committee too.
- In this system a profile of every staff will be there which consist of the records their duties and the task completed. Thus, it will be easy for review the work of every staff in monthly staff meeting

- For example:, under this programme, if a dietician came to the institution for providing his/her services, he/she should approach internal committee and the head of the committee will check the ICP which is handling by the social worker and will collect the details of residents who need the service of a dietician. Then after providing the services, the report or the plan prepared by the dietician will be updated in the ICP and on the basis of that plan, the head of the institution can supervise the cook to provide the appropriate diet as prescribed by dietician and it will be updated in the ICP that, the specific task is completed by the particular staff or not.



If the ICP is developed as software including all the facility mentioned above, it will be easier for handling and monitor the ICP. Also, we can include special facilities such as sending reminders about the tasks and duties to the staffs and other professionals automatically.

### 2.3: Multi-Disciplinary team: What is MDT, Need of MDT, how to create one Network, collaboration of MDT network with care plan

- Increase the frequency of accessing medical health care professionals and their visits; like, Clinical psychologist, dietician, nutritionist, geriatrist, yoga and meditation instructors, occupational therapist and Physiotherapist. Also the frequency of DMHP core team visits should be increased for regular follow-up and for ensure the accuracy and effectiveness of the treatment of people with mental illness.
- Rather than just increasing the frequency of accessing medical health care professionals and their visits, a multi-disciplinary team set-up or network should be initiated or formed by integrating the services of healthcare professionals like, doctors(neurologist, psychiatrist, cardiologist, ENT specialist, dentist), nurse, psychologist, dietician, nutritionist, geriatrist, physiotherapist, and other professionals like, yoga and meditation instructors, occupational therapist, legal service provider, social workers and members of various community organizations
- When a person admits in the home after the psychosocial need identification, the collaboration and the consultation of professionals from the multi-disciplinary team should be ensured while making intervention plan for each resident.



## **2.4: Formation of various committees and expected roles**

### **Role of resident committee**

- A welcome programme should be arranged in the home to introduce a new comer to all the residents and other staffs. The welcome programme should be conducted by the committee of residents with the collaboration and support of internal committee of staffs. As well as when an resident dies a condolences meeting should be arranged by the same committee of residents prior to the cremation of body.
- Resident committee can keep the record of the birth date of residents (who are willing) and can celebrate their birthday including the participation of staffs.

### **Formation of Groups for effective management of activity time.**

- Groups and clubs can be formed among residents like: agriculture group, walking club, literature club, game/sports group, art club, craft making group, nature club and group for vocational activity like: tailoring group, woollen knitting group.
- The skills of an elderly should be identified at the time of admission as part of care plan preparation and should motivate them to join the group. Compulsion for joining the group should be avoided.
- Every group should be supported by the internal committee of staffs by providing enough necessary materials and conducting group meetings.
- Social worker should act as a mediator between groups and other members of internal committee and should overlook the group dynamics.
- The main structural limitation is the number of available bathrooms and toilets in the home. Residents use to wake up in 3: 00 am for bathing and fresh ups. So improvement in the structure and no of bathroom is very necessary.

### **2.6: Appointing of staffs and training**

Care givers can improve their sense of competence and effectiveness of their work. For this, they need some skills like: effective communication skills, empathy, patience, positivity, observation skill and body language skills. For strengthening their skills it is very necessary to provide appropriate training and guidelines which is prepared by professionals in geriatric care settings

- Training for newly appointed staffs: every time when a care taker is newly appointed they must go on a training or orientation class provided by internal committee
- Regarding this, project team prepared an outline of training and work sheet. There is a challenge for giving training to care givers because the old age home always need care givers for its smooth functioning. The absence of care givers will stop the functioning of old age home. So the training should give on a shift basis. The module of the training is divided into 3 sections so; it can be completed within 3 days by conducting 1 section twice in a day. The care givers can divided in to 2 groups the first group should attend the training in morning and second will attend afternoon. The outline for care givers training is given below:

