



## Evaluation of 'Care... about physical activity'

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# 1 Executive Summary

## 1.1 Introduction

This report describes an evaluation of the Care... about physical activity (CAPA) resource which was issued to all Care Homes for older people in Scotland in Spring 2014. The evaluation was undertaken using an online survey issued to all service managers and eight focus groups conducted in care homes. This was supplemented with a survey of a small number of staff from these care homes, and views of a small number of residents.

## 1.2 Responses

Of the 889 care homes in Scotland in September 2014, email addresses were available for 681. These homes were sent a link to an online survey, which ran for 3 months from November 2014 to February 2015. A total of 234 responses were received, representing 26% of all care homes and 34% of care homes for whom email addresses were available. The respondents were representative of the types of care homes in Scotland in their distribution (private, public sector, voluntary).

## 1.3 Reach and use

Altogether 59% of respondents reported receiving and reading or having used the resource; 17% had received it, but not looked at it, while 24% were not aware of having received it.

## 1.4 Helpfulness of the approach

Of responders who had looked at the resource (104, the number who completed the rest of the survey) the majority thought that it was good, and they were doing all they could to support / implement it (62%); 22% reported that they thought it was good but they were doing 'this' already<sup>1</sup>; 12% thought it was difficult to put into practice, with comments concerning it being unrealistic for the client group.

## 1.5 Views on the resources

Managers were generally very positive about the resource's value, relevance to their service, clarity, presentation and level the message is pitched at (over 90% reporting it to be good or very good on these measures).

Over two thirds of managers (69%) thought that most of their staff both understood and valued the message in CAPA, while over a quarter thought that some of their staff did.

## 1.6 Tools which had been used

The booklet which described the approach had been read by over three quarters (77%) of respondents, and by half of respondents' management teams (50%). Other

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<sup>1</sup> One of the response options to the question "What do you think of the overall aim of the Care... about physical activity?" was "I think it is good but we were doing this already". Further detail of what responders meant by 'this' was not obtained in this question.

staff who had read it included activities staff, physiotherapist, and everyone in the staff team.

The self assessment had been completed by a relatively small number of homes (22%), and started by almost a third (31%), while 40% hadn't started it yet. Some of the physical activity tools had been used by over half (52%) of respondents, while a third (33%), hadn't used any yet, but planned to. Two thirds of managers (66%) had put up the posters in public areas and 43% in staff areas. The 'Make every move count' guide had been given to all staff in 60% of homes, and to some staff in 29% of homes. The DVD had been shown to all staff in 14% of homes, and to some staff in 40% of homes; 42% hadn't used the DVD yet but planned to.

The message had been used in routine staff training at 44% of homes; in informal discussion with staff (34%); in induction training (31%); and in staff reviews (23%). The message had been included in discussion with residents at 40% of homes and with relatives of residents at 36% of homes.

Half of homes (50%) had either used or started to use the resource in care planning for residents.

### **1.7 Helpfulness of the tools in the resource**

The self assessment was reported to be moderately or very helpful by over 90% of those who had used it (69 respondents) in identifying what they were currently doing, where there were gaps, and what they needed to do to fill the gaps.

The most helpful physical activities tools were considered to be Tool 4: Promoting physical activity in your care home (76% reported it moderately or very helpful); Tool 5: National Care Standards, what about the evidence (72% reported it moderately or very helpful); and Tool 3: Recognising individual achievement (69% reported it moderately or very helpful).

### **1.8 Changes resulting due to the resource**

Changes made as a result of the resource were reported as encouraging changes in staff working practice (62%); changes in staff behaviour and/or attitudes (52%); and changes to the content of training (31%). Of the 54 respondents to this question, 91% thought the resource had made staff either a little or a lot more aware of the need to encourage physical activity; and 87% thought it had helped a little or a lot to help staff support residents to do more physical activity.

The resource was reported to have had either a moderate or significant impact on creating a positive well-being culture in the care home by 90% of the 49 respondents to this question. Over 80% also reported a positive benefit in terms of improving the emotional well-being of residents (86%); the number of residents undertaking activity (82%) and the amount of activity residents undertake (82%); and the confidence of staff to encourage physical activity (82%).

The activity level of residents was reported to have increased through them now participating in organised physical activities (72% of 47 responders), going into the

care home grounds (60%) and helping with everyday tasks in the home (55%). Staff were also reported to be more physically active now (by 60% of 53 responders).

Examples were given under each of the 9 principles of the self assessment tool, of ways that homes had changed practice to achieve these principles.

### **1.9 Focus groups**

Eight focus groups were held with care homes that had indicated that they had undertaken some activities as a result of CAPA; they represented a range of engagement with the resource. Four had engaged with it significantly, such that CAPA had helped to change culture and practice, and led to new opportunities for activity. Two others viewed CAPA positively but had not significantly embedded it into their practice; one of these considered they were already sufficiently promoting activity, and another had not due to the time required to implement the approach among other demands. In one home the manager had not seen the resource due to staff changes and had therefore not used it, and another home hadn't implemented it as they already encouraged activity and didn't see benefit in using the resource. In general the care homes participating in the focus groups thought the resource was helpful. However, criticism of the resource concerned the amount of paperwork required, and it not being seen as relevant for frail residents.

### **1.10 Conclusions**

CAPA has been well received by the majority of the care homes which were aware of it, but the number of homes that were not aware of the resource indicates that increased promotion of it would be beneficial. In general, in homes which were aware of it, CAPA has helped to increase awareness of the importance of movement, which has resulted in increased activity / movement for residents and staff. Some recommendations are made for further rolling out the resource.

## 2 Introduction

### 2.1 The resource pack

The wide range of physical and psychological benefits of physical activity for older people is well established, yet building regular activity into the lives of residents in care homes remains a significant challenge. To help support those who work in the care sector to make physical activity part of every resident's daily life, a resource pack 'Care... about physical activity' (CAPA) was developed by the Care Inspectorate in partnership with British Heart Foundation National Centre for Physical Activity and Health (BHFNC), for care homes for older people in Scotland. The aim of the resource was to encourage everyone providing care to older people to enable them to be active daily, in different ways, and not just through formal exercise sessions. One key message in the resource encouraged care homes to consider how physical activity could be built into the daily life of the home by using activities of daily living (e.g. rising from a chair, walking and moving around the care home, or making use of the outdoors), rather than organized physical activities.

The CAPA resource pack comprised:

- A booklet explaining the initiative
- Physical activities tools
- Self assessment tools
- Make Every Move Count pocket guide;
- A call to action poster;
- A supporting short DVD that explains the purpose of the resource and raises awareness of the importance of being active daily.

The resource was distributed by the Care Inspectorate to all Care Homes for older people across Scotland in March / April 2014.

### 2.2 The evaluation aims

The Care Inspectorate commissioned this evaluation in order to gain an understanding of the early impact of the CAPA resource.

