Study Session: Manager & Compliance Study Session: Prevention and Enablement

Starting 13:30pm

Please tell us where you are from

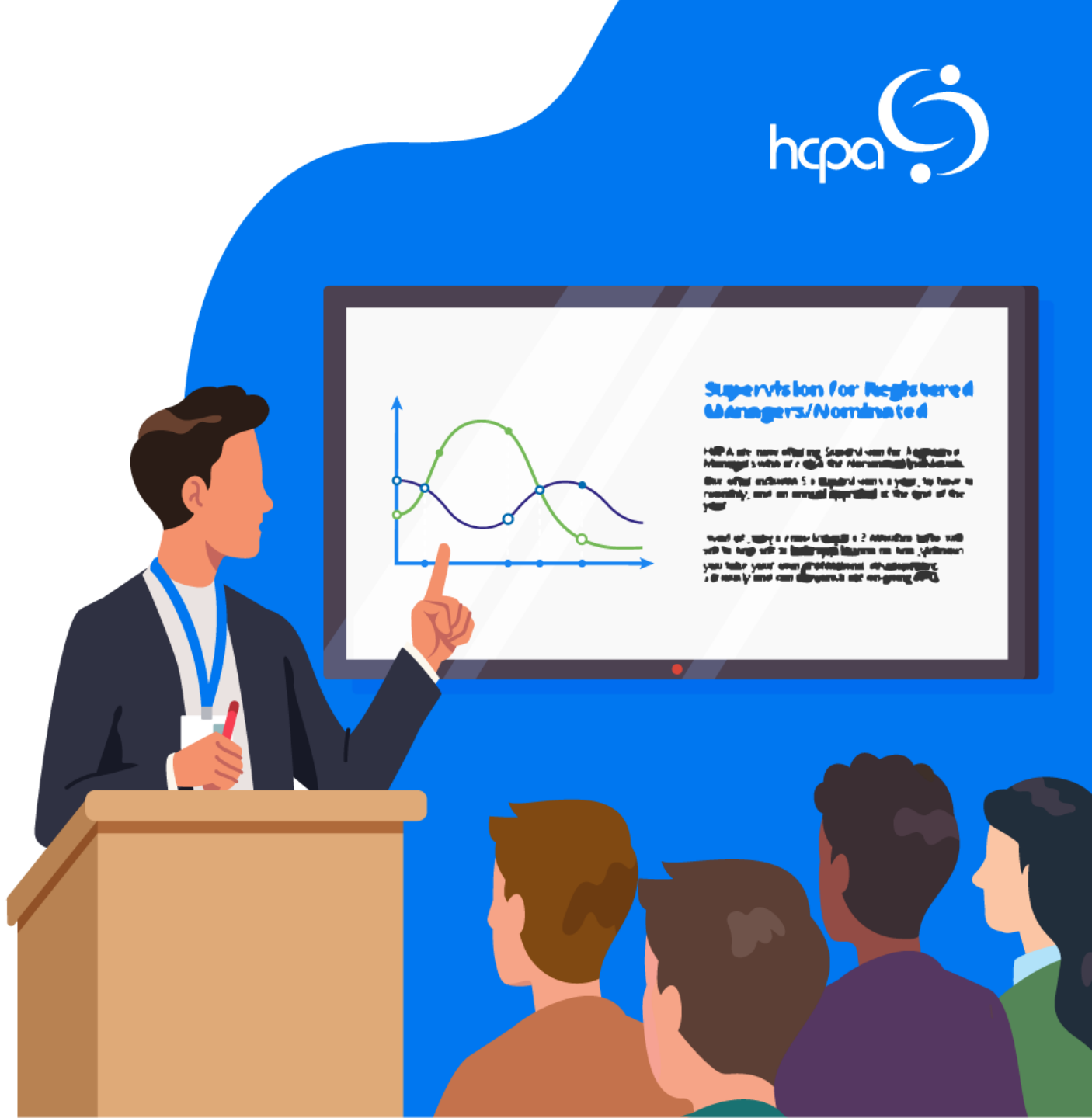
Join at slido.com
#2656278

Welcome

Study Day: Manager & Compliance Study Session: Prevention and Enablement

Date: 16th October 2024

This Session will begin shortly



Hertfordshire

Centre of Excellence
Valid until 11/2025
skillsforcare

Housekeeping

Please keep your mobiles on silent during the presentations

Exits

No planned fire drills

Comfort Break

Michelle Airey

Head of Education, Quality and Integration

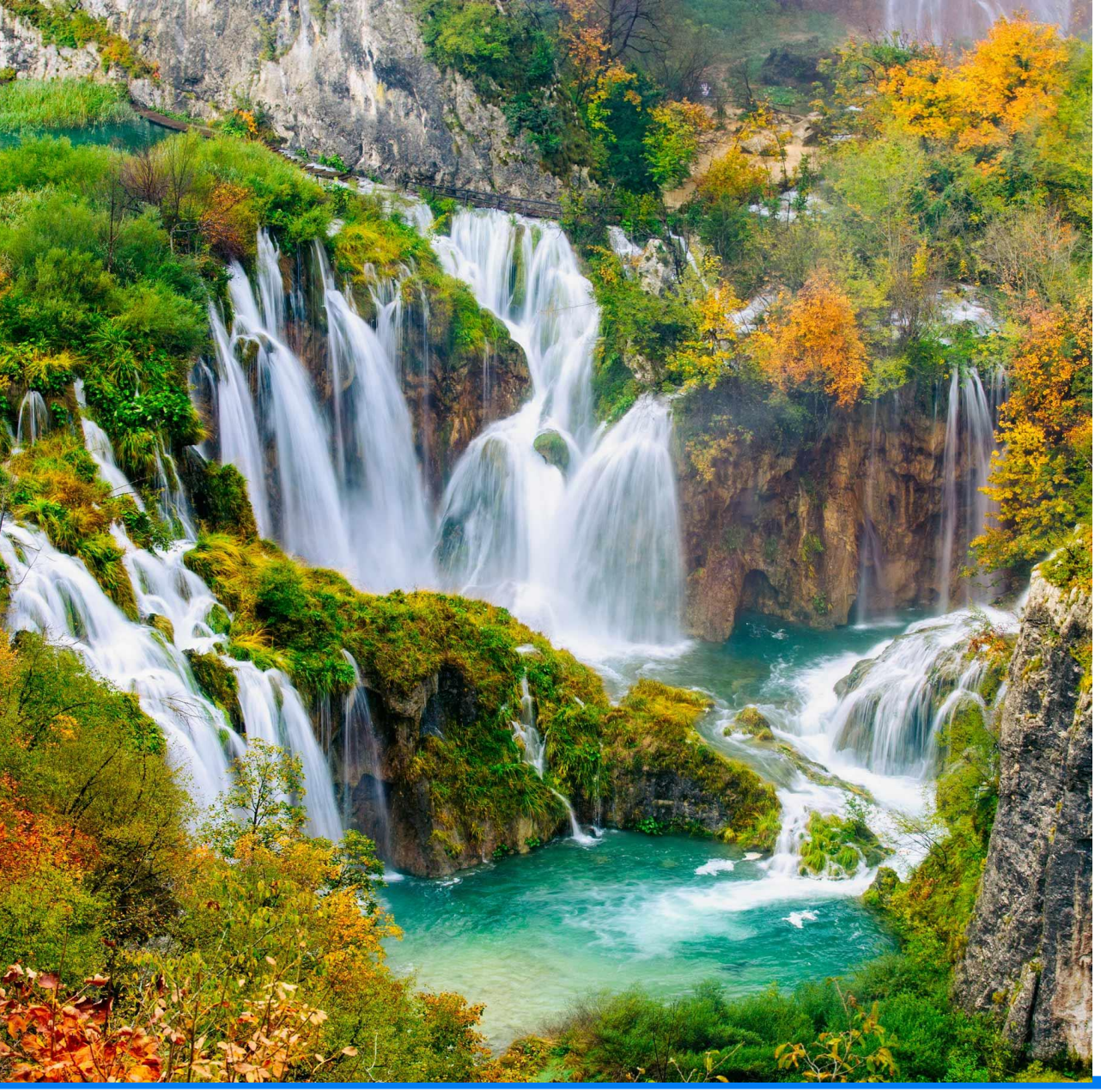
Agenda

13:30 – Welcome and housekeeping
Introductions
Growing Needs and Connected Lives
Falls Assessments and Management
Activities of Faily Living, Meaningful Engagement and Occupation
Goal Setting and Outcomes
Break
Exercise and Movement
Herts Sports Partnership and HILS
Bed Prevention and Equipment
Key takeaways
16:30 Event closes

What do you hope to get out of today?