## 2.7: Rules maintained by visitors

### Regulation of visits conducting by schools and other organizations.

- Through the interaction with residents and observation, the project team understood that, the visits from the various organizations, schools and colleges should be regulated because, most of the visits (especially school visits) are carry out without any purpose and just to see the elderly. In some cases, the unhealthy approaches and interaction from the visitors were also spotted like: asking about their past life and reason for admitting in the old age home, visiting the residents without any interaction, compelling the residents for participate in their programme.
- Another point is that, a considerable population of residents are not interested in these visits because of privacy issues, barrier/ affect in their routine and due to considering the dignity of themselves.
- Although the visits cannot be prohibited completely, then it can be regulated by putting several conditions which must be followed by the visitors. Some conditions are mentioned below by which any 2 conditions must be followed by every visiting group except the school children whose age is below 16. But they must follow any one condition. Those are:

✓ Conduct any programme such as: medical camp (not for children below 16), cultural programme and other innovative programme or activity with well preparation and practice which will benefit the elderly.
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✓ Sponsor one day meal and evening snacks
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✓ Volunteer for any activity in the old age home such as: taking residents out, assisting cleaning staff, cleaning the surroundings. (Only for those visiting group whose members is below 30 in number and the School children below the age of 16 are exempted from this condition)
---

✓ Sponsor the materials needed for the living of residents like: soaps, cups, bed sheets, sandals etc.
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- Those school children who want to celebrate their special day like birthday with the residents of OAH are exempted from above conditions but should sponsor evening snacks of the day and also should give the request letter including the details of all the persons coming on that day before 3 days prior to their visit.

- The permitted students who visits for the academic purposes like: research, data collection, field visits are also should exempt from these conditions.

**Rules should be maintain during visit**

- Visits should be allowed in the morning time which is 10 am to 12.00 pm. If the visitors coming late, extra time should not be allowed as it will interrupt the daily functioning or routine of the OAH. The visitors should give the details of the purpose of their visit and activity or the list of programme to the authority of OAH by 3 days prior to their visit.
- If visitors brings food items for distribute among the residents. It should be healthy and fresh items like, fruits. Fast food items must be avoided.
- An orientation for visitors should be provided before entering to the old age home to prevent any form of unhealthy approaches. It can be done through giving a form which consist the rules which should followed by the visitors and declaration. At first, the rules should be described by any staff of the OAH in front of all the people who arrived for the visit then, the head or responsible person from the organization, schools and college should sign the declaration. The rules or ‘do’s and don’ts’ in the old age home is given below:

SN.	DO’S AND DONT’S
1	Photography and video is strictly prohibited inside the old age home. Do not take photo and video of any resident.
2	Do not disturb those who are sleeping.
3	The visitors should keep themselves calm. Do not make noise inside the home or dormitory.
4	Do not ask about the past history of the residents and the reason for the admission in OAH. The content of the conversation with residents must regard the positive aspects of their life.
5	The visitors who have any contagious diseases should avoid direct contact with the residents as they are vulnerable for these kinds of diseases due to the low immunity.
6	Selective approach must be avoided and try to interact with every resident in the old age home.



7	Always respect their privacy and choice. Do not compel or force any resident to talk, participate in the programme and any other activity.
8	Due to the physical health decline in the old age, their body may be weak. So, visitors should be careful while touching them, tapping them or giving shake hands.
9	Do not stand around one's bed in a group. Always a limited no of visitors should interact with an resident who is laying or sitting in the bed.
10	Do not interrupt the daily routine of the residents. Always give priority for their time and routine. The programme and activities of the visiting group should not be an obstacle for the daily functioning of OAH. Thus, extra time cannot be allowed.
11	If the visiting group is a school or any other educational institution the teachers or responsible staffs should look after each child of their group and always should supervise the activities of the students.
12	Among the visiting group, if anyone have any emotional problem and not interested in visiting OAH, they are free to wait outside until the end of visiting time.

