



ACTIVITY & ENGAGEMENT FOR STAFF

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INTRODUCTION



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AGENDA

- **Understand guidance around engagement and wellbeing.**
- **The importance of meaningful activity and conversations**
- **To ensure that life story work is effective within the service.**
- **Be up to date with current engagement resources and receive support if needed, while networking with colleagues**





What is engagement?


- Group Activities*
- One to one support*
- Opportunities for the residents.*

The need for activity and engagement coordinators has long been recognised however evidence suggests most residential & nursing homes are not managing to fully demonstrate meaningful engagement.

EVIDENCE

- **Limited research:** research does suggest that people at risk of isolation only get a few minutes of interaction a day .(Caldwell P 2000)
- **Increase in professionals reporting lack of activity** and engagement in 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 engagement (Joborapido 2024)





*The way we are
managing activity and
engagement and how
we prioritise it in our
care homes needs to
be adapted.....*



NICE GUIDELINES

In its Quality Standards on the *Mental wellbeing of older people in care homes*, the National Institute for Health and Care Excellence (NICE) state that:

- Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and wellbeing (Quality statement 1);
And.....
- Older people in care homes are enabled to maintain and develop their personal identity.
(Quality statement 2).
(NICE 2013)



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:



**Person
Centred
Software**

WHO???

FIRST THINGS FIRST.....

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

ACTIVITY CO-ORDINATOR's role

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

CARE STAFF role

- CONTINUE INTERACTIONS/ENGAGEMENT
- 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

DOCUMENTATION IS KEY!

ACTIVITY CO-ORDINATORS & MONTHLY REVIEW PAPERWORK

Activity Co-ordinator's paperwork needs to be linked with the care plan. If this is not part of practice already it can be used to help navigate the monthly review to keep ALL staff informed.

-New interests or successful engagement

-Best times of the day

-Future timetabled activities/ agenda that will be considered in the next month

-When auditing are the risks being looked at? Falls/isolation/bed care

-Can goal focused or activities around engaging the person in their independent skills be incorporated into their work.

-Can this information be put on the **front page** of the Care plan

DOCUMENTATION: CARE STAFF

Care Staff's role is to ensure that their daily engagement (which likely is already being done) is documented and use the paperwork to format and communicate how other members of the team can engage the residents.

Daily notes/Hourly Checks

- Staff have so much they are doing with residents and do not always see it as a form of engagement; most of the time it is or its an opportunity to!
- Staff are doing checks to ensure people have had enough fluid intake, pad checks, pain/medication checks; this should also be seen as an opportunity to engage residents and include it in the documentation.

Daily notes example (Under 5 minutes!)

E.G Mrs Palmer is on hourly checks, the front page of her care plan indicates that due to her high risk of falls she is on hourly checks to make sure she is settled and not trying to get up. Instead of staff just poking their head to see if she is okay can they try the following!

14:00: Mrs Palmer had a check and we had a chat about the gardening show on TV she said that she used to garden; noted to add this to her care plan likes

15:00: Mrs Palmer was in her wheelchair and had just returned from the toilet, she agreed to be wheeled around and take drink orders as she used to work in a café.

16:00: Mrs Palmer had finished her tea and agreed to go for a walk around the room with me to focus on her mobility goals

17:00: Mrs Palmer declined involvement in the group exercise class today. During her check we did some marching whilst sitting which she seemed to like for about 4 minutes

Monthly review example

Mrs Palmer's goal this month was to participate more in group activities; she said she has enjoyed trying to get involved and particularly likes the reminiscence groups however did not like the exercise groups and prefers doing that one to one with staff. Agreed that Mrs Palmer would be included more next month in the reminiscence weekly sessions and will have exercise encouraged daily from staff.

The background features a dark teal square in the top left, an orange triangle below it, and a series of white concentric circles in the top center. The rest of the background is a solid dark red color with faint white geometric lines.