The aims of the evaluation were to:

- i. Evaluate the reach of the resource i.e. number of care homes that report receiving the resource and using it;
- ii. Evaluate the content and design of the resource as perceived by service providers;
- iii. Evaluate the impact of the resource on the:

- a. Attitudes of service providers (managers and carers);
  - b. Behaviours/practice of service providers (managers and carers).
- iv. Identify what had been done as a result of using the resource.

### **2.3 Data collection**

These aims were achieved using the following evaluation methods:

- An online survey of care home managers (described in Section 3);
- A survey of staff within care homes (described in Section 4);
- Eight focus groups with representatives from a range of roles (described in Section 5).
- Comments provided by a small sample of residents in two care homes (described in Section 6).

Section 7 contains a discussion of the findings, and recommendations, and conclusions are given in Section 8.

## 3 Survey of managers

### 3.1 Responses

There were 889 care homes in Scotland on 30th September 2014. Email addresses were provided by the Care Inspectorate for 681 of these, and a link to the online survey was distributed to managers of these 681 care homes by email. Three email reminders were sent, and a further invitation to participate was distributed through the Scottish Care website and the Care Inspectorate website. Follow up phone calls were made to 62 care homes to encourage participation, and a further request was sent to a subgroup of contacts provided by the Care Inspectorate.

The survey was conducted from 18th November 2014 to 17th February 2015. In total, 235 responses were received, of which one was a duplicate entry, giving 234 unique responses. This equates to response rate of 26% of all care homes, and 34% of care homes for whom email addresses were available.

The response rate may have been affected by the time of year of the survey (although the survey period was extended to counter this); as well as a number of other surveys of care homes being undertaken at the same time. It must be accepted that those who responded to the survey may not be representative of all care homes, and may be more engaged with the resource than others.

Of the 230 who stated the type of care home, 172 (75%) were private sector, 33 (14%) were public sector, and 26 (11%) were voluntary sector / social enterprise. This compares with 70% of all care homes in Scotland being private; 15% being public sector and 13% being voluntary / not for profit. The respondents therefore appear to reflect the distribution of types of care home.

It should be noted that not all respondents to the survey answered every question (i.e. some skipped some questions), therefore the 'n' value varies between questions and is reported.

### 3.2 Received a copy of the resource

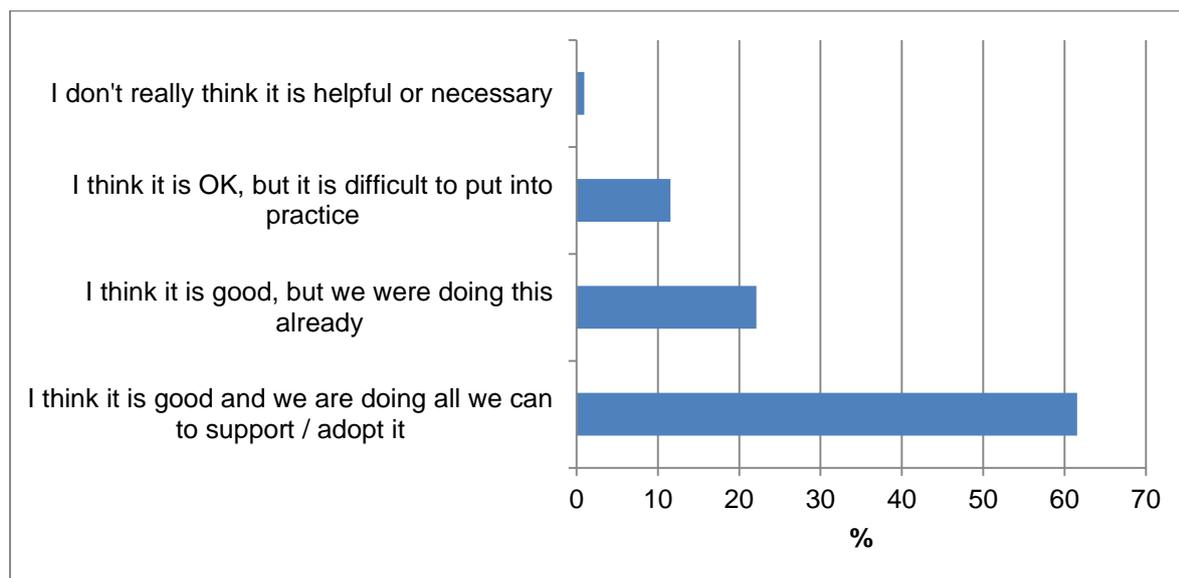
Altogether 219 respondents answered the question about whether they had received a copy of the resource. Of these, 129 (59%) had received it and read over it or used it; 37 (17%) had received it but not had a chance to look at it; and 53 (24%) were not aware of receiving it. It is not known why almost a quarter of respondents were not aware of receiving CAPA, but possible reasons include staff changes or the resource pack being received by someone else within the care home, rather than the person completing the survey (usually the care home manager). Those who were not aware of the resource were able to request a copy via the survey; 72 requests for a copy of the resource were received.

Only those who had received the resource completed the rest of the questionnaire.

### 3.3 What managers thought of the aims of the resource

Respondents were asked what they thought of the overall aim of the resource. Of the 104 respondents who answered the question, the majority (62%) thought that it was good and were doing all they could to support / implement it; 22% thought that it was good but they were doing this already<sup>2</sup>.

**Figure 1: Managers' view of the overall aim of Care...about physical activity (N=104)**



Respondents who said they thought it “was good, but...” gave the reasons for this as:

“Unrealistic for many of the people in our care.”

“However many of our residents do not wish to do it.”

“It’s more paperwork ... we already have emphasis on physical activity but feel this is more paperwork that could be time better used promoting the activity.”

No respondents said that they didn’t understand the aim of the resource, nor did any say they were too busy to put it into practice.