## 2.8: Modification of Daily routine

### Modification in daily routine

- The daily routine of the residents need to be modified. More activities to improve their physical and cognitive function to be added in the daily routine. This will also help the residents being engaged and manage their leisure time effectively. A model of appropriate daily routine or activity schedule is given below:

TIME		ACTIVITY SCHEDULE FOR ELDERLY
FRO M	TO	
06:00 AM		RISE AND SHINE
06:00 AM	06:30 AM	FRESH UP
06:30 AM to 07:30 AM		BED COFFEE AND SNACKS
07:30 AM TO 09:00 AM		MORNING WALK/ GARDEN BREEZ/ EXERCISE/WASHING CLOTHS BATH TIME
09:00 AM TO 10:00 AM		BREAKFAST
10:00 AM	11:30 AM	ACTIVITY TIME/ GROUP ACTIVITY  1. NEWS PAPER, MAGAZINE, BOOK READING 2. ART/RECREATION 3. TAILORING 4. STICHING 5. CRAFTS MAKING 6. SPECIFIC HOBBIES 7. IN DOOR GAMES 8. PET CARE 9. TELIVISION
11:30 PM	12:30 PM	FREE TIME
12:30 PM TO 01:30 PM		LUNCH HOUR
01:30 PM	03:00 PM	NAP TIME
03:00 PM	03:30 PM	FRESH UP

03:30 PM TO 04:00 PM		EVENING TEA
04:00 PM	06:00 PM	ACTIVITY TIME/ GROUP ACTIVITY <ol style="list-style-type: none"> <li>1. CONTINUEING MORNING ACTIVITIES</li> <li>2. WALKING GROUP</li> <li>3. LITERATURE CLUB</li> <li>4. ENTERTAINMENT ACTIVITIES</li> <li>5. PET CLUB</li> <li>6. NATURE CLUB</li> <li>7. TV TIME</li> <li>8. OUT DOOR GAME</li> </ol>
06:00 PM	07:00 PM	LEISURE TIME/ TV/MUSIC/PRAZER TIME
07:00 PM	08:00P M	DINNER
08:00 PM	09:00 PM	TALK WITH FRIENDS/ SKILL SHARE/ DAIRY WRITING
09:30 PM		GOOD NIGHT

**Elaboration of Developed Model**  
(Infrastructure wise)

### **3.1: Modifications needed in the outer infrastructure facilities**

The old age home should look like a living place. The building should be designed taking into consideration the differential needs, tastes and aspirations of the residents. In particular, it should cater to the physical needs of the residents – sleep, rest, food, pure air, pure water and clean environment. Next is safety needs: general house safety, avoidance of pollution, accident, abuse. Then, there are psychological needs: contact, experience, privacy, activity, togetherness (Old age home manual, 2016). The modifications and improvements needed in the outside structure of old age home are following:

#### **Suggestions to modify and improve outside structure of old age home**

##### **Beautification of home**

- A home is not just a public building. It should preferably have enough greenery, flowers and foliage around. There should be convenience for benches to be placed in the shady area for the comfort of the older people. So, the beautification of the home is very necessary

##### **Landscaping and garden**

- Landscaping and garden need to be made in front of the home as well as vegetable garden can be made. The residents can be employed to take care with minimal remuneration towards motivating them to engage in positive activities. Support from existing programs can be used for this.

##### **Elder-friendly walk way**

- In garden as well as around the home an elderly friendly walk way can be made with rails on hold on. This will enhance their physical functionality.

##### **Provision for pet care**

- In garden at front of home or nearby vegetable garden cages for pets like: love birds, rabbits can be planted. Residents who are interested can be employed for take care of them.

**Grill for prevent fall**

- Grill should be attached in the balcony of first floor and other fall prevention grill should be attached to the terrace for preventing fall

**Lightening protection system**

- Lightening protection system is very necessary and it must be installed in the old age home

**Suggestions to improve or modify the internal facilities and structure of the old age home**

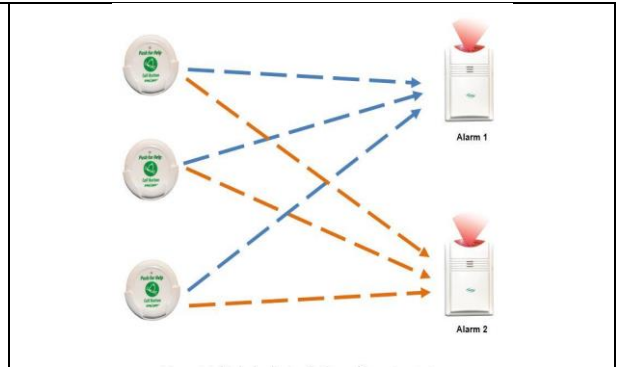
**Primary improvements needed in the facility**