Join at slido.com

#2656278

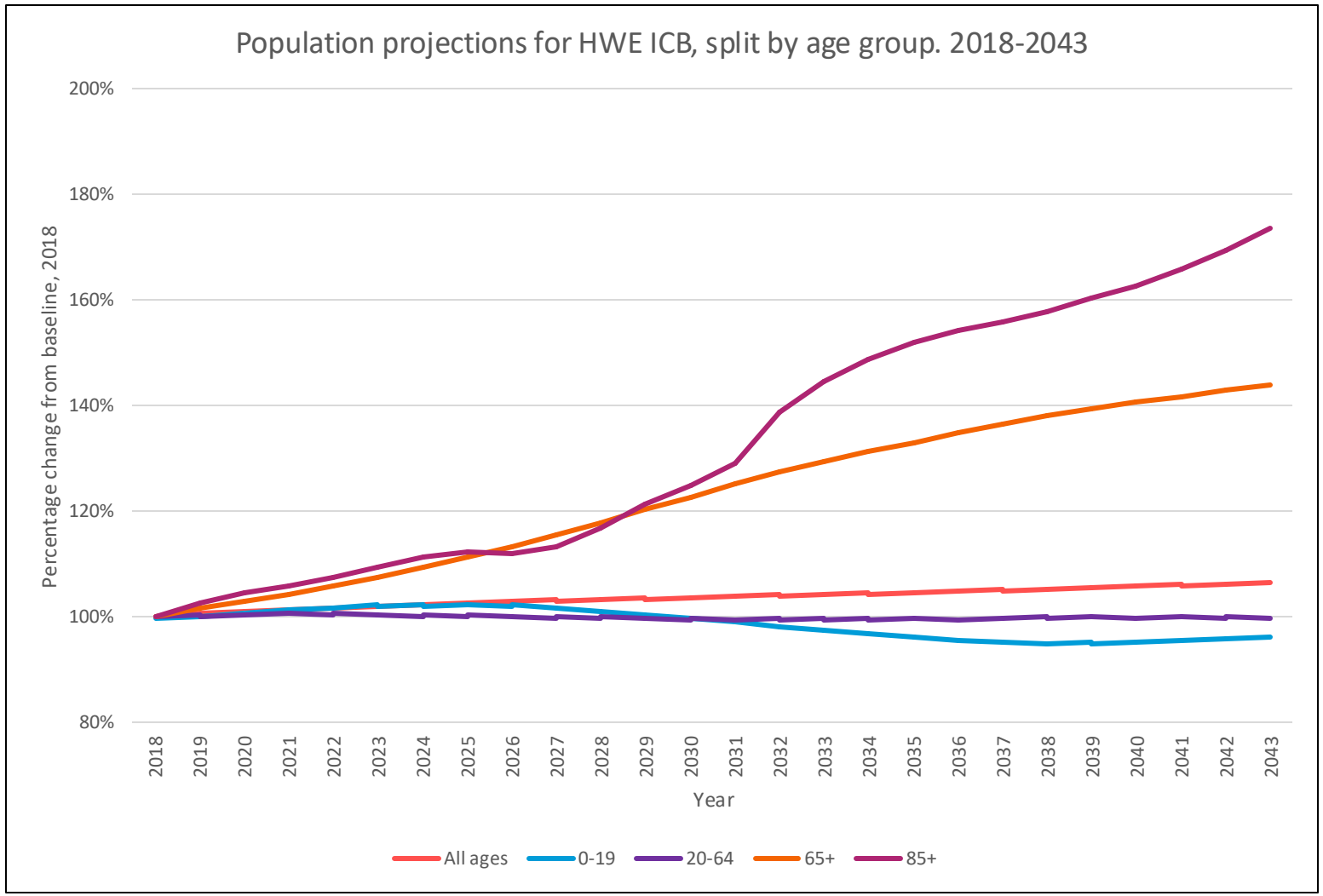


- All Staff Approach
- Consistency
- Continual Flexibility
- Monitoring
- Reflection

Growing need people living with frailty and nearing the end of their life

Demographic Profile

- The population of HWE ICB is expected to increase by 6% overall between 2018 and 2043.
- There will be significant differences in growth across age bands.
- There will be limited growth (or reductions) in children and working age adults.
- There will be significant growth in over 65 year olds (44% increase between 2018 and 2043) and very significant growth in over **85 year olds** (**73% increase** between 2018 and 2043).
- There will be a sharp expected change in the number of people aged over 85 years after 2031 as ‘baby boomers’ reach that age.



Hertfordshire and West Essex Integrated Care System

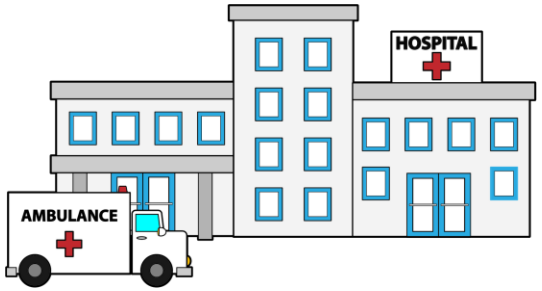
RJ

Polypharmacy and anticholinergic burden

Medicines are -the **most common and one of the most costly interventions in healthcare**

Patient **non adherence** is normal – with up to **50%** of medicines diligently prescribed but not **consumed or consumed incorrectly**

Medicines can **cause harm** as well as **benefit** and **sometimes less is more**



About **1 in 5** hospital admissions among **over-65s** are due to the **harmful effects of medication**

People on **10+ medications** are **300%** more likely to be **admitted to hospital** because of an **adverse drug reaction/side effect**

Clinician non adherence is normal – **clinicians** are not always **aware of local guidance** or the **recommended drug choices**

It is **easier** to prescribe than **deprescribe**

There is a **lot to do** and we would like **to start** with **tackling problematic polypharmacy**

Hertfordshire and West Essex Integrated Care System

RJ

Frailty predisposes patients to harm and worse outcomes from an admission

Long hospital stays	Functional decline	Delirium	Falls	Immobility
Pressure injuries	Infection & sepsis	Iatrogenic harm	Anxiety & Depression	Dehydration
Malnutrition	Increased care needs	Accelerated progression of dementia	Readmission	Increased mortality

Falls 2 hour Community Response

NHS
Hertfordshire and West Essex

Providing assessment and testing for patients without the need to go to hospital

8am - 8pm 7 days a week

Person has fallen. Call the local Community Response team on:
0300 123 7571 (East and North Herts)
03000 200 656 (South and West Herts)
0300 123 5433 (West Essex)

Response team will visit patient within 2 hours and will:

- Make patient comfortable and complete full assessment to determine cause of fall
- Take blood samples, including creatine kinase (CK), urea and electrolytes (U&Es), where appropriate
- Blood test results back within 4 hours
- If raised CK levels or dehydrated, patient will be started on IV fluids.

Patient benefits

- ✓ Can stay comfortable at home
- ✓ No need for ambulance
- ✓ No waits in emergency department
- ✓ Blood results back with 4 hours - faster than if taken to hospital
- ✓ Same treatment as would take place in hospital, including fluids and follow up blood tests
- ✓ Physiotherapy, occupational therapy, home equipment and ongoing monitoring where needed

Hertfordshire Care Home Support Services Directory

All the contacts you need IN ONE PLACE!

Use this QR code or link to access contact details for services available to Care Homes including admission avoidance, mental health, end of life and much more.
www.hcpa.info/supportservicedirectory

YOU SHOULD CALL 999 IN A LIFE-THREATENING EMERGENCY

Early Intervention Vehicle	Hospital at Home
7 Days a week 08:00-20:00	7 Days a week 08:00-20:00
0300 123 7571 (option 3 then option 2)	0300 123 7571 (option 2)

Any questions? Contact details out of date?
Contact the HCPA Care Provider Hub:
01707 708108 / assistance@hcpa.co.uk

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YOU SHOULD CALL 999 IN A LIFE-THREATENING EMERGENCY

Admission Avoidance Response Care	Urgent Community Response
7 Days a week 06:30-23:00	7 Days a week 08:00-20:00
0345 601 0552	03000 200 656

Any questions? Contact details out of date?
Contact the HCPA Care Provider Hub:
01707 708108 / assistance@hcpa.co.uk

Hertfordshire and West Essex Integrated Care System

HCC Connected Lives Principles

- Independence and citizenship
- Every contact is strength based and risk positive
- Think Community
- Safeguarding
- Clear Understanding of the legal framework for adult social care
- Timely and Defensible Decision making and recording
- Embed Connected Lives at every step
- Working with partners and providers to deliver good outcomes
- Support for our staff
- Equity, Equality and Culture

Connected Lives Principles 1 & 2

Independence & Citizenship

Independence and the ability to maintain/develop roles as citizens is our ultimate aim, but this means different things for different people. For some, this may be learning new skills to build upon independence whilst for others, this may mean exploring the potential for further recovery and rehabilitation.

With the right support, everyone can achieve some independence. We want to support people to maximise their own potential for control over their lives.

Every Contact is Strength Based & Risk Positive

Strengths-based practice emphasises people's self-determination, skills and assets and should underpin every conversation and contact.

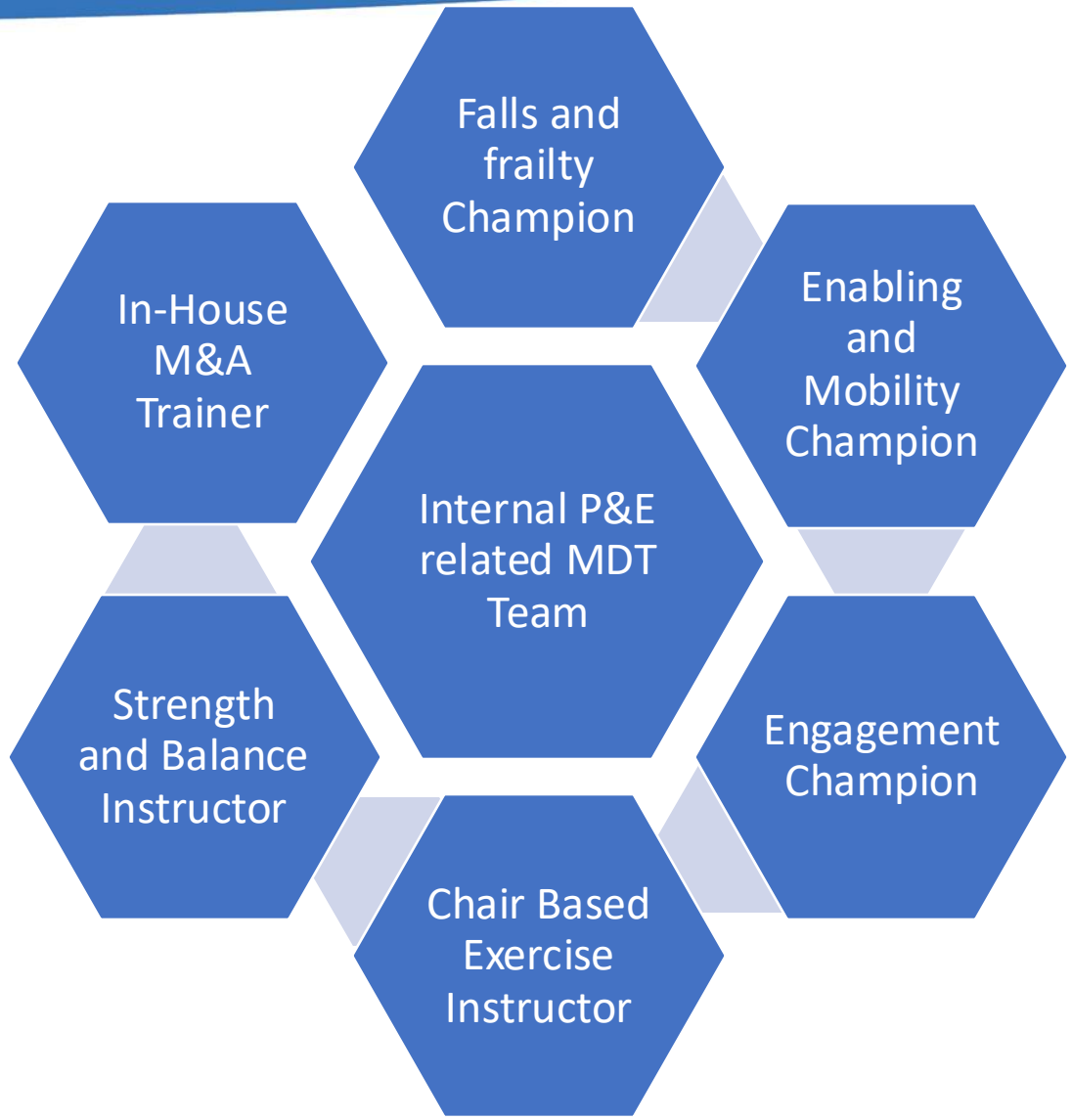
Risk-taking is a part of life and a part of social care too. It's something we all do. We take risks every day to make our lives better and achieve our goals. Risk involves the potential for benefit as well as harm, so we don't want to remove it completely. By taking a proportionate approach to reducing and mitigating the potential for harm, we can reach a balance between independence and the risk of harm.

