

Allied Health Professionals case studies: The transformative impact of AHPs on the lives of people experiencing care

March 2026



Foreword

Everyone at the Care Inspectorate is committed to driving continuous improvement across Scotland's care sector. We are passionate about improvement generally but especially improvement that gives people, no matter where they live and what age they are, the chance to live life to the fullest.

When we leverage the expertise of Allied Health Professionals (AHPs) in achieving these aims, we are not only enhancing the quality of care but also empowering individuals experiencing care to live fulfilling lives.

AHPs are comprised of many distinct occupations, including art therapists, dietitians, drama-therapists, music therapists, occupational therapists, osteopaths, paramedics, physiotherapists, podiatrists, and speech and language therapists. As you will see from these case studies, many of them are making a lasting contribution to improving the lives of the people who live in care homes.

The case studies we have included in this resource showcase the transformative impact that AHPs are having on the lives of people in Scotland who are experiencing care. From the therapeutic power of the arts to innovative approaches to pain management and physical rehabilitation, these projects highlight the breadth and depth of AHP contributions.

You can read about how one art therapist's work has been transformational for a person who utilised painting to tell staff about her previously unheard story, and about another woman who experienced a greater sense of connection through music. There are also case studies from physiotherapists who report impressive results from their respective projects on strength programmes, the introduction of an AI-driven pain assessment app, and the introduction of a paper-free self-referral system. There are also some excellent examples of projects from podiatrists that are improving foot care.

By sharing these stories we hope others are inspired and motivated to embrace improvement and foster innovation to provide the best care experience possible for all. It's clear to me that the work of our AHPs is essential in achieving this.

Edith Macintosh

Executive Director of Assurance and Improvement

Introduction

Care homes are where people live and call home. They should expect the same level of involvement, choice and support for their health and wellbeing as they would if they were living elsewhere in the community. This can only be achieved through a whole-system, collaborative approach.

Allied Health Professionals have the range of knowledge, skills and experiences to actively contribute to a person's multi-disciplinary support team.

The majority of people in care homes are living with more than one significant long-term medical condition which may not improve and will often be progressive. The provision of a consistent and enhanced approach to care enables people to remain as healthy as possible, therefore supporting them to live their best life. AHPs can play a key role in helping people to live the way they wish to while living in a care home.

For example, by ensuring that a person's fundamental needs of fluids, nutrition and movement are met, we can reduce or delay overall health deterioration. Similarly, by ensuring a person has the opportunity and support to connect, engage and express their needs, we can alleviate distress and anxiety.

When practising Realistic Medicine, we strive to reduce waste, harm and unwarranted variation in pathways of care, enabling optimal use of our precious health and social care resources. We call this value-based healthcare. Value-based healthcare is not focused on saving money or delivering efficiencies. It is about working with people to consider whether a treatment or an investigation is of value, based on what matters to them. A person-led approach, rather than a service-led approach fits well with how AHPs engage with people and their families, even in challenging circumstances.

As people's needs change and demand on services changes, new approaches should be embraced, particularly around digital opportunities to help people stay safe and engaged and to improve communication. Project Echo - Extension of Community Healthcare Outcomes is an opportunity for AHPs to engage with others in improving outcomes for people.

Jan Beattie

Professional Advisor; Social Care Response and Improvement Division
Scottish Government

Case Study: Trialling the use of artificial intelligence technology to support pain assessment

Nicola McCardle, Senior Improvement Adviser, Care Inspectorate and Physiotherapist

It is estimated that at least two-thirds of people experiencing care in Scottish care homes live with dementia, with up to 80% of these people regularly experiencing pain.

As a person's dementia progresses the prevalence and intensity of their pain will increase at the same time as their ability to express pain and ask for help is reduced. Pain can present atypically for older people with dementia. This may include presenting as stress and distress behaviours, restlessness or social withdrawal. These behaviours are often attributed to the person's dementia without pain being considered as a potential underlying cause. For many reasons, and across all health and care settings, pain is therefore often under-recognised and undertreated in people with a cognitive impairment, leading to unnecessary suffering.