*FITTING ACTIVITIES
INTO A BUSY
SCHEDULE*

BENEFITS OF MEANINGFUL ACTIVITY

Benefits of meaningful activities

Meaningful activities can:

- Provide purpose and structure - particularly helpful for people who live with dementia.
- Aid memory and cognitive function.
- Create familiarity
- Offer regular social contact and help residents to form meaningful relationships and friendships
- Keep residents mentally and physically active
- Enable residents to express themselves



KEY POINTS LIFE STORIES & ACTIVITY

- **DIRECT PEOPLE TO THE LIFE STORY BOOK/DOCUMENT KEY & SUCCESSFUL POINTS** on the front page of the care plan. Are there aspects of their past that engage them? What is a solid choice of activity.
- **PROVIDE Living Well Through Activity Guide for Friends & Families/Use ACTIVITY TOOL** - WHAT do they like to talk about? Did they like physical touch, were they a talker or did they prefer activities. Is this variable?
- **LIFE STORY SESSIONS:** Can adding to the life story be part of an activity session where you create a scrap book?
- **MAKE THIS LIFE HISTORY ACCESSIBLE;** in case the person is agitated? Can they actually pull out the life stories or do they sit in a draw ?

The Pool Activity Level (PAL) Instrument for Occupational Profiling (Pool 2011), which was devised for use with people with cognitive impairment and includes a personal history profile.

CONSENT

Gain consent for who they feel comfortable sharing this with, is it only for family?staff? Professionals who are visiting?



I am so busy... I don't have any time to support activity. What can I do?

When you are doing everyday tasks (handing out tea, making the bed)... can a resident help you?

- **Ask residents questions** What would you like to do today? Who is that in that photo with you?
- **Ask yourself questions** Is there anything I can do to help this resident be more active? e.g. tune a radio station, help to phone a relative.
- **Ask residents to help – get them involved** Sorting the post Unpacking a food delivery Drawing the curtains in the living room.

Rather than thinking “what do I need to do next?” try “How can I do this activity with a resident?”



CONNECTING WITH RESIDENTS

CAN YOU AIM FOR STAFF TO TRY AND DO 5 MINUTE TASKS A DAY

Under 5 minutes

- Regularly stop for a 2-minute chat with the resident. How are they? Did they sleep well? Discuss the weather / the time of year / ask after their family.
- **Their plan for the day (do the staff know what is going on with today to offer activities)**
- Sit for two minutes and place a reassuring hand on the person's arm.
- Involve a resident in what you are doing – laying a table, tidying a room, carrying the laundry.
- Sing or hum a tune together.
- Encourage a resident to carry out some aspects of personal care, such as brushing their hair or teeth.

Ask a resident if they are comfortable, would they like to: sit in their room / with others / by the window or the reception area? Assist them to get there.

- Put out different objects of interest in the communal room for residents to explore each day

HOW TO INTRODUCE CHANGES

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 resident**

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:

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?



CONSIDERATIONS FOR GOALS

Consider the risks

Staff will need to consider:

- **The risks and benefits.** Do the risks outweigh the benefits? It may not be suitable.
- **The likelihood that risk might occur.** –highly likely risks may not be suitable
- **The seriousness/severity of those risks-** how catastrophic the risk could be
- **Actions to be taken to minimise the risks.-** can things be put in place to minimise the risk
- **Actions to be taken if the risks occur.-**what's the plan if things do go wrong

Therapist Support

Where necessary the support or advice of a Physiotherapist or OT may be beneficial in setting goals where there is risk involved.

Ensure to get the person or families agreement in the goal setting as they should be part of the process and ensure that a risk assessment if needed is in place.

A referral can be made through the GP.

*SUPPORTING RESIDENTS WITH
DEMENTIA*

RESIDENTS WITH DEMENTIA –SENSORY SUPPORT

Sensory ability level

Often they are passive recipients of care, having little opportunity to engage in routine activities

Tend to be: Humming, chuckling, moaning, calling out.

Pacing up and down, repeating actions, aware of others but concerned with their own needs and sensation.

Respond to conversation through body language; turning towards you/reaching forward.

The resident at the sensory stage can be guided to carry out single-step activities such as sweeping and polishing. When talking to the resident keep language simple, use short sentences and demonstrate actions to underline what you mean.

Living well through activity in care homes: care home owners & managers

Ideas for multisensory stimulation

Smell

- Use a variety of different smells in activities:
Flowers, 4711 scent and perfume; hairspray; hair cream; lavender; moth balls; cod liver oil; syrup of figs; wax polish; cleaning materials; mint and other herbs; vanilla; ginger; wood; sawdust; leather; soap flakes; carbolic and coal tar soap.

