

Rehabilitation Re-ablement and recovery

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Rehabilitation, Re-ablement and Recovery - the 3 R's

The Reshaping of Care programme in Scotland is a ten year programme of change for reshaping the care and support for older people in Scotland. The main policy goal is 'to optimise the independence of people at home or in a homely setting.' In order to do this there needs to be a greater emphasis on designing and planning services which are preventative, on models of anticipatory care and on models which have a strong focus on rehabilitation, re-ablement and recovery. To ensure success this must be a whole system approach.

The principles of rehabilitation, re-ablement and recovery encourage a move away from caring for in a task orientated way to supporting a person to stay independent using an enablement approach and by encouraging self management. Some of this may include relearning skills, learning new skills or learning to do things in a slightly different way. Using this approach is empowering and gives greater control to a person, encouraging outcomes that are important to them. Working in this way also promotes many important values such as dignity, respect, choice and realising potential.

Participating in life in a way that is meaningful is essential to our enjoyment of life and our general mental and physical well being. As a person gets older this remains part of the human need and drive although support may be required to enable a person to engage in day to day life, interests and hobbies.

Care homes and day services can have a greater role in rehabilitation and re-ablement encouraging people to be physically active and less dependant on care. The benefit of a re-ablement approach in care at home is already nationally recognised.

How do you enable someone to be as independent as possible on a day to day basis in a care setting?



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Some basic principles

- Identify what is important to a person and support them to participate in their 'typical day'
- Have a partnership approach with a person their family and friends
- 'Do with' rather than 'do for' someone
- Stand back, allow time and the right amount of support
- Don't tell someone what to do but let them decide for themselves even if it takes several attempts to get it right
- Allow the person to make mistakes
- Give the person time to problem solve.
- Enable the person to relearn skills
- Support the person by reinforcing skills they have and emphasising their strengths
- Adapt how things are done to enable independence – break down the activity and do things in a different way if need be
- Use the least amount of prompting necessary – verbal or physical
- Encourage motivation and instil confidence

This may be a huge cultural shift and it may be helpful to seek advice from local allied health professionals such as occupational therapists and physiotherapists for example to support this change in practice.

GOING OUTSIDE IS IMPORTANT!

The benefits of going outside are many. The overall quality of a person's life can be improved greatly giving a sense of physical, mental, emotional and spiritual well being. This is particularly important for people with dementia.

In busy and demanding care settings making time to enable individuals to go outside can be seen as a challenge. This is often related to capacity in terms of staff resource. However, in many care settings there is anecdotal evidence which says that investing time in supporting people to go outside provides additional capacity in the long term as people generally feel happier and have a great sense of enjoyment in life. We all therefore have a responsibility to enable individuals to go outside, for example in a care home or an other care setting as often as they would like to.

In order to support people to go outside we need to discover what people enjoy doing outside that can be done regularly or on a daily basis. To do this it is essential that appropriate relationships are built and staff and others really get to know people. This requires spending time with them, listening and talking, looking at pictures or items which may be of personal value or interest, hearing from relatives and friends and getting to know their life story which should include past, present and future.

Many people have preferences as to what time of day they like to go out. This may be for example first thing in the morning for an early morning walk or after they have had lunch. Having that information included and shared provides staff and others with an opportunity to support the individuals preferences and more successfully enable people to go outside. Having the conversation to gather this information can take place outside!

Drawing on past experience and engaging people in what they have previously enjoyed doing outside is

Don't Forget!

Falls awareness week
20–24 June 2011 promoting
activities and projects that help
prevent falls in later life.

This year the theme is 'Watch
your step' highlighting the link
between poor vision and
falling. Go to the website
to find out more.

www.ageuk.org.uk

really helpful. It may be that a person's 'typical day' if in their own home would have included activities outside.

Some of these activities may include:

- hobbies eg gardening, walking, fishing, bird watching
- employment eg post man, farmer, builder
- everyday chores eg hanging out the washing, sweeping the leaves
- clubs eg bowling, golf, darts
- family and friends eg taking grandchildren out, going shopping
- food and drink eg lunch with friends, going out to the pub, having a picnic.

There are some good examples of how care homes have supported people to continue to take part in activities they enjoy outside!

