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Welcome

Older Persons Service Managers Forum

Hertfordshire

Centre of Excellence
Valid until 07/2023
skillsforcare

Peter Bullen

Relationships Manager, Education, Quality and Integration Dept

Agenda

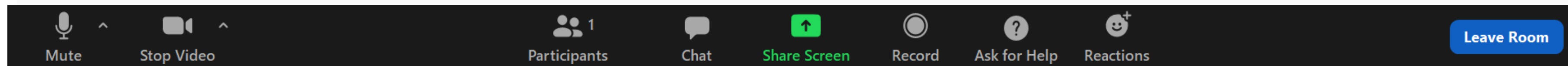
- Housekeeping
- Local updates from HCC
- HCPA education
- "Set the agenda"
- Comfort break
- Mental Health Reform and Break out room discussions
- Bed prevention and equipment, followed by discussion
- IPC
- HCPA member services

Housekeeping

- If you are in the wrong break out room, please click leave and select Leave Breakout room and you will be taking back to main event to be reassigned
- Microphones off unless asked to speak or speaking
- For questions, please add these to the chat box, we will come to these at the end, you may be asked to elaborate over the microphone

In-Meeting Controls

The attendee controls appear at the bottom of your screen. To access the meeting controls, just move your mouse in the Zoom window.



Attendees have access to these features:

Mute or Unmute:

To mute or unmute your microphone, click the ^ arrow next to the picture of the microphone.

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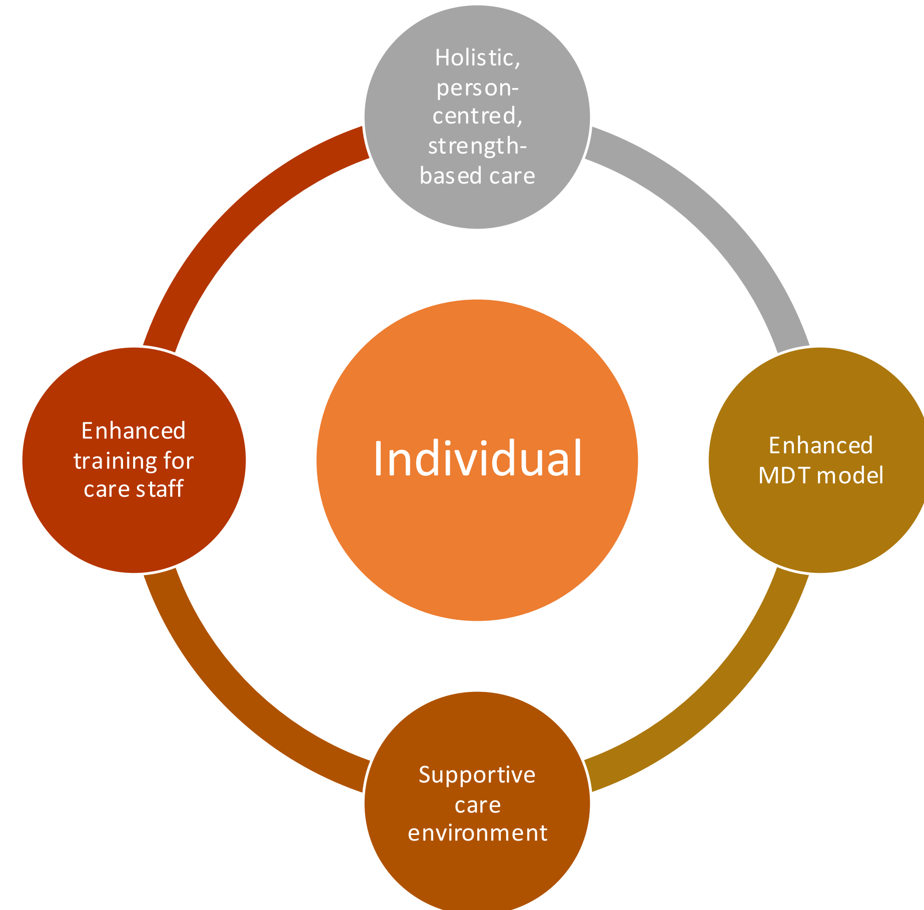
Improving care for people with non-cognitive symptoms of dementia in a care home setting.

Sophie Aldwinckle, Deputy Head of Service, Integrated Accommodation Commissioning.

Summary

- The Sunflower Unit pilot is a 16 bedded nursing home unit providing care for older adults with non-cognitive symptoms of dementia with a team of professionals by best practice:
- Professionals given time to support person-centred, strength-based approach and focus on the person's life story.
- Evidence-based model and with social intervention before medication is considered.
- The care home environment is suitable for care for households of people with non-cognitive symptoms of dementia.
- Improving the training offer to care staff supporting people with non-cognitive symptoms of dementia.
- A public health research and evaluation officer is supporting the project and evaluating the outcomes.



Bob’s story

- Bob (not real name) is a 74-year-old man who lived on his own. He has family who he sees regularly.
- Bob lives with Alzheimer's Disease and began to experience depression. Attempts were made to support him at home, but he was admitted to hospital with acute psychosis.
- When he was in hospital, he experienced delusional beliefs and became distressed. He did not understand why he needed care and wanted to leave the unit when it was not safe for him to do so.
- Bob needed care home support. but it took a further 50 days to find a place. It is common for people with dementia to become “stuck “ in mental health hospital care because of a lack of community support availability.
- The team did “life story” work as a part of Bob’s assessment before he moved to the Sunflower Unit.
- Bob was scared and isolated himself from others by staying in his room. Staff took time to build rapport with Bob and he became more confident and was able to come out of his room.
- Bob has a passion for art. He was happy to share some of his artwork and to teach others.
- Bob’s wellbeing significantly improved during his stay at Sunflower Unit, and he was able to move to a home nearer to his family within just over a month.
- The team worked with Bob’s new care home staff to make sure that the Bob’s life story and the learning on how he is supported was carried over into his new home.

What people said.

“We learned that Bob went to Art College by going into his history and trying to understand who he is, not just his behaviours or his likes and dislikes. What gets him up in the morning? What motivates him? What kept him going when he was going through that awful time in the community?. So, what can we learn from him? That's what changed it for me.”

“Sometimes delusional beliefs can manifest through anxiety. He's saying is ‘I am important’.

“He was teaching us how to draw and he agreed to teach others to draw as well. So again, he was in that position of being able to disseminate not just his knowledge but who he is…And as soon as he knew we were sufficiently invested in him, I think that helped the trust”.

“He's building strong relationships with other people. He likes helping others, he enjoys listening to music. He enjoys drawing in his room. He's been supported to go fishing, and now does this regularly at his new home”.

“Staff continue to work with him to establish a more meaningful activities to do throughout the week with support of his family”.

“The care home has been great for him. He has settled in very well and appears to be miles away from the person who was in crisis”.

Education

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Care Workforce Pathway

Outlining the knowledge, skills, values and behaviours needed to work in adult social care

Education, Quality & Integration

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Pathway explained

The first phase of the pathway focuses on direct care and support roles at 4 levels, each level relating to a role category.

Roles within each category may have different job titles but have a high degree of similarity across the sector.

