A TOOLKIT FOR CARE PROVIDERS

STAYING BRIGHT IN THE DARK MONTHS

Practical Strategies for Winter Wellbeing



November 2025

hcpa.info/seasonal-support

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Welcome

Welcome to the Winter Wellbeing Toolkit - a set of reminders designed to help you stay on top of the risks affecting vulnerable adults in your care during the winter months, while supporting prevention and early action. As we move into colder and darker days, it is essential that we remain vigilant and proactive in maintaining health, wellbeing and meaningful engagement.

This resource outlines the key winter pressures and highlights the importance of reliability and routine for the adults we support. It has been developed for use across both care home settings and domiciliary care settings.

To make the most of this toolkit, we recommend identifying who, within the team, will take responsibility for each element - particularly the checklists and activity analyses included at the end of the document. For some services, this may be most effective through a team meeting where you can review this resource together and assign actions accordingly.

Finally, don't forget to showcase the brilliant work your team is doing. Share updates with family members where appropriate and make sure the care plans and documentation clearly reflect the preventative and wellbeing-focused activities being carried out.

Winter Pressures at a Glance

- **Increased demand and complexity** - Cold weather increase the risks of hypothermia, falls, road/transport accidents (RTCs), heart attacks and strokes; weakens the immune system; worsens long-term conditions; and illnesses such as flu, norovirus, pneumonia and some gastrointestinal viruses tend to be more common in winter.

- **High bed-occupancy** - The pressure on health and care systems increases in winter, with hospital bed occupancy above safe thresholds, fewer beds per 1,000 population than many European countries, and greater risk of compromised care flow. (The Health Foundation 2025)

- **Low mood and depression** - Approximately 1 in 5 people aged 65+ experience symptoms of depression. Low mood can worsen during winter due to reduced daylight, increased isolation, decreased activity and the combined impact of physical and social changes.

- **Anxiety and emotional wellbeing** - Around 75% of people aged 65+ report experiencing significant anxiety or low mood at least once since turning 65. Disruption to daily routines, reduced movement, and changes in living environment all play a part.

Use this guide as a practical toolkit to check the environment including, temperature, to monitor risk, to engage the person in meaningful activity, to support mood and to reduce winter-related harm.

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1. Movement, routine and mood

Encouraging movement and participation remains especially important in winter when people may become more sedentary and stay indoors. Regular physical activity helps older adults improve mood, sleep quality, energy and reduce risk of anxiety and depression.

For more information on how to improve movement and reducing sedentary activities see our resources:

Sit Less Move More Brochure

An Enabling Care Approach Brochure

Managers Best Practice Guide to Engagement and Activity

*Please use the '**Care Routine planner – for care staff supporting older adults at home / in residential care**' in sections 13 and 14 to promote independence and enable a routine.*

2. Nutrition & Food Security - quick actions for care staff

Good nutrition maintains energy, immunity and body heat.

What to check

- Has the person eaten hot meals today? How many meals/snacks?
- Has the person had any unintentional weight loss in recent weeks? (See below on when to escalate).
- Has the person had any difficulty shopping, preparing food or using appliances?

Practical staff actions

- Offer hot, easy-to-prepare meals and warm snacks (soup, stews, porridge, custard).
- Encourage small, frequent meals if appetite is low.
- Use fortified drinks or milky drinks to boost calories/protein when needed.
- Signpost or refer to local Meals on Wheels, community lunches, or supermarket delivery services.
- Liaise with family about food shopping or ordering groceries if mobility or finances are a barrier.
- View our latest video and resources for Dysphagia here www.hcpa.info/members-zone/health-wellbeing/

When to escalate

- If the person is having difficulty swallowing or coughing with food - Refer to Speech and Language Therapy (Support Service Directory - HCPA).
- If the person has unintentional weight loss - 2–3 kg in a month, or poor oral intake for several days - Refer to Speech and Language Therapy and or Dietician (Support Service Directory - HCPA)

3. Hydration in Winter

Older adults often drink less in cold weather. Even mild dehydration can cause confusion, dizziness, falls, constipation and low mood.