Movement

- Encourage residents to move and to take part in daily living activities. Invite them to sit at a table or in the garden for a drink
- Create areas of interest to explore; e.g. pictures, props, a writing table.
- Do stretching exercises.

Touch

- Furnish the care home with interesting textures and decor.
- Leave props out to explore or keep in activity boxes. Include fabric, furs, wool and silk; fir cones; shells, stones and pebbles; conkers and leaves; leather; anything hot, cold, hard and soft; animals; soft toys; water; bar of soap; fruit and vegetables.

Vision

- Use signs, pictures and bold colours throughout the care home to cue people in to where they are.
- Use everyday objects; photographs; large picture books; posters; videos; slide shows.

Hearing

- Find out what types of music residents prefer.
- Activities using sound include: reading out loud; audio books; radio; sound recordings (e.g. bird song); songs and musical instruments.

Taste

- Provide a varied diet that is seasonally, culturally and geographically appropriate.
- Sample foods and drinks as an activity. Try sherbet and popular sweets; mint; aniseed; seasonal fruits and vegetables; bread; cakes; regional foods.

SEE FURTHER RESOURCES
FOR IDEAS

PREVIOUS
PAGE

CONTENTS

NEXT
PAGE

Advanced Dementia: Reflex level of ability

More responsive to single sensations

Try one-to-one activities. Stand, sit or kneel in front of the resident to make eye contact. Bring objects into the resident's eye line and guide hands. Reinforce with one word commands, and encourage and reassure through smiles and nodding. Be aware that too much stimulation can be stressful for the resident.

- Stroking the back of the hand or arm or cheek; using moisturising lotion to massage.
- Stroking back of hand or arm with different materials, such as a feather or fake fur.
- Self-care: keep pressure when washing and drying gentle but firm. Use smells such as lavender products. Place the resident's hands around the washcloth or sponge and guide their movements.
- Singing, swaying, clapping, rocking to music.

For example: to support a resident to drink, place their hands around the cup, laying your hands over the top of theirs and guide the cup to their mouth saying "Drink".

Environment & Comfort!

Ensure there are available peaceful and calm environments, what is the temperature of the room like, how is their posture and positioning in the chair?



CREATING NEW ROLES

Possible roles for care home residents

There are a number of possible roles and tasks that residents may wish to take on within the care home:

- Tour guide to visitors, potential residents and new staff.
- Assisting on interviews (provide questions or sit on the panel) and induct staff.
- Chairing residents' meetings.
- Assisting with audits and surveys.
- Visitor to other residents that may be room bound.
- Reading out loud to other residents.
- Delivering newspapers and post.

- Monitoring and topping up bird feeder. , etc.
 - Gardener – water and maintain outdoor pot plants and beds.
 - Social planner– assist staff to plan social events, themed weeks, public holidays.
 - Editor or contributor to newsletter.
- Watering and maintaining house plants.
- Flower arranger.
 - Housekeeping – work alongside housekeeping staff to clean and maintain communal rooms.
 - Kitchen assistant – food preparation, laying out the dining room, supporting clearing away. Helping with morning coffee and afternoon tea.
 - Helping in the shop or pub or with the sweets trolley.
 - Laundry – assist laundry staff to fold bed linen, tablecloths

Mary has dementia. She has always been extremely house proud. Her daily morning routine has always involved doing housework tasks before morning coffee. When Mary moved into the home her family brought her carpet sweeper and dusters. When the housekeeping staff come to clean her room Mary dusts and carpet sweeps the bedroom while they clean the bathroom, and then they swap over. Mary's family are not allowed to visit before 11 o'clock as she is "busy with her jobs".



ENCOURAGING RESIDENTS

Some residents do not want to engage and that is fine. It is their choice after all!

For residents who regularly decide not to participate the following is key:

- Be clear what is that they do not enjoy
- Do not give up; continuously ask and evidence what new things may be on the agenda
- Try different tactics and include in the monthly review whether this is impacting on mood particularly if the person did not have this level of reduced input prior to their residency,



ACTIVITIES DON'T HAVE TO BE DONE BY YOU!

Activity bags or boxes may be left in communal areas for residents to explore or stored in an easily accessible place for staff, volunteers and visitors to borrow when spending time with a resident.

Themed Boxes- e.g. sensory, childhood, games, reminiscence, beauty, word games and puzzles.