The role categories are:

- role category A: new to care
- role category B: care or support worker
- role category C: supervisor or leader
- role category D: practice leader

Work underway on phase 2. (Deputy Manager, Registered Manager, Enhanced/Complex care and Personal Assistant roles)

Level 2 Adult Social Care Certificate qualification

- The Level 2 Adult Social Care Certificate has been developed from the widely used Care Certificate standards, and is part of the commitment to recognising our care workforce for the professional career it is.
- Over 50% of the workforce do not hold an accredited qualification
- But is filled with experienced and committed colleagues who deserve to be acknowledged for the skilled care they provide.
- The Level 2 Adult Social Care Certificate qualification provides a route for thousands of staff to gain a recognised qualification, reaffirming care work as a career, and helping to promote recruitment and retain talent.

Level 2 Adult Social Care Certificate qualification

- Improves consistent delivery and portability – The introduction of the Level 2 Adult Social Care Certificate aims to ensure better consistency in portability and standardisation in how the current standards are delivered, achieved, and assessed.

- Digital Skills – highlighted as a key learning and development priority for care workers. The use of digital technologies has been referred to throughout the Level 2 Adult Social Care Certificate qualification criteria.

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It is the intention for the sector to work towards a Level 2 qualification for all staff which is why the new Level 2 Adult Social Care Certificate qualification has been introduced.

Having a more recognised and qualified workforce will offer a greater peace of mind to people who draw on care and support, families, loved ones and care providers, that people with the right skills and values are joining the profession.

The new qualification compliments current level 2 programmes and will be viewed by the Care Quality Commission in line with the existing level 2 options

HCPA Offer – Category A

Care Induction – 5 days

- Role of a Care Professional, Duty of Care and Candour
- Person-Centred Care (Hertfordshire Connected Lives)
- Communication and Safe Information Handling
- Safeguarding Awareness
- Health, Safety & Wellbeing
- Dignity in Care, Equality, Diversity, and Inclusion
- Mental Health, Dementia, Learning Disabilities, Autistic Spectrum Disorder
- Fluid, Nutrition, and Oral Health
- Cultural Awareness

Stopped delivery of Care Certificate with Level 1 Award at cost of £60pp

HCPA Offer – Category B

- Level 2 Adult Social Care Certificate qualification – for those in post for at least 6 months (starting Autumn 2024) (£)
- Emergency First Aid at Work (EFAW) course (£)
- Moving & Assisting open courses
- Wide range of care topic courses

HCPA Offer – Category C

- Level 3 Diploma in Adult Care (£)
- Wide range of care topic courses
- Wide range of Champion courses
- Wide range of leadership courses (team leading, supervisions etc)
- Range of Train the Trainer courses
  - Safeguarding & Capacity
  - Dementia
  - Medication
  - Care Planning
  - Positive Behaviour Support
  - Care Induction
  - Moving & Assisting (£)

HCPA Offer – Category D

- Level 4 Certificate in Principles of Leadership & Management in Adult Care (£)
- Wide range of care topic open courses
- Wide range of Champion courses
- Wide range of care manager responsibilities/governance courses
- Wide range of leadership courses
- Range of Train the Trainer courses
- INSPIRE/Succession Planning leadership courses (£)
- Cultural Transformation courses (£)
- TEAMology (£)

Funding Draft

The Learning and Development Support Scheme

- digital online claims service
- administered by NHS Business Services Authority (NHSBSA)
- allows care providers to claim back funding for certain courses and qualifications (up to cap) upon completion and certification
- includes the Level 2 Adult Social Care Certificate qualification funding- HCPA cost TBC
- a combined claims model will apply, wherein employers must claim 60% of the reimbursement value upon their employee starting the qualification, with the remaining 40% reimbursement provided upon proof of course completion.

Funding

The Learning and Development Support Scheme

- ASC employers must complete, or have completed, the ASC-WDS. Once the new account is verified and the onboarding process is complete, eligible ASC employers can submit claims on behalf of their employees.
- To claim, employers will need to provide evidence as outlined in the 'Evidence requirements'

Non-UK Nationals

- Care staff do not need to have British citizenship to qualify for the Learning and Development Support Scheme as long as they are legally employed in England and have a UK National Insurance Number.

Clinical

- Range of End-of-Life topics
- Pressure Damage Prevention
- Skin Integrity and Healing
- Wound Management Non-Clinical
- Wound Management Clinical
- Tiered dementia Education
- Mental Health conditions
- Catheter Care and Continence Awarness
- Nutrition and Hydration
- Diabetes
- Basic Health Observation and Deterioration

New STAN+

Maintaining staff skills and ensuring they meet national standards is essential for delivering high-quality care, in line with the CQC guidance.

CQC emphasises the importance of staff being competent, qualified, and **appropriately trained** to meet the **needs of those they care for**.

STAN+ supports Care providers by identifying **staff training needs**, ensuring they are equipped to deliver high-quality, **personalised** care. It also offers valuable insights into staff confidence in their knowledge and skills within their role, while providing feedback on key areas of the business.

The new **Care Service Specific STAN+** has been designed to **focus on the conditions** of the individuals a service supports to ensure that staff are confident, competent and knowledgeable in the needs of individuals to deliver the best quality care.

There are 4 options available dependent on service type:

- Older People Residential & Nursing
- Older People Homecare
- Adult Disability
- Mental Health

New STAN+

STAN+ aims to:

- Identify training needs tailored to the care providers service type
- Ensure individuals receiving care have their care needs met by knowledgeable staff
- Gather staff feedback on key areas of the business
- Provide comprehensive reports with clear recommendations
- Signpost to training and education based on identified needs available locally
- Signpost to relevant sections on the HCPA Resource Library

PLUS is:

- An aide for monitoring visits, significantly supporting the process
- Part of the journey to become an HCPA Gold Member

Reminder e-learning guidance

If using e-learning, you will need to be able to explain **why** and **how** you have used this. E-learning is part of a blend of training interventions and should **always** be followed by supervision with a person who is competent in the subject area and able to ask appropriate questions. It should absolutely be linked to competencies and supervisors should always **observe practice**.

It is always good practice in supervisions to discuss and record any training the Care professional has undertaken.

Training staff should **never be a tick box exercise**. This is an increasing issue of concern to monitoring officers and quality inspectors and is causing some providers to fall below expectations at inspections.

There are some reputable systems that can be used to **support** face-to-face training.

What are you seeing with regards to E-Learning as we feel there is an increase?

Care Provider e-learning Guidance

Hertfordshire Best Practice guidance for the use of e-learning

Hertfordshire hcpa

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Training staff should **never be a tick box exercise.** This is an increasing issue of concern to monitoring officers and quality inspectors and is causing some providers to fall below expectations at inspections.

This is a multi-agency agreement. Guidance has been agreed by HCPA, HCC Learning & Development, HCC Monitoring and NHS Quality Monitoring.

- e-learning should **not** be a replacement for face-to-face training provided by an approved trainer.
- e-learning is **never** a sufficient or satisfactory means for induction training.

- e-learning **may** be useful when you have identified a gap in knowledge (perhaps through supervision) and there is no other suitable training available.
- e-learning **may** be used as a temporary measure (you will need to show a training plan of when the person is booked onto face to face training).