The Prevention and Enablement Team

All overseen and supported by management

Skills required across the team in:

- **Importance of Bed Prevention**
- **Working with external partners**
- **Physical deterioration**
- **Positive Behaviour Support**



Resources

ASSESSMENTS	PREVENTION AND ENABLEMENT	ENGAGEMENT AND WELL-BEING	ENVIRONMENT
EQUIPMENT	EXERCISE	FOOTWEAR	FRAILTY
HYDRATION: UTI'S AND DELIRIUM	INTERGENERATIONAL ACTIVITY	INTERVENING A FALL	MEDICATION
NUTRITION	TECHNOLOGY	VISUAL AWARENESS	FAQ'S

Description	Preview
An Enabling Care Approach	
Sit Less Move More	
Staying healthy at home	
StopFalls App Poster	
StopFalls Brochure	

Using Stairs with individuals

Using the MFRA and Falls Pathway

Suzy Bentley-White

Physiotherapist and HCPA Clinical Lead

Assessing falls risk - Key components

- **Do not** use risk prediction or screening tools, especially those that assign a numerical score or hierarchy of risk.
- **Do not** offer “one size fits all” blanket interventions

- **Do** use a Multifactorial Falls Risk Assessment (MFRA)
- **Do** use multifactorial intervention plans
- **Do** provide relevant oral and written information about any individual falls risk factors that have been identified

NICE CG161 (2013) recommendations

Multifactorial Falls Risk Assessment (MFRA)

- A document which identifies risk factors known to increase the risk of falls
- It allows interventions to be specially targeted at a person's specific risk factors to help prevent future falls
- This assessment should form part of routine care planning
- An MFRA should replace your current falls risk assessments if you are not currently using one

World Guidelines for Falls Prevention and Management for Older Adults: A Global Initiative, 2022)

Multifactorial Falls Risk Assessment – snap-shot

NAME: DOB:

RISK	Tick		Suggested Risk Reduction Strategies	Risk Reduction Strategies implemented and added to care plan (Include advice given by GP, Physiotherapist/OT or other specialist)	When and by whom?	
Intrinsic Factors						
1. History of falls (number in last year)	Yes		Check history Provide relevant oral and written information about individual risk factors Check staff have attended HCPA's training courses for Falls Prevention and Intervention		Date	
	No				Signed	
	N/A					
2. Recent history of falls (in last month) plus causes and consequences	Yes		Check falls diary/ incident reports Check care plan Establish possible causes and patterns		Date	
	No				Signed	
	N/A					
3. Fear of falling	Yes		Use Falls Efficacy Scale (FES-I) to assessment to establish fear of falling		Date	
	No				Signed	
	N/A					
4. Frailty	Yes		Use PRISMA7, Gait Speed Test and/or Timed Up and Go Test to assess for frailty Or refer to a clinician (GP or Physiotherapist) for a Clinical Frailty Scale (Rockwood) Assessment		Date	
	No				Signed	
	N/A					

Intrinsic Factors

1. History of falls (How many in the last 12 months?)

2. Recent history of falls (in last month)

3. Fear of falling

4. Frailty

5. Cognitive impairment

6. New confusion/delirium/or signs of acute unwellness (e.g. due to dehydration or acute infection (UTI/Chest infection/wound infection)

7.Depression and/or anxiety

8. Behaviour

9. Health problems that affect falls risk (e.g. Parkinson's Disease, History of Stroke, Diabetes, Osteoarthritis or Rheumatoid Arthritis, Peripheral Arterial Disease, COPD (Chronic Obstructive Pulmonary Disease)

10. Dizziness/vestibular signs (e.g., Inner ear problems - infections, Vertigo, Ménière's Disease)

11. Syncope syndrome (e.g., Fainting, blackouts, Postural (Orthostatic) Hypotension)

12. Continence problems

13. Osteoporosis (increases fracture risk)

14. Pressure sores

15. Medication - Polypharmacy, or the use of psychoactive drugs (such as benzodiazepines) or drugs that can cause postural hypotension (such as antihypertensive drugs, Parkinson's medication etc)

16. Balance problems

17. Gait

18. Muscle strength

19. Foot Problems - pain (e.g., from bunions, ingrowing toenails, deformity, stiffness, loss of sensation in one or both feet)

20. ADLs/Functional ability

21. Weakness - new onset or recent deterioration

22. Fatigue – new onset or recent deterioration

23. Visual impairment

24. Hearing impairment

25. Nutrition and Hydration

26. Alcohol/recreational drugs misuse

Extrinsic Factors

27. Footwear that is unsuitable or missing

28. Home hazards - such as loose rugs or mats, uneven flooring, pets, furniture, obstacles, litter and other trip hazards, steps/stairs, poor lighting, wet surfaces (especially in the bathroom), poor heating, and loose fittings (such as handrails), or a lack of other appropriate adaptations

29. Outdoor hazards - such as icy walkways, above average heat, curbs, uneven pavements

30. Mobility aids

31. Clothing

32. Pendant alarm/call bell

33. Sensor mats

34. Bedrails and bed height

35. Positioning in chair – is the chair the correct height, or they too low, or too high for e.g., for optimal sit to stand?

General Considerations

36. Is the person mobilising for the first time after an episode of acute illness, for example after being discharged from hospital?

37. Is NOW the best time of day for the individual?

38. Sedentary behaviour, or a recent decrease in mobility or general activity

Specific considerations (e.g. if the person has had a recent fracture

39. Are there signs that the individual feels unwell?

40. Are there signs of local/systemic infection?

41. Is there bleeding?

42. Are there signs that the individual is in pain?

43. Are there signs of a DVT/fat embolism?

44. Other

Who is at high risk?

- An older adult at low risk is someone who hasn't fallen in the last year
- An older adult at intermediate risk of falls is someone who has a gait and balance impairment and who has fallen in the last year
- An older adult at high risk is someone who has had 2 or more falls in the last year, has an accompanying injury, multiple falls, a risk of frailty, has been unable to get up from the floor, has had a serious injury, a loss of consciousness or a suspected fainting episode
- **In care homes and hospital settings all older adults (over 65s) should be considered as high risk**

World Guidelines for Falls Prevention and Management for Older Adults: A Global Initiative, 2022)

When a person has fallen

What do we do when a person has actually fallen?

Follow the Hertfordshire Management of a person who has fallen Pathway.

Click a subject to learn

ASSESSMENTS

PREVENTION AND ENABLEMENT

ENGAGEMENT AND WELL-BEING

ENVIRONMENT

EQUIPMENT

EXERCISE

FOOTWEAR

FRAILTY

HYDRATION: UTI'S AND DELIRIUM

INTERGENERATIONAL ACTIVITY

INTERVENING A FALL

MEDICATION

Click here to download our guidance on **for a person who has fallen on their *back***

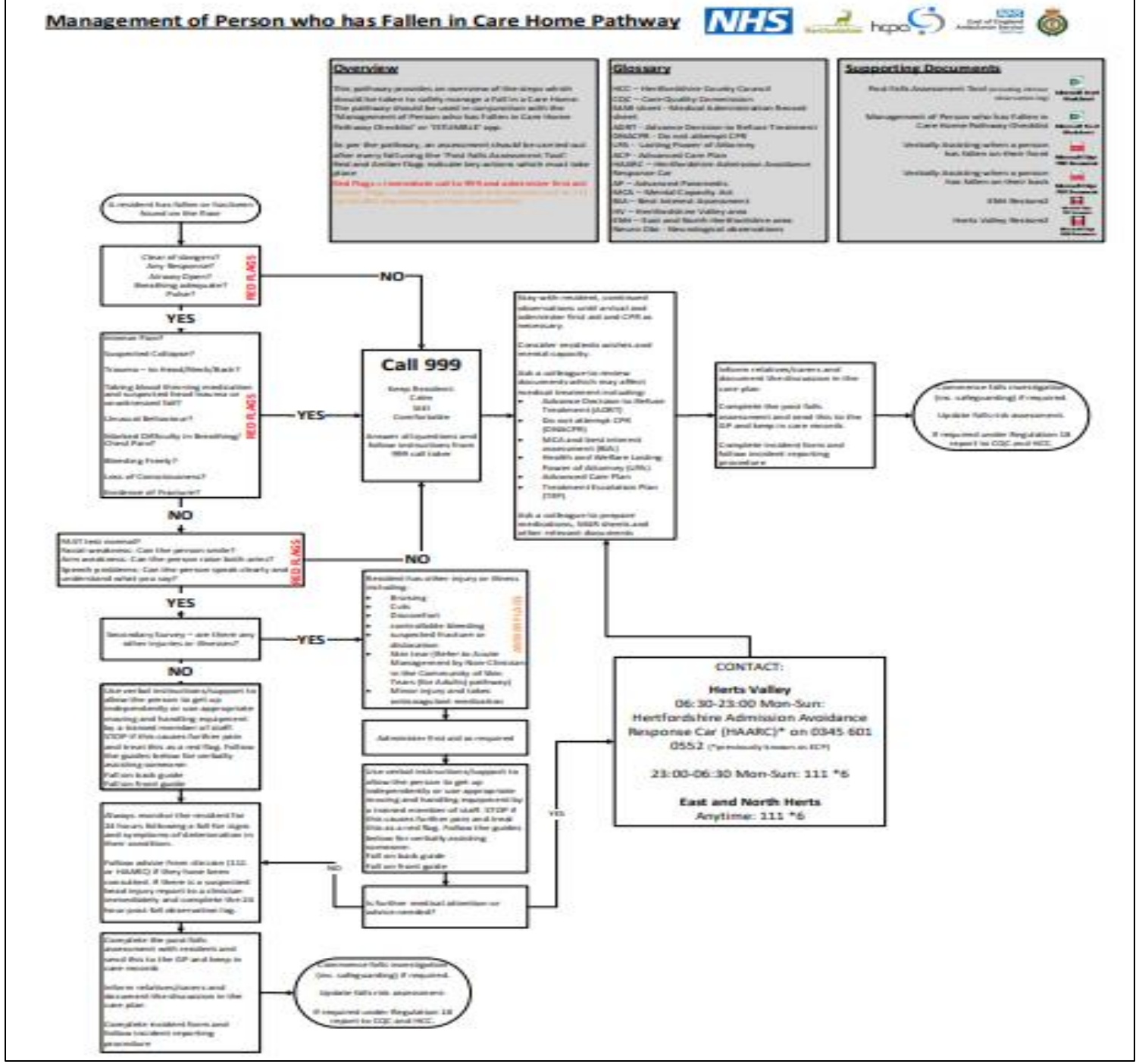
Click here to download our guidance on **for a person who has fallen on their *front***