Signs of dehydration to look for:

- Less urine than usual or very dark yellow urine (simple colour chart can help – but remember that pale urine does not always mean the person is *not* dehydrated).
- Dry mouth or cracked lips.
- Thirst (may be less obvious in some older people).
- Dizziness, light-headedness on standing.
- Confusion, increased drowsiness or reduced alertness.
- Reduced skin turgor (skin stays up when pinched briefly).
- Constipation or reduced appetite.
- Headache, low mood, or reduced participation in activities.



What care staff can do (during a visit)

- Offer a warm drink and encourage sipping regularly (tea, hot chocolate, warm water).
- Aim to offer a drink at every visit and record intake if helpful.
- If the person dislikes cold water, suggest warm drinks or soups.
- Offer easily swallowed fluids if chewing/swallowing issues exist (soup, milky drinks).
- Check number of times someone goes to the toilet and urine colour
- Encourage small snacks with good fluid content (stew, porridge, yoghurt).
- Observe for dizziness when standing - support them to sit/stand slowly.
- Be aware of medication side effects as some can cause dehydration, dizziness or falls
- Practice mobility to help increase their confidence, they may not want to drink because they are worried about the need to go to the toilet
- Notice early signs of deterioration, take Basic Health Observations (vital signs) and use RESTORE2 and NEWS2 to determine appropriate escalation

When to escalate

See section 8 for escalation procedures if:

- The person is drowsy, confused or fainting
- The person is dehydrated and taking diuretics or other medicines
- Urine output is very low for 24 hours or their urine is very dark, or they are vomiting
- The person is unable to drink due to difficulty swallowing

4. Monitoring home environments - Temperature & Comfort

- It is important that the home or care environment is maintained at a safe and comfortable temperature in winter. For older adults, studies indicate that indoor temperatures at or below around **18 °C** (≈ 64 °F) may lead to increased blood pressure, greater clotting risk and poorer thermoregulation (older people respond slower to cold).

- Guidance from UK health sources recommends that rooms where older people spend a lot of time (living room, bedroom) should be heated to **at least 18 °C** in winter.

- Some sources suggest that for very frail or less active older people, a slightly higher living-room temperature (around 19–21 °C) may be more comfortable.

Prior to winter or when preparing for colder weather, care staff and staff should check:

- Heating system is working, radiators are not blocked, thermostat is set appropriately.

- Draughts around windows/doors are minimised (use draught excluders where needed).

- Help residents layer clothing appropriately, provide blankets, ensure bed area is warm before night.

- Monitor fuel/energy status – if heating is expensive or limited, link to support/advice services (for example local energy advice, Warm and Well grants).

- Ensure any damp is identified and addressed as this can be a health risk, as it can impact a person's breathing by causing coughing, wheezing, and shortness of breath, as well as an increased risk of airway infections, and the development or worsening of allergic airway diseases, such as asthma and other conditions that involve inflammation of the airways

- Encourage movement (see below) as part of keeping warm and healthy in winter.

Action:

If you are concerned the person's home/environment is too cold (or heating not adequate), liaison with estates/maintenance or a trusted heating/energy company is needed (for example recommending a Gas Safe-registered engineer to check boilers/controls). Document when you visited, what temperature you measured or estimated, what actions were taken or flagged.



4. i) Age UK Support With Energy Costs & Heating

Many older adults feel worried about rising energy bills during winter. Anxiety about money can lead people to **under-use heating**, which increases physical health risks. Care staff can play a vital role in **signposting support early** and reducing worry for a person and their and families.

Worry about energy bills can cause people to:

- Avoid heating their home to a safe temperature.
- Experience **increased anxiety or low mood.**
- Become socially withdrawn or embarrassed to ask for help.

Simply signposting Age UK information - or sharing it with family - can **reassure individuals** and help prevent risk.

What Age UK can support with

Age UK provides clear, trusted guidance to help older people stay warm without overspending and to understand what financial help is available. Their support includes:

Energy advice for the home

Practical guidance to help people manage their energy use safely and avoid paying more than necessary.