- e-learning **can** be used to prepare someone for training (e.g. to provide a general awareness of a subject prior to undertaking higher level training, or to increase confidence because they may feel "out of their depth" in the training session e.g. if English is not their first language).
- e-learning **can** be used as an assessment of learning once face to face training has been undertaken. A test will provide you with a written assessment.
- e-learning **can** be used as a refresher for some subjects, however never for subjects which require a practical element.

Care Professional Academy

Do your staff need **easy**, **safe** tracking of all training **certificates**?
Staff can sign up to The Care Academy individually, or as a Company you can get your own **Provider Portal** to store and track your team's training. Visit **careprofessional.co.uk**

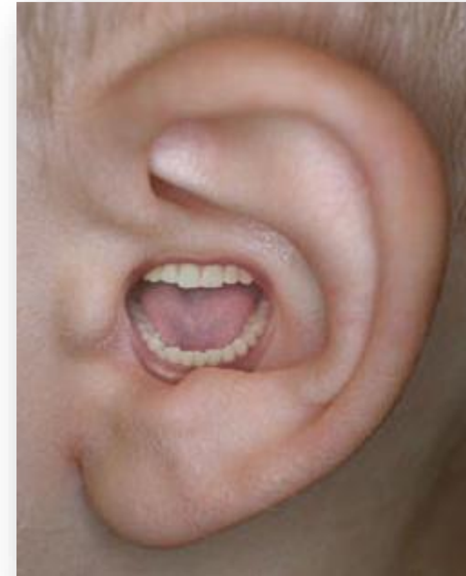
Smooth seas do not make skilful sailors

Challenges & Solutions

https://forms.office.com/e/JbTzQjgRsg

"Set the agenda"

- *What are your challenges?*
- *How can we help?*



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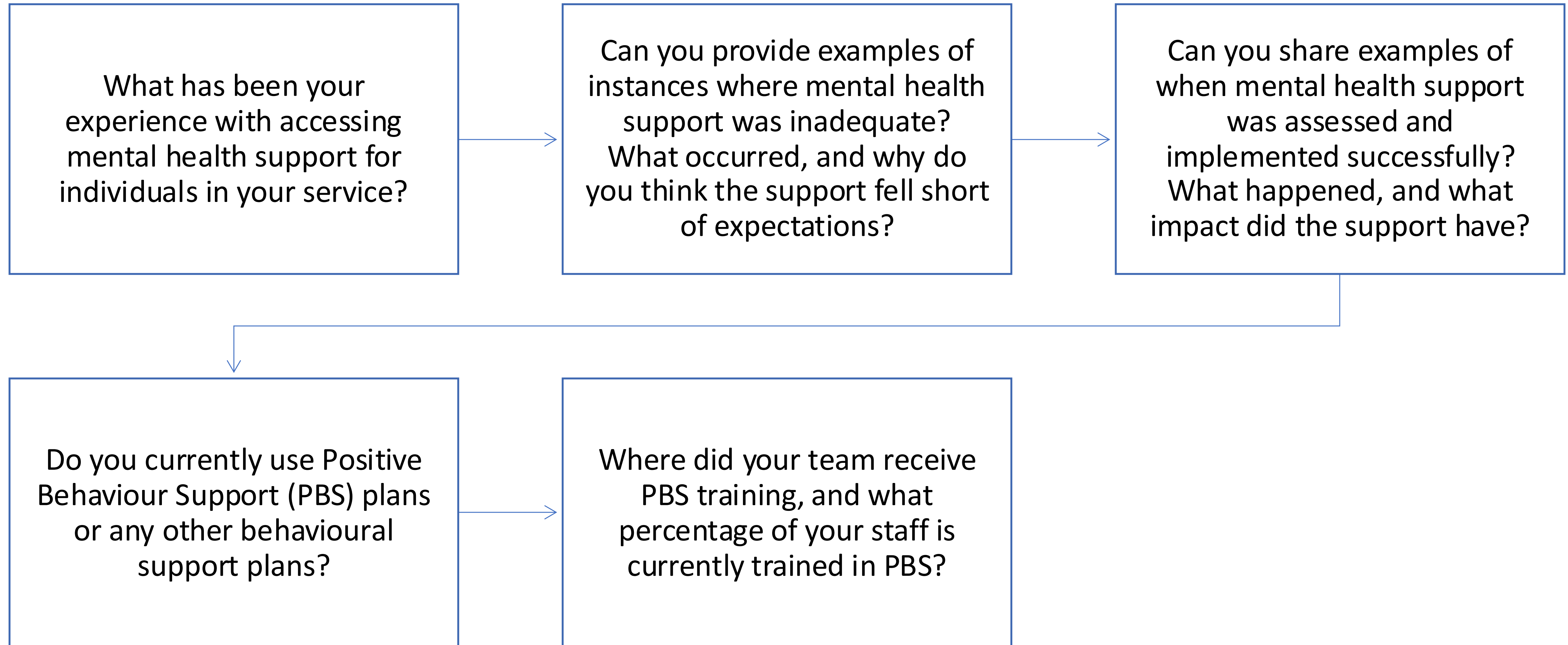
Comfort Break

Mental Health Act Reform Guidance 2023

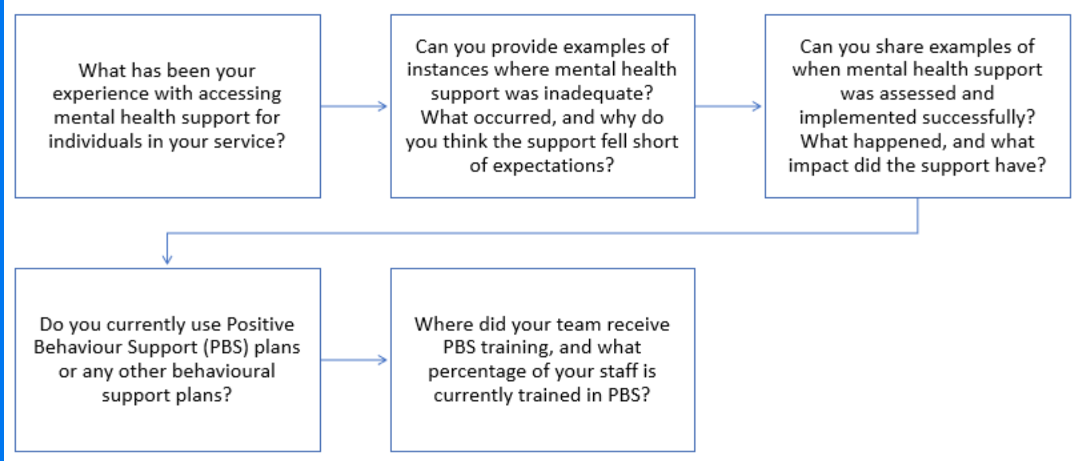
- Ensure that detentions and treatment made under the MHA are necessary
- Strengthen the voice of patients
- Improve and expand the roles and powers of people who represent detained patients
- Limit the detention of people with a learning disability and/or autistic people under the MHA to 28 days where there is no co-occurring mental health condition
- Introduce duties on commissioners to improve understanding of the risk of crisis amongst people with a learning disability and/or autistic people in their local area
- Revise the criteria for the use of Community Treatment Orders (CTOs), and enhance the professional oversight required for any CTO
- Introduce a new 28-day time limit for transfers from prison to hospital
- Introduce a new form of supervised community detention