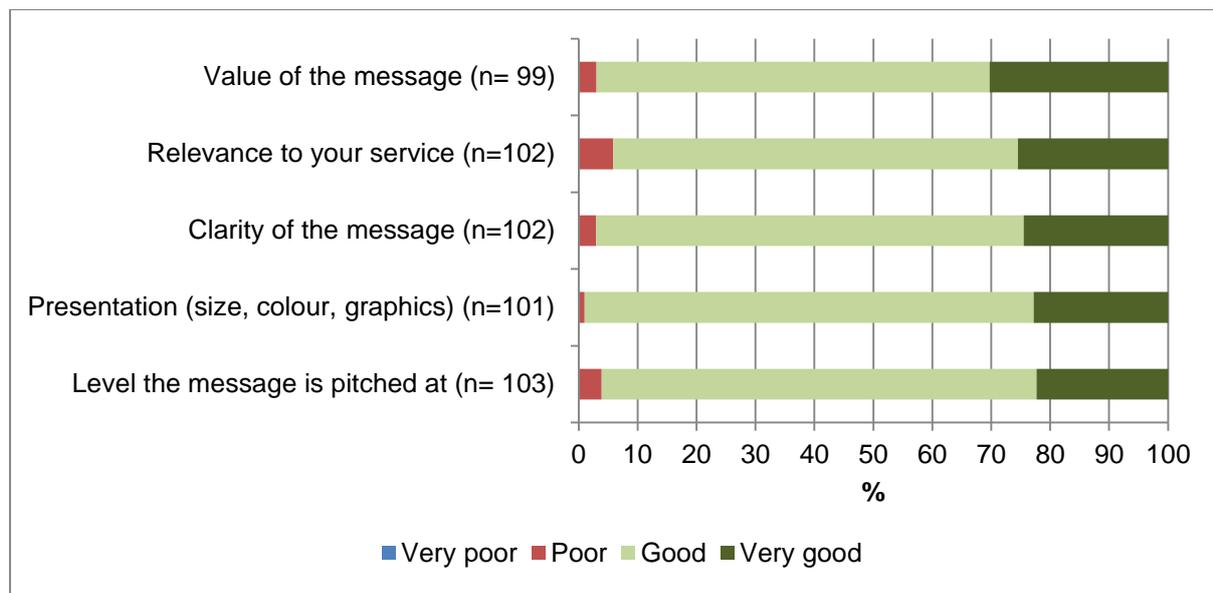
<sup>2</sup> One of the response options to the question “What do you think of the overall aim of the Care... about physical activity?” was “I think it is good but we were doing this already”. Further detail of what responders meant by ‘this’ was not obtained in this question, although discussions with the homes which participated in the focus group visits identified that these homes were already trying to promote physical activity in a range of ways prior to the introduction of CAPA.

### 3.4 What managers thought of different parts of the resource

#### 3.4.1 Resources for managers

Managers were asked what they thought of the parts of the resource which may be used mainly by them (i.e. the booklet and self-assessment tool). The results are shown in Figure 2. Views of the resources were generally very positive (over 94% reporting it to be good or very good for each dimension), with the greatest number of negative responses received for the relevance of the resource to the responder's service (6 respondents).

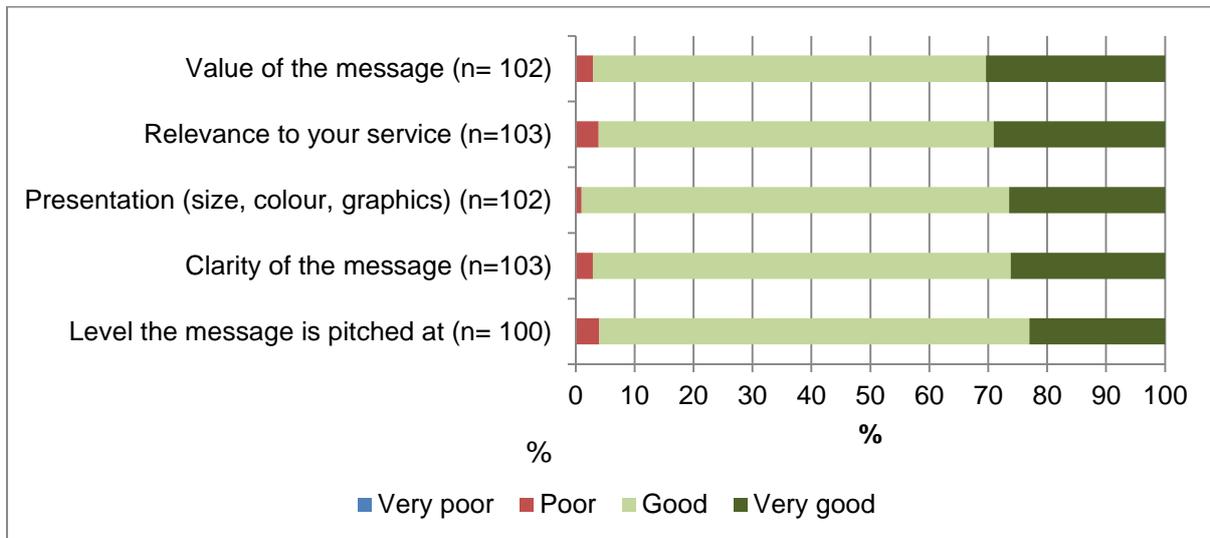
**Figure 2: Managers' views of the booklet and self-assessment tool**



#### 3.4.2 Resources for all staff and residents

Similar views were expressed on the different parts of the resource for all staff and residents, i.e. the physical activity tools (Tools 1-8), 'Make Every Move Count' (MEMC) pocket guide, the poster and DVD. These are shown in Figure 3. Again, views of these resources are very positive (over 95% reporting it to be good or very good for each dimension), with just 4 respondents reporting that it was not relevant to their service.

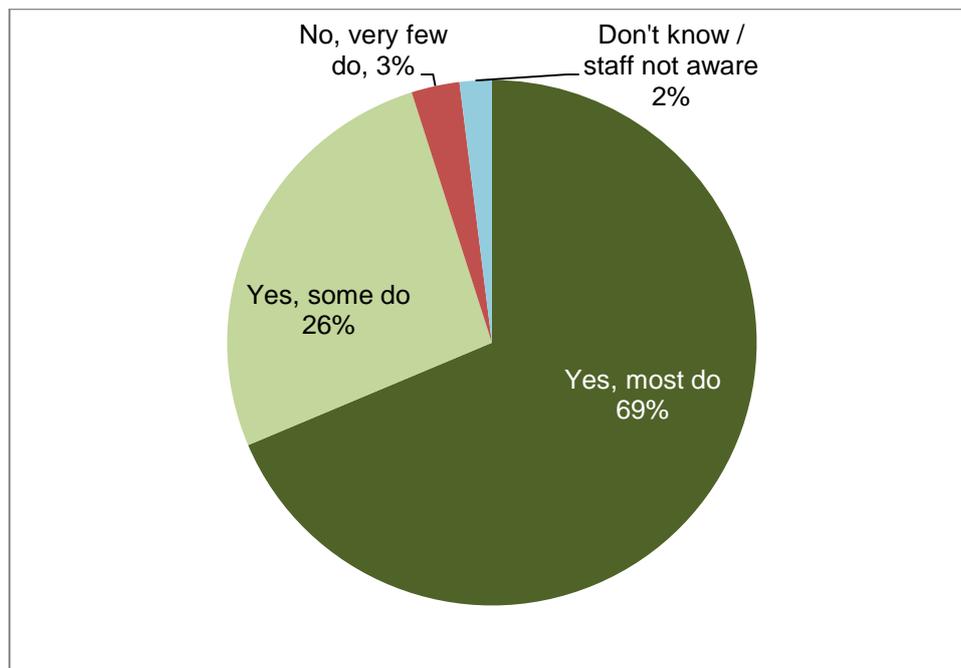
**Figure 3: Managers' views of the physical activities tools (Tools 1-8), MEMC guide, poster and DVD**



### 3.4.3 Manager's views of staff understanding of message

Managers were asked whether they thought that staff had understood the message in the 'Make every move count' guide (Figure 4). Of the 102 who answered this question, over two thirds (69%) thought that most do, while a quarter (26%) thought some do. Only 3% thought very few do. One respondent didn't know, while one said that staff were not yet aware of the message.