Local Falls pathway for Hertfordshire

- **Management of Person who has Fallen in Care Home Pathway**
- **Management of Person who has Falls in Care Home Checklist**
- **Care homes Post Falls Assessment Tool**

» Domiciliary Falls Pathway

Management of Person who has Fallen in Care Home Pathway



Nicola Hollands

Senior Specialist Care Tutor

Activities of Daily Living: Definition

Activities of Daily Living (ADLs) refer to the essential tasks that individuals need to perform every day to take care of themselves. These tasks are fundamental for maintaining personal health and independence

Activities of Daily Living

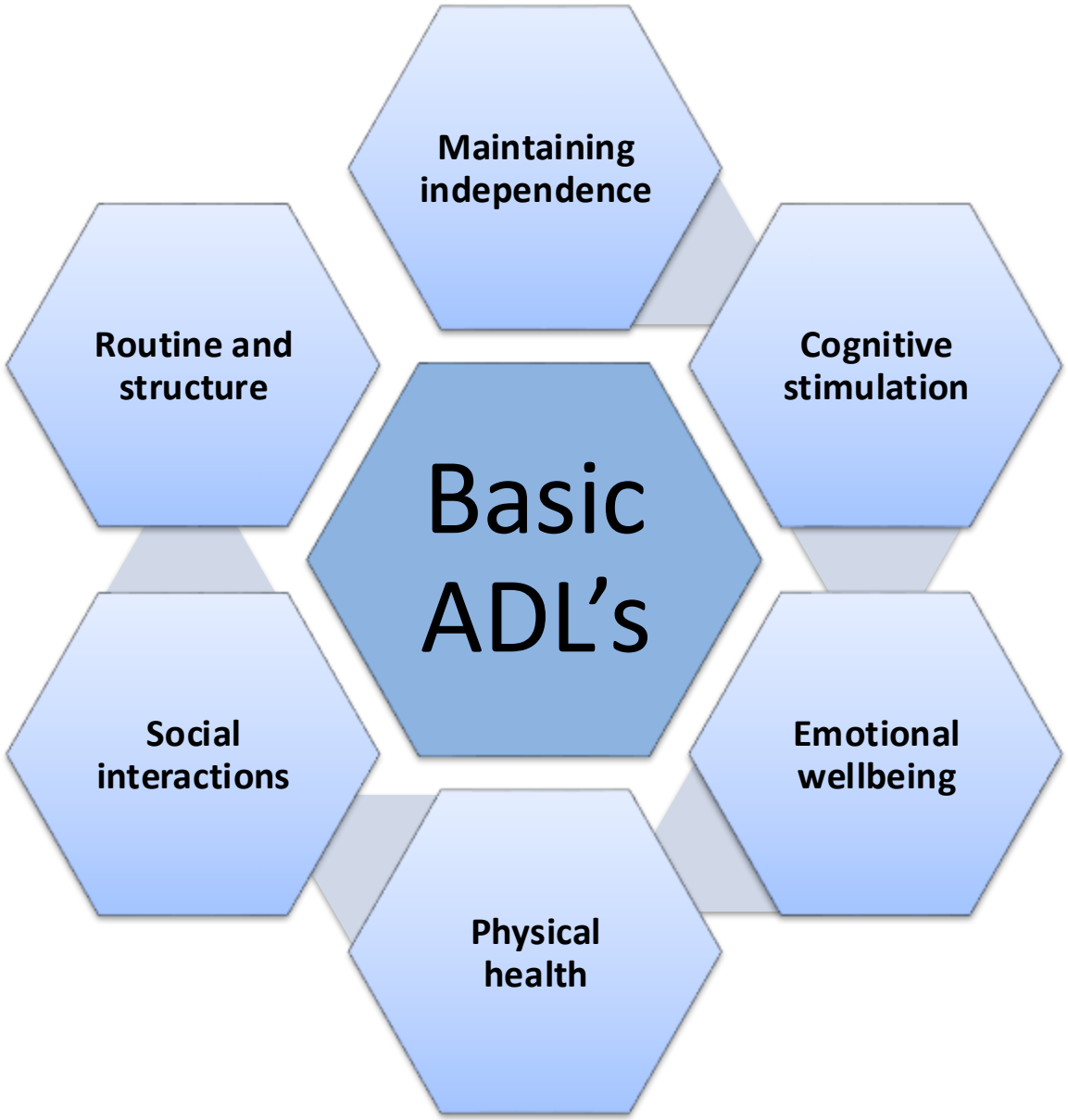
ADLs are typically divided into two categories:

Understanding and assessing ADLs is crucial in healthcare to determine the level of support an individual may need and to plan personalized care strategies

Basic Activities of Daily Living

B – Bathing and Showering
A- Apparel (Dressing)
S – Sustenance (Eating)
I – In Motion (Transferring)
C - Continence/Sanitation (Toileting)

Engaging people in **Basic Activities of Daily Living** (ADLs) is crucial.



Consequences

If we don’t encourage people to participate in **Basic Activities of Daily Living** (ADLs), several negative consequences can arise.

Loss of independence

- Lost ability to perform tasks
- Greater dependence on others
- Poorer quality of life

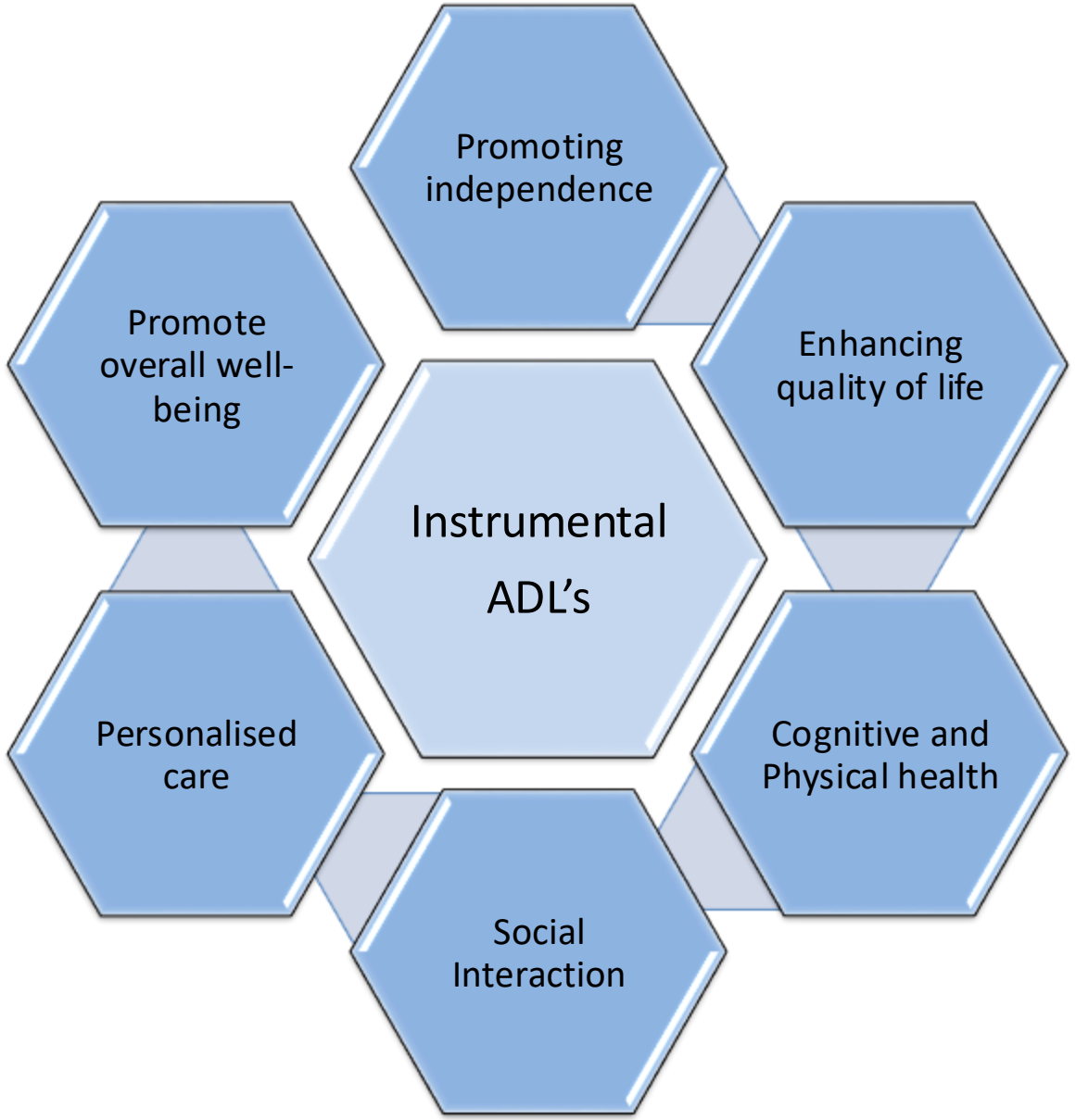
Physical Health Deterioration

- Muscle weakness
- Reduced mobility
- Higher risk of falls

Instrumental activities of daily living

I – Income Management
N – Navigate Transportation
S- Shopping and Meal Preparation
T – Tidying up
R – Remaining Connected
U – Understanding Medications
M – Managing appointments
E – Engaging in hobbies
N – Nurturing Relationships
T – Time management
A – Assisting others
L – Learning new skills

Engaging people in **Instrumental Activities of Daily Living** is crucial.