MHA Reforms and Implications for the All Age Dynamic Support Register and Care (E)Treatment Reviews (Adult focus)

Feedback questions



Breakout Room Discussion



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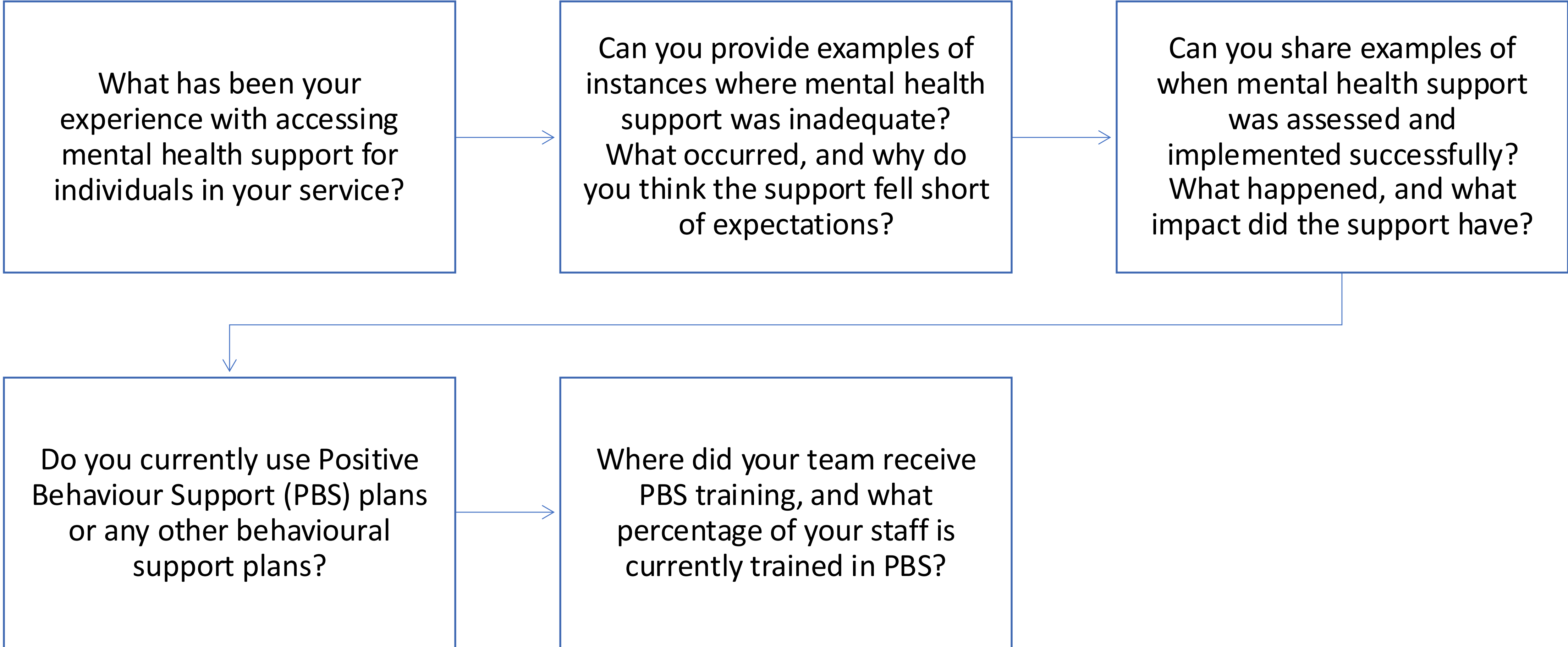
Feedback questions



Bed Care prevention and supportive equipment for care homes

Stephanie Clarke

Occupational Therapist

HCPA & Hertfordshire County Council

- How many people do you see who are cared for in bed???
- What percentage of residents in your home are cared for in bed?

WHAT IS BED CARE: WHY TERMINOLOGY IS IMPORTANT

BED CARE

- Person's care needs all center around them being in bed
- Likely are managed in bed long term
- No official definition of 'Bed Care'

Often no formal decision made but something that happens over time

BED REST

- Person's care needs can fluctuate between bed care or have opportunity to be managed out of bed (temporarily)
- Bed rest is usually temporarily and part of a treatment plan due to illness.
- "restriction of a patient's activities, either partially or comp letely"(Medical Dictionary)

WHAT ARE THE RISKS OF BED CARE?

RISKS OF STAYING IN BED?

- Isolation: being alone in a room:
- Pressure Sores
- Impact on choices: where/how they live
- Lack of socializing
- Limited access to their home environment
- Loneliness
- Muscle weakness/wastage
- Distorted body shape: Contractures/spasticity
- Depression/Low mood
- Overall well-being
- All the above means that more complex care is required

WHY IS THIS IMPORTANT?

RESTRAINT

The Mental Capacity Act's definition of restraint means:

If you want to do something to, or for, a person who lacks capacity to consent or refuse this intervention, you are restraining them if you:

- **Use, or threaten to use, force to make the person do something they are resisting,**

OR

- **Restrict their freedom of movement, whether they resist this or not.**

Keeping someone in their bed can be considered restriction and therefore Depriving them of their liberty

If a person who 'lacks capacity to consent to the arrangements necessary to give them essential care or treatment' – they can't consent to their care plan and is deprived of their liberty if they are;

- Under complete and effective care and control of staff; *and*
- Not free to leave.

(UK Supreme Court 2023)

LAWFUL PRACTICE

How do we ensure we are compliant?

There are extra conditions to meet for restraint to be lawful.

Staff are only protected by the law if, as well as showing in their records evidence of someone's lack of capacity, and that it's in their best interests, they also show that the restraint is both:

- Necessary to prevent harm to this person
- A proportionate response to how likely this harm is, and how serious it would be.

e.g Mr X is only able to be managed in bed as he does not have a chair suited to his needs and is at risk of falling or slipping from a standard armchair. He has been assessed and a chair has been recommended. He is being supported with bed rest whilst awaiting provision of chair.

REASONS FOR BED CARE AND HOW TO EXPLORE THE BARRIERS CAUSING THEM

REASONS FOR BED CARE-BARRIERS

MEDICAL CONCERNS

-Pressure sores
-Pain
-Feeling weak tired
-Posture and Positioning (breathing)
-Contractures
Palliative
-Poor communication from professionals

MOVING & HANDLING CONCERNS

-Difficulty with transferring out of bed
-Inappropriate transfer equipment.
-Contractures

CHOICE/BEHAVIOUR

-May want to stay in bed
-May not understand what's being asked
-Fear
-Familiar
-Reduced Motivation
-Loss of independence

SEATING

-Unable to sit in a standard chair/slipping
-Discomfort

DECISION MADE FOR PERMANANT BED CARE

-Person is so severely contracted they are unable to sit out

BARRIERS

CHOICE/BEHAVIOUR

-May want to stay in bed
-May not understand what's being asked
-Fear
-Familiar staying in bed
-Reduced Motivation
-Loss of independence

