

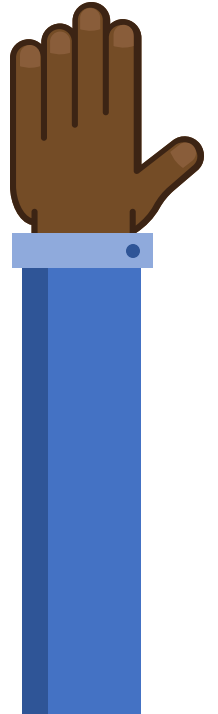
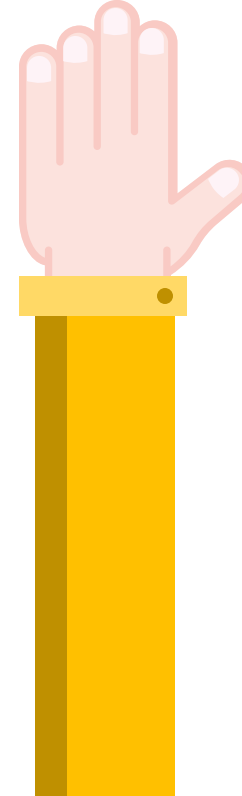
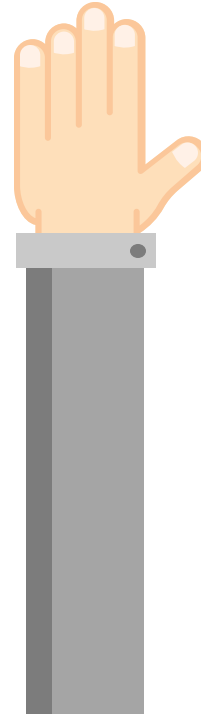
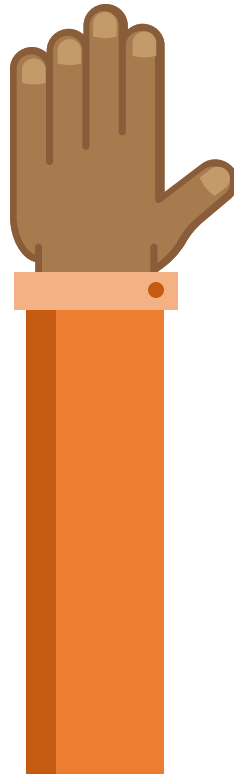
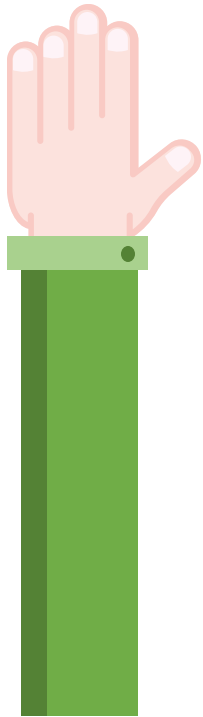
Seeing Clearly: Comprehensive Care for Residents with Sight Loss



Course Content

1. Understanding Sight Loss: What you need to know & who's affected.
2. Common Causes of Sight Loss & their impact on vision.
3. Recognising sight loss in residents.
4. Enhancing our care home environment for residents with Sight Loss.
5. Addressing the specific needs of Individuals with Sight Loss.
6. Navigating dementia & Sight Loss together.

Questions- please put in the chat or ask at the end



Understanding Sight Loss: What you need to know & who is affected.

Key statistics about sight loss

2 million +

People with sight loss living in the UK

250

People will begin to lose their sight each day

1 in 5

People will live with sight loss in their lifetime

340,000

People are registered blind or partially sighted in UK

1 in 2 people over 90 experience sight loss to some degree.

1 in 5 people over 75 have sight loss

4 out of 10

People attending Low Vision Clinics are experiencing periods of low mood

26,000

Blind or partially sighted children in the UK

Between **1-7%** of sight impaired people use braille in the UK.

Language

Words or phrases to use:

- Blind or partially sighted person/people
- Someone with a visual impairment
- Someone with sight loss
- Visually impaired community
- Sight loss community

Words or phrases to avoid:

- The blind
- You don't look blind
- Suffering from blindness
- Sight challenged

Who can experience sight issues?

- People in later life require about 6 times as much light to see well than those in their 20s.
- Those with incorrect spectacles (refractive error)
- Those awaiting and having treatment to reduce their sight loss
- Those living with sight loss which impacts their daily functioning
- Those with learning disabilities
- Those with neurological issues

The future.....