I have been part of the project team involved in trialling the use of an app, which uses artificial intelligence and smart automation technology, to support pain assessments for people experiencing care within care homes and who would have a reason that they may not be able to reliably report pain.

As a physiotherapist I recognise the importance of measuring not only the factors directly related to pain assessment (for example - changes to medications) but also to look at the impact on quality of life.

For people living within the first participating care home, the project findings after three months include:

- falls reduced by 75%
- episodes of stress and distress reduced by 42%
- half of the people involved had an increased weight.

Half of the people involved had a reduced dependency score.

Now that the second phase of the project is underway I have loved hearing stories about how individuals' lives have improved as a result of improved pain assessment and management. One person who was found to be experiencing severe pain and initially preferred to be cared for in bed is now able to participate in the life of the care home as well as engage in meaningful activities outwith the home, including going to a concert to see their favourite band.

SWALLOW – Improving eating, drinking and swallowing experiences for care home residents via experiential learning for carers

Claire Clark, Speech and Language Therapist

Funding was provided for a part-time Speech and Language Therapist (SLT) care home lead within Aberdeen City Health and Social Care Partnership. The community SLT team experienced a high number of care home referrals and received several requests for in-person training. Following an appreciative inquiry model, with the community SLT team, areas of good practice and areas needing improvement were identified.

The project aimed to reduce the number of referrals for people not needing specialist input; reduce the waiting time for residents to be seen by a SLT; increase staff confidence in supporting safe drinking and eating whilst knowing when to refer for further advice, and improve communication of recommendations to maximise safety and quality of life for people experiencing care. Five care homes were recruited via the Care Home Providers huddle to form the pilot group.

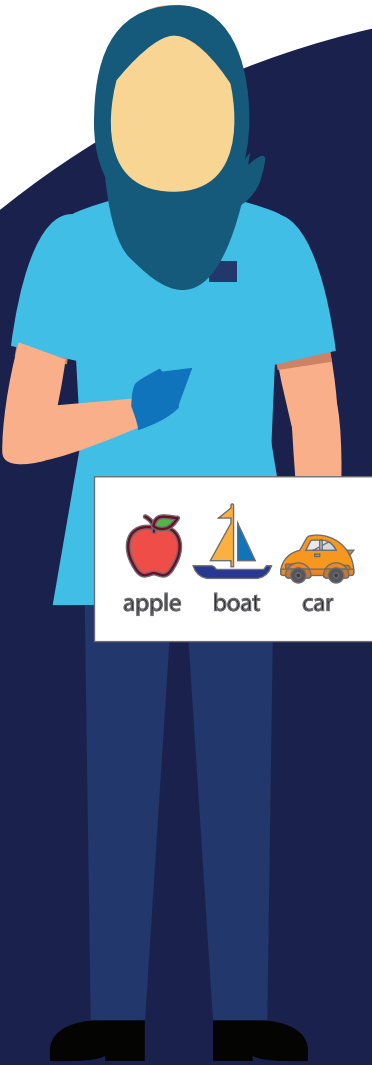
The development of the training included a face-to-face discussion with each care home manager or clinical lead to develop a working relationship and discuss any specific needs. There was also a review of the SSSC and RCSLT guidelines and liaison with other therapists who were already involved in providing training to care home staff.

A two-hour face-to-face programme covering normal swallowing, what can go wrong, how to identify difficulties, the acronym (SWALLOW) to support assessment and initial strategies, information about IDDSI and how to thicken fluids was developed and delivered. There is an emphasis on experiential learning, reflection and building staff confidence, empathy and problem solving.

Evaluation responses led to changes to the training including the reinforcement of good practice that was already occurring, more time for discussion and incorporating discussion time for topics that emerged during sessions e.g. respecting personhood, communication with people with severe dementia and improving staff confidence in questioning current practices. I also now specifically request that senior management attend the training alongside staff as this facilitates conversations and encourages a problem-solving approach to change. Through follow up conversations with management and leads we have noticed that these conversations support the implementation of change and learning.

Staff are reporting increased knowledge and problem-solving skills because of the training sessions. There are beneficial outcomes for residents including effective and timely management of difficulties

and improved communication leading to better mealtime experiences. From my perspective, it has led to a much better and more productive relationship with care homes so that we are working together to improve the experience of eating drinking and swallowing for the residents and staff.