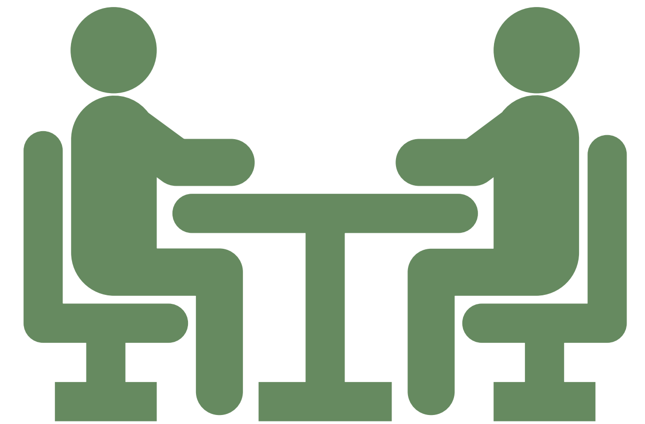
- A PERSON MAY STATE THEY DO NOT WANT TO GET OUT OF BED, DO THEY UNDERSTAND? OPINION OF NOK
- CONSIDER WHAT HAS CAUSED THIS CHANGE
- GENTLE ENCOURAGEMENT
- IS IT IS RELATED TO OTHER CONDITIONS/PAIN? IS THERE A RECORD OF A HISTORY OF ANY ISSUES
- DO THEIR CHOICES FLUCTUATE? IS THIS EFFECTED BY OTHER FACTORS?
- HAS MOOD BEEN REVIEWED RECENTLY?
- FOCUS ON WHAT THEY CAN DO : DON'T DO THINGS FOR THEM IF THEY CAN DO IT!
- HAS **MEANINGFUL ACTIVITY** BEEN USED TO ENCOURAGE? **LIVING WELL THROUGH ACTIVITY**

ILL HEALTH/PALLIATIVE CARE

- RESPECT WISHES OF THE PERSON
- IF FAMILY ARE AVAILABLE AND THEY ARE NOT SURE GET THEM INVOLVED IN THE DECISION PROCESS.
- SEEK PROFESSIONAL SUPPORT PARTICUALRY WHERE THERE IS PAIN OR EXTREME FRAILITY INVOLVED
- PLAN A TRIAL IF THE PERSON HAD NO ISSUES AND HAS BEEN ABLE TO BE TRANSFERRED WITH NO PROBLEMS WITHIN THE LAST MONTH.

HOW TO ENSURE SUPPORTIVE BED CARE

- Discussion with the person/NOK
- MDT Discussion: Informing GP during rounds, care staff and engagement leads
- Documentation making clear the date this was decided and on the front page of care plan.
- Weighing plan: how are they going to be weighed.
- Posture & equipment considerations: Referral to Community PT/OT- Wendyletts. Posture equipment.
- Focus on GOALS



CONTRACTURE AWARENESS AND PREVENTION

CONTRACTURES

Contractures in nursing home residents have been under-reported (Müller et al, 2013) but a systematic review by Offenbächer et al (2014) estimated the prevalence of contractures in nursing homes to be 55%.

Wagner et al (2008) found that, of 273 frail, older nursing home residents, 61% had contractures.

CONTRACTURES: HOW DO THEY DEVELOP

- When a person is not moving regularly
- Often when they are unable to move without assistance; the result of a stroke, injury, dementia- assuming a position may be more comfortable (arthritis/burns)
- Staying in a chair or bed for long periods of time
- Poor positioning in bed or chair
- Insufficient exercise for those with paralysis

Dorset, Bournemouth & Poole Safeguarding-NHS

WHO IS AT RISK?

Table 1. **Contracture risk assessment**

Risk level	Risk factors	Tick
Significant presentation – urgent action	• Already presenting with contractures	❑
	• Confined to bed	❑
	• Spasticity/high tone in some muscles	❑
High risk	• Neurological deficit, eg stroke/head injury	❑
	• Progressive neurological condition, eg multiple sclerosis/ progressive supranuclear palsy/Parkinson's	❑
	• Lifelong neurological condition, eg cerebral palsy/ muscular dystrophy	❑
	• Dementia	❑
	• Trauma/burns	❑
Moderate risk	• Musculoskeletal problems, eg arthritis/fracture	❑
	• Cognitive impairment – moderate to high	❑
	• Concordance issues (detail reason in notes section)	❑
	• Joint pain/stiffness on movement	❑
	• Resistant to staff giving care/repositioning	❑
	• Assistance with mobility/hoisted	❑
Low risk	None of the above identified	

IMPACT OF CONTRACTURES ON THE PERSON

IMPACT OF CONTRACTURES ON THE PERSON

- Increased pain Impaired motor function
- Reduced mobility, range of movement
- Swallowing/Nutrition
- Comfort
- Reduced range of movement
- Loss of function for Activities of Daily Living (ADL's)
- Social participation/ isolation
- Quality of Life is affected
- Pressure sores
- Hygiene and Infections

IMPACT AS A PROVIDER

- Loss of reputation
- Risk of litigation
- Contractual Sanctions
- Difficulty Transferring
- Staff morale
- Difficulty moving and handling (rolling, fitting slings, clothing & personal care).
- Individuals have more intensive care needs

CAN WE UNDO CONTRACTURES ?

- Studies have been completed in care homes & with SIGNIFICANT input involving expensive equipment, specialist therapists & around the clock care from trained carers to undo the damage from contractures as well as medication (botox).

- This is dependent on the person, pain relief, compliance, availability of staff and resources.

WHAT CAN WE DO?

EARLY RECOGNITION

Early recognition to prevent contractures is considered the best solution for contracture management (Jamshed and Schneider, 2010).

Early intervention safeguards individuals and could reduce the health and social care costs associated with contractures.

At present, there is no recommended risk assessment tool, and nurses and care assistants have limited access to education and training; this makes it more difficult for them to develop the knowledge and skills needed to identify residents who would benefit from early intervention to limit the progression of contractures (Sackley et al, 2009).

CAN YOU ADD RISK OF DEVELOPING CONTRACTURE CONSIDERATIONS INTO YOUR CARE PLAN

Can we get a risk assessment in place once a person is cared for in bed or in chair for long periods of time and add this to the moving and handling/mobility section?

EQUIPMENT CONSIDERATIONS

The key is using symmetry and balance and a supportive surface. With considerations of comfort and pressure relief.

PREVENTION AND EARLY RECOGNITION IS KEY.

Training! Train your staff to attend Bed Care Prevention Training!

Ensure people have appropriate seating & postural support and are sitting out or moving regularly.

Make referrals for support when necessary! Physio's and OT's will provide advice but not equipment. Also inform clinical leads, GP, for advice. Can botox be considered if it is having an impact on their health/function.

Inform the engagement leads: are they able to keep a close eye to motivate the person? Liase with family to ensure there is appropriate life history for everyone to motivate and encourage that is meaningful to them. Exercise Groups?

Try and maintain flexibility with some active movement: hand over hand assisted feeding, brushing teeth, this can be shared with family if you have concerns with their level of movement so they too can join in.

Keep a close eye on muscle tone and any tightening and inform clinical leads Can this be incorporated into their care plan?

WHAT IS YOUR ROLE?

- Current legislation and guidance do not always provide clear-cut answers to certain questions concerning the provision of equipment in care homes. RCOT 2023

- Homes have the job of understanding their role in provision of equipment and enforcing discussions with their local authorities so that these standards can be preserved.

- Do you know your role in equipment provision?