Consequences

If we don't encourage people to participate in **Instrumental Activities of Daily Living** (IADLs), several negative consequences can arise

Loss of independence

- Lost ability to manage finances
- Lost abilities to manage medications
- Lost abilities to use transportation

Physical Health Deterioration

- Unable to prepare nutritional meals
- Poorer health outcomes
- Malnutrition, leading to increased falls

Care Home provisions

C – Create Personalized Care Plans
A – Adaptive Equipment
R – Regular Physical Activity
E – **Encourage Participation**

H – Host Social & Recreational Activities
O – Ongoing Staff Training
M – Monitor and Adjust
E – Engage Family Members

Home Care provisions

H - Host Social Activities
O – Offer Positive Reinforcement
M – Motivate Independence
E – Establish a Routine

C – Create a supportive Environment
A – Adaptive Equipment
R – Regular Physical Activity
E – Engage Family Members

Meaningful Occupation: Definition

Involves activities that are purposeful and contribute to a sense of **accomplishment and identity**. These activities are often linked to the persons past roles, interests, and skills.

•**Focus**: On the outcome and purpose of the activity, ensuring it provides a sense of achievement and maintains or develops skills and abilities.

The Power of Meaningful Occupation in Sharing Life Experiences

Meaningful Occupation	Leading to
Sense of Purpose	Identity and Values
Emotional Connection	Shared stories and experiences
Community and Social Bonds	Connecting to others through shared goals or values
Reflection and Growth	Self-reflection and personal growth
Supportive Environments	A safe space to share life stories and experiences

Meaningful Occupation

M – Monitor and Evaluate
E – Encourage Social Interaction
A – Adaptive Equipment
N – Nurture Cognitive Activities
I – Individualised Activity Plans
N – New and Update Activities
G – Gardens and Stimulating Environments
F – Family Involvement
U – Use of Physical Activities
L – Learn and Train staff

Consequences

If we don’t promote Meaningful Occupation Activities several negative consequences can arise, impacting people’s overall well-being and quality of life.

Mental Health Issues

- Boredom
- loneliness
- depression

Decline in Physical Health

- Health decline
- Loss of mobility
- Loss of strength
- Greater risk of falls

Meaningful Engagement: Definition

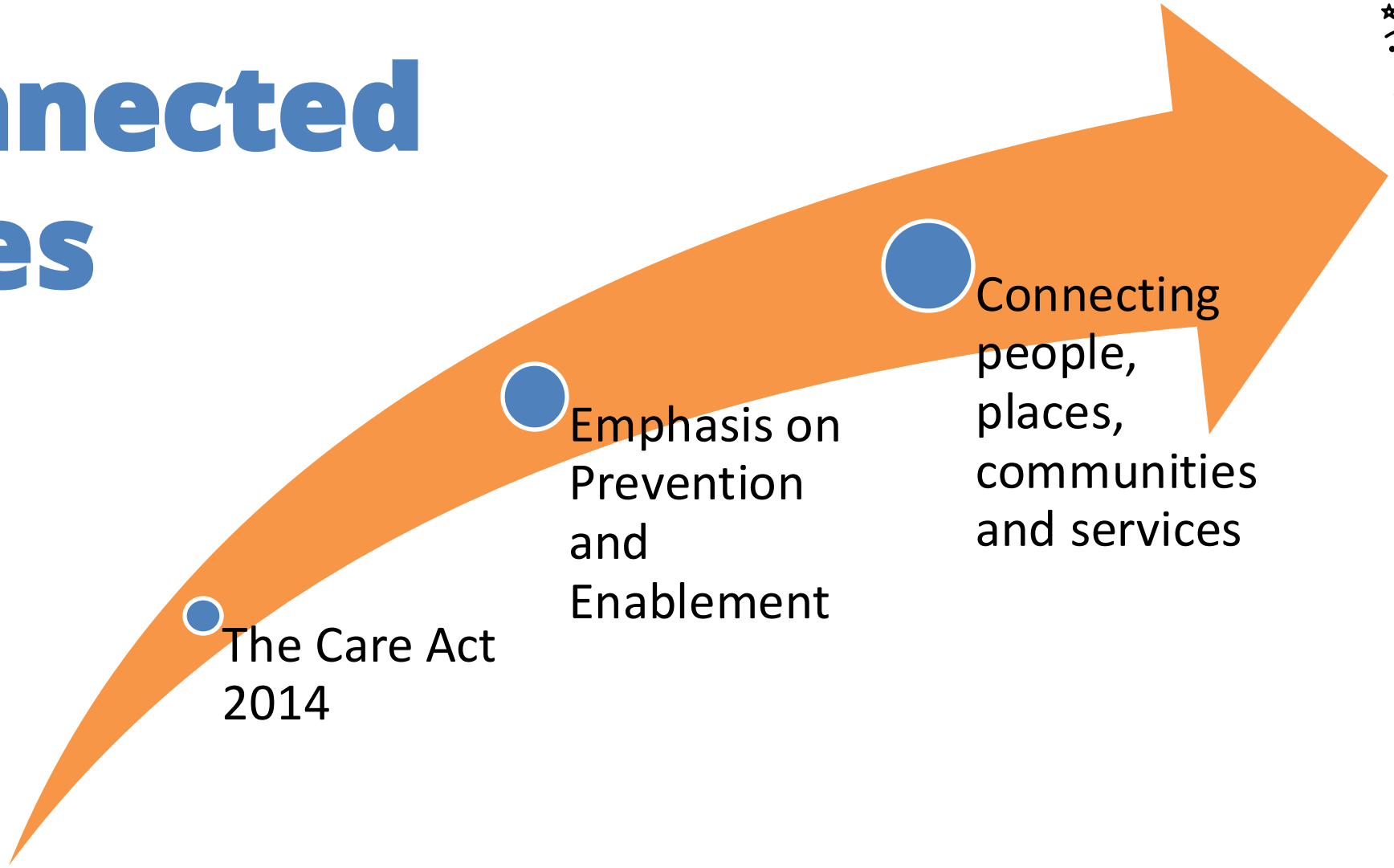
Refers to the involvement of people in activities that are enjoyable, stimulating, and fulfilling. It emphasizes the quality of interaction, and the emotional and social benefits derived from participating in these activities.

Focus: Primarily on the process of engaging with activities, people, or the environment in a way that is personally significant and rewarding.

Identifying a person's sense of belonging

Spirituality is a poorly understood concept and healthcare practitioners often lack confidence in assessing and meeting spiritual needs.

Connected Lives



Connected Lives

Supporting people in the community

Consequences

If we don’t promote meaningful engagement several negative consequences can arise, impacting people’s overall well-being and quality of life.

Decline in physical fitness

- Physical deterioration
- Muscle weakness
- Reduced mobility
- Increased risk of falls

Higher incidence of chronic conditions

- Cardiovascular diseases
- Diabetes
- Leading to increased risk of hospitalisation

STEPS TO IMPLEMENT INTO YOUR ORGANISATION

By Steph Clarke

WHAT IS THE EVIDENCE

- **Limited research**: research does suggest that people at risk of isolation only get a few minutes of interaction a day .(Caldwell P 2000) This applies to both care and residential homes.

- **Increase in professionals reporting lack of activity** and engagement when visiting care homes.

- **Reduced access to staff to support with engagement-**increased vacancies for activity coordinator's and in increase in agency staff suggests limited time or access to prioritising engagemen. (Joborapido 2024)

GOAL SETTING & ENCOURAGING INDEPENDENCE

Setting goals is a relatively new concept for care homes but is part of the agenda in **enabling people** instead of disabling them when they enter a care home.

This is also a good way to start adapting the way the care plans are laid out one by one putting a goal on the front page.

Setting goals can:

- **Create simple focus for all staff**
- **Allows everyone to work towards something with the resident**
- **Gives the resident autonomy & choice**
- **Enhance the home experience for the for a person**

SMART GOALS

SPECIFIC
MEASURABLE
ATTAINABLE
REALISTIC
TIMELY

For Mrs X to walk to the toilet twice a day with supervision of one person and a frame within 3 months.

HOW TO SET GOALS FOR INDIVIDUALS

Setting goals can be based around the persons strength such as:

Moving and handling; are they able to roll independently during PC, can they assist with putting the hoist loops on?

Mobility: If they are transferring only to manage risk are they able to mobilise to the toilet once or twice a day with closer supervision or assistance?

Personal Care: Brushing their own teeth, grooming tasks: upper body only. Hand over hand care

Assisting: May be around a daily task cleaning/ folding/ assistance with snacks that they were familiar with prior to going to the home.

Participation/Observing: May simply to be to participate in a group activity or observe from a distance.

Bed Care Prevention: Can their be more focus on trying ways to get out of bed?

TRIANGULATION

- **RISKS**

- -Reduced mobility
- -Falls
- -Staying in bed for long periods of time
- -Low mood/anxiety/depression
- -Changes in circumstances

Example
Falls: frequency; characteristics and context; presence of falls risks factors; their physical, cognitive, psychological and social resources; and,their goals, values, beliefs, and priorities

SET GOALS

Update care plan/monthly reviews

LINK to an engagement task

-Mobility

-Hourly checks include small steps to goals

-Create opportunities

-One to one support

REVIEW

Improvement?

Further opportunities

Different approach?

nourish

Person Centred Software

IMPORTANCE OF RECORDING

It is essential to record when people engage in activity because:

- It is a statutory requirement.
- It provides information about a resident's abilities and needs.
- It acts as a baseline and monitors progress or deterioration.
- Information can be fed into the care planning process to aid the provision of individualised care.
- It monitors success – or otherwise – of the activity.

What do you need to record?

- **Type of activity, date and time of day.**
- **Purpose of the activity.**
- **How the resident responded and help/support they required.**
- **Consider physical, sensory and emotional response; also, memory, concentration and orientation.**

Plan for next week:

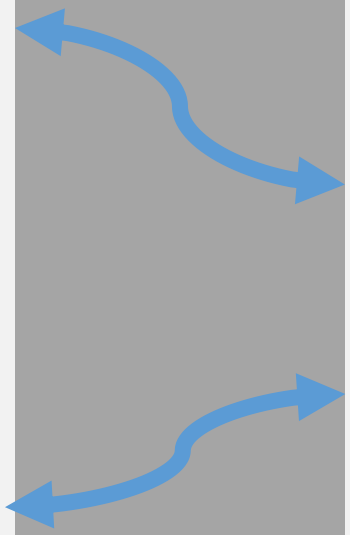
WHO???

FIRST THINGS FIRST…..

Engagement and Activity is **EVERYONE's BUSINESS**

ACTIVITY CO-ORDINATOR's/SUPPORT WORKERS

- LEAD on engagement
- Regularly ADAPT and add ideas
- THOROUHLY DOCUMENT changes, successes, preferences
- LIASE WITH TEAM/MANAGEMENT/STAFF with suggestions of follow through



CARE STAFF role

- CONTINUE INTERACTIONS/ENGAGEMENT
- REVIEW CARE PLAN FOR CHANGES
- LIASE WITH ACTIVITY CO-ORDINATOR: ask them to look out for things; monitor their mood in a session.
- NOTE CHANGES IN INTERACTIONS
- INCLUDE DEMONSTRATIONS OF ABOVE IN DAILY NOTES
- TRIANGULATION-can any risks/isolation be linked with falls

DEMONSTRATE YOUR EFFORTS

Feedback

Join at slido.com

#2656278

Jessica Bentley

Prevention and Enablement Team /Business Development Team at HCPA

Prevention & Enablement Framework

The Prevention and Enablement Self Assessment Framework

The framework is a tool to help evidence everything you are doing to meet the outcomes/expectations required by CQC, Herts Monitoring and any other Stakeholder who may wish to know.