National CPR for Feet campaign

Duncan Stang, Podiatrist

The National CPR (Check, Protect, Refer) for Feet campaign was conceived and designed by Mr Duncan Stang, National Diabetes Foot Coordinator for Scotland and the Scottish Diabetes Foot Action Group.

The campaign was originally designed to prevent avoidable pressure damage to the heels of individuals admitted to hospital but has since been expanded to include all care settings.

This campaign has been endorsed by the Scottish Government and has been raised in the Scottish Parliament as part of patient safety debates.

This is a very simple campaign to ensure that all individuals entering any care setting have their feet Checked for risk of developing avoidable pressure damage, have their feet Protected if they are at risk and are Referred for appropriate treatment if an issue is discovered.

To further simplify the process a range of nationally agreed pressure reducing and pressure relieving devices have been approved for use in Scotland to ensure quality, suitability and value for money.

All information regarding the campaign and support materials can be found on the Diabetes in Scotland website:

<https://www.diabetesinscotland.org.uk/resources/>

Preventing avoidable harm is an extremely important aspect of the care we provide to individuals on a daily basis. If we get that right, it improves quality of life and lessens the chance of litigation that can happen if we do not provide a recognised level of acceptable level of care.

Introducing a simple campaign like CPR for Feet and recording the fact that this intervention has been carried out, will prevent unnecessary harm and will also safeguard care resources as any avoidable pressure damage that does occur is very resource intensive to rectify.

CPR for Feet will prevent harm and improve the quality of life of individuals within our care.

Great Communication leads to Great Care

Imogen Robson, Occupational Therapist

As an Occupational Therapist (OT) starting in a new post as AHP Care Home Liaison, I was keen to find a project that improves understanding and involvement of allied health professionals working in care homes.

What I got from the audit

My main objectives were to ensure residents' care was aligned to their most recent AHP intervention plan and to ensure care home staff were identifying opportunities for AHP input to promote person-centred care. My audit involved walk rounds to look at the environment, equipment and foot care whilst reviewing care plans to ensure Speech and Language Therapy and Dietetic recommendations were carried out. My audit also involved teach-back methods to support care home staff to identify areas for improvement and acknowledge good areas of practice.

Outcomes for staff and residents

The audit identifies opportunities for early rehabilitation intervention. Care home staff are engaging with the audit process and there has been an increase in referrals to AHP. An area that was consistently highlighted within the audit was seating. As an OT I gave postural management advice to enable care home staff to support residents being cared for in bed. A result of this advice led to residents accessing appropriate seating and being able to socialise with risks reduced around choking, skin integrity, contractures and infections. As the Liaison, I act as a link between care homes and AHP leads to enhance communication and facilitate learning.

Value for care homes

This project had a positive impact on communication and relationships with care home staff and has empowered staff to identify rehabilitation opportunities for residents. Feedback has been positive from families who have noticed their loved ones being supported in maintaining their independence.



“

It is so lovely to see mum up and out of her room. She is not only able to socialise, but she is leaning forward for her meals and drinks which is giving her some independence as she is not able to see well. She appears more settled and less withdrawn. Her levels of distress are gone.”

Quote from resident's family member

My Health, My Care, My Home framework

James Fulton, Dietitian

In 2020, benchmarking work was carried out by the Perth & Kinross Allied Health Professions (AHP) Lead focussing on all care homes in Tayside regarding input from AHPs. This resulted in creating and investing in an AHP Clinical Educator for Care Homes post within Perth & Kinross Health & Social Care Partnership (highest number of Tayside care homes within its remit).

Since summer 2021, this now permanent post has led on and driven forward various AHP-related improvement work including:

AHP service and topic specific SSSC Open Badges for people working in social care, those eager to take better self-care, friends and family, unpaid carers, and supporting other sectors/partners - [Allied health professionals supporting social care - SSSC Learning Zone](#).

Supporting Tayside Excellence Programme (STEP) – a holistic approach to supporting care homes.