Overarching principles

The Royal College of Occupational Therapists would urge all partners to hold to the following principles and standards when planning and providing equipment to care home residents:

1. Residents of care homes have the same access to a needs assessment, with the provision of equipment and other services, as any other resident in their local area (DHSC 2018, section 6.13; DH 2013, section 47b and UK country equivalent guidance).

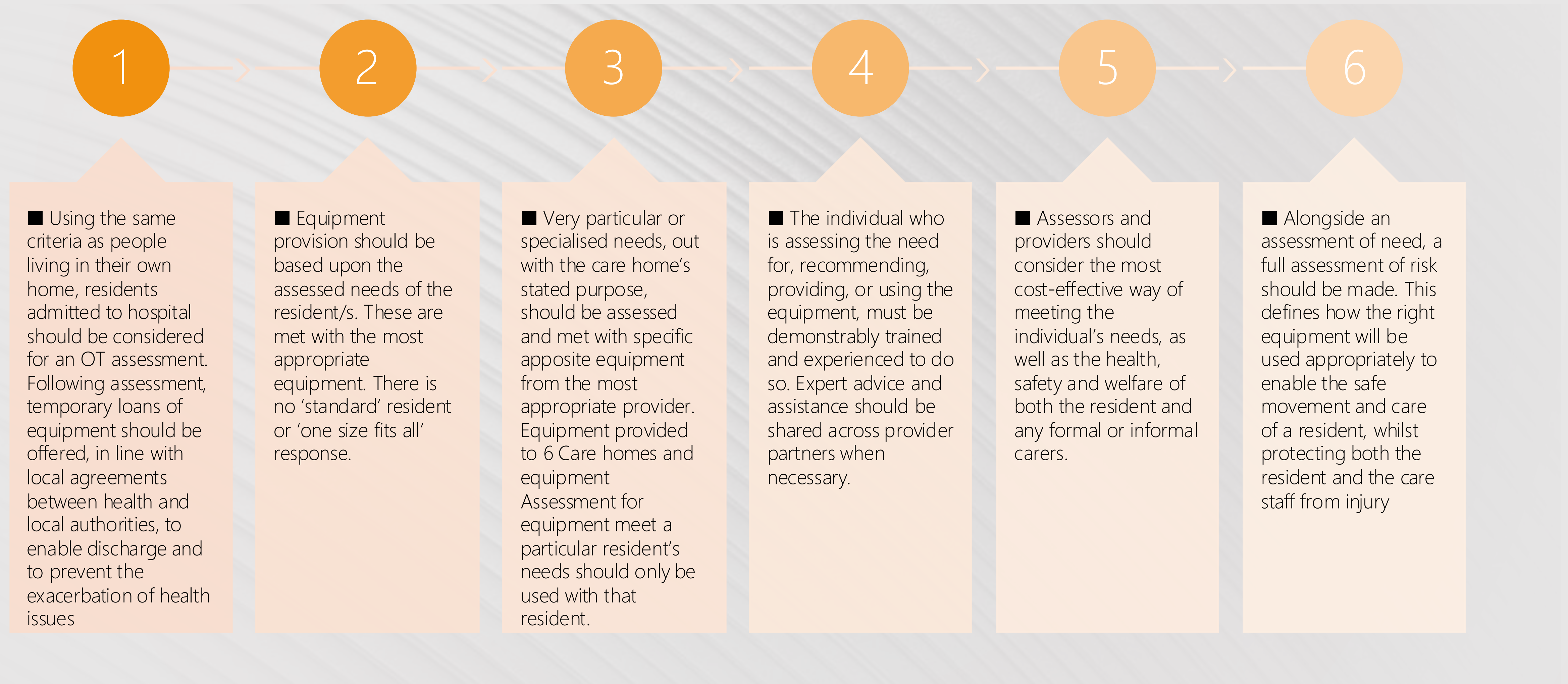
2. The focus of the **planning and provision of equipment to care homes starts with the residents and their needs**, **with their chosen goals or outcomes** (DHSC 2018, section 1.1). Equipment is a tool to enhance wellbeing, enabling a person to actively and safely participate in occupations (everyday activities).

3. No single organisation can step back from their responsibility to be part of a comprehensive service to care home residents.

4. The **totality of equipment provision services in an area are primarily shaped by the needs of residents, not by funding structures**. Provider partners plan and work together to prevent delays in equipment provision.

Equipment Assessments

The following principles apply to assessment of equipment and should guide practice:



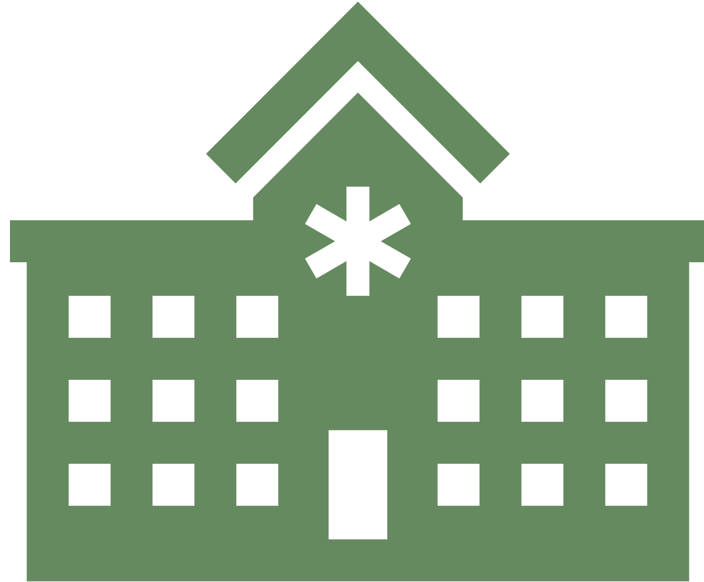
EXPECTATIONS OF RESIDENTIAL HOME

The standard equipment which a care home may be expected to have would equate to that which is widely available to end users in their own homes.
Standard equipment may be of the type that will:

- ■ be used by more than one person;
- ■ be frequently/regularly used by the end user
- ■ support care given by informal or funded carers
- ■ support general personal or nursing care
- ■ assist activities of daily living and enable independence
- ■ be issued without the requirement for an advanced assessment;
- ■ be for short-term or long-term needs
- ■ support a safe environment for users.

Although care homes are expected to have a range of equipment to meet variations in height, weight, size and support needs, this list would suggest that items of equipment specifically tailored to meet one resident's needs and not suitable for use by other care home residents would be supplied by the community equipment service and not the care home

GET SUPPORT



- Local authorities must undertake an assessment for any adult with an appearance of need for care and support … Wherever an individual expresses a 5 Royal College of Occupational Therapists Assessment for equipment need (previous slide), or any challenges and difficulties they face because of their condition(s), the local authority should ensure that it has established the impact of that on the individual's day-to-day life.

- For example where an adult expresses a need regarding their physical condition and mobility, the local authority must establish the impact of this on the adult's desired outcomes … During the assessment, local authorities must consider all of the adult's care and support needs, regardless of any support being provided by a carer. (Adapted from DHSC 2018, section 6.13–6.15) Can this be discussed in their annual review?

- Be prepared to provide details as to why your own moving and handling lead is unable to assess to ensure appropriate time is allocated to professionals.