In larger homes, activity bags or boxes can be kept on each wing/unit of the home. They can then be rotated to maintain interest and variety.

By being portable, they can be a resource for residents who prefer to stay in their room, or who have limited mobility, or poor health. They should be checked regularly (weekly) to monitor stock and maintain the condition of the objects. Residents and relatives may also wish to be involved in creating the boxes.



USING OUTSIDE VOLUNTEER SUPPORT

- **Pet therapy**
- **Intergenerational days**
- **Interesting talks chosen by a resident each week/month**
- **Bringing in someone for a special game or activity**



ENSURING SUCCESS WITH GROUPS

- Get to know residents as individuals.
- Set realistic, achievable aims.
- Group together residents with similar interests, abilities and needs.
- Offer activities that residents want to do.
- Be creative and experiment.
- Plan ahead and prepare well for regular activities but remain flexible to support impromptu activities.
- Always have a back-up plan. Your planned activities may not always work or be right on the day.
- Keep clear and up-to-date records.
- Set aside time to review and revise how you are working regularly.
- Do not get downhearted if an activity does not go so well – take the opportunity to evaluate, learn for the future, and try again.

“I thought the men would like to watch football, so I tried to arrange an evening to watch one of England’s world cup matches. None of them was interested. Two residents came along but I think out of politeness. Anyway, I decided to find out what sports the residents were interested in just by chatting to people, and the activity co-ordinator used sport as a theme for a reminiscence activity. We now follow Wimbledon – watching the matches and eating strawberries and cream! Two of the men like motor racing, so I let them know when it is on and sometimes they sit with each other to watch a race.”

Dealing with the unforeseen

Coping with some of the more common difficulties experienced in groups

Difficulty in getting residents to talk

- Link what one resident said earlier to what another is saying.
- Start with individual attention and then address the whole group.
- Ask leading questions or choose a controversial topic.
- Use props.
- Ensure that seating is arranged to:
 - Allow eye contact
 - Enable residents to hear
 - Reflect residents compatibility.
- Sit opposite the resident to ensure eye contact.

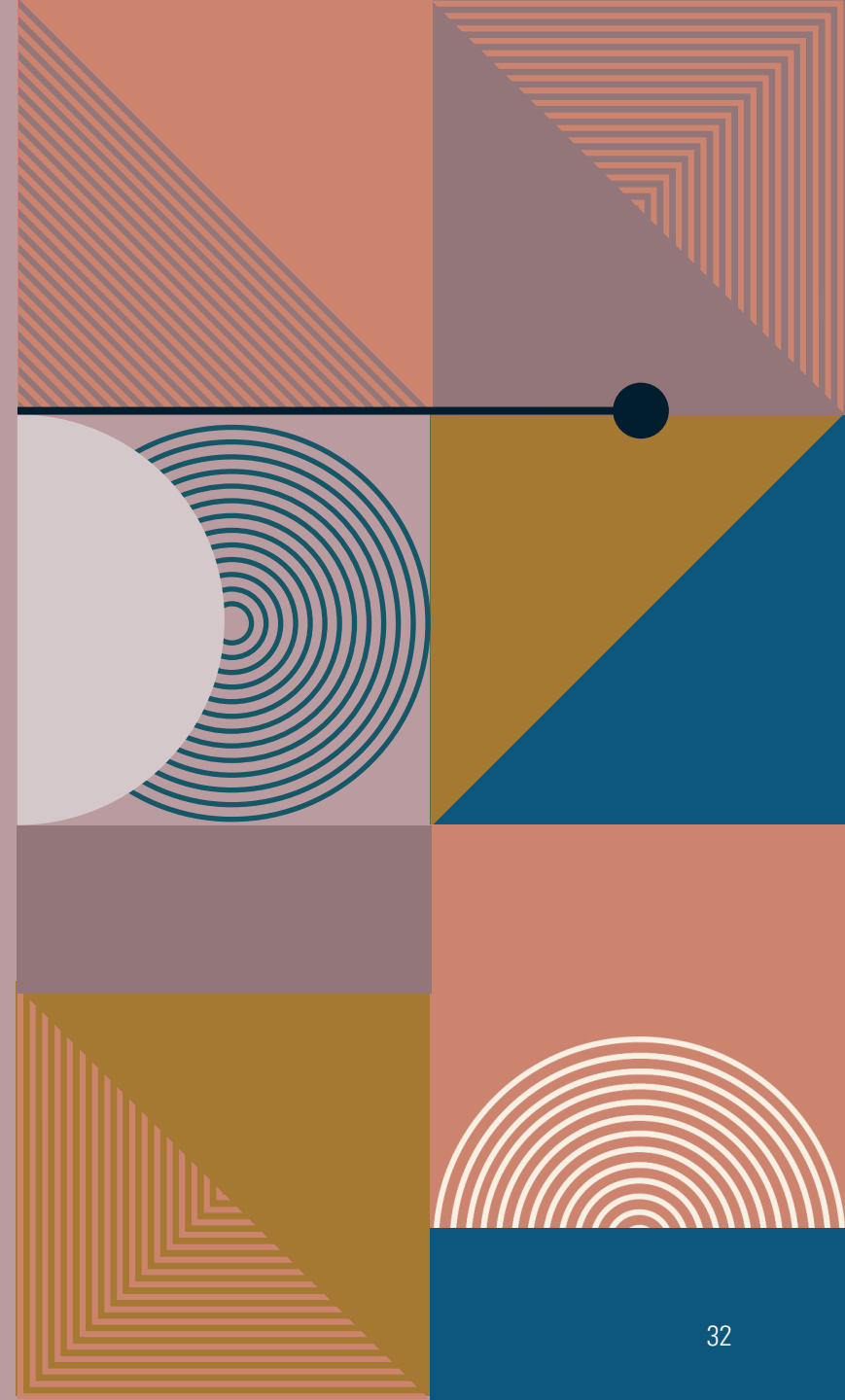
A resident seems more withdrawn than usual