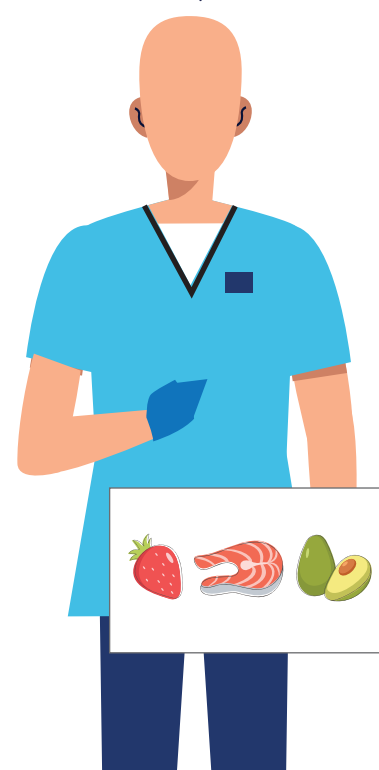
A care home website development – content examples include, hip fracture discharge resources, Manual for Mealtimes launch - designed to support immediate resolution of a range of factors that frequently contribute to swallowing difficulties but do not require specialist input.

Support of additionally funded AHP care home projects – for example, foot care education, exploration of the Pool Activity Level checklist when considering person-centred meaningful activity.

Having a single point of contact AHP for care homes has helped to improve understanding while bringing consistency and confidence that the correct AHP services are involved when required and at the right times. Independent evaluation completed by the local Scottish Care Lead has evidenced improved AHP-related communications and relationships strengthened, leading to timely and better quality care and improved outcomes for residents living in care homes.

Shared progress through national AHP networks has led to similar dedicated AHP care home roles in numerous health boards across Scotland - for which the Tayside AHP Clinical Educator has recently set up a peer support group to enable continued support and learning with others.

I would be delighted to connect with anyone keen to learn more about my exciting journey.



Group Music Therapy - Dementia Care in Care Homes

Kassandra e'Silva, Music Therapist

The following is a short case study, exploring one group member's participation in a weekly music therapy session, held in a care home. Personal identifiers have been anonymised, and pseudonyms have been used.

Morna is a 74-year-old woman living with mixed-type dementia. Since moving to the care home, Morna has been a regular participant in our weekly group music therapy sessions.

One morning Morna was sitting alongside a small group of fellow residents in a shared living space within the care home. The room is quiet, with little explicit interaction between Morna and those around her. I approached Morna and knelt by her side; **"Good Morning Morna"**. Looking up, Morna smiled and began to laugh **"Oh no!"** she exclaimed in a jocular tone. I smiled, "It's time for our group music therapy session Morna, would you like to stay and join in today?" - **"Oh yes!"** Morna replied.

The session was set up, and each person in the space was allowed to choose, or be introduced to, an accessible instrument that they were welcome to play freely throughout the session. On this day, Morna chose a set of tuned woodblocks.

The session started with a semi-structured welcome song. Each group member was greeted through music and offered space and opportunity to familiarise themselves with their chosen instrument. The song acts to aid the transition into our 'creative space' and allows each member an opportunity to introduce themselves musically to the group.

"Hello Morna" I sang; **"It's nice to be with you - you can play your woodblocks, and we can listen to you groove!"**



Morna, recognised the songs' structures and melodies, and hummed in unison as she is welcomed in this way. With little encouragement needed, Morna grasped her opportunity and began to play her tuned percussion freely and playfully, laughing as she explored the different tones and timbres of her instrument. I attuned to Morna's musical expression as she played, mirroring her rhythm and matching the tonal centre of her playing. Morna laughed as we make music together, moving her shoulders and tapping her feet as we co-created our improvisational 'jam' – it felt exciting, and drew us both together in the present.

As our session progressed, the group explores a combination of familiar, pre-composed song structures alongside opportunities for less structured, more improvisational moments of musical meeting. Throughout the session, Morna moved between active music making, playing and singing in unison with others, and more receptive engagement. In her quieter moments, Morna appeared reflective, using song themes and lyrical content as catalysts for memory forming and the sharing of her own life story.