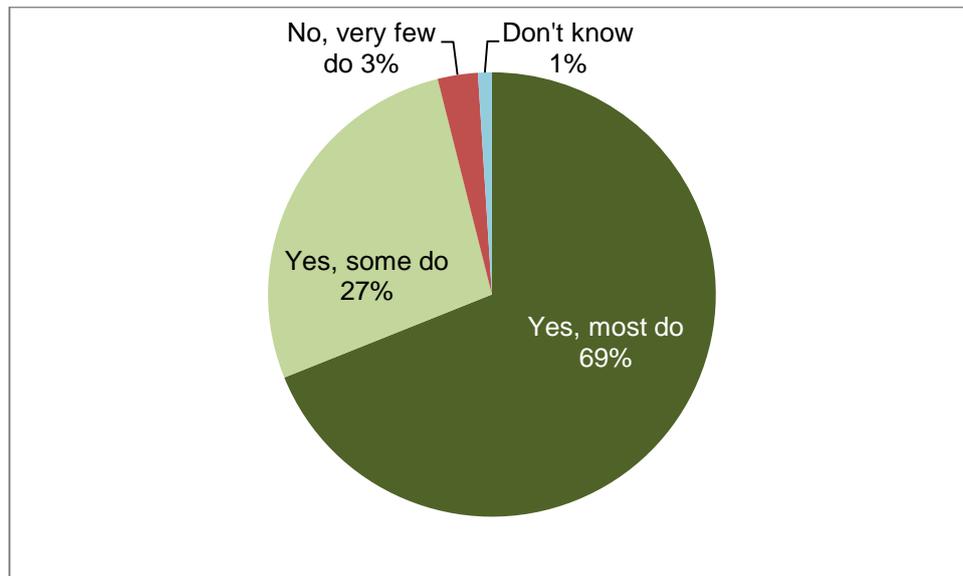
**Figure 4: Managers' views of whether staff understood the message (n=102)**



### 3.4.4 Managers' views of staff valuing of message

Similar responses were received when managers were asked whether they thought staff valued the message in the 'Make every move count' guide. Of the 103 who answered this question, 69% thought most staff do, while 27% thought some do. Only 3% thought very few do, while 1 respondent didn't know, see Figure 5.

**Figure 5: Managers' views of whether staff valued the message (n=103)**



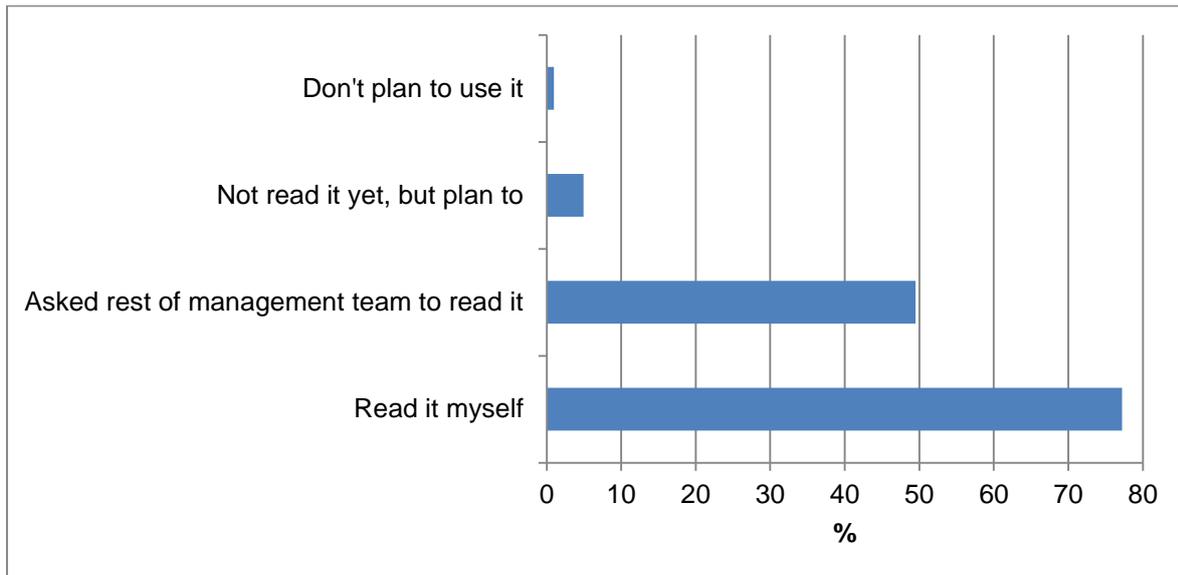
### 3.5 How the resource has been used

This section describes what managers had done with the different parts of the resource.

#### 3.5.1 Booklet

Respondents were asked what they had done with the booklet which provided a description of the approach. More than one response was possible (Figure 6). Of the 101 respondents who answered this question, over three quarters (77%) had read it themselves and half (50%) had asked the rest of the management team to read it. Only one respondent didn't plan to use it.

**Figure 6: How the booklet has been used (n=101)**

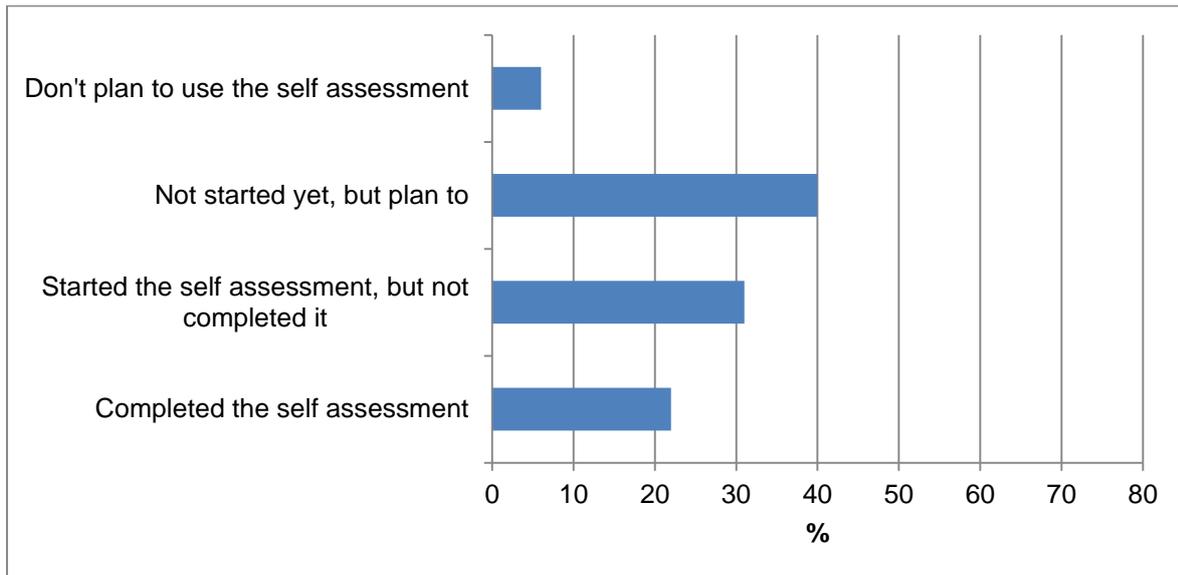


Where a comment was provided, those identified as having read it or been provided with it were: activities staff (3 homes); all the staff team (1); senior team (1); in house physiotherapist (1). Two homes mentioned using the booklet it in induction / training

