

**21<sup>st</sup> January 2022**

**Maintain and improve movement, physical activity,  
and independence, including when in isolation.**

**The webinar will begin shortly**

Verity Forbes - Health Promotion Team Manager: HCPA

Suzy White - Prevention and Enablement Clinical Lead: HCPA

Jeanette Akunebuni - Occupational Therapy Team: Hertfordshire County Council



- To address the problem of individuals being left in bed during their 2-week isolation period post hospital discharge.
- To emphasise the importance of maintaining and improving movement, physical activity and independence for all individuals, including when in isolation.
- To understand the importance of embedding an Enabling Culture as part of everyday practice in improving delivery of care.
- To understand HCPA's drive for Prevention and Enablement ethos through education and resources.

- The longer someone stays in bed the higher the risk of infection, loss of mobility, fitness and strength. Not to mention, the negative impact on confidence, motivation, anxiety and mental wellbeing.
- Just 24hrs of bed rest reduces your muscle power by 2.5%, and not just in arms and legs, also in your heart and lungs.
- Every 10 days of bed rest in hospital is the equivalent of 10 years muscle ageing in those over 80.
- The ability of older frail people to ‘bounce back’ from illness or injury is limited. Every opportunity to promote mobility and independence needs to be taken.
- Imagine 14 days and nights isolated in a room in an unfamiliar place with unfamiliar faces and no hope of doing anything for yourself. Any activity which stimulates our bio-psycho-social care needs could have a huge impact.

# The need

- DTA beds need to promote self-help and care and less reliance on others to provide care.
- Why not create opportunities for participation in activities of daily living?
- The work can be really rewarding for care staff.

# Isolation video

- Addressing the problem individuals being left in bed during their 2-week isolation period post hospital discharge.
- Emphasising the importance of maintaining movement, physical activity and engagement, to prevent deconditioning and prevent future long-term issues
- To share some tips on what you can do to help the people in your care
  - Tip 1 – Get out of bed
  - Tip 2 – Daily exercise and physical activity
  - Tip 3 – Technology
  - Tip 4 – Fresh air
  - Tip 5 – Keep mentally active
  - Tip 6 – Monitor for signs of acute illness
- These concerns have highlighted the importance of embedding an enabling care culture, we must maximise the potential to improve wellbeing and quality of life, especially because of the pandemic. An Enabling Care ethos can support individuals to **maintain and improve movement, physical activity, and independence.**

# Background to an Enabling Care approach

Last 3 decades - Care has been revolutionised by addressing people's rights and choices by involving them in their care:

- Person-Centred Care - late 1990's
- Mental Capacity Act (MCA) - 2005

Now the drive is to further improve the delivery of care to one that *maximises an individual's potential* to fully participate in their life, physically, mentally, emotionally and socially.

Also, recent guidance on the health benefits of being more; active, empowered, independent are further driving this forward

- *We know that through an enabling approach, people can actually improve!*

An Enabling Approach is one which, (in order to improve health, wellbeing and quality of life), maximises potential to improve through:

- Choice
- Empowerment
- Independence
- Positive Risk Taking

It also emphasises the concept of a *questioning approach*.

# Questioning approach – NHS '5 WHYS'

- Helps staff identify the sources of an issue or problem. It reminds staff to start to question why individuals are not being enabled by repeatedly asking the question “Why?”
- Write down the specific problem and then begin to ask why the problem occurs, write this answer down
- If the answer does not identify the problem than ask “Why?” again until you or those who you are working with agree that the problems root cause has been identified
- This may take more than ‘5 Whys?’ or fewer

# Mental Capacity and Safeguarding

We remind staff:

If a vulnerable adult has capacity for a decision it is **abuse** to make them do something they do not want to do, or to make a decision for them against their wishes just because you, or another health care worker/professional thinks this is the right thing

It is **abuse** to make a decision for someone who lacks capacity when the action taken is not in their best interests

We need to be aware of this, and to challenge others' actions in order to EMPOWER service users and to prevent abuse, thereby safeguarding the people they care for

## Two Practical exercises

**1a.** Sit in a slumped position in your chair – imagine you are one of the individuals you care for who has slipped down the bed, and is hunched with chin on chest

Try and take a deep breath

**1b.** Change your position to sit up straight

Now take a deep breath

**2a.** Sit in an upright sitting position

Now stand up without using your arms. Notice whether this feels easy or difficult.