On one such occasion, after a group exploration of the song 'Nobody's Child' by Hank Snow, Morna reflected on her childhood, and her experience of having been the only girl amongst many brothers, expressing a sense of having felt isolated in this: "I'm nobody's child", Morna repeats. Rather than distract or deflect, Morna's emotional state is held and validated; I marked the importance of feeling connected to others, of feeling included, seen and heard by those around us – the importance of feeling 'part of something'. I marked how Morna is very much part of our group – that here, she is seen and heard. This sentiment is repeated by a fellow group member **"Aye, you're one of the band!"**.

In the closing stages of our session, at the close of a group rendition of 'Daydream Believer' by the Monkees, Morna tucked her hands under her armpits and pursed her lips, playfully mimicking a monkey. The group erupted in laughter as Morna exaggerated her movements in response. Morna's gestures appeared to enlighten a memory for her, as she paused, and dropped her hands to her sides. **"It's like him, the wee... you know? With the..."**

Morna was clearly trying to remind the group of something familiar to her, though the aphasic qualities of her dementia appear to make this a struggle, as Morna's words shifted to short, sharp, staccato-like vocalisations. I matched the tempo and dynamic qualities of these vocalisations through percussive taps on the body of my guitar. I gradually began to vocalise alongside Morna, extending the length of my vocalisations slowly and gently introducing tonal variation. As I do, Morna laughed and began to be more playful in her vocalisation, tapping her knees and 'scatting' alongside me – elements of call and response and the matching and mirroring of our shifting vocalisations appeared to move Morna from a place of frustration to a more playful way of being – who now is boldly 'doot doot dooing' alongside other group members, who joined us in our scat like singing. Within Morna's expression, I notice a familiar, repeated melodic phrasing – I reflected this back to Morna, gradually developing a tune that I recognised as 'I Wanna Be Like You' from Disney's 'The Jungle Book'.

"Jungle Book!" Morna exclaims – appearing excited to have found the words she was looking for. I begin to sing the first verse and introduced guitar accompaniment. Reaching the chorus, several of the group members begin to sing together, Morna included. Clapping her hands as she sang, Morna smiled and laughed, the group's final song choice that day was a direct result of her contributions, her inclusion. At the close of the chorus, I boldly exclaimed, **"We haven't got a trumpet, we'll have to do without!"** I did my best trumpet impression and laughing alongside me, Morna joined me in my attempts, boldly 'trumpeting' – alight with humour and vibrancy.

The song was led to a close through Morna's own 'trumpet crescendo', the peak of which elicits cheers and laughter from staff and fellow group members. Morna flopped in her chair performatively, smiling in response to the applause. Though our session only lasts around an hour, Morna explored a broad spectrum of experiences that day. She connected, reflected, felt included with others in a shared experience of the here and now. Morna, alongside her fellow residents, not only 'attended' the session, she was also instrumental in the creation of it.

Case Vignette

(adapted from *One Life Many Losses* chapter 11 from *Arts Therapies in the Treatment of Depression* (2018), edited by Ana Zubla and Vicky Karkou)

Jane Burns, Art Therapist

I was working as a sessional art therapist in a dementia unit when I was passing by the dining area when I noticed Susan, a care worker, gingerly putting down a bowl of soup in front of a very petite older woman who I later discovered was Betty, 92 years old.

Susan said, "*no Betty please don't nip*". Speaking later to Susan during handover she told me that staff were finding it difficult to cope with Betty's constant nipping and scratching every time they went near her. I asked Susan if she knew why Betty was doing this. She said 'no' Betty wasn't from Scotland and had no relatives in this country, so the staff team were unable to check with the family about possible triggers. Betty had been seen by a doctor to determine that she wasn't in any pain. I was curious about Betty's desire to scratch staff, which on the surface could be interpreted as attacking towards the staff but also could speak of an unmet need. Was Betty's desire to make physical contact with someone a need to leave a mark or feel some kind of human contact?

The next week, I went back with Susan and asked Betty if she would like to attend art therapy. Betty seemed quite curious about the box of materials I had with me so once consent was given it was agreed Betty would come to an introductory session.