Government help & payments

Information on all winter-fuel support schemes, including:

- **Winter Fuel Payment** – annual tax-free payment to help with heating costs in winter.
- **Cold Weather Payment** – extra money for those receiving certain benefits during periods of very cold weather.
- **Warm Home Discount** – a **one-off £150 payment** for eligible customers to reduce winter energy bills.

Energy-saving advice

Tips on reducing everyday household energy use **without cutting comfort**, including how to heat rooms effectively.

Understanding and using meters and heating controls

Older people can sometimes feel unsure about energy meters and controls. Age UK provides guidance on:

- Smart meters and whether they are suitable.
- How to use heating controls confidently.
- Different types of meters & how to monitor usage.

Looking after heating systems

Information on checking boilers and what to do if there are faults - particularly important during winter.

Support with complaints & switching

Advice on:

- Making complaints to energy suppliers if something has gone wrong.
- Considering whether switching providers is worthwhile.
- When to seek **impartial help** before switching.

Quick phrases care staff can use

"It's really normal to worry about energy bills at the moment - Age UK has excellent free support to help people understand what help is available."

"There may be payments or discounts you're entitled to - it could be worth us checking with Age UK or sharing their info with your family."

Optional follow-up actions for care staff:

- Ask if the person r family **would like links printed or emailed.**
- Offer to call Age UK **with the person/family present** if they prefer.
- Record heating concerns in the handover so the whole team is aware.
- Escalate worries if a person appears to be **under-heating to save money.**

Call Age UK on 0800 055 6205 - lines are open Monday to Friday from 10am to 4pm (excluding bank holidays)

Email customer.relations@ageco.co.uk

Or write to them at:
Age Co Customer Relations,
Linhay House,
Linhay Business Park,
Ashburton TQ13 7UP

For the most up to date information on Age UK please see the following link direct to their website. This link takes you to their energy advice.

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5. Supporting Sensory Needs & Light / Vitamin D

Shorter days, colder weather and more time spent indoors reduce exposure to natural daylight and can impact vitamin D levels, mood regulation and circadian rhythms. For older adults, this can contribute to feelings of low mood, lethargy and reduced energy.

Key action points for care staff and staff:

- Encourage **daily daylight exposure** if possible (even simply sitting by a window or spending 10-15 minutes outside when safe).
- Monitor whether the person may benefit from a **SAD-light / bright light therapy lamp**, especially if they show signs of low mood, lethargy or are unable to access outdoor light. The condition Seasonal Affective Disorder (SAD) is linked to reduced sunlight exposure in shorter days.
- Consider vitamin D status: ensuring dietary intake of vitamin D rich foods (e.g; oily fish, eggs, fortified products) and liaising with primary care regarding supplementation if needed. Low vitamin D has been associated with mood decline and reduced immunity.
- Create and maintain a **well-lit and visually engaging environment** in the home or care setting: open curtains, use bright ambient lighting, place seating near windows, use warm colours to enhance mood and daylight effect.

Suggested monitoring prompts for care staff:

- Has the individual had any time outdoors today (or by the window) / how many minutes of daylight exposure?
- Are their living spaces well-lit during daytime and evening (no dim, gloomy corners)?
- Have they shown signs of low energy, increased sleepiness, slower movement or reduced interest in activity?
- Have you discussed or flagged the possibility of a SAD-lamp / bright light therapy with family / GP?
- Have you checked their vitamin D status (or recommended review) and talked about diet / supplementation?
- Has the person changed their sleep and wake patterns (sleeping more, rising later, napping more than usual)?



6. Medication Safety in Winter

Colds, or infection can interact with medicines and cause problems. Care staff often spot early issues. Additionally keeping an adequate supply of medication is highly recommended.