HCC want all homes to be embedding Prevention and Enablement within their service and to achieve **'assured'** status.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2		Not Met												
3	Current Status:													
8	Main contact:													
9	Persons/s completing this framework:													
10	Date framework started:													
11	Referred by (if relevant):													
12	Total number of staff:													
13	Data Topic (previous 12 month's data)	12 months ago	11 months ago	10 months ago	9 months ago	8 months ago	7 months ago	6 months ago	5 months ago	4 months ago	3 months ago	2 months ago	1 month ago	Current month
14	Please state month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Jun-24	Jul-24
15	Overall number of Falls													
16	Falls													
17	Hospital Admissions due to a Fall													
18	Most frequent time of day that falls occur falls, if a common time has been identified													
19														
20	Champions and trainers currently in post:													
21	Falls Champion(s)													
22	Enabling and Mobility Champion(s)													
23	Enabling and Posture Champion(s)													
24	Moving and Assisting Trainer(s)													
25	Chair Based exercise instructor(s)													
26	Strength and Balance instructor(s)													
27	PSF - Physio Support facilitator(s)													
28														

The Prevention and Enablement Self-Assessment Framework

- Indicators are split up into what we expect the Organisation, Staff and Individuals to achieve
- You are expected to create an action plan with management on education and resources depending on what areas need improving
- To review the framework every 1 – 3 months
- It promotes 10 topics that underpin Prevention and Enablement
- Ratings can be: ‘Exceeded’, ‘Assured’, ‘Partially Met’ or ‘Not met’
- The framework should be completed by/with the Manager +/- the Enabling and Mobility Champion, and then any education and support can be booked, based on identified actions.
- The framework is to show evidence of becoming an ‘**Assured’** home in Prevention and Enablement.

10 Categories

1. **Culture:** Following the Connected Lives Outcomes Framework means that all our staff employ a questioning and solution focused approach, which involves always looking to make improvements and seeking to find the root cause of a problem.
2. **Monitoring Trends:** We monitor trends and themes using appropriate tools, which are regularly checked and are accessible to staff
3. **Governance and Auditing:** Use of the Prevention and Enablement Strategy Standards is demonstrated in our company policies and procedures, and we are confident that they are being implemented by all our staff.
4. **Prevention of Admission:** Staff understand the importance of preventing unnecessary hospital admissions and use the appropriate local health support services to avoid unnecessary hospital admissions:
5. **Positive Risk Taking:** We encourage an approach which allows Positive Risk Taking to be implemented safely, in order to empower individuals, to improve physical and mental health, and to promote independence and quality of life, whilst reaching a balance between independence and the risk of harm.

Categories

6. **Goal Setting and Outcomes:** We ensure that staff help individuals to set achievable and measurable goals for all sections of their care plan
7. **Engagement Plans:** We identify people who are at the most risk of decline in their independence and provide opportunities for them to participate in activities and to get involved with groups/societies
8. **Movement and Exercise:** We foster an approach which encourages staff to encourage independence by engaging individuals in meaningful tasks (including ADLs and PADLs), as part of increasing levels of daily movement
9. **Knowledge and Competence**: we ensure all staff attend yearly updates on key education around Prevention and Enablement
10. **Environment and Equipment:** Environmental checks take place regularly, and all Moving and Assisting Equipment is monitored and regularly checked according to current practice guidelines

	A	B	C	D	E	F
1	**Standard summary**	**Area**	**Indicators**	**Original Rating**	**Session 1 8/7/24 - Evidence** - *Should be a mixture of observation or hard evidence.*	**ion 1 - Actions and dea**
2–7	We have an Enabling Care Approach, which follows HCC's Connected Lives Outcomes Framework, and this is embedded in the culture of our organisation. This means that all our staff employ a questioning and solution-focused approach, which involves always looking to make improvements, and seeking to find the root cause of any problems, in order that the lives of the people we care for are positively impacted, in every possible way. We use Assessment tools and Outcome Measure tools to measure the impact of our care and to capture improvements that individuals make, as well as to spot early signs of deterioration.	Org	* Enablement is embedded in the care delivery policy, which also explains how Connected Lives Outcomes are documented and reviewed * The organisation is activly l training staff in Enabling and Mobility Champion and/or a Physiotherapy Support Facilitator/ falls champion * There are regular reviews of policies and procedures. These are at least annually or whenever there is a change in legislation or guidance * The organisation encourages the use of the NHS 5 Whys tool/other root cause analysis tools in care plans * The organisation focuses on Assessment and Outcome Measure tools to monitor for signs of deterioration and for to evidence any improvements individuals make - please see 'Assessment me Measures' tab (last tab of this document) for details * The organisation ensures that regular medication reviews take place	Partially Met		
8–13		Staff	* There is evidence that staff use a questioning approach to all care interventions, seeking to prevent, reduce and delay needs wherever possible * Staff use enabling language, encouraging individuals to do tasks independently where possible * Staff understand the importance of using Assessment tools and Outcome Measure tools - please see 'Assessment and Outcome Measures' tab (last tab of this document) for details * Staff request referrals appropriately and participate in confident communication with Allied Health Professionals * Staff understand Mental Capacity and use the principles appropriately, thereby ensuring they are giving individuals choice where the person has capacity to make a decision, and acting in an individual's Best Interests where the individual lacks capacity for a decision * Staff are aware of individuals' goals and they review care plans regularly, checking individuals are progressing and meeting their outcomes			

Details | Training Booking | **Culture** | POA | Monitoring Trends | Positive Risk Taking | Goal setting and Outcomes | Engagement Pl

Scoring

Each indicator

Exceeded	95% and over
Assured	80% and over
Partially Met	50% and over
Not Met	Under 50% = Not met

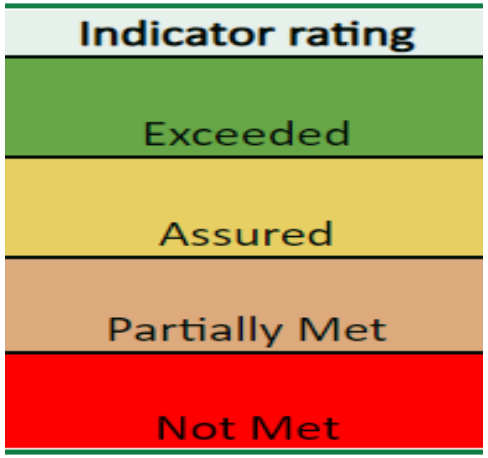
Based on CQC ratings

Overall rating:

- **Exceeded: 2 standards need to rated as exceeded if no ratings of not met or partially met**
- **Assured: overall rating will be assured if there are no indicators rated at not met and only one indicator at partially met**
- **Partially Met: If a standard is not met - the home cannot reach exceeded or assured overall**
- **Not Met: If 2 or more standards are not met, the overall rating will be not met**

Activity

- On your table you will have a piece of paper with one of the 10 categories
- Spend 10 minutes looking at the indicators and see how many you would be able to sign off
- What status would you get?



Team Actions

- Review any role gaps in your team roles and book staff for training
- Book a targeted support meeting to start your own P&E Framework
- Review P&E framework and identify actions
- Regularly review care plans and risk assessments to triangulate actions
- Organise monthly meetings involving your champions (P&E Team)
- Analysis data
- Build a relationship with your community teams (OT, Physio etc)
- Make effective referrals

Comfort Break

Bed Care prevention and equipment

Stephanie Clarke

Occupational Therapist

HCPA & Hertfordshire County Council

TAKE A MOMENT TO REFLECT

- How many people do you see who are cared for in bed???
- What percentage of the portion of people you see?
- How many of those people have a detailed record of

-How they came to be cared for in bed

-How to encourage them out of bed if they fluctuate

-How the risks of bed care are managed

WHAT IS BED CARE?

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

<u>Keeping someone in their bed can be considered restriction and therefore Depriving them of their liberty</u>

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.

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 expresses he wishes to get out of bed however is mostly managed in bed as he does not currently have a chair suited to his needs and is at risk of falling or slipping from a standard armchair. He has been assessed by PT/OT and a chair has been recommended and advice was given to manage risk by only allowing him to sit out for up to 2 hours a day in the communal area where he can be observed. Risk assessment attached

REASONS FOR BED CARE-HOW ARE STAFF COMBATTING

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

- Do your staff consider the above when asking people if they would like to get out of bed?
- Have the appropriate professionals been contacted If support or a second opinion is needed?
- Do family have an opinion or are they able to support/ encourage?

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

- Firstly being clear whether the person is **MOSTLY** cared for in bed or **PERMENANTLY** cared for in bed
- Discussion with the person/NOK on their wishes.
- MDT Discussion: Informing GP, care staff and engagement leads, day center, dietician, district nurses.
- 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-at this stage it is key to try and support the person as best as possible on bed care

CONTRACTURES

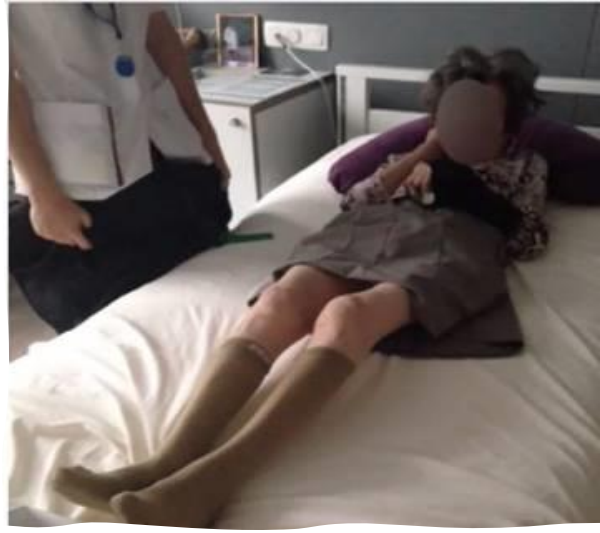
Contractures are strongly associated with prolonged periods of immobilisation (Wagner et al, 2008), and neurological conditions such as stroke (Sackley et al, 2008) and dementia (Jamshed and Schneider, 2010).