- Try to ascertain the cause – is it due to a medical problem or emotional upset?
- Ask what the problem is. Ask if they can share it with the group.
- Sit nearby and use touch if appropriate.
- Talk with the resident after the session.

Residents address comments only to staff

- Avoid establishing eye contact.
- Get residents to ask each other questions (these can be written clearly on card).

*AWARENESS OF OUR
APPROACH*



PROPRIOCEPTION

The **proprioceptive system** is responsible for tracking where a body is in the space around it. Any time someone's joints are compressed or pulled apart, or when they push or pull an object, this system begins to work. It helps us to understand the force we use in daily tasks

For people who are being managed in bed this system can be altered and moving the bed and different environments can be stressful!

Gentle approaches work best



The **vestibular system** is responsible for balance and movement; found in the inner ear (cochlea). If you've ever had vertigo you know what a disruption to this system feels like. It can make you feel nauseous, dizzy, and downright awful. This system relays messages to the brain so it can orient where a body is moving even if it's at a different angle or in a different direction.

When repositioning or getting someone ready who is usually cared for in bed we would want to make sure we give enough time



The **tactile system** is our sense of touch. This system tells us when we've touched something or when something else has touched us. Different types of touch can have different effects on a body.

Light vs. deep pressure touch can create different results for different people, but for the most part light touch is alerting and deep pressure is calming.



The **visual system** is responsible for allowing us to see things as they are. This system is responsible for filtering out unimportant stimuli so we can focus on the task at hand. This is the system that allows you to find all the forks in your mess of silverware while unloading the dishwasher, finishing worksheets, doing puzzles, etc.

Bed rails or being exposed to the same visual stimuli that we are constantly exposed to and take for granted!

As we age our peripheral vision decreases so we want to make sure we are right in front of them. Being at the side can be disorientating for them!