- There should be space between beds (approximately 5 ft. as suggested by OAH manual) for movement of wheel chairs, use of walkers and convenience for moving the patient from wheel chair to the bed. There should be emergency light attached to each bed and alarm systems like, multiple trigger alarms can be fixed at bedside, bathrooms and corridors.
- Sometimes seniors especially with dementia don't remember to turn on the lights or feel they don't need them. So there is a chance of fall. Removing the need to turn on the lights is a great way to make sure rooms, stairs, and hallways are always bright enough. There are wireless, stick-on, motion-sensing lights make it easy and quick to automatically light up dim areas like stairs, long hallways, or deep closets. They could also be used as a night light on a bedside table.

Emergency light	Multiple trigger emergency alarm
-----------------	----------------------------------



Motion sensing lights



- Hand rails can be fixed on walls nearby they use to sit (e.g. dining hall) Furniture's can be elderly friendly. Guiders or sign boards on the corridors can be fixed as this will enable the residents to identify the appropriate places.

hand rails where elderly use to sit and relax



Elder friendly furniture with soft cushion (can be used in dining hall)



- The bathroom and toilets in an old age home need to be more functional and secured. Because elderly people always need bathroom for their personal hygiene. Hence there should be enough facility for ensuring their safety and comfort. Like: emergency alarm, non-skid marble, support handles or hand rails, raised toilet seats, shower chairs for bed-ridden and bath benches

Bath benches	Raised toilet seats	Shower chair for bed-ridden
		

#### **Extra rooms needed in the OAH/ improvements needed in internal infrastructure**

- Common **prayer room** to be used by persons from all religious dominations should be arranged that can be also be used for meditation and other spiritual practices. It should built as following:
  - ✓ Door and windows should be sound proof
  - ✓ Plants can be fixed inside the room and there should be the facility for entering of natural light
  - ✓ Stereo system for playing soothing music
  - ✓ Prayer room should have elder friendly chairs, table and also should have carpet.
  - ✓ Silence should be maintained in the prayer room by the residents. So, the necessary arrangements should be taken
  - ✓ Famous quotes and words from all religious scriptures can be fixed in the prayer room. The signs, symbols and idol representing any religion should be avoided in the prayer room.
- **Isolation rooms/ ward** need to be built separately for both men and women who are not able to live in the dormitory/other rooms due to any contagious diseases, Aggressive behaviour due to sudden mental trauma or mental illness, and who need








palliative care. It should build as 2 units whereas 1 should be the ward with multiple beds for elderly with contagious disease and for who need palliative care. Another one should build like multi-purpose single room which can be used as both isolation room for elderly with aggressive behaviour due to sudden mental trauma or mental illness and also as an observation room for new comers. There should be enough facilities in the isolation room like:

- ✓ Elder beds, chair, table, lights, fan, ventilation, attached bathroom.
  - ✓ It should build in a way to prevent suicide attempt hence, surveillance system should be fixed in the isolation room and the window should made without grill and should be in appropriate height.
  - ✓ The furniture inside the isolation room should not have sharp edges.
  - ✓ A window covered with glass should be fixed in front of isolation room for the use of direct observation by health professionals.
  - ✓ Multi-purpose room should only use as a temporary stay for completing the observation period of a new comer and for elderly whom should admit in the hospital because of aggressive behaviour due to sudden mental trauma or mental illness but admitting procedure is delayed.
- **Sick room** need to be more functional and there should be enough facility and medical equipment. It should built as following:
    - ✓ Requirements for privacy
    - ✓ Entrance needs to be able to accommodate a stretcher or wheelchair (approximately 150 cm width)
    - ✓ Ideally has a wash basin and attached toilet facilities
    - ✓ If possible a ground floor location
    - ✓ Adequate ventilation/heating/lighting
    - ✓ The room should be built near to the room of nurse and other health care professionals and also should have a window attached between 2 rooms for direct observation