Characterised by a lack of full active or passive range of motion, they are caused by increased stiffness in the muscle, joint or surrounding soft tissue (Wagner et al, 2008). They can cause pain, interfere with sleep (Harvey et al, 2017) and increase the risk of pressure ulcers (Wagner et al, 2008).

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).

EQUIPMENT CONSIDERATIONS

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

Full course would be required for more understanding.

Why do we place cushions in certain places?

KEEP PEOPLE ACTIVE, MOVING AND ENHANCE POSTURAL SUPPORT

- Keep people mobile as long as possible including using transfer aids as this allows joint movement, strength maintenance.
- Rather than stopping a person from mobilsing completely can we aim for once a day mobilising or step transfer to the toilet, include this in the goal setting.
- Use Equipment to keep people comfortable to manage their needs.

ENSURING AVAILABLE 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|?

Transfer Equipment

Molift/ReTurn

- Good for people in between mobilising and requiring hoist but not necessarily requiring the electronic assistance to raise.
- Can be used with multiple residents
- Can be used on its own or with a belt
- Can be used with a single carer
- Can be used to facilitate and maintain independence with toileting.
- Can be used for longer distances of travel than a hoist
- Promotes overall independence and standing strength.

Wendylett Slide Sheets

- Protects skin integrity
- Reduces the amount of manouveres of rolling
- Can be done by one person if used on conjunction with wedges (individual assessment dependent).
- Can save time
- Good for residents who are frail and spending long periods of time in bed.

4 way glide sheet- £200.00
2 Way £80.00

Sliding Mitts

For sensitive skin and for repsotioning for people who have slid forward in the chair and usually under £10.

One Way glide sheet

Can help with residents who tend to slip forward in their chair.

They need to be sitting on it to lock it in place

Usually cost £120.00

THANK YOU FOR LISTENING!

For full details on courses please contact HCPA

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Suzy Bentley-White

Physiotherapist and HCPA Clinical Lead

EXERCISE AND MOVEMENT IN THE CARE SERVICE

BUILDING AN ENABLING CULTURE

EFFECTS OF A LACK OF MOVEMENT/ACTIVITY

- There is increasing evidence that sedentary activity in the older population is becoming more and more problematic
- In the UK, physical inactivity is associated with 1 in 6 deaths and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone).
- The latest statistics indicate that lack of physical activity is the cause of type 2 diabetes, obesity, heart disease, stroke, depression and even some cancers

WHO Global status report on physical activity 2022

EFFECTS OF SEDENTARY BEHAVIOUR

Reduced muscle strength, bone density and risk of falls and impact of falls

?? sitting time can change bone markers in those who are 65+, and consequently increases the risk of fractures

Blood sugar rises

Blood flow and circulation decreases

Good/healthy Cholesterol can drop by 20%

Older people spend 80% of their waking day sedentary – approx. 12 hours a day.

BENEFITS OF PHYSICAL ACTIVITY ON MENTAL WELLBEING

,

Being independent improves confidence and self esteem

Better physical health reduces depression and anxiety

Group activity can improve social interaction, reducing loneliness and isolation

Participating in activities can give people a better quality of life and sense of achievement if they are involved in the things they love and connect to

Having a sense of purpose and belonging to a community can positively affect mental wellbeing

What are the health benefits of physical activity?

dementia by up to **30%**

All-cause mortality by **30%**

cardiovascular disease by up to **35%**

hip fractures by up to **68%**

type 2 diabetes by up to **40%**

depression by up to **30%**

colon cancer by **30%**

breast cancer by **20%**

HCPA RESOURCES

STOPFALLS

Homepage | Referral | Webinars | Mobile App | Resource Library | Updates | Key Contacts

Resource Library

Search

Description	Preview	Download	Version
An Enabling Care Approach			1.2
Sit Less Move More			1
Staying healthy at home			5
StopFalls App Poster			2
StopFalls Brochure			5

The '**Care to Step Up**' programme is part-funded by the European Union
European Structural

SIT TO STAND - PRACTICAL

- 1. Foot position:
  - Try standing up with your heels :
    - Forward of your knees
    - In line with your knees
    - Behind your knees
- *Which is easier?*

  - Try standing up with your feet:
    - Wide apart
    - Close together
    - Hip width apart
- *Which is easier?*
- Now try standing up with one foot forward of the other

Question: Do we need to shuffle forwards to the edge of the chair?

SIT TO STAND - PRACTICAL

- 2. Pushing not pulling
  - The simple fact is that if we pull on something to get up, we are:
    - Leaning our weight backwards
    - Not using the normal (most efficient) movement pattern
    - Using our arms much more than our legs
  - We need to encourage pushing up using the person's hands on the chair arms or on their thighs

SIT TO STAND - PRACTICAL

- 3a. Leaning forward
  - Sit forward using the cue "nose over toes"
  - Compare this to the cue "chin over knees"
- 3b. Leaning forward with momentum
  - Lean forward and stop! Without rocking at all, stand up from this position

SIT TO STAND - KEY COMPONENTS

Starting posture **must** be good

Both feet firmly on the floor, slightly behind knees (may need to shuffle bottom forward in chair)

Encourage forward lean with back straight, looking up, “chin over knees”

Assistance of one or two people (care plan)

Encourage person to push up with hands

Push up with hands on armrests or thighs

ASSISTING/FACILITATING SIT TO STAND – KEY POINTS

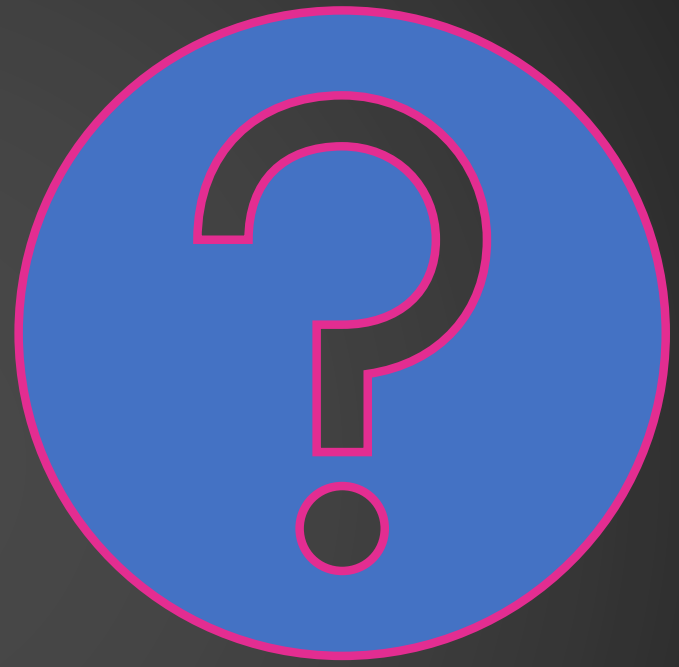
- Start from neutral (not crooked) pelvis position
- Shuffle forward IF NEEDED, (facilitated if unable independently) – mini practical
- Feet position - hip-width apart ankle, slightly behind knees – mini practical
- Anterior pelvic tilt – use facilitatory touch (fingers walking down the back) to achieve this (and keep hand on that point until standing)– mini practical
- Encourage push up using hands on chair arms (use feedback through your own hands)
- Forward lean – encourage focus forward and upwards – "chin over knees" cue
- Use momentum and "ready, steady, stand" cue
- Step forward with the "stand " cue
- Ensure stable in standing (may need a hand on front of chest or shoulder) – may require prompts to hold frame, keep knees straight, or to straighten up from hips
- Use facilitatory touch on buttock to keep standing (if needed)or on the distal quads to keep knees from bending, whilst you facilitate hand back onto armrest for a safe sit back down

ASSISTING/FACILITATING SIT TO STAND – GENERAL TIPS

- Risk Assessment
- MFRA
- Explain and engage with person – use enabling language, verbal and physical cues
- Provide appropriate level of assistance (too much assistance means no opportunity to practise and improve)
- Once in standing, give time before mobilising – think about safety

- Brush the service user's hair for them
- Assist the service to brush their hair, by placing the hairbrush in the service users hand and then gently positioning your hand over their hand and perform the action of hair brushing with them
- Position the hairbrush in the service user's hand and give verbal prompts and encouragement to brush their own hair (give positive feedback where needed)
- Position the hairbrush in front of the service user. Use prompts if needed. Be ready to carry out another task whilst the service user brushes their own hair. Keep an eye on the service user in case they need support.
- Allow the service user to get their own hairbrush and to brush their own hair (with prompts if needed)

ANY QUESTIONS?



Live Longer Better.

in Hertfordshire

Wednesday 15th October 2024

Getting active in Hertfordshire

Charlotte Bird, Live Longer Better in Hertfordshire Lead, Herts Sport & Physical Activity Partnership

Join the revolution.

Live Longer Better. in Hertfordshire

Live Longer Better in Hertfordshire.

The county wide Movement enabling older adults to live longer, healthier and happier lives

- Moving More, Hertfordshire's activity finder, helping to find ways to be active
- Hosting community events & supporting partner's events
- Helping people with long term health conditions be active
- Newsletters & webinars for ageing well
- Strength and balance classes
- Bid writing service

Over £400,000 funding secured for community projects

Join the revolution.

Community sessions

Live Longer Better. in Hertfordshire

[Libraries Move Yourself to Better Health project]

Download free guidebook

Wednesdays 10:30am

- Bishops Stortford
- North Watford
- Stevenage
- Hatfield

Community sessions

Live Longer Better. in Hertfordshire

[Living with Advanced Parkinson's PDF]

– endorsed by National Hospital for Neurology and Neurosurgery, Queen Square, London

Everyone Active offer free membership to those living with Parkinson's and their carer

Community support groups

Westminster Lodge Leisure Centre in St Albans held the first free exercise class for people with Parkinson's as they launched a countywide initiative.

Movement and physical activity are vital in the management of Parkinson's symptoms, and 129 people have signed up for the programme run by Everyone Active, which manages leisure centres throughout Herts.

As part of this trailblazing initiative gym instructors are being trained how best to organise the bespoke routines, and expert Parkinson's coach John Molyneux, who runs the locally based fitness company 'MolyFit', has been called in to help out.

He highlighted the importance of awareness and support for those affected by the neurological disorder.

John said: "We know there's no cure for Parkinson's, but I see exercise as the magic pill. Working with Parkinson's clients is a particular skill and I want to help as many people as I can by showing them the most beneficial routines and programmes. Training the trainers means they can carry on the good work."