**2b.** Now sit in a really crooked position (with your pelvis down on one side)

Now stand up without using your arms. Notice whether this feels more difficult. Can you actually do it without repositioning yourself?

# Effects of posture and positioning

## **Good (optimal) posture/positioning is important for being able to:**

- Move
- Perform functional tasks
- Be independent
- Breathe
- Swallow, eat and drink
- Access the environment
- Be free of pain

## **Consequences of poor (non-optimal) posture/positioning:**

- Reduced ability to move functionally, e.g. lifting arm, sit to stand
- Breathing problems
- Difficulty swallowing, eating and drinking
- Difficulty accessing the environment
- Pain
- Muscle shortening/contractures
- Pressure sores
- Chest infections
- **Death**

# Sitting Posture – P.E.A.K

Use **PEAK** to check sitting posture

Is the person evenly positioned?

**P** - **pelvis** in a neutral position

**E** - **equal weight** on both buttocks

**A** - **90° angles** at hips, knees and ankles

**K** - **knees** facing forwards



# Activities/Personal Activities of Daily Living (ADLS AND PADLS)

Part of the change in culture is to help staff:

- Encourage individuals to be involved in their care *physically* as well as simply being part of the decision making around their care.
- To do with and not do for
- Not to assume that because they can't do it today, they won't be able to do it in the future
- Where possible to try to include *meaningful activity and meaningful objects*

- 
- Brush the service user's hair for them

- 
- Assist the service user to brush their hair, by placing the hairbrush in the service user's 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)

# Therapeutic handling manoeuvres

- Foot on a footplate
- Sit to stand
- Lie to sit on edge of bed
- Rolling in bed
- Transfers
- Mobility practice

- The DoH Physical Activity Guidelines (2019) advocate that everyone should participate in daily physical activity to gain health benefits, including the maintenance of both good physical and mental health
- Some is good, more is better
- Physical activity is linked to reduced feelings of social isolation and loneliness
- Older adults particularly should include activities that improve strength, flexibility and balance, in order to maintain function and confidence, as well as to reduce the risk of falls
- Vital for the management and prevention of disease and for the maintenance of independent living

# Mobility practice -Getting someone 'back on their feet'

**The risks of getting a person up on their feet far outweigh the risks of them being sedentary!**

- Complete a risk assessment to identify and reduce any risks that are specific to the person
- Further minimise risks by:
- Hoisting the person to a wheelchair
- Using 3 members of staff (one either side of the person and one close behind with the wheelchair) and the person's walking aid
- Practising Sit to Stand initially to increase confidence
- Do not use as means of transfer until SAFE! Instead practise daily

- Why?
- One of the most important ways in which we can 'enable' people to remain well, is through early detection of acute deterioration, which may avoid inappropriate ambulance call-outs, unnecessary hospital admissions and potential deaths

- How?
- Observing soft signs using RESTORE2 and taking **Basic Health Observations** using NEWS2 to decide what actions need to be taken
- The practice of taking vital signs has not traditionally been embraced in many non-Nurse led care settings but now, as we have learnt through the Covid19 pandemic, this is an absolute necessity for care providers