**More medical equipment** and other supporting facilities should present in the sick room like:

- ✓ Primary equipment like First aid kit and other necessary treatment instruments, dressing tray, resuscitator, Ambu resuscitator, Oxygen cylinder, Spirometer, medications for emergency medical cases, Surgical scissors, Artery forceps, cervical collar, Clinical waste bins, kidney tray, Sterilizer, tissues and hand wipes or a waterless hand sanitizer, cotton balls, rubbing alcohol, Needle burner, aprons or smocks, surgical scissors, cleaning gloves like disposable vinyl gloves, masks for use when the sick person is coughing or sneezing
- ✓ Long term care beds, Medical examination table, Reflex hammer, bed for attendant, Food serving table, separate curtain between each bed for privacy, Emergency stretchers, Suction apparatus, glucose bottle stand, infusion pump, intravenous set Storage space for linen and medicines, Nebulizer, Bed pans or bags for stools, urine and sputum, lightweight transit and wheel chairs, Medicine trolley, dispensary may be attached to the sick room, evacuation chairs, CPR devices like automated external defibrillator (AED) and other devices, CPAP or BIPAP machine for sleep apnea, Blood Pressure Monitoring and Fridge.
- ✓ Personal care items like: tooth brush and toothpaste, soap, lotion, mouthwash, lip balm or lip moisturizer, dental floss, shaving equipment and feminine sanitary supplies

CPAP or BIPAP machine for sleep apnea	Resuscitator	
		
Emergency cervical collar	Evacuation chair for easy transportation	automated external defibrillator (AED)
		

- The rooms for family/ pairs of same genders/ and for those who wish to stay alone** should be built in the old age home. The priority of accommodation in these rooms should be reserved (at least 50%) for the elderly married couples who are admitted in the old age home and also for those residents who wish to marry and lead a family life. These rooms should be built as following:

  - ✓ There should be a living room with shelf, bedroom with attached elder friendly bathroom, a part of the living room should arrange with table and a couple of chair (only for married) and a balcony with grill
  - ✓ The rooms should be beautified with appropriate decorative items like: flower vase, lights and bed light
  - ✓ There should be enough materials and furniture like, dividable double cot bed in the center of bed room, single bed for individual dwellers, cupboard in the bed room for keeping their personal belongings, cupboard for cloths, dressing table, chair and tea pod/ small table in the living room, separate table and couple of chairs arranged in the living room (only for married), chairs in the

balcony, enough bed sheets and pillows, appropriate vessels, flask, glasses, source of purified drinking water and dustbin

- ✓ There should enough ventilation, security provisions like fire alarms, emergency exit and multi-trigger alarm buttons and emergency lights.
- ✓ The rooms must construct in a flexible way that, it can be used effectively by those who wish to stay or live alone and for those who are interested in living in pair (same genders).
- ✓ Among the total rooms constructed, 1 room should reserve as a guest room with multiple bed for especially the visiting relatives of residents and other visiting officials and for the staffs in case of any emergency.
- There should be a unit for **recreational facility** including library and space for conducting games and other entertainment activities like, drawing, writing, craft making and for presenting various skills.
  - ✓ In the unit for the recreation, from the space for conducting games and other entertainment activities, library should be constructed separately for making the atmosphere in library sound free and to prevent disturbances from outside.
  - ✓ In the library, elder friendly bookshelf, books, newspapers, magazines, chairs with cushion, semi deluxe bed with book holder, properly decorated reading tables and appropriate light and fan should be there.
  - ✓ Library should always remain open after the time period of breakfast and should close half hour prior to the dinner time so that, every resident can use and read book at any time
  - ✓ Radio frequency identification (RFID tags) should be fixed in every book for secure the books
  - ✓ The training for managing books and RFID system should be given to any permanent staff of the old age home and to other 2 care takers
  - ✓ The surveillance system should be fixed inside the library
  - ✓ Apart from library, in other section of recreation unit the materials for conducting games, drawing, craft making and for presenting various other skills should be keep and the responsibility of keeping the stock register of these materials lies to the social worker
  - ✓ Large table, elder friendly chairs, drawing boards, brushes, colors, items for indoor games should be keep in the recreation unit

- There should be a room or unit as a **mini gymnasium** for minor exercises, and which can also use as the place for **providing physiotherapy**.
- A separate **room for social worker** should be arranged or built with privacy and without disturbance or sound from outside. It should be well ventilated and airy. This is to retain the attention of the client. Room should have adequate furniture like furniture adequate to counseling session and other necessary arrangements for keeping file records and operate individual care plan.