- By 2032, there will be an estimated 620,000 people living in England's care homes [1]. Of these, half are expected to have some form of sight loss [2]
- Residents over 70 with combined sight and hearing loss by 2030 is estimated to reach 418,000 [3].

- References:

[\[1\] King D, Malley J, Wittenberg R, Darton R, Comas-Herrera A, Projections of demand for residential care for older people in England, PSSRU, 2010.](#)

[\[2\] \[http://www.rnib.org.uk/professionals/Documents/MA0489_RNIB_Care%20guide_WEB.pdf\]\(http://www.rnib.org.uk/professionals/Documents/MA0489_RNIB_Care%20guide_WEB.pdf\)](#)

[\[3\] Sense website. Information for professionals \[Accessed March 2014\]](#)

Common Causes of Sight Loss and their Impact on Vision



Common eye conditions

- No two people's sight is the same
- Resident's sight loss is on a spectrum & is very individual
- How they react to treatment is also very individual
- Residents could be experiencing a number of eye conditions.
- **REMEMBER** that only 17% of people with a sight impairment live in complete darkness.



Refractive Error

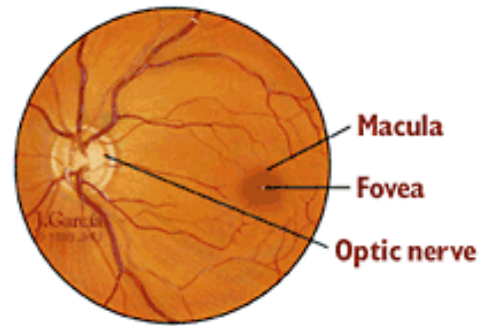
- 59.2% have refractive error- incorrect spectacles
- No regular check ups with optician
- Wearing incorrect specs
- Learning disability & cognitive issues more likely to have refractive errors owing to difficulties in carrying out sight tests.

Refractive error:

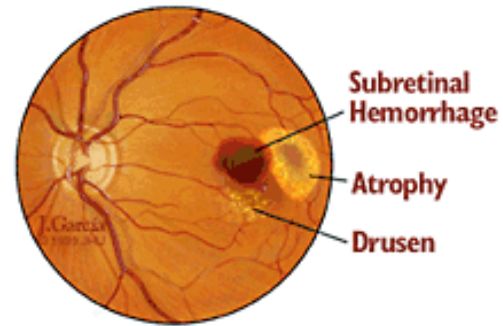
- Make sure spectacles are clean!
- Mark spectacles so easily identify correct specs for close work vs distance
- Review prescription annually if resident has sight loss
- Use home visiting opticians?
- For cognitive issues & eye tests contact Seeability
<https://www.seeability.org>



Age-Related Macular Degeneration (AMD)