### **3.5.2 Self assessment**

Respondents were asked whether they had used the self assessment tool (Figure 7). The greatest number of responses (40%) was from those who had not started the self assessment, but planned to. However, 22% had completed it and almost a third (31%) had started it, but not completed it. Six respondents didn't plan to use the self assessment.

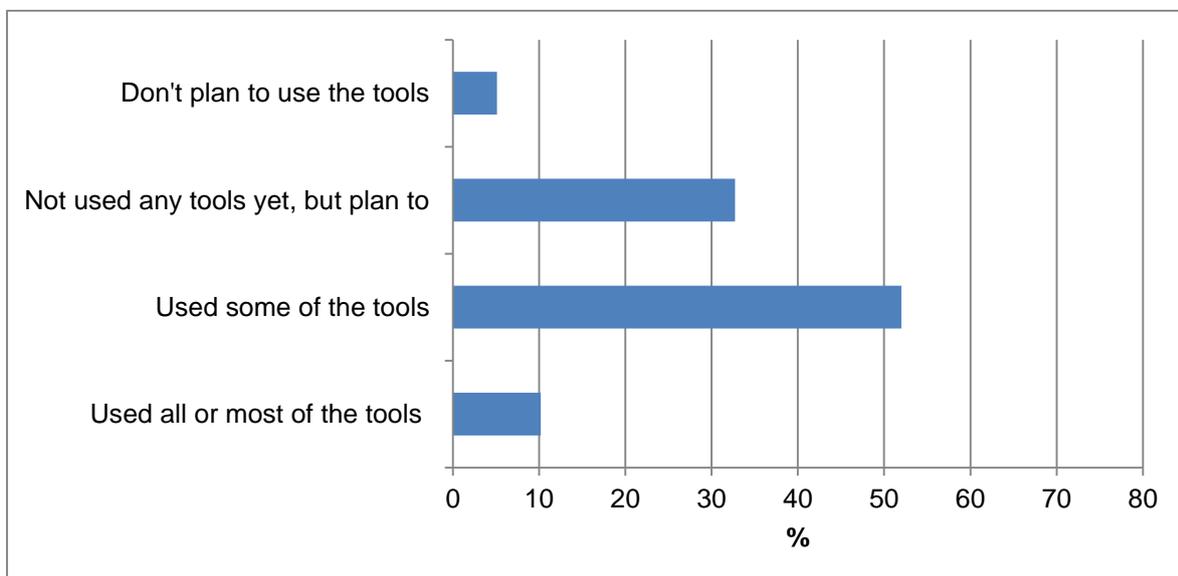
**Figure 7: Use of self assessment (n=99)**



### 3.5.3 Physical activity tools

There are a series of physical activity tools within the resource. Respondents were asked whether they had used these (Figure 8). Over half (52%) had used some of them, while 10% had used all the tools. A third (33%) hadn't used any tools yet but did plan to. Only 5% didn't plan to use them.

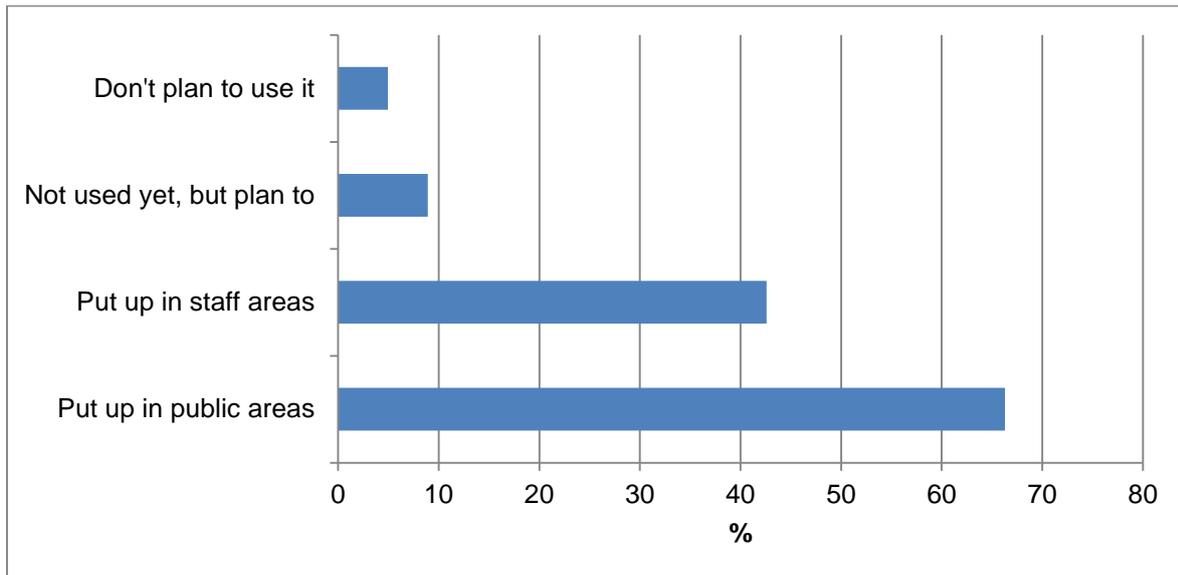
**Figure 8: How the physical activity tools had been used (n=98)**



### 3.5.4 Poster

A promotional poster was provided with the resource. This had been widely used; two thirds of managers (66%) had put these up in public places while almost half (43%) had put them up in staff areas. Five percent didn't plan to use the posters (Figure 9).