Kirsty Jones, wellbeing manager at Westminster Lodge added: "We have worked with the Harpenden Trust and West Herts Parkinson's group to obtain funding to support the launch of specific sessions and John's input means we can now take it to gyms across the county."

John also took time to carry out some of the exercises and the willing group at Westminster Lodge was pleased with the results.

Margaret Martin, a retired pharmacist from Harpenden was diagnosed three years ago, said "Exercise is so useful. It improves your mobility and general strength, and I would encourage everyone living with Parkinson's to get involved."

Community sessions

Live Longer Better. in Hertfordshire

- Strength & Balance classes – SFCF, free, weekly.

Bennets End, Grovehill, Borehamwood, Holywell, South Oxhey, Sopwell, Cheshunt, Waltham Cross, Hertford, Letchworth, Stevenage, WelwynGC

- Strength & Balance classes – HILS

Community sessions

Live Longer Better. in Hertfordshire

West & South Herts:

- Grovehill Wellbeing Hub

5 days a week older adult activities

- Golden memories

Watford – dementia reminiscence

- Parkinson's support groups

Fighting Fit Football, Parkinson's UK, Everyone Active free membership for carer too

Community sessions

Live Longer Better. in Hertfordshire

East & North Herts:

- Boro Bygones & walking football

Stevenage Football Club Foundation – dementia reminiscence

- Red Shed Stevenage

Only one in the county. Dementia gardening and carer respite

- Parkinson's support groups

Grange Paddocks, Stortford

- Clock Cricket

'Hertswise' groups, sheltered accommodations, community groups, care homes

HDSF sessions

Live Longer Better. in Hertfordshire

Stanborough, WGC, Hatfield & Baldock

- Adapted cycling
- Boxercise
- Bell-boating

info@movingmore.co.uk

Moving More

Home | About Moving More | Upload Your Sessions | Health Professionals | Contact

Helping people in Hertfordshire to be more physically active.

Enter your location below to find a physical activity near you.

Search location

Powered by PLAYED

www.movingmore.co.uk

Moving More

Moving More

Hertfordshire, UK | All activities

Hide map

Add your activities

Within 40 km | Price | Date | Time of day | Age | Level | Accessibility | Gender | Clear all

10548 activities found

1.5km away

Pickleball: A fun and exciting racket game for all

Dognell Green, Welwyn Garden City AL8 7BL, UK

Wed 17th Apr at 10:00am

1.5km away

Pickleball: A fun and exciting racket game for all

Dognell Grn, Welwyn Garden City AL8 7BL, United Kingdom

Thu 18th Apr at 14:00pm

1.5km away

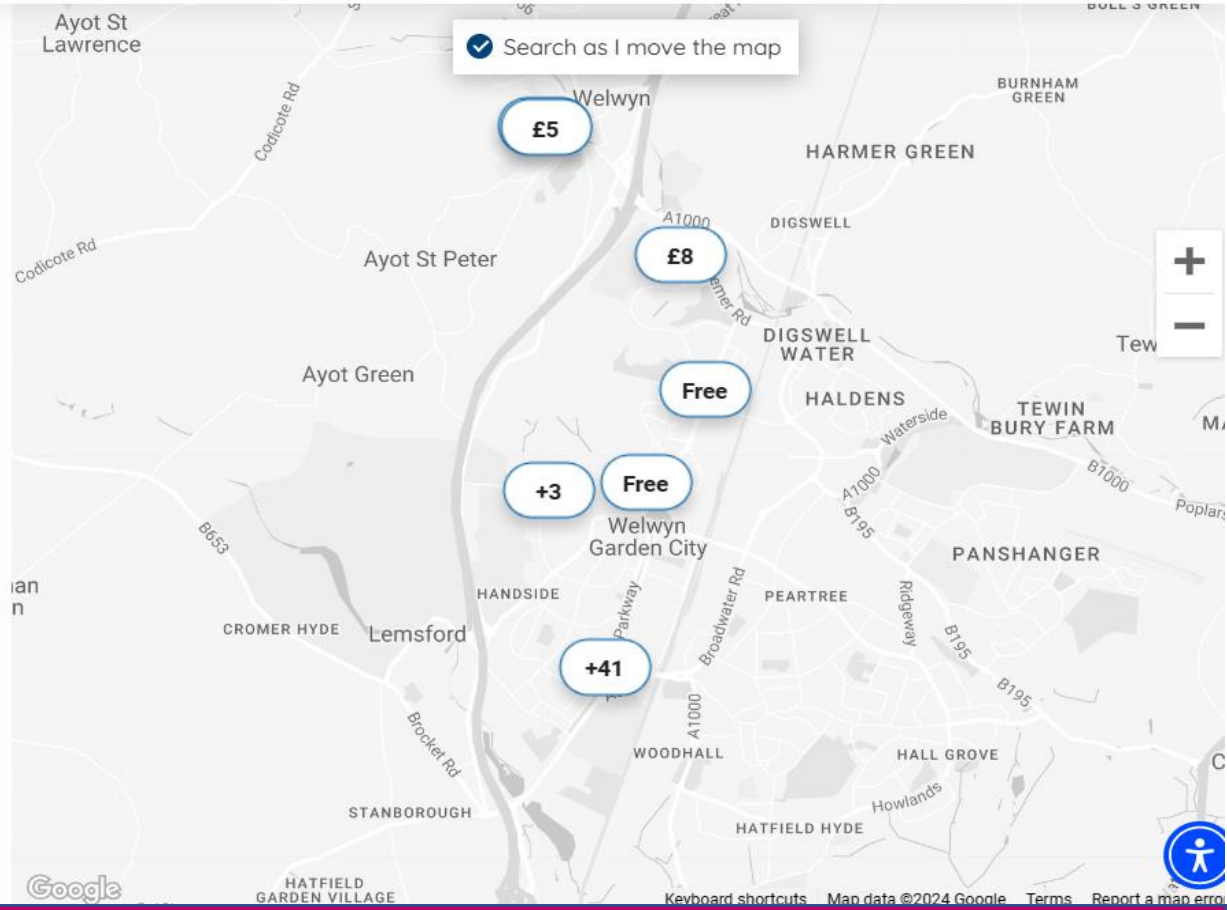
Pickleball: A fun and exciting racket game for all

Dognell Grn, Welwyn Garden City AL8 7BL, United Kingdom

Sun 21st Apr at 17:00pm

2.1km away

Medau Movement



Achievements so far...

Live Longer Better. in Hertfordshire

1889 Revolutionists

Circa 6,000 strength and balance class attendances each year

93.1% participants improved wellbeing

Moving More

Circa 10,000 activities listed

Over £400,000 funding secured for community projects since 2021

163 Champions

Thank you!

Any questions, please contact Charlotte Bird- c.bird3@herts.ac.uk

Join the revolution.

Health & Independent Living Support

Let’s talk about Active Ageing

Yvonne White

www.hils-uk.org

0330 2000 103

What is Active Ageing?

Active Ageing is a free personalised exercise programme for older Hertfordshire residents.

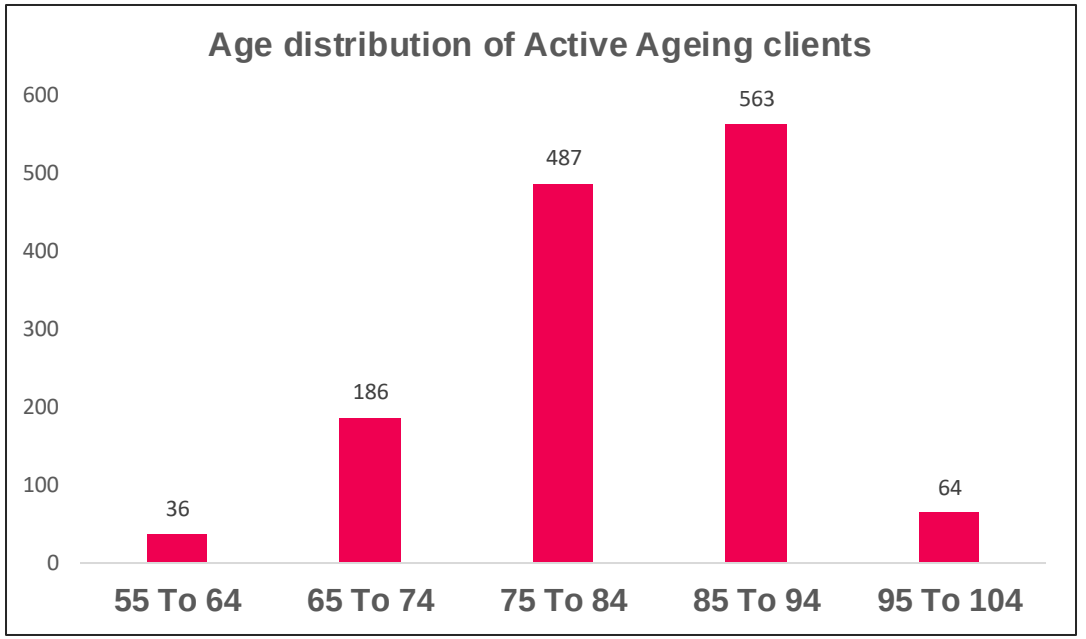
The service consists of eight weeks support, in the home, one-to-one:

- Assessment using a wide range of validated tools
- Motivational interviewing and personal goal setting
- Strength and balance, or chair-based exercise
- Sessions are tailored to the needs of participants
- Designed for different needs and motivation levels

Group sessions are also provided for 8 weeks for people who can access community spaces.

Who do we support?

- **Anyone over 65** (most of our clients have been between 85-94!)



- **People living in their own home**, or supported living facility
- Those who are able to exercise using a chair or standing with support.

We can also support people living with conditions such as Parkinson's, MS, or those recovering from stroke or hospital admission. All Instructors are trained in providing tailored exercise sessions for those with specific conditions.

How can you refer your clients?

Visit our website to download our referral form!

Exercise at Home - HILS (hils-uk.org)

Health & Independent Living Support

What are your key takeaway actions from today?

Join at
slido.com
#2656278

Newsletters

Stay up to date with sector news!

Ensure you and your leadership team are signed up to receive HCPA's newsletters.

Subscribe to our mailing list

THE HCPA CARE PROVIDER HUB PROVIDING PEACE OF MIND.....

ASK us anything! We are your support service, here to answer your questions on all topics Adult Social Care related.

- Govt guidance, laws, standards and expectation
- Covid: PPE, vaccinations and infection control
- Liaison with Hertfordshire County Council
- Funding, contracting and commissioning
- Staff wellbeing and recognition
- HR, Staffing and recruitment
- Training and education
- Business continuity
- Data protection
- Monitoring
- Equipment
- Insurance

Your hub, your support service.....

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