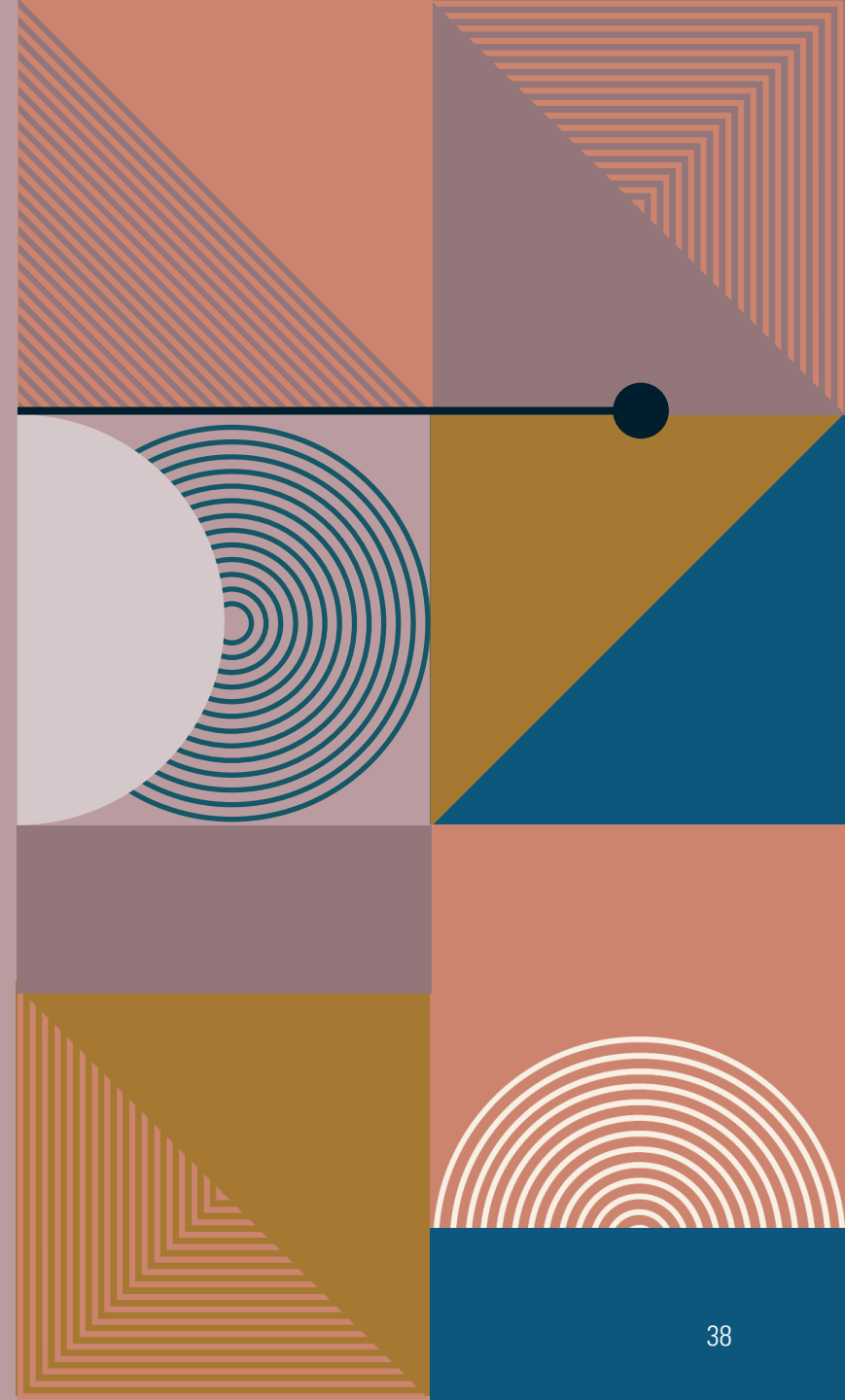
The **auditory system** is obviously about hearing, but similar to the visual system your auditory system needs to be able to filter out the background noise.

It also helps you to localize sound so you know where it's coming from.

Imagine hearing an ambulance siren coming towards you . When this system is not working properly it can be very disorienting.

This is a reminder to ensure we approach people in a gentle manner slowly approaching, letting them know where we are in relation to how close we are to them

*USING ACTIVITY TO REDUCE
RISK*



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 practice
- Hourly checks include small steps to goals
- Create opportunities
- One to one

REVIEW

Improvement?
Further opportunities
Different approach?

DEMONSTRATE YOUR EFFORTS



ACTIVITIES FOR THE NEXT 7 DAYS	MON	TUE	WED	THU	FRI	SAT	SUN
MORNING		EMERSON TO MUSIC	Puzzles	Coffee Morning	Movie	Tea & Scones in Bistro	
AFTERNOON	TRIP TO Local Town	Board Games	Movie	HEINGO	Handicrafts	Concessions & Pastries	TV
EVENING	Relaxing	Quiz	One to One with Residents	Wine & Cheese	Movie Night	Happy Birthdays!	



QUESTIONS?





*THANK YOU FOR
LISTENING TO
ENGAGEMENT FOR
STAFF!*

Stephanie Clarke