I was sitting at the table when Betty was brought to the room, in her wheelchair, by Susan. Betty joined me at the table and promptly fell asleep for 10 minutes. It was the after-lunch time slot so no real surprise! I sat quietly beside her sorting the material box. Betty awoke and said, 'what's that?' I reminded her she was in art therapy and talked a little about the small selection of pencils, paint, brushes, textiles, paper and easy-form clay in front of her. As I moved my hand to illustrate the various materials she made a lunge forward to grab my right hand. I didn't want to recoil in fear but rather to try and stay in the moment. As Betty's nails were about to reach the surface of my hand, my fight or flight response kicked in and I reached for the box of pencils which sat half-way between us. I offered Betty a pencil. Betty stopped her hand in mid-air and grabbed hold of a rogue felt-tip pen that had found its way into the box and looked at it carefully. She then rolled it between her fingers and pulled the top on and off. After a few moments she said 'paper'. I pulled a sheet of A5 white paper from the pile and put it in front of her. She didn't bother about my hand as I placed the paper in front of her. She then appeared to hunch over the paper and began to use the felt-tip with what seemed like great determination. I couldn't see what she was drawing but the force of her movements against the table made small screeching sounds. She then let out a huge guttural cry, like a wounded animal and then promptly fell asleep, hands over the image. I suddenly felt a huge wave of sadness come over me. I was overcome with homesickness, I had to take a few deep breaths to stop the tears from flowing.

Betty awoke just as the session ended and as Susan came in the room to collect her. We didn't get time to acknowledge and reflect on the image. So, I told Betty that I would keep her image safe and looked forward to seeing her the next week. She gave me a small nod as she left the room. When finally, I looked at the image Betty had literally etched into the paper the words 'home' and 'want to go home' over and over again, sitting beside one of words 'home' was a small half drawn building with three walls and what looked like a single-branched tree. When I met with Susan later that day, I asked her if the team had considered that Betty's 'nipping' behaviour might be related to her feelings of loss. Susan said that staff had possibly perceived Betty's attacks as her rejection of them and they had concluded she wished to be left alone. I felt the opposite was true that instead Betty needed someone to hear her story, to learn of the land she came from and to witness her pain at being parted from it. We were able to use this new understanding of Betty to form a different type of relationship, one that recognised the importance of home!



Self-referral pathway

Jennifer McLay, Physiotherapist

Promotion of a self-referral pathway improving access to early intervention in the multifactorial management of falls and improving outcomes for residents.

It is well recognised that there is a benefit in multifactorial intervention in the management of falls. As a team we recognised that many residents referred to our service had a recorded history of falls prior to the referral and were only referred after an attendance at the local emergency department following a fall. This recognition resulted in a service development to explore the potential benefits in an early intervention approach by enabling care home staff to access the service at a point that they felt it would be most beneficial to the resident.

By promoting a paperless self-referral pathway across all care homes, the team were able to contact care home staff by telephone and carry out a multifactorial falls risk and action tool. This supports all staff to identify modifiable risks, initiate early signposting and promote a holistic approach to care.

We have seen a 54% increase in self-referrals in the last two years, resulting in more than 200 additional referrals to the service. This service improvement has demonstrated a positive shift to the promotion of self-referral routes, empowering care home staff to initiate early decision making that addresses modifiable risks and ultimately improves quality of life outcomes, as well as promoting independence for individuals living in care homes across Lanarkshire.



"I would like to provide feedback on how Falls Support calls made a very positive impact on our residents lives and given more information and advises to our staff to ensure that all help can be made to minimise falls in the home. This call gives staff more confidence in dealing with falls and given them a lot of learning, as when we noticed a rise in falls, the team provide an additional training to our staff to give them more knowledge and awareness in assessing residents who are high risk of falls. This was noticed on our recent CI inspection as they were happy that we are supported by falls team on how to minimize falls. We continue to have a good relationship with our falls team as this give us assurance that we are doing the best to our residents"

Good foot care

Karen Mellon, Podiatrist

Good foot care is important to keep people active and healthy, and there are some physical conditions that make managing personal foot care challenging. If left unattended, foot problems can contribute to pain, sedentary behaviour and falls. It can also have a negative impact on a person's confidence and functional ability. Carers play a vital role in supporting good personal foot care to enable and support better outcomes for the person.