Things to check on every visit

- Is there 7 days' worth of medication?
- Do they have enough medication until next delivery? (refill date / prescription arranged).
- Are they taking medicines at the correct times? (note, report and follow up on missed doses).
- Are they using inhalers, creams, eye drops correctly?
- Are emergency medicines (e.g., inhaler, GTN spray) available and not expired?
- Any new or worsening side effects observed today? (dizziness, sedation, confusion).
- Is there supplies of homely remedies, where applicable?
- Are medicines stored at the correct temperature?
- Are there relevant PRN protocols in place?

Common winter medication risks to watch for

- **Dehydration + diuretics -** increased risk of low blood pressure, dizziness and falls.
- **Anticoagulants (warfarin, DOACs) -** check for bruising, falls, any bleeding. Infections and antibiotics can alter levels - report any changes.
- **Sedatives / opioids / antipsychotics -** increased fall risk and drowsiness in cold/illness.
- **Beta-blockers / blood pressure meds -** dizziness on standing and falls if dehydrated.
- **Diabetes meds -** appetite/illness can cause low blood sugar; check food intake and report any hypoglycaemic symptoms (sweating, shakiness, confusion).

What care staff can do (actions)

- Encourage medication collection/ordering before supplies run low (note delivery dates).
- Keep medicines in their prescribed containers and in a safe, labelled place.
- Remember that a medication review should seek to *deprescribe* or change a medication that appears to be causing an adverse side effect.
- Promptly record and report missed doses or medication errors.
- If in doubt, contact the GP practice or pharmacy for quick advice.
- Seek a medication review for any medication that has an anticholinergic burden of more than 2 - see QR link below

When to escalate

See section 8 for escalation procedures if the individual is experiencing any of the following symptoms:

- New onset of dizziness or confusion, drowsiness or collapse, breathlessness, falls or bleeding
- Vomiting or diarrhoea
- Signs of deterioration
- Suspected overdose or medication error that may cause a risk to the person's immediate health

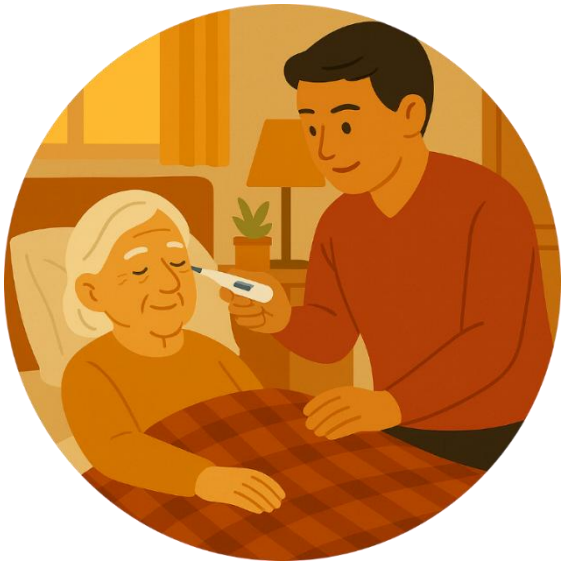
Please use this QR for a link to Medicines and Falls - risk of falls in relation to medication

7. Infection Prevention & Early Signs

Winter infections spread more easily and can cause people with frailty to deteriorate more rapidly.

Prevention basics for care staff

- Encourage and support winter vaccinations when eligible.
- Promote hand hygiene during visits and before/after meals or personal care.
- Clean shared surfaces and encourage good cough etiquette (tissue, elbow).
- If someone is unwell, reduce unnecessary contact and follow local infection control advice.
- Use appropriate PPE if required by policies (gloves, aprons, mask for respiratory symptoms).
- Watch and share this webinar Preparing for Managing Deterioration During Winter - 9th Nov 2025
- Report suspected outbreaks immediately and follow local outbreak procedures.