TYPES OF SEATING

Standard Armchair

Recliner/riser recliner chair

Integra tilting chair/Bucket chair

Specialist Tilt in Space Chair

FINANCIAL RESPONSIBILITIES- PROVIDING SEATING

- Work with local authorities and families
- Document how it is being managed and who is involved and what the specific issues are with standard seating.
- Can you attend seating training to advise? HCPA
- Have you tried anti slip mat/ recliner chairs
- Discuss with family
- Be open to considering second hand chairs
- Contact Hertfordshire Equipment Services for any support with Servicing or maintenance.
- Get OT support if needed

Tilt in Space Shower chair

- Encourages regular sitting out even for short periods of time
- Thorough personal care
- Familiarity in siting out
- Increases movement and encourages flexibility of joints.
- Try with a gentle stream and ensure the temperature is to their liking! Do family know whether they likes hot showers|?

THANK YOU FOR LISTENING!

Courses to book on to:

- **Bed Care Prevention**
- **Equipment in Care Home**
- **Activities and Engagement Workshops**

References

- Care Quality Commission (2018) Regulation 13: safeguarding service users from abuse and improper treatment. Newcastle: CQC. Available at: https://www.cqc.org.uk/guidance-providers/regulationsenforcement/regulation-13-safeguarding-service-usersabuse-improper Care Quality Commission (2015)
- Guidance for providers on meeting the regulations. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended).Care Quality Commission (Registration) Regulations 2009 (Part 4) (as amended). Newcastle: CQC.
- College of Occupational Therapists (2016) Care Act 2014: guidance for occupational therapists – prevention. London: COT. Daley O, Casey J, Martin S, Tierney M, McVey O (2016) The effectiveness of specialist seating provision for nursing home residents. Limavady:
- Seating Matters; Belfast: University of Ulster. Available at: https://seatingmatters.com/wp-content/ uploads/2016/01/Seating-Matters-Clinical-ResearchOverview.pdf Department of Health (2013)
- NHS-funded nursing care: practice guide. London: DH. Available at: https://assets.publishing.service.gov.uk/government/ uploads/system/uploads/attachment_data/file/211256/ NHS-funded_Nursing_Care_Best_Practice_Guidance.pdf

Health Protection Update: September 2024

Tanya Brady - Senior IPC Nurse

Overview

This update will provide information on the main vaccination campaigns this Winter, including:

- Respiratory Syncytial Virus
- Influenza vaccination
- Covid-19 vaccination

In addition, an update will be provided on:

- Mpox clade1
- IPC Guidance updates

Respiratory Syncytial Virus (RSV) Vaccination

A new Respiratory Syncytial Virus (RSV) Vaccination Programme will commence from September 2024

What is Respiratory Syncytial Virus (RSV)?

- Respiratory Syncytial Virus (RSV) is a common respiratory virus that that can cause serious lung infections. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and infants.

- RSV has a considerable impact on individuals and NHS services during the winter months.

- RSV accounts for around 30,000 hospitalisations in children aged under 5 and is responsible for 20 to 30 infant deaths. It also causes around 9,000 hospital admissions in those aged over 75 causing severe illness and mortality.

RSV Vaccination Programme 2024-25: Who is eligible?

Programme for older adults aged 75-79 years.

- All adults turning 75 years old on or after 1 September 2024 will be offered a single dose of the free RSV vaccine.
- Those eligible can get the vaccine up to the day before they turn 80
- For the first year of the programme, the vaccine will also be offered to those who are already aged 75 to 79 years old on 1 September 2024 as part of a catch -up programme.

Programme for pregnant women to protect the infant.

- All women who are at least 28 weeks pregnant on 1 September 2024 will be offered a single dose of the RSV vaccine to protect their baby.
- After that, pregnant women will become eligible as they reach 28 weeks' gestation and remain eligible up to birth.

Influenza Vaccination

- Flu vaccination remains a critically important public health intervention to reduce morbidity and mortality in those most at risk including older people, pregnant women and those in clinical risk groups.

- Flu vaccination helps the health and social care system manage winter pressures by helping to reduce demand for GP consultations and likelihood of hospitalisation. Getting vaccinated will help to prevent transmission of flu.

Influenza Vaccination: Who is eligible?

From September 1st 2024:

- Pregnant women
- All children aged 2 or 3 years on 31 August 2024
- Primary school aged children (from Reception to Year 6)
- Secondary school aged children (from Year 7 to Year 11)
- All children in clinical risk groups aged from 6 months to less than 18 years.

From 3 October 2024:

- People aged 65 years and over
- People aged 18 years to under 65 years in clinical risk groups
- Those in long-stay residential care homes
- Carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person.
- Close contacts of immunocompromised individuals
- Frontline workers in a social care setting without an employer led occupational health scheme
- All frontline health care workers

Covid-19 Vaccination

The primary aim of the COVID-19 vaccination programme remains the prevention of severe illness, hospitalisation and death arising from COVID-19. The focus is to offer vaccination to those most likely to directly benefit from vaccination, such as those with underlying health conditions that increase their risk of hospitalisation.

The groups to be offered a COVID-19 vaccine in autumn/winter 2024/25 are:

- Residents in a care home for older adults
- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group, as defined (as defined in tables 3 or 4 in the COVID-19 chapter of the Green Book)
- Pregnant women
- Frontline health and social care workers and staff working in care homes for older adults

Campaign Timing

Care homes and housebound

- Primary care networks are to prioritise vaccinations of residents in older adult care homes and those who are housebound as soon as vaccination is available.

National Booking Service (NBS)

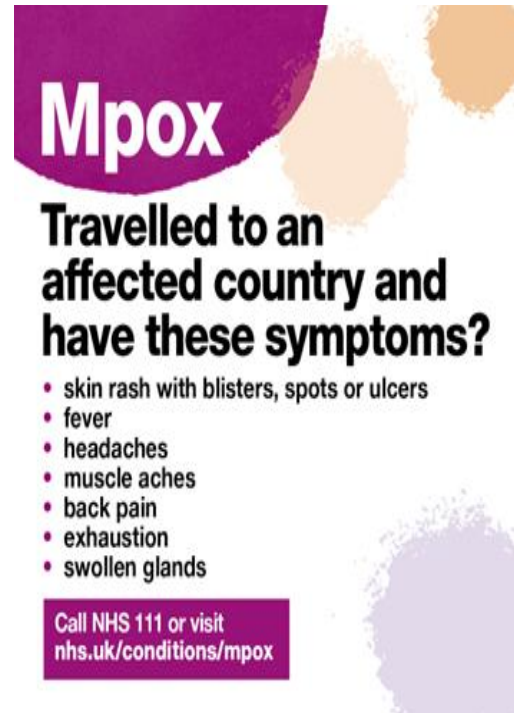
- The NBS will be opened for participating sites to post COVID-19 and flu appointments from Monday 16 September 2024.
- It will be open for bookings from the public from Monday 23 September 2024. The last available appointment date on NBS will be Friday 20 December 2024 for both flu and COVID-19.

Vaccination of health and social care workers

- For frontline health and social care workers and staff working in care homes for older adults' employers will be asked to signpost these staff to the most convenient vaccination offer.
- This may be through NBS, where staff can self-declare their eligibility and receive a free vaccination through the NHS.