Normal



Macular degeneration



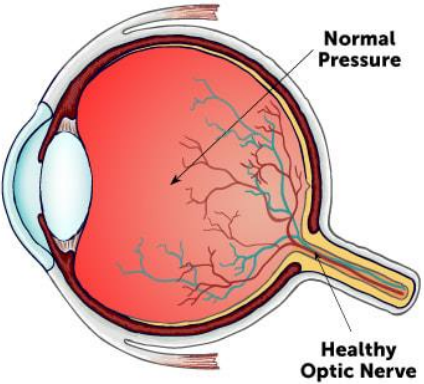
Normal Vision



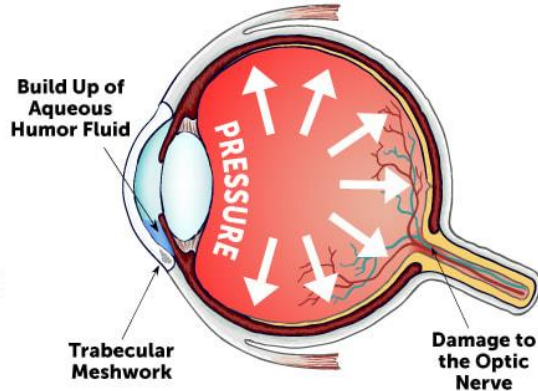
Age-related Macular Degeneration

Glaucoma

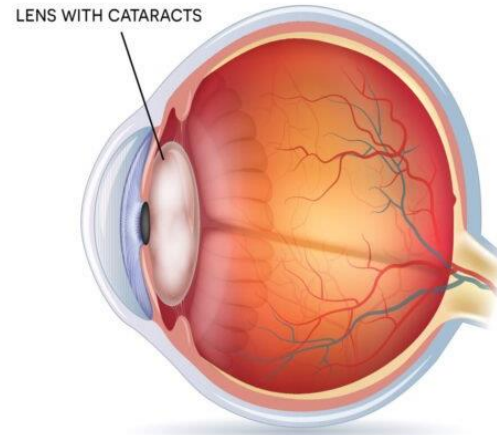
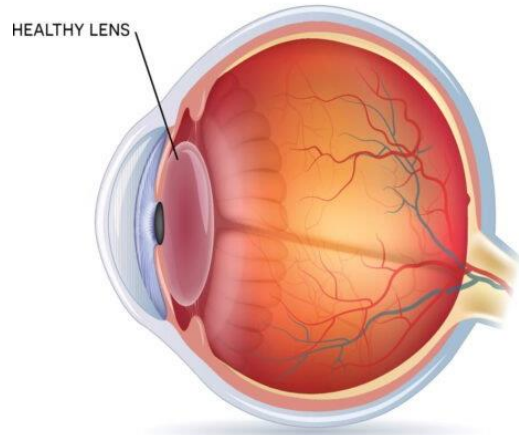
HEALTHY EYE



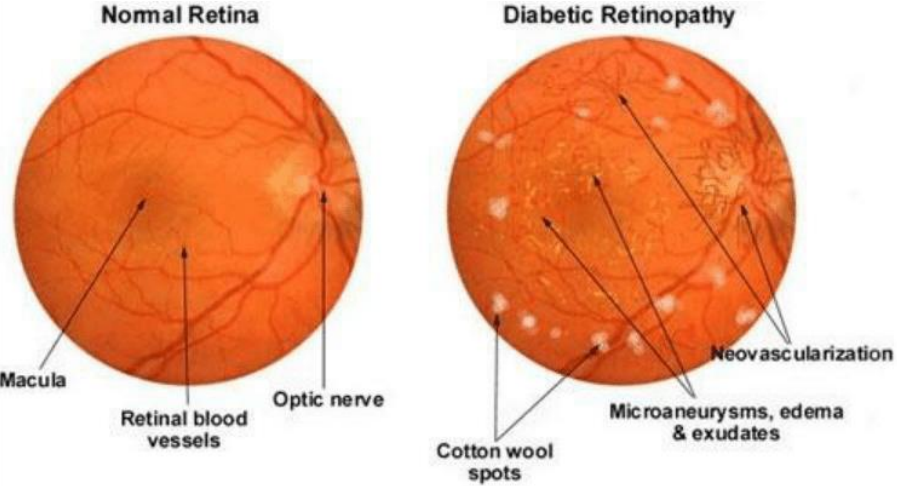
EYE WITH GLAUCOMA



Cataracts



Diabetic Retinopathy



Neurological related conditions

- Brain Tumours
- Stroke
- Epilepsy
- Dementia
- Motor Neurone Disease
- Multiple Sclerosis

- Blurred vision
- Colour defects
- Eyestrain
- Missing patches of vision(Scotoma)-
reduced visual field
- Hemianopia /neglect – most common
- Eyelid problems
- Visual perception issues