Personal footcare includes tasks adults would normally be able to do for themselves, including:

- cutting and filing toenails
- smoothing and moisturising skin
- looking for signs of infection.

In 2013, the Scottish Government published guidance to support individuals, families and carers to manage personal footcare: [Personal Footcare Guidance](#). This guidance has been refreshed for 2024. The Care Inspectorate and NHS Fife Podiatry delivered a webinar to:

Develop a working knowledge of how to carry out personal foot care.

Recognise the carer's role and responsibility in providing personal care and in identifying areas of concern that may require referral to podiatry/tissue viability nurse

To further support carers to provide personal foot care, further collaborative work between NHS Fife, NHS Tayside and Scottish Social Service Council (SSSC) has taken place to create an open badge. This initiative supports carers to learn more about personal footcare and CPR for feet and earn a badge to support learning and development: [Course: Allied Health Professionals Supporting Social Care \(sssc.uk.com\)](#)



Music therapy in care homes: a quality improvement project

Laura Bolton, Music Therapist

Background

A new quality improvement pilot project was completed in Midlothian, where a music therapist formed part of an NHS, multi-disciplinary care home support team (CHST), investigating whether music therapy could be an effective addition to the team in supporting people who are living with dementia in a care home setting.

The power of music

The potentially powerful effects of music are well documented and have an established and growing research evidence base. People who are living with dementia can become energised when they hear a favourite piece of music or can fluently sing the words of a song they had learnt when they were younger, even when the ability to use words is fading.

Why music can help in dementia care

Singing is an example of procedural memory which can include other skills such as dancing or playing a musical instrument. These musical memories can often be left intact despite the progressive nature of dementia and the loss of other cognitive abilities.

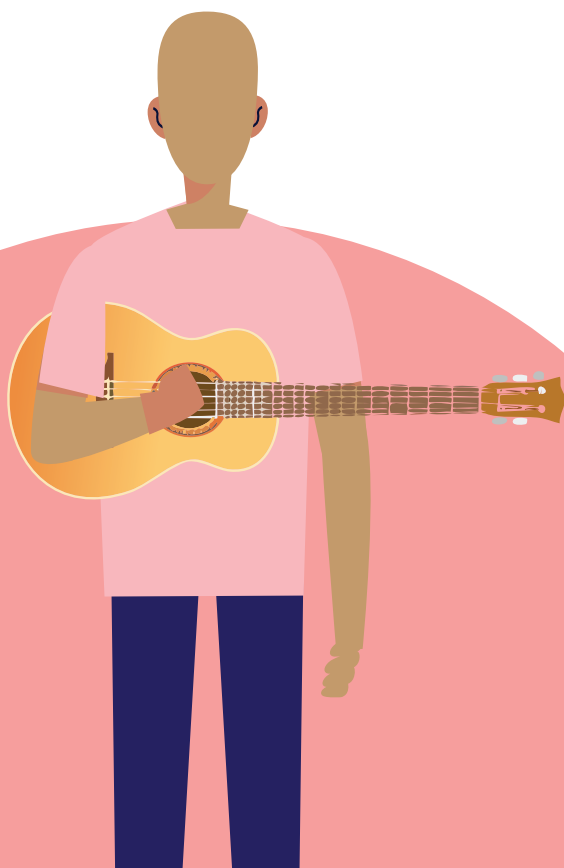
Music is represented in all the main areas of brain function, including emotion, memory, language, and movement. It can therefore be a powerful tool to help support people with their symptoms, including regulation of emotions, motivation, stimulating disappearing skills and importantly, helping to maintain connections between people.

Outcomes

People were able to have previously learnt skills uncovered and maintained - a lady began to play the piano again after several years and subsequently had an active role in her community doing this; a gentleman was able to have his levels of distress reduced during personal care by using meaningful music; communication was enhanced by using musical instruments in a man with little speech and family relationships were supported and improved through the communicative use of music. A total number of 75 care home residents were reached and outcome measures demonstrated positive improvements, particularly around motivation, communication, and increased confidence in trying new things.