**Other important suggestions regarding the improvements in the internal structure of old age home**

- *Sloping structures like: slopping in front of rooms should be avoided as steep gradient will adversely affect older person's mobility.*
- *There should be space between beds (not less than 5 ft.) for movement of wheel chairs, use of walkers and convenience for moving the patient from wheel chair to the bed.*
- *Each resident should have at least 7.5 sq. meters of personal space in which their bed, cupboard and chair can easily put without congested.*
- *At least 150 cm (width) turning-in space for wheelchairs should be kept near all entry points and doors.*
- *A free space (approximately 90 cm) should be kept in front and around of any furniture to easy access and to prevent congest.*
- *There should be arrangement for fixing mosquito nets in windows and ventilator.*
- *Beds and mattresses should be covered with rexine to prevent stain and bugs and also wooden cot can be avoided to prevent bugs and decay.*
- *Electrical switches and sockets should be safe and conveniently located for easy use of residents.*
- *There should be some kind of connectivity between family rooms or individual rooms so that in case of emergency the residents can approach each other.*
- *There should be a few extra hooks on the wall near the beds in the dormitory to hang walking sticks, caps and cloths etc. of elderly.*

- *There should be common iron boxes and iron tables in the dormitory of both men and women and separate iron box and tables should be there in each room for individual/family/pairs.*
- *Separate wash basins can be fixed with sufficient height where person with wheelchair could be easily maneuvered.*
- *All bath rooms must be fitted with outward opening doors whose locks can be opened from outside in an emergency*
- *The grab rails fixed in every places should be able to withstand a pulling and hanging load of 300 pounds (above 100 kg)*
- *The furniture should not have sharp edges or the edge proof should be installed.*
- *When the cloths of bed ridden/ sick/ disabled elderly are washed together anti-bacterial lotions should be used and in cloths there should be mark or name written to avoid the mixing up of cloths.*
- *Steps should not be introduced into corridors. If change in level is unavoidable, then ramp may be provided. For general circulation, the minimum corridor width should be 120 cm.*
- *Reachers and other supporting equipment should fix near the bed and room as per the need of residents.*

### **Safety and security**

- Safety and security of the residents should be the primary concern of an ideal old age home. Emergency exits and evacuation instruments like evacuation chairs and mats, automatic fire alarms, fire extinguishers, and also care takers should trained to follow evacuation procedure. Generator for electricity should be there at the time of power cut and maintenance, water storage as a secondary source at the time of emergency and maintenance should be present in the home. Separate ambulance or multi-purpose vehicle for old age home is very necessary because rather than other care homes, the excessive need of emergency medical care is present in the old age home.
- For ensuring more security, the GPS tracking devices like GPS chip, watch, bracelet can be brought in the OAH for ensuring the security of dementia patients who have wandering behaviour and also for those who are going outside of OAH.

## Suggestions to improve the Physical functional ability of the residents

### **Dressing:**

Lowered mobility, and other physical challenges make it difficult for older adults to get in and out of their clothes. The problem lies in their limited mobility affecting their ability to raise hands or slip it into sleeves and other cloths. Other reasons are dementia, Parkinson disease, arthritis, etc.





- Buying of cloths and footwear in larger sizes just to accommodate swelling, limited mobility, and weight fluctuations is a mistake. When apparel does not fit well, it can lead to injuries and falls.
- Adaptive clothing should be brought for the elderly because it is specially designed to make dressing easier and more comfortable. There are a number of products including tops, bottoms, undergarments, and shoes with built-in features to address older adults' specific needs.
- Another way is to use assistive devices for dressing like stocking aid, button hook etc.