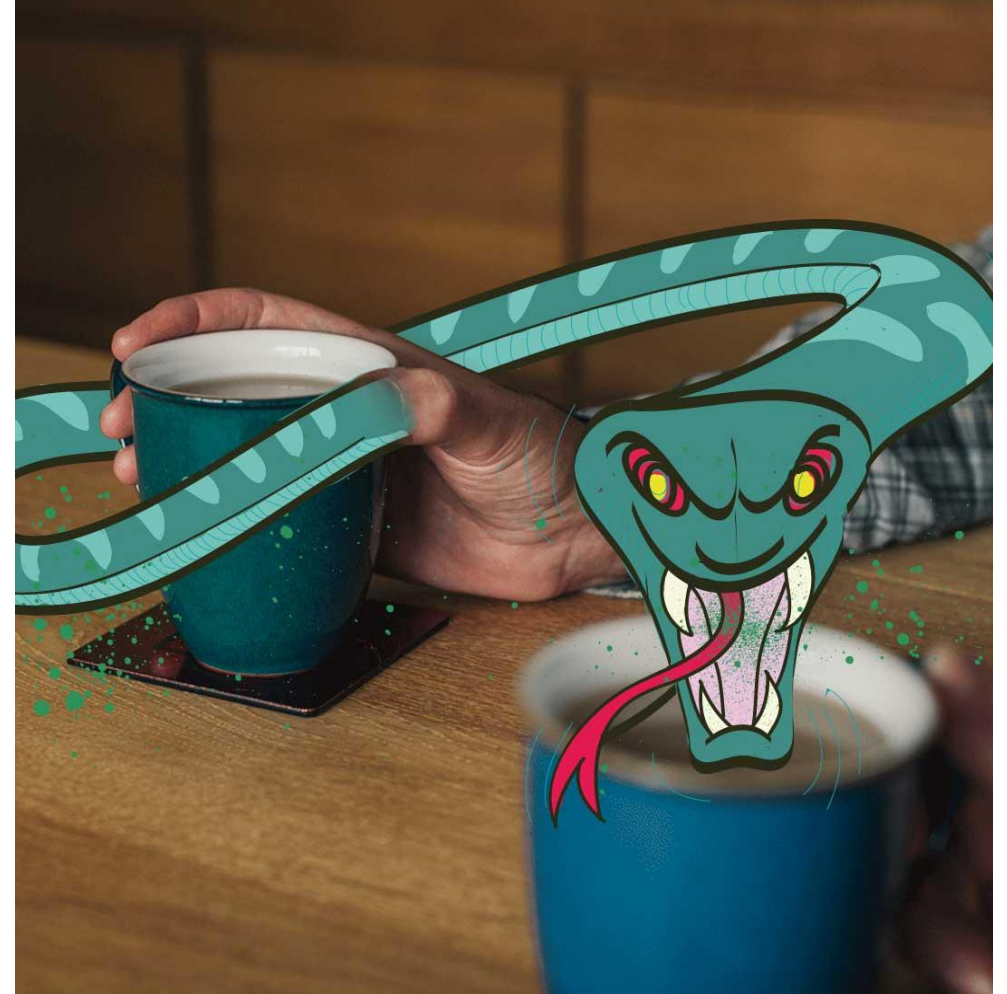
NORMAL VISION



HEMIANOPIA

Other eye conditions:

- **Nystagmus**- eyes move rapidly by themselves- can be side to side, up and down or in a circular motion.
- **Charles Bonnet Syndrome**
Charles Bonnet syndrome causes a person whose vision has started to deteriorate to see things that aren't real (hallucinations). Only **visual** hallucinations.



Recognising Sight Loss in our Residents.



Does a resident have difficulty with.....

- recognising people?
- Not relating to others in social situations
- reading facial expressions?
- being in bright light, low light or both?
- finding things?
- reading or enjoying hobbies?
- managing unfamiliar surroundings?
- locating food on a plate? Leaving food/ Do they knock glasses/cups over?
- using their spectacles, perhaps saying, 'I need new glasses'?
- looking at something without positioning their head and body in an unusual way?

Enhancing our care home environment for Residents with Sight Loss



Communication

- Introduce yourself whenever you meet the resident & let them know when you leave
- Let them know who else is around
- Use a person's name at the beginning of a conversation so they know you are talking to them.
- Be precise with your language- give descriptions e.g. your drink is to the top right
- Avoid the word 'there' & pointing- it means nothing if you cant see where 'there' is!
- Don't avoid sight related language e.g. 'did you see' on TV.
- Warn the resident before you do anything e.g. hoisting
- They may not pick up on non verbal communication e.g. smiling when making a joke so do consider this.

The three 'B's

Brighter to
increase contrast

Bigger

Bolder

Audio

Menus & Activity Programmes etc.

- Good lighting –makes brighter
- Good contrast – black on white; black on yellow
- Large print- minimum 16 font
- Magnification
- Write using wide black felt pen
- Audio
- email
- Alexa – for making lists, reminders

Physical surroundings

- Ensure adequate lighting in rooms- avoid shadows
- Be aware of glare coming from windows or bright lights-vertical blinds, anti glare film; fitover glasses
- Return items to exactly where they were.
- If sorting items e.g. clean laundry tell the resident where you have put an item
- Avoid clutter or leaving items on the floor
- Avoid protruding furniture
- Use contrast to help

Mobility

- Residents with sight loss should be as involved in life in the care home as much as fully sighted residents.
- Is the environment safe enough to allow a resident with sight loss to mobilise independently if they are able?
- Have they been shown routes e.g. to the dining room & hazards highlighted?
- Are you confident to guide a person with sight loss and identify and communicate and hazards? E.g. steps, changes in lighting, changes in flooring, protruding items, laundry trolleys etc.