Mpox clade 1 situation

- Mpox is a viral infection that spreads through close, person-to-person contact. Like many diseases caused by a virus, mpox has different types or 'clades'. There are two major clades of mpox, known as clade 1 and clade 2.
- Clade 2 mpox has been present in the UK since 2022. Clade 1 mpox has previously only been reported in five countries in Central Africa but there is now increasing transmission of Clade 1 mpox in several countries in the Africa Region.
- Anyone can catch either clade of mpox, as it spreads through close contact (including intimate or sexual contact) with someone who has the mpox virus, and through contact with contaminated materials. Mpox does not spread easily between people unless there is close contact.
- No cases of mpox clade 1 in the UK
- Risk to UK population and the social care sector remains low
- UKHSA is actively monitoring the situation and supporting preparedness including advice relating to travel.
- [Mpox - NHS (www.nhs.uk)]



ASC IPC Guidance

It is essential that providers continue to follow ongoing infection prevention and control (IPC) guidance:

Infection prevention and control in adult social care settings - GOV.UK (www.gov.uk)

Infection prevention and control in adult social care: acute respiratory infection - GOV.UK (www.gov.uk)

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- Engagement CHAMPION
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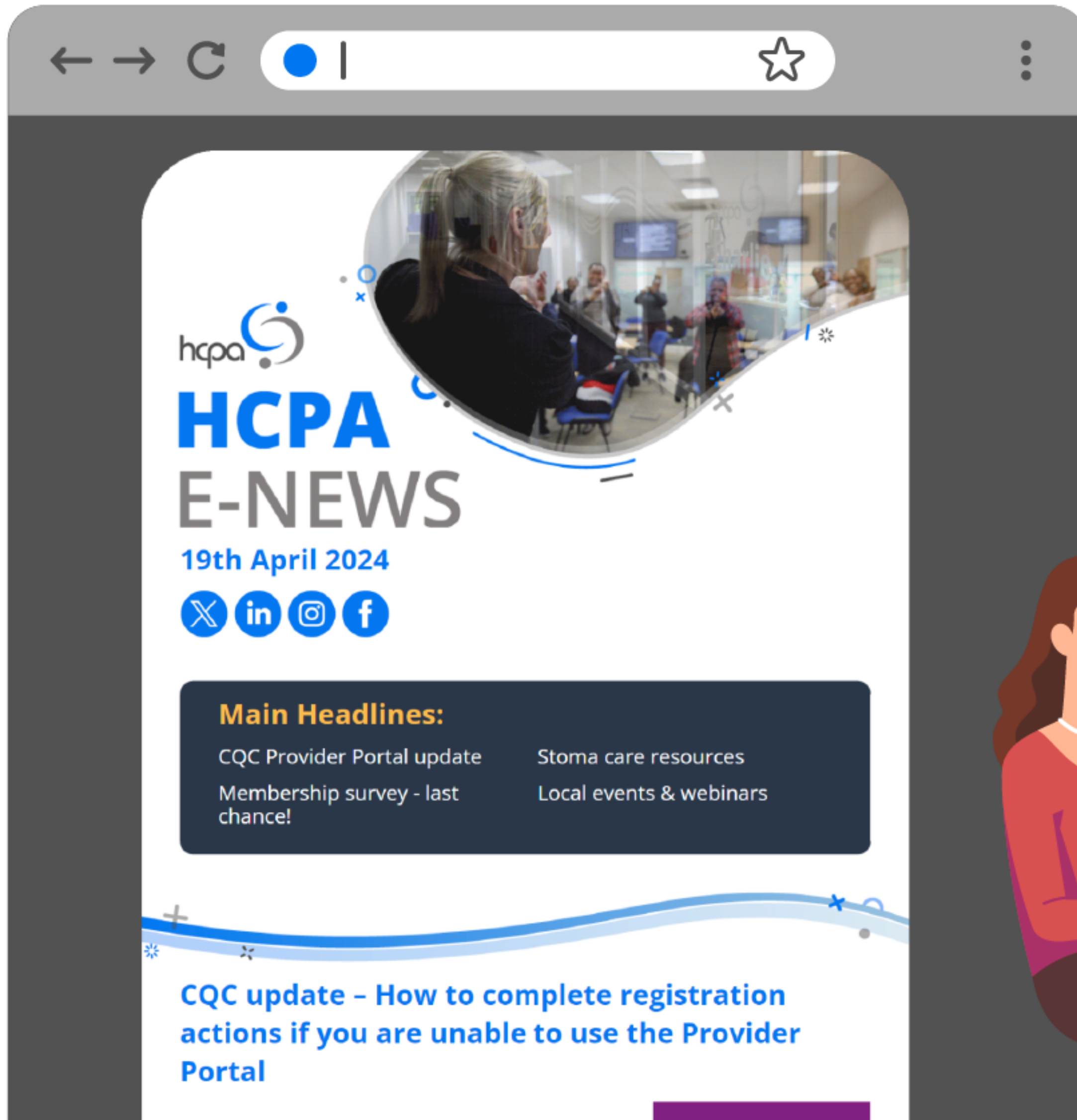

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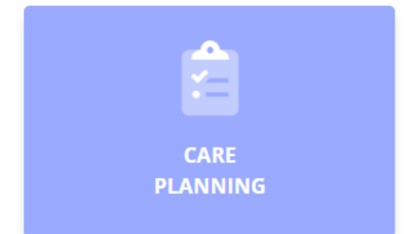
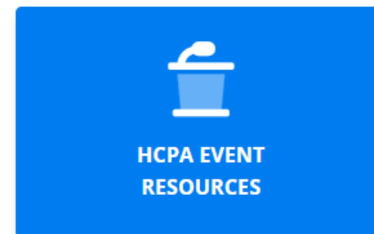
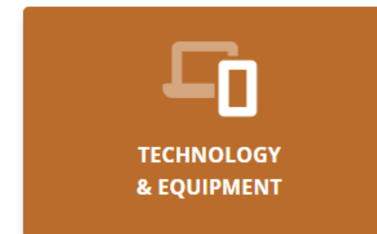
- Perfect tool to support your business

The Resource Library

The Resource Library (formerly known as the Members Zone) is here to help all HCPA Members access local and national resources, tools, guides, and contacts in a wide variety of areas.







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"Set the agenda"

- *What are your challenges?*
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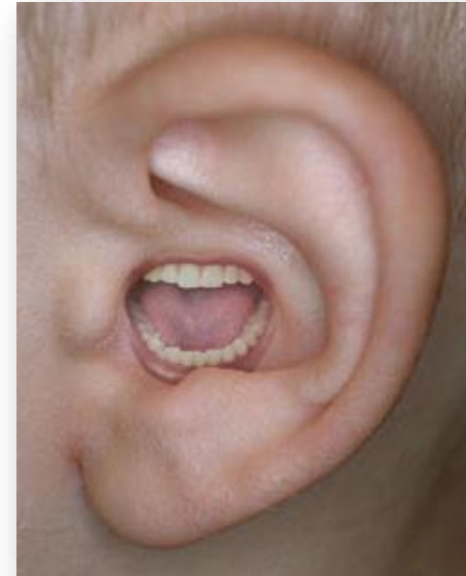

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Thanks for joining us.