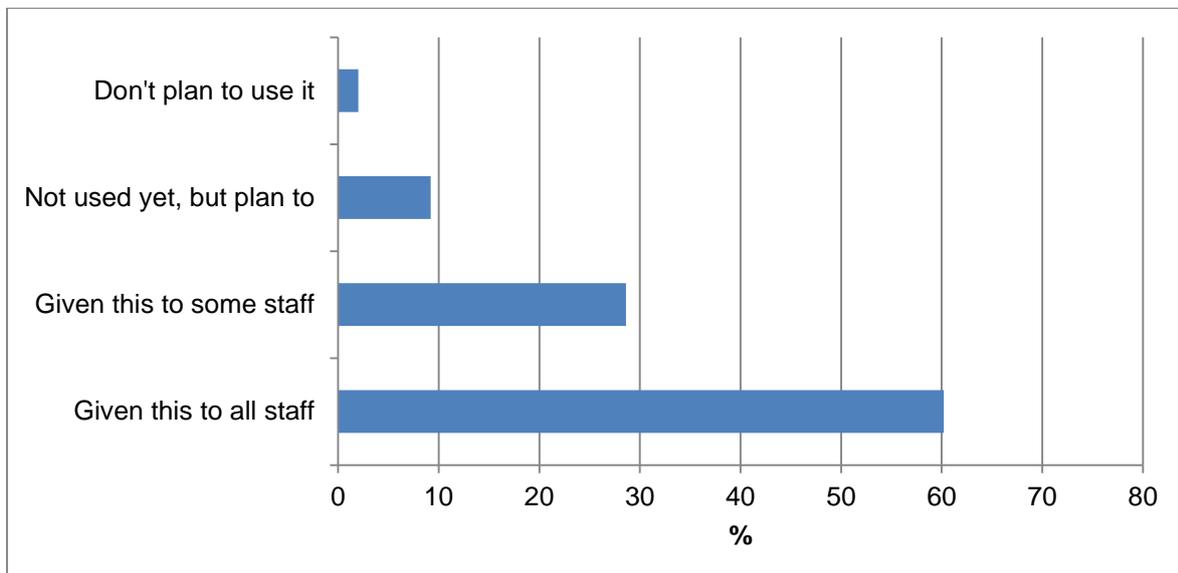
**Figure 9: How the poster had been used (n=101)**



### 3.5.5 'Make every move count' (MEMC) pocket guide

The 'Make every move count' guide was included in the CAPA resource and additional copies of the guide were sent to care homes to be distributed to staff. More than half of respondents (60%) had given the guide to all staff, while over a quarter (29%) had given them to some staff. Only 2% didn't plan to use them (Figure 10).

**Figure 10: How the 'Make every move count' guide have been used (n=98)**



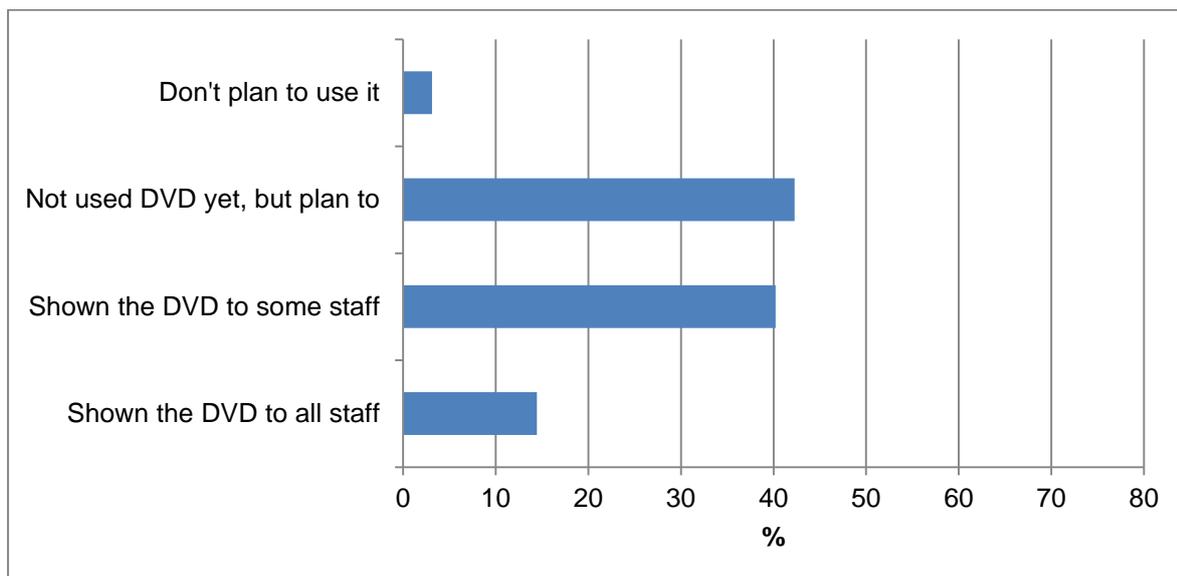
Twenty homes provided information concerning to whom they had given the MEMC guide (when it had been given to some, rather than all staff). It had been given to: care staff (13 homes); activities staff / coordinators (8), nursing staff (4); social care staff (1), domestic (1), catering (1), senior staff (1), deputy (1) and management (1).

Three homes reported that copies of the MEMC guide were left in staff areas and / or put into the organisation newsletter. One home reported giving it to staff that deal with the clients daily, while one reported giving it to all who had attended training.

### 3.5.6 DVD

A DVD was also provided in the resource. Fourteen percent of respondents had shown it to all staff, while 40% had shown it to some staff. The greatest number of responses was for the DVD not having been used yet, but that managers planned to (42%). Overall 3% of respondents didn't plan to use the DVD.

**Figure 11: How the DVD has been used (n=97)**



Where homes said they had shown the DVD to some, rather than all staff, these were identified as carers (5 homes); nurses (2); activities staff (2); management (1); support staff (1); staff that deal with the clients daily (1); only to staff who have attended training (1). Three homes said they plan to show it to all staff.

One home reported “Service users also viewed it and said it was interesting.”

## 3.6 How the resources have been used in practice

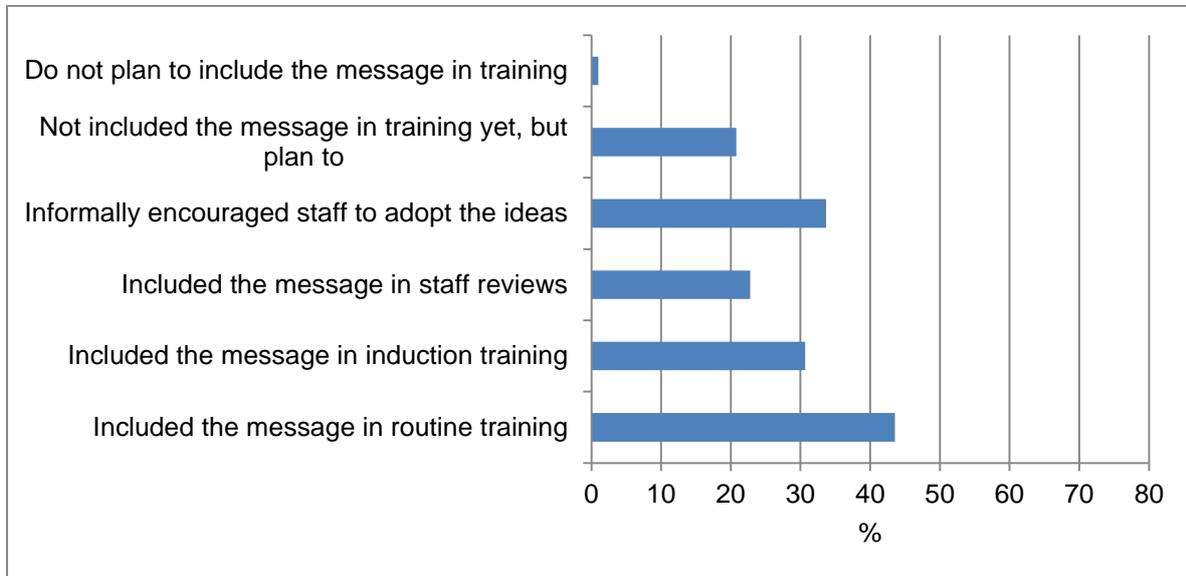
This section discusses how the resources have been used within care homes.