- Purchasing a hen house and hens which people look after including gathering in the eggs
- Involving people in laundry by hanging out the washing and then bringing it in when it has dried
- Building bird boxes and feeders for everyone to enjoy in the garden area
- People taking responsibility for walking the care home dog
- Taking activities that are normally done inside to the outside – meals, reading the paper, snacks, board games for example
- Ensuring any equipment needed for going outside is readily available – coats, hats, sun cream, gloves for example

Allied Health Professional (AHP) Practice Placements in Care Homes

The work developing AHP practice placements in care homes is ongoing and being taken forward in collaboration with NHS Education Scotland (NES), the Higher Education Institutions (HEIs) that train AHPs in Scotland and the care sector. Previously there have been few AHP practice placements in care homes. Given the need for practice placements for AHP students, newly qualified AHPs to be fit for future practice and be able to recognise and respond to the needs of an increasingly frailer, older population and also to support the care sector to improve the quality of care it provides. This is an exciting opportunity and a rich learning experience for all. The intention is to consider a variety of AHP professions however currently most of the focus has been on developing Occupational Therapy (OT) practice placement opportunities. In 2010, 47 OT students from Glasgow Caledonian University had a practice placement in a care home. The overall feedback was very positive in terms of OT learning outcomes, developing life skills and the benefit to those living in the care homes. This year Robert Gordon University in Aberdeen plan to place up to 5 OT students in care homes. At present there are 3 Dance Movement Psychotherapy (DMP) students from Queen Margaret University, Edinburgh on placement in care homes. An evaluation of the DMP pilot will be completed supported by NES. The results of the evaluation will help to progress further development of AHP practice placement opportunities across many other AHP professions. The overall success of this work will have the ability to raise the profile and validity of the care sector as a practice placement setting and also as a future area of employment for AHPs.

Watch this space!

Wheelchairs and specialist seating

NHS Education Scotland will soon be launching a wheelchair and specialist seating community of practice, staff shared capabilities and also information to support the induction of staff around wheelchairs and specialist seating. This is for all health and social care staff to access and use to support ongoing learning and development.

Active Ageing

It is important to add healthy life to years and work is taking place across the UK to encourage older people to remain fit and active. In Scotland there has been an initial meeting with a group of key people from across all sectors to consider what would make a difference to those people living in care homes. The work is being led by the Scottish Government with the British Heart Foundation. The focus of this work is on promoting physical activity in the care sector. This work will progress through testing out types of activities and active events in care homes and providing guidance and support to the care sector. It is hoped that the long-term legacy from this will be greater importance given to being physically active in care homes and other care settings and supporting older people to participate in day to day life. There are some areas in Scotland planning a care home olympic in 2011.

Don't forget

Activity should not be an added extra! It must be at the heart of a person's care and impact positively on their feeling of well being.

Managing falls and fractures in care homes for older people - good practice self assessment resource

This work has been taken forward in collaboration with Ann Murray, Falls Programme Manager, NHS Scotland and representatives from all care sectors and health. The resource will support care homes across Scotland to prevent and manage falls and prevent fractures with an emphasis on continuous improvement.

The resource includes:

- An introduction to falls and fractures in care homes
- Self assessment guidance and form
- Information, additional resources and tools

Currently the resource is being tested out in care homes by 7 early implementer sites. The final resource will be launched to all care homes for older people across Scotland in spring 2011. Early feedback from the care homes testing it out is very positive.

People have found practice has improved and potential falls have been prevented in some cases.

DVD - filming is about to start to produce a falls prevention and management DVD which will echo the key messages from the care home falls resource.

This should be available from June 2011. Castlegreen and Drummond Grange care homes in Lothian will feature in this DVD. A copy of the DVD will be issued to all care homes for older people in Scotland.

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Falls learning outcomes

National learning outcomes for falls have been developed by a group of key people representing health, social care and education that will provide consistency to local development of falls training. This will be accessible for health and social care via the SQA website: www.sqa.org.uk from the 1st April.

Did you know.....?

Three AHP consultants for dementia have been appointed in Scotland for a two year period.

They are:

Sandra Shafii – Lanarkshire

Christine Steel – Greater Glasgow & Clyde

Jenny Reid – Lothian

They have specific remits for AHPs in terms of supporting the implementation of the dementia strategy and also the mental health AHP action plan 'Realising Potential' locally. They also each have a national remit which include – acute care, supported self management and the environment.

A national AHP action focused community of practice for dementia is now established at www.knowledge.scot.nhs.uk/dementia You

do require an Athens password to access this.