# Prevention and Enablement Provider Self-Assessment Framework

Culture

Governance  
and Auditing

Positive Risk  
Taking

Goal Setting  
and  
Outcomes

Monitoring  
Trends

Staff  
Competence

Movement  
and Exercise

Engagement  
Plans

Prevention of  
Admission

Equipment  
and  
Environment

<p>The 'Care To Step Up' project is part-funded by   European Union            European Structural and Investment Funds</p>					Exceeded			Exceeded
					Record			Record
					Partially Met			Partially Met
					Not Met			Not Met
Topic	Statements	Area	Indicators	Original Rating	Evidence	Actions	Deadline	Post Action Rating
Culture	<p>We have an Enabling Care approach, which follows the Connected Liver Outcomes Framework, and is embedded in the culture of our organisation.</p> <p>This means that all our staff employ a questioning and solution focused approach, which involves always looking to make improvements and looking to find the root cause of a problem, in order that the lives of the people we care for are positively impacted, in every possible way.</p> <p>We take all necessary steps to ensure that, where at all possible, all individuals can be supported to spend time out of bed.</p>	Org	<ul style="list-style-type: none"> <li>Enabling Care is embedded in the care delivery plan, explaining how connected liver outcomes are demonstrated and reviewed.</li> <li>Regular reviews of policies and procedures - These should be at least annually or whenever there is a change in legislation or guidance</li> <li>Use of the NHS SWkes tool/other real name analysis tools in care plans.</li> <li>Using Outcome Measure tools, including FRAT, PRISMA, TUAG, The Star/Warwick-Edinburgh Mental Well-being Scale (JWEMWBS) - progressing to the EQ-5D-5L, Modified Barthel Index (number of staff required), PSPS/SMART Goals, NEWS2 and RESTORE2, Oral health Assessment, Food and Fluid charts, weight, Waterlow</li> <li>Use of "Enabling Care" banners</li> <li>Reduced numbers of people in bed</li> </ul>					
		Staff	<ul style="list-style-type: none"> <li>Increased knowledge, skills, and confidence</li> <li>Using enabling language, enabling people to do tasks independently where possible.</li> <li>Using a questioning approach</li> <li>Using Outcome Measure tools</li> <li>Requesting referrals appropriately and having more confident communication with Health Professionals.</li> <li>Reviewing care plans regularly, updating individuals care progressing or meeting their outcomes</li> </ul>					
		Individuals	<ul style="list-style-type: none"> <li>Individual "enabling care" strategies documented in care plans.</li> <li>Use of the NHS SWkes tool/other real name analysis tools in care plans.</li> <li>Red personal documentation in care plans</li> <li>Outcome Measure tools, including FRAT, PRISMA, Timed up and go (TUAG), PSPS/SMART Goals, NEWS2 and RESTORE2, Oral health Assessment, Food and Fluid charts, weight, Waterlow and goal setting tools (SMART, PSPS) in care plans</li> <li>Regular medication reviews</li> </ul>					
Governance and Auditing	<p>Use of the Prevention Strategy Standards is demonstrated in our company policies and procedures and we are confident that they are being implemented by our staff.</p> <p>Prevention is part of our everyday procedures, and every staff member has the knowledge and confidence to identify deterioration and to understand next steps to take the necessary actions to keep people well, thereby preventing hospital admission and improving quality of life.</p> <p>We understand that we have a responsibility to ensure that everybody has a role in prevention</p>	Org	<ul style="list-style-type: none"> <li>Prevention Strategy Standards documented in company policies</li> <li>Policies and procedures not specifically for Falls Using the local Prevention of Admission (POA) Strategy</li> <li>Policies regularly reviewed and updated annually</li> <li>Policies and procedures easily accessible for staff in areas of all times</li> <li>Clear instructions, pressure sores, falls pathways and beds and lifted manually to identify problem areas</li> <li>Moving and Restraint Equipment and Equipment, such as mobility aids and wheelchairs and lifts are carried out manually</li> </ul>					
		Staff	<ul style="list-style-type: none"> <li>New staff read policies and procedures on recruitment of employment All staff are updated about any changes to policies and procedures</li> <li>Staff consistently complete health records, including taking baseline observations Staff consistently document identification and steps taken to appropriately manage acute deterioration including vital signs, Uria, or other acute conditions are appropriately referred to Prevention of Admission Services or SB Staff consistently document acute deterioration including pressure sores or worsening mobility and falls and ensure individuals are referred appropriately to Allied Health Professionals or other appropriate services</li> </ul>					
		Individuals						
	<p>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</p>	Org	<ul style="list-style-type: none"> <li>Training undertaken on Positive Risk Taking, Mental Capacity, briefs of Physical Ability, Manual and Sliding</li> <li>Use of Enabling Care resources</li> </ul>					
			<ul style="list-style-type: none"> <li>Staff attendance at training</li> <li>Mental capacity, chairs</li> </ul>					

- Targeted support – working with homes to support with training and resources
- Falls prevention, Frailty, UTI and hydration
- Chair-based Exercise and OTAGO training
- Level 2 Falls Awareness and Prevention

# Risk of not embedding Prevention and Enablement

- Less recognition or prevention of deterioration
- More dependency, poorer quality of life, increased pain
- Less empowered staff
- Unnecessary hospital admissions by not monitoring change
- More safeguarding cases
- More deaths
- Poor CQC reports/HCC monitoring reports

# Q&A

## Provider Hub

Call 01707 708 108 (9am – 5pm | Mon – Fri)

Email [assistance@hcpa.co.uk](mailto:assistance@hcpa.co.uk)

Visit- [hcpa.info/covid-19](https://hcpa.info/covid-19)

Sign up for the Daily HCPA newsletters at [hcpa.info/news](https://hcpa.info/news)