Specially designed pants	Specially designed shoes and sandals
	
Button hook	Stocking aid
	

### **Eating**

Physical health decline and other cognitive impairments can make eating and drinking a challenge for older adults. Coordination issues, hand tremors, confusion caused by these conditions can make holding utensils or getting food into the mouth nearly impossible.

As a solution using adaptive bowls and plates and also using assistive devices for eating like: specially designed spoons, cup holder, fall proof cups and glasses and specially designed bowls and plates with separate colour which will help to identify the nature of food being served.

Custom assistive spoons	Assistive devices set	Specially designed spoon
		
Fall proof glasss	Specially designed plates for identifying food	
		

### **Ambulating**



The difficulty in ambulating, mobility and walking is a common, costly problem in older adults and it contributes to loss of independence and higher rates of morbidity. Ambulating is a complex task that places demands on the musculoskeletal, cardiopulmonary, and nervous systems. The changes that occur in ambulating with age are likely the result of decline in several different functions of body more so than the result of one catastrophic event like a stroke, hip fracture. The walking disability develops gradually. The reason for these morbidities or difficulties often cannot be identified.



- As a solution, the mobility can be stimulated by variety of physiotherapy and variety of exercising techniques such as: resistance exercises through repeated chair stand, stretching exercises, aerobic conditioning using cycle pedals and progressive ambulation training.
- Using variety of assistive devices like: specially designed walker with attached carry bag, increasing the number and access of wheel chairs with attached cushion, multi-purpose rollator, adjustable crutch pad and canes.

Multi-purpose rollators	Walker with attached bag	Specially designed walker
		

For those elderly who are having the trouble in getting out of bed due to the back pain and decline in born health they can use bed rope ladder and those people who use wheel chair they may face problem in getting to the wheel chair and getting to the bed from wheel chair. Thus movable supportive handles can be fixed to the bed.

Bed rope ladder	Movable supportive bed hand rails
	

### Personal hygiene



Due to the physical morbidity and cognitive impairment elderly often face trouble in maintaining their own personal hygiene like toileting, bathing and shaving etc. The assistance

of a care giver is very essential in this stage but by providing several assistive devices it will be easier for both elderly and care giver.

- Although the railings, bars, and other infrastructural modifications are necessary, the use of self-assistive devices also plays a major role. There should be the provision of some assistive devices for maintaining the personal hygiene like: foot cleaner mat, bath sponge with long handle, flannel strap for wash back, long handled body brush, tooth brush with supportive handle, long hand comb, shaving razor with supportive handles.

bath sponge with long handle	Razor with supportive handle	flannel strap
		

- There are number of other devices which will help the elderly to manage their daily life easily some of them are:

Helping device for easy writing	Reacher for picking-up the things in ground which can be attached to the wall of each bathroom and near each bed. It is useful for elderly with back pain or morbidity
	

- In the cases of assistive devices, still the research and development is in progress. The authorities should always alert regarding this. In future many more computer programmed devices, Artificial Intelligence for assistance can be expected.
- In the old age home, there should be a stock of above listed devices and other useful devices (research about more other useful devices is needed) and these items should provide to the residents according to their need. The distribution of these items should be done as part of individual care plan. After the detailed assessment of their functional ability and on the basis of medical report the specific need of the elderly should be identified and should provide them with appropriate devices.
- Some more arrangements and provisions should be provided for the elderly with hearing, visual and sensing impairment in the old age home. For this regular check-ups should be done afterwards a person admitted in the home

#### 4. Conclusion

This guideline is to understand the project activities and the implementation of it in the old age homes. It has also described about the changes in terms of service and infrastructure needed in the old age home. Individual care plan need to be developed for each resident as per the psychosocial problems, physical and mental health of the individuals. A psychosocial intervention module should be developed to train the care givers and other professionals working in geriatric setting to address the gaps identified in the existing care giving system. The major outcome of the programme will be better service for the elderly in the homes to ensure better quality of life.

Psychosocial wellbeing of the elderly in the old age home will be enhanced ensuring better quality of life. A larger State level model for handling the needs and issues of the elderly in the old age home will be developed and incorporated in the existing services for the elderly in all districts in the state of Kerala