The number of people living and dying with dementia is set to rise, but the challenges and costs associated with dementia care are significant, many questions remain about the best ways to care for people living with advanced dementia and for their carers/family. This has led to dementia care being variously described as both a national challenge and a national priority.

In response ACCORD Hospice partnered with Adams House care home, a charitable care home specialising in dementia care, to implement Namaste Care. Namaste Care is an emerging model of palliative care for people with advanced dementia living and dying in institutional settings. It takes place in an enhanced environment to promote a soothing and relaxing atmosphere. Residents are formally welcomed by name with a hand-shake or light touch on entering the room before being made comfortable in a reclining chair and tucked in with a personalised soft blanket. Simple interventions such as a gentle and slow hand rub, an old fashioned shave with warm towels, and assisting residents to take small portions of highly flavoured smoothies and/or snacks are offered. Interventions are tailored to resident’s apparent likes and dislikes on a session by session basis. Staff have been educated to offer these interventions with a focus on providing pleasurable sensations, gentle eye contact, and affirming words. Residents are thanked for their visit before being taken to lunch.

The routine is a bit more up-tempo in the afternoon when visitors are welcomed and offered the opportunity to participate in the programme.

Main Findings:

1. Namaste Care was a complex mix of: the authorisation and protection of specific blocks of time, the skilled performance of voice and touch based interventions, the bringing of intentional presence, a focus on residents, the creation, holding and protection of a special environment and atmosphere (this was reframed as the work of creating and holding of “sacred space”), and the sharing of positive experiences between staff and residents.

2. Staff’s response to the work and practise of Namaste Care was predominantly positive and related to staff perceptions about: Namaste Care improving residents’ quality of life and staff and residents having shared positive experiences during Namaste Care sessions.

3. Resident’s response to Namaste Care was also predominantly positive. Residents demonstrated a positive reaction to Namaste Care through: gestural communication – for example, sustained eye contact, smiling; meaningful movement – for example reaching out to touch Namaste Care Practitioners or lay a head on a carers shoulder; sociability and moments of connection – for example smiling at Namaste Care Practitioners in response to a period of reading aloud and spontaneous, often joyful, actions – for example laughing.

4. Family members response to Namaste Care was predominantly positive and related to: enjoying the atmosphere in the room and finding personal benefit from spending time there; appreciating the positive responses of residents; the closeness that was facilitated between resident and family member as a result of the environment and atmosphere of the Namaste Care room.

Although the elements of Namaste Care were simple, the practice was complex and required skill and sensitivity from its practitioners. A high level of facilitation and support was required to implement Namaste Care and a significant level of commitment and flexibility was necessary from all levels of the care home team to maintain and develop the programme.

At the beginning of the project the manager of the care home stated that: “I have always felt that we give good care at Adams House, but we needed to do something more for our residents with advanced dementia. Namaste Care seems like it could be the something more”.
At the end of phase one of the project we discovered that Namaste Care facilitated regular opportunities for episodes of warmth, tenderness and unique unexpected levels of *shared* positive experiences *between* residents and staff. With Namaste Care, even those residents with the most advanced disease, engaged with and participated in the programme demonstrating that they were capable of “something more” than was previously thought or expected.

Sadly, most of the residents initially enrolled in this programme have now died. We miss them, but take comfort in the knowledge that we gave them our best and fullest attention during their final year. They were cared for in a beautiful sacred space where we shared many moments of joy and connection together.