### 3.6.1 Included in training

Altogether 101 respondents answered the question about how the resource had been included into training. More than one response was permitted; the results are shown in Figure 12. The message had been included in formal and informal training by fewer than half of respondents. The most common means of including it in training was through routine training (44%).

Altogether 21% hadn't included it in training yet, but planned to, while 1% didn't plan to.

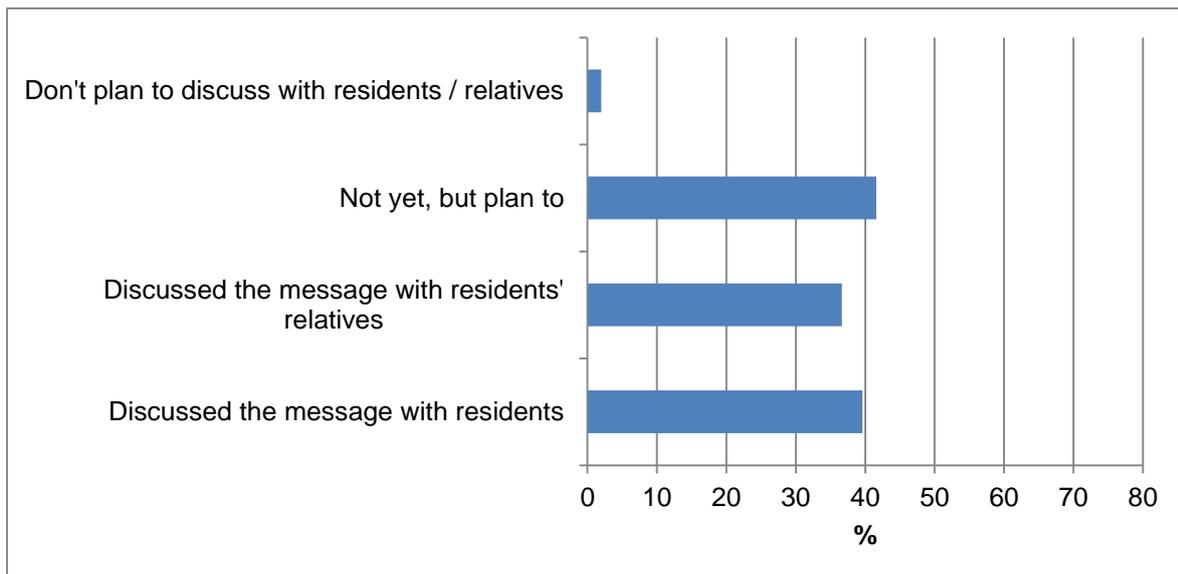
**Figure 12: When the message has been included in training (n=101)**



### 3.6.2 Discussed with residents

Altogether 101 respondents answered the question about how the resource had been used in discussion with residents and their families. The results are shown in Figure 13. The greatest number of responses was received for the subject not to have been discussed with residents / relatives yet, but that it was planned (42%). Slightly more had discussed it with residents (40%) as with relatives (36%).

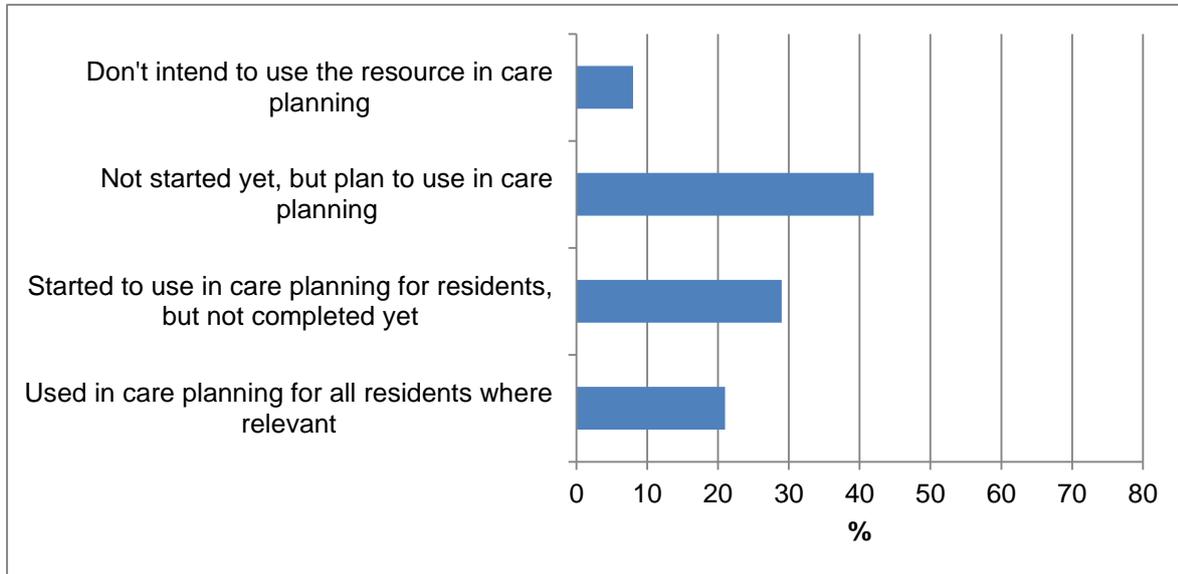
**Figure 13: Has the message been discussed with relatives / residents (n=101)**



### 3.6.3 Included in care planning

Half (50%) of respondents had either used or started to use the resource in care planning for residents. A further 42% hadn't started to use it in care planning, but planned to (Figure 14). Eight percent didn't plan to use it in care planning.