Early warning signs to watch for

- Notice early signs of deterioration, take Basic Health Observations (vital signs) and use RESTORE2 and NEWS2 to determine appropriate escalation
- New or worsening cough, persistent fever or chills.
- Shortness of breath or rapid breathing.
- New confusion or sudden behaviour change.
- Reduced oral intake, vomiting or diarrhoea (risk of dehydration).
- Chest pain, palpitations, or fainting.
- New persistent pain, or increased pain interfering with breathing or swallowing.
- Signs of sepsis:
    - Acting confused, slurred speech or not making sense
    - Blue, grey, pale or blotchy skin, lips or tongue – on brown or black skin, this may be easier to see on the palms of the hands or soles of the feet
    - A rash that does not fade when you roll a glass over it, the same as meningitis
    - Difficulty breathing, breathlessness or breathing very fast
    - Fever
    - A low temperature
    - Shivering or muscle pain
    - Passing no urine in a day
    - Often people feel like they are going to die

Actions & escalation

See section 8 for escalation procedures for:

- For mild and severe symptoms of any of the early warning signs from the list above

For further information on Infection Prevention and Control HCPA please see the QR link

8. Escalation Procedures

For anyone who is acutely unwell, use the following procedures for appropriate escalation:

- Look out for signs of deterioration and monitor
- Use RESTORE2 document to record any changes in the individual's presentation (soft signs)
- Take basic health observations (vital signs – Respiratory Rate, Oxygen Saturations, Blood Pressure, Heart Rate, Temperature) to assess how unwell the person is
- Use NEWS2 document (part of RESTORE2) to calculate a NEWS score and follow the guidance for appropriate escalation RESTORE2™ official :: NHS Hampshire and Isle of Wight
- For Hertfordshire, (unless a 999 call is indicated on the RESTORE2 document) the Avoidance of Admission Services should be used between the hours of 8am - 8pm, and 111 should be used between the hours of 8pm - 8am.

East and North Hertfordshire: Early Intervention Vehicle and Hospital at Home - 0300 123 7571

South and West Hertfordshire: A HAARC Vehicle 0345 601 0552 Urgent Community Response 03000 200 656

Visit the support Service Directory see all Services available and download posters for your area- www.hcpa.info/supportservicedirectory/

View our slides and recording for Managing Deterioration at this webpage www.hcpa.info/seasonal-support/ under Health Observations & Deterioration

For anyone who has fallen:

- Follow the Hertfordshire 'Management of a person who has fallen pathways' to determine whether there are any Red Flags which would mean you should call 999 or Amber Flags which would mean you call the Avoidance of Admission Services.
- The pathway also gives guidance on how to get someone up from the floor. Falls Pathways

For further information on Falls Management please scan the QR code…

9. Sleep Support

Good sleep supports mood, cognition and falls risk. This is something to be cautious of especially with early darkness.

What to look for

- Sleeping much more or less than usual.
- Frequent daytime napping that disrupts nighttime sleep.
- Difficulty falling or staying asleep.
- Increased agitation or confusion at night (sundowning).

Easy actions care staff can try

- Encourage daylight exposure early in the day (10–30 minutes near a window or a short walk).
- Keep daytime naps short (20–30 minutes) and earlier in the day if possible.
- Offer a warm drink and calming routine before bed (soft music, reading, simple relaxation).
- Reduce evening stimulants (caffeine, strong TV programmes) and bright screens before bed.
- Ensure bedroom is comfortable: tidy, warm but not overheated (around 18–21°C depending on comfort), low noise, soft lighting.
- Consider whether medications may be affecting sleep and report concerns to nurse/GP.

When to escalate

- Sudden major change in sleep patterns with confusion or falls - escalate to nurse/GP.
- Insomnia with significant daytime impairment - consider GP referral.



10. Digital Safety & Avoiding Scams

Scammers target people worried about bills or claiming to offer help.

Common winter scams to watch for

- Cold callers offering boiler repairs who demand cash up front.
- Fake energy company callers saying bills must be paid immediately.
- Bogus “charities” collecting money at the door.
- Phishing emails/texts asking for bank details or to click links.

Practical steps care staff can take

- Never give personal or banking details over the phone or door; advise the person to refuse and report suspicious callers.
- Ask callers for ID and check by calling the company’s official number (not the number they give).
- If in doubt, contact family or manager before any payment/switch.
- Keep a written log of suspicious calls/visits and report to manager, Trading Standards or Age UK advice line.