Leisure

- Ensure good lighting during leisure activities
- Are residents able to access information e.g. menus, activity programmes in a recognised format e.g. large print, audio
- Use large playing cards, Scrabble, dominos etc.
- Large print books are available from local library- some deliver
- Use audio versions of books, newspapers, magazines by download, CDs, USB player or Alexa
- Large print music is available.
- Alexa or Hey Google allows access to music, audio books, making phone calls

Mealtimes

Place food on contrasting coloured plate

Describe contents of the plate to the resident using a clock face e.g. broccoli is at 1 o'clock, chips at 10 o'clock

Place meat nearest to the resident i.e. 6 o'clock to ease cutting

Not everyone needs their food cutting for them. Ask what they want.

Ensure residents are using their close distance spectacles for eating ('readers')

Introduce a task light onto the table to increase visibility if necessary.



**SIGHT
ADVICE**
SOUTH LAKES

Addressing the specific needs of Individuals with Sight Loss



Supporting Specific Needs

- Speak to the individual about how their sight loss is impacting them. Consider:
 - communication,
 - the home environment,
 - dealing with the day to day
 - moving around.

Communication

- What information does the resident need? Can they see people coming in? Can they recognise faces?
- If guiding them how much information do they want?
- What format should information be in? menus? List of events?
- Using the phone? Technology?
- **Record in Care Plan**

Dealing with the day to day

- Self care- sufficient light to identify clothes; choosing clothes; identifying toiletries; sufficient light to use mirror;
- Leisure- hobbies; reading books, newspapers, magazines; accessing the TV/radio; using technology
- Using the phone/technology/telling the time
- How can they find items?

• **Record in Care Plan**

The home environment

- How are they managing in their room? Lighting; glare; trip hazards; seeing TV;
- Are they able to move around the property safely?
 - Lighting
 - glare;
 - Trip hazards- trailing bedspreads; rugs
 - If ambulant discuss routes within the home. How to identify where they are.
- How would they like to be guided?
- **Record in Care Plan**

External Support:

- Low Vision clinic – for magnification, anti-glare fit over glasses- equipment depends on local service
- Refer to local Sight Loss Charity- practical & emotional support
- Registration by Ophthalmologist as Sight Impaired or Severely Sight Impaired
- Referral to Social Services Sensory Team for assessment

Navigating Dementia & Sight Loss



Dementia & Sight Loss

- 1 in 3 people with dementia experience sight loss.
- May already have sight condition- diabetes & cataracts more likely to lead to dementia
- Certain Dementias may affect parts of the brain handling visual information leading to visual perception difficulties (resident has healthy eyes)
- Dementia & sight loss are both personal journeys- no two cases are alike.

Dementia & sight loss can result in:

- Disorientation
- Misperception and misidentification
- Reduced depth perception/Spatial awareness/ Reduced proprioception- knowing where body parts are **SCUBA GOGGLE sight**
- Increased risk of falls
- Difficulties learning new information e.g. using equipment or tasks
- More dependent
- Weight loss- not seeing food or understanding nutrition
- Potential social isolation

Remember bigger, bolder, brighter



- Good consistent lighting- shadow may be perceived as a hole to step over
- Ensure high contrast – dycem matting, plate guard, mark steps
- Don't use patterned crockery
- Place crockery on plain tablecloth
- Reduce clutter

Other ways to help

- Remember resident's individual needs
- Ensure clear uncluttered environments
- Ensure residents have regular eye checks so any eye conditions can be identified
- Ensure they wear the correct spectacles (clean!)
- Good consistent communication eg
- Describe what is going on around the resident
 - Introduce yourself as you approach
 - Tell them what you are going to do
 - Approach from front- 'Here is your dinner- Ill put it straight in front of you'
 - Be descriptive – your cutlery is by your left hand



Sight Advice South Lakes
116 Highgate, Kendal. LA9 4HE
01539 769 055



Vision Support Barrow & District
67-69 Cavendish Street, Barrow, LA14 1QD
01229 440556



Galloways
12 Victoria Street, Morecambe, LA4 4AH
01524 414846



N-Vision
Princess Alexandra Home, Bosworth Place, Blackpool, FY4 1SH
01253 403 091

Questions?