The future

The Scottish Government's National Dementia Strategy for Scotland aims to consistently provide person-centred, therapeutic treatment for people who are living with dementia in care homes; to see an increase in the contribution of Allied Health Professionals (AHPs) in care homes and to increase the range of therapeutic interventions available. It is therefore hoped that there will be a sustained increase in the availability of music therapy in care home environments.



Strength and Balance in Care Home settings

Pooja Gupta, Physiotherapist

With a view to implementing Strength and Balance training in all care homes within NHSGGC, the CHC team collaborated with Paths for All to conduct a test of change in two of the homes (Mosswood and Braemount).

The CHC team provided support to the two care homes so that the residents could participate in a 20-week Strength and Balance exercise programme. Three times a week, with support from CHC, the residents took part in the exercises. If interested, families were welcome to participate in the exercises.

Data indicated an improvement in physical function, mobility, mood and well-being. Staff reported a change in participating residents' functional ability, mood and social engagement. Families reported 'happier' relatives and a 'change in their ability'. Residents reported 'enjoying' the classes, 'feeling stronger', being 'able to do more' and 'happier'.

With the aim of expanding this work, the CHC team in partnership with Paths for All organised a workshop for more than 50 care home staff across NHSGGC. This will see the onboarding of another 13 care homes. The CHC will support these care homes to introduce the Strength and Balance programme and evaluate the impact via qualitative measures.

As a result of this partnership, two care homes in Renfrewshire will receive garden exercise panels from Paths for All, which will encourage residents to exercise outdoors.



Mosswood Resident's story

Mum had a stroke at the beginning of September 2023 and was in hospital for six weeks. When she returned home, she struggled to get up out of a chair and walk. Our family are pleased that mum's care home partnered with your team and Paths for All who showed residents how exercises could help. Mum attends classes three times a week and loves going along as it's quite sociable too! At first she needed help to stand up and she found it difficult to walk and keep her balance. She faithfully did these simple exercises and she was able to do more each week. She still walks with a zimmer but her balance is much better and she can walk round the unit at a good pace. Sometimes she has been 'caught' walking along without her zimmer! I believe she walks better now than she did before she had her stroke. Thank you for helping her get some independence back."

Alyson Craig

Quotes

Relatives:

"I can see a positive change in my mum's mood."

"My mum's mobility has improved a lot since attending this."

"I can see a huge improvement in my dad's walking."

Residents:

"I was hardly moving before I attended this, now I am able to stand."

"I can see a noticeable difference in all residents attending the group."

"I really enjoy the group."

Staff:

"This has given me confidence and I feel so much better each time I do this with the residents."

"We have noticed a difference in the residents' mobility and mood."

"The residents are better engaged since attending the group."

Speech and Language Therapy: Building Impact

Susy Anderson, Speech and Language Therapist

Speech and Language Therapists (SLT) work with people who have communication and/or eating, drinking and swallowing difficulties. In Glasgow there is a dedicated team of SLTs for people who reside in nursing, residential and hospice facilities.

As a team we spend a lot of time supporting people to eat and drink as safely as possible, as well as supporting care home staff and families of those who require our input. We received a message recently from a family member that said, *"the team went above and beyond and gave us reassurance as a family."*

The Care Home SLT Team works closely with our AHP colleagues to ensure that a holistic view of care is always considered. Alongside AHPs and nursing colleagues we have participated in development days and IDDSI/Dysphagia information sessions for care home staff. During these sessions we discuss our role within the care homes as well as offer information regarding eating, drinking and swallowing difficulties and IDDSI - the International Dysphagia Diet Standardisation Initiative.

As a service we have worked hard with our stakeholders to improve staff knowledge and skills and have subsequently commenced our pilot implementation* of Swallowing Matters combined with developing dysphagia champions in individual care homes. We are currently working on our strategy to improve the communication experiences of residents within care homes.

If you would like more information about SLT and eating, drinking and swallowing difficulties we have developed a video, along with the Dietetic team: [dysphagia - NHSGGC](#)

We have also designed a video to provide general information on how to support people to eat and drink safely: <https://www.youtube.com/watch?v=7wHZ--Wxut4>

* Following successful implementation this tool is now utilised in daily practice

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