Encourage individuals to use official channels (bills online via supplier website, not links in emails).

Where to report / get help

- Local Trading Standards / Citizens Advice consumer helpline.
- Age UK advice line for older people.
- Manager / safeguarding lead in the service for immediate concerns.



11. Emergency Winter Preparedness

Keep this as a short, visible checklist in the persons notes.

Essentials to check / help the person to prepare

- Charged mobile phone and emergency numbers accessible (family, GP, out-of-hours).
- Torch and spare batteries within reach.
- Key safe code or access instructions known to care staff and family.
- Medication supply for 7–14 days where possible.
- Stored warm clothing and blankets accessible.
- Working smoke alarm and carbon monoxide alarm checked.
- Plan for heating failure: local warm hub, neighbour/family contact, portable heater (safety-checked).
- Food and water supplies for 72 hours (easy-to-heat items).
- Identify a named contact who can check on them in severe weather.

Staff actions in severe weather / power outage

- Prioritise welfare checks for the most vulnerable individuals first.
- Keep individuals warm: layer clothing, hot drinks, move to the warmest room if safe.
- Report heating or power failures to manager/maintenance immediately.
- If power outage impacts medical devices, escalate to manager and emergency services if life-threatening.

12. Winter monitoring prompts:

Short monitoring prompts care staff can use on visits

(very quick checklist to record or say to next care staff when there are concerns)

- **Hydration:** offered drink? Y / N - urine colour ok? Y / N
- **Food:** hot meal today? Y / N - appetite normal? Y / N
- **Medication:** full supply? Y / N - missed doses? Y / N
- **Mobility:** walked today? Y / N - any dizziness? Y / N
- **Mood:** low / normal / improved - note any withdrawals or new agitation
- **Sleep:** sleeping more / less / same - naps today? Y / N
- **Home warmth:** room temp comfortable? Y / N - heating working? Y / N
- **Safety:** any suspicious callers? Y / N - concerns reported? Y / N

13. DOMICILARY CARE DAILY ROUTINE PLANNER
For Care staff Supporting Older Adults at Home

(Blank template for care staff to complete collaboratively with the individual)

Name: _____ **Date:** _____

Daily Goals (chosen by the individual)

1.

2.

3.

Morning Visit (approx... 45 - 60 minutes)

Time: _____

Activity that the person will do (participation focus) How the care staff will support

Getting up / washing / dressing _____ _____
Movement & mobility (e.g. to the toilet, walking to kitchen) _____
_____
Breakfast / drinks _____ _____
Community connection (e.g. check noticeboard, plan day) _____ _____
Additional goals _____ _____

Lunch / Tea Visit (30 – 45 minutes)

Time: _____

Activity What the person will do (participation focus) How the care staff will support

Person to go to the toilet and support with hygiene _____ _____
Meal prep / eating _____ _____
Movement / stretch _____ _____
Social or community activity (if applicable - phone call, group, outing) _____
_____

Evening / Bedtime Visit (45 minutes)

Time: _____

Activity that the person will do (participation focus) How the care staff will support

Person to go to the toilet before bed _____ _____
Night-time hygiene routine _____ _____
Change into nightwear _____ _____
Relaxing routine (TV off, warm drink, music, journaling) _____ _____

Weekly Habit Tracker

Tick when completed by the individual (not the care staff)

Habit / Goal Mon Tue Wed Thu Fri Sat Sun

Walk to the toilet rather than using commode ☐ ☐ ☐ ☐ ☐ ☐ ☐
Leave the house / access community ☐ ☐ ☐ ☐ ☐ ☐ ☐
Complete personal care routine ☐ ☐ ☐ ☐ ☐ ☐ ☐
Drink 6–8 cups of fluid a day ☐ ☐ ☐ ☐ ☐ ☐ ☐
Other: _____ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Tips & Prompts to Support Participation and Healthy Routines

Care staff should strive to:

- Encourage **movement when safe** (mobilising to the bathroom or kitchen rather than using aids unnecessarily).
- Use motivating language: *"You lead, I'll support."*
- Give **choice and control**: *"Would you like to brush your teeth before or after breakfast?"*
- Reduce rushing—**prioritise participation over speed**.
- Build **healthy habits into the existing routine** rather than new additional tasks.
- Promote community connection.
- Look at local noticeboards / newsletters.
- Encourage phone or video calls with family or friends.
- Support attending day groups when appropriate.
- Acknowledge achievements (e.g. *"You walked to the toilet—great effort today."*)

What to record / handover to next care staff:

- Were the routines completed?
- Any fatigue, pain, or safety issues?
- Motivators/barriers noticed?
- Recommended follow-up (e.g. referral to OT/GP/community group)

14. CARE HOME DAILY ROUTINE & PARTICIPATION TEMPLATE

(Blank template for care staff to complete collaboratively with the resident)

Name: _____ Date: _____

Daily Goals (chosen by the resident)

1.

2.

3.

Morning Routine

Time: _____

Activity What the resident will do (participation focus) How staff will support

Getting up / washing / dressing _____ _____
Movement & mobility (e.g. to bathroom, dining area) _____ _____
Breakfast / drinks _____ _____
Community connection (e.g. join group, noticeboard, plan day) _____
_____
Additional goals _____ _____

Lunch / Tea Routine (30–45 minutes)

Time: _____

Activity that the resident will do (participation focus) How staff will support

Person to go to the toilet and support with hygiene _____ _____
Meal prep / eating _____ _____
Movement / stretch _____ _____
Social or community activity (phone call, group, outing) _____ _____

Evening / Bedtime Routine (approx. 45 minutes)

Time: _____

Activity that the resident will do (participation focus) How staff will support

Person to go the toilet before bed _____ _____
Night-time hygiene routine _____ _____
Change into nightwear _____ _____
Relaxing routine (TV off, warm drink, music, journaling) _____ _____

Activity Participation & Enjoyment

This section highlights personal interests or hobbies or group activities lead by an activity lead.
(To be completed by staff in collaboration with the resident; can include structured activities with the activity coordinator or self-chosen activities)

Resident's three favourite activities / hobbies:

1.

2.

3.

Morning / Afternoon Activity Check

Time Activity (structured or resident-chosen)

Did the resident participate? ☐ Yes ☐ No

Did they enjoy it? ☐ Yes ☐ No Notes / Comments

Morning _____ ☐ ☐ _____
Afternoon _____ ☐ ☐ _____

Optional Additional Activities:

Staff can tick if resident engaged in one of their favourite activities independently outside scheduled sessions.

Favourite Activity

Did they do it? ☐ Yes ☐ No

Did they enjoy it? ☐ Yes ☐ No

Notes

1. _____ ☐ ☐ _____
2. _____ ☐ ☐ _____
3. _____ ☐ ☐ _____

Weekly Habit Tracker

(Tick when completed by the resident-not staff)

Habit / Goal Mon Tue Wed Thu Fri Sat Sun
Walk to bathroom rather than using commode ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Leave the unit / access communal areas ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Complete personal care routine ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Drink 6–8 cups of fluid a day ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Other: _____ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Tips & Prompts to Support Participation and Healthy Routines

Care staff should aim to:

- Encourage safe movement: walking to bathroom, dining, or communal areas rather than using aids unnecessarily.
- Use motivating language: *"You lead, I'll support."*
- Offer choice and control: *"Would you like to brush your teeth before or after breakfast?"*
- Avoid rushing-prioritise participation over speed.
- Embed healthy habits into existing routines rather than adding extra tasks.
- Promote social and community connection within the home.
- Engage with noticeboards / newsletters.
- Encourage phone or video calls with family/friends.
- Support attendance at day groups or activities within the home.
- Acknowledge achievements: *"You walked to the bathroom today-well done!"*

Handover / Recording Notes

- Were routines completed?
- Any fatigue, pain, or safety issues?
- Observed motivators/barriers?
- Recommended follow-up (e.g. referral to OT/GP/community group)

References

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