**Figure 14: Has the resource been used in care planning for residents (n=100)**

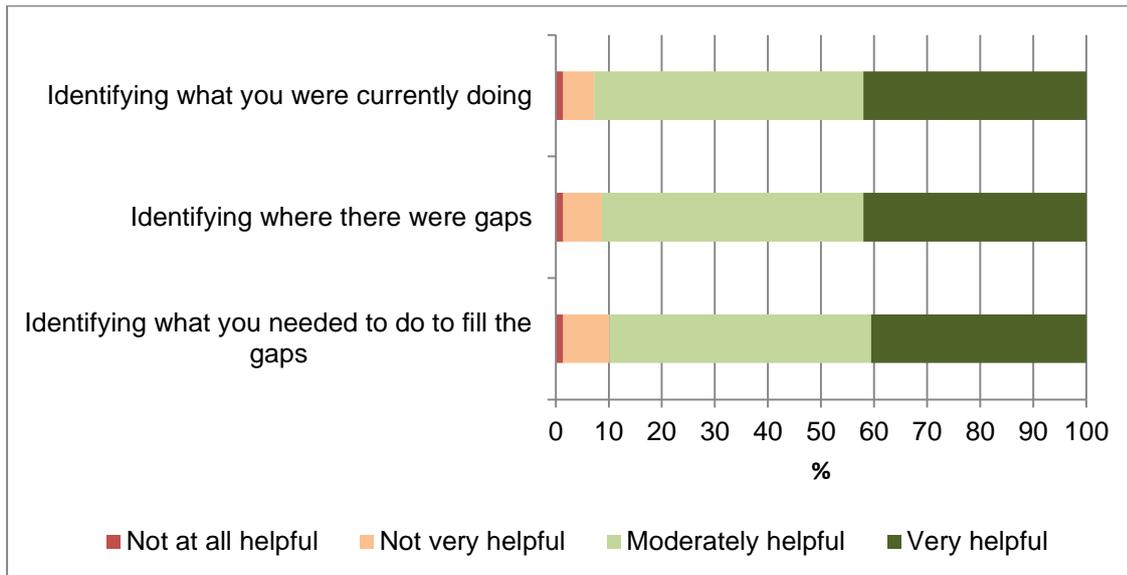


### 3.7 How helpful the resource has been

#### 3.7.1 Self assessment

The usefulness of the self assessment tool was rated by managers as shown in Figure 15. Of the 69 who had used the tool over 90% of respondents thought the self assessment tool was either moderately or very useful in identifying what they were currently doing, where there were gaps, and what they needed to do to fill the gaps.

**Figure 15: The usefulness of the self assessment tool (n=69)**



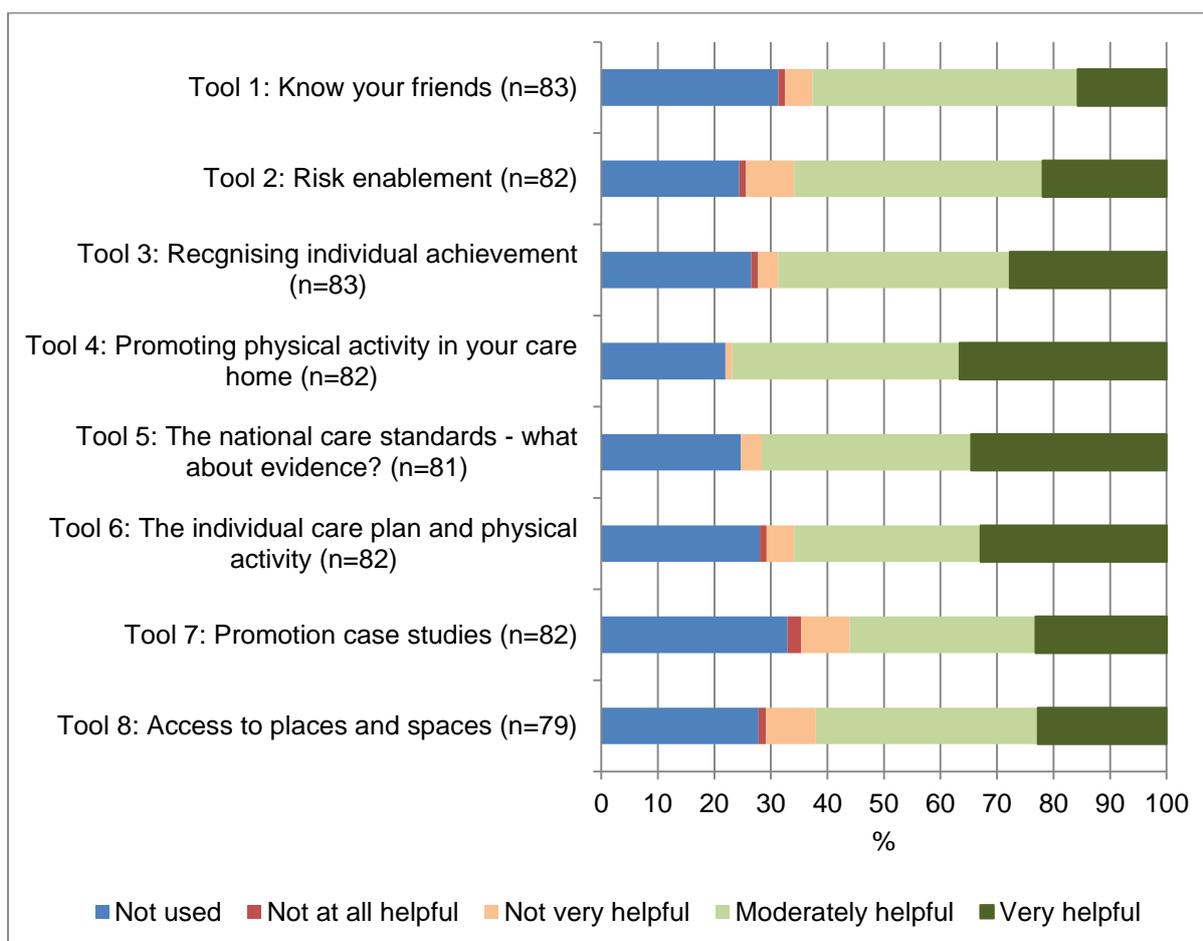
### 3.7.1 Physical activity tools

Respondents were asked how helpful they had found the different physical activity tools (Figure 16). All tools were thought to be useful by the majority of responders. The most useful tool was reported to be Tool 4: Promoting physical activity in the care home (76% thought it moderately or very helpful); this is the action plan which is developed after completing the self assessment. The next most useful tools were reported to be Tool 5: The national care standards, what about evidence (72% thought it moderately or very helpful); and Tool 3: Recognising individual achievement (69% thought it moderately or very helpful).

The least helpful tools were considered to be Tool 7: Promotion case studies - what could these look like (11% thought these to be not at all helpful or not very helpful); Tool 8: Access to places and spaces and Tool 2: Risk enablement (for both, 10% thought these to be not at all helpful or not very helpful).

The least used tools were Tool 7: Promotion case studies - what could these look like (not used by 33% of respondents); Tool 1: Know your friends (not used by 31%); and Tool 6: The individual care plan and physical activity and Tool 8: Access to places and spaces (both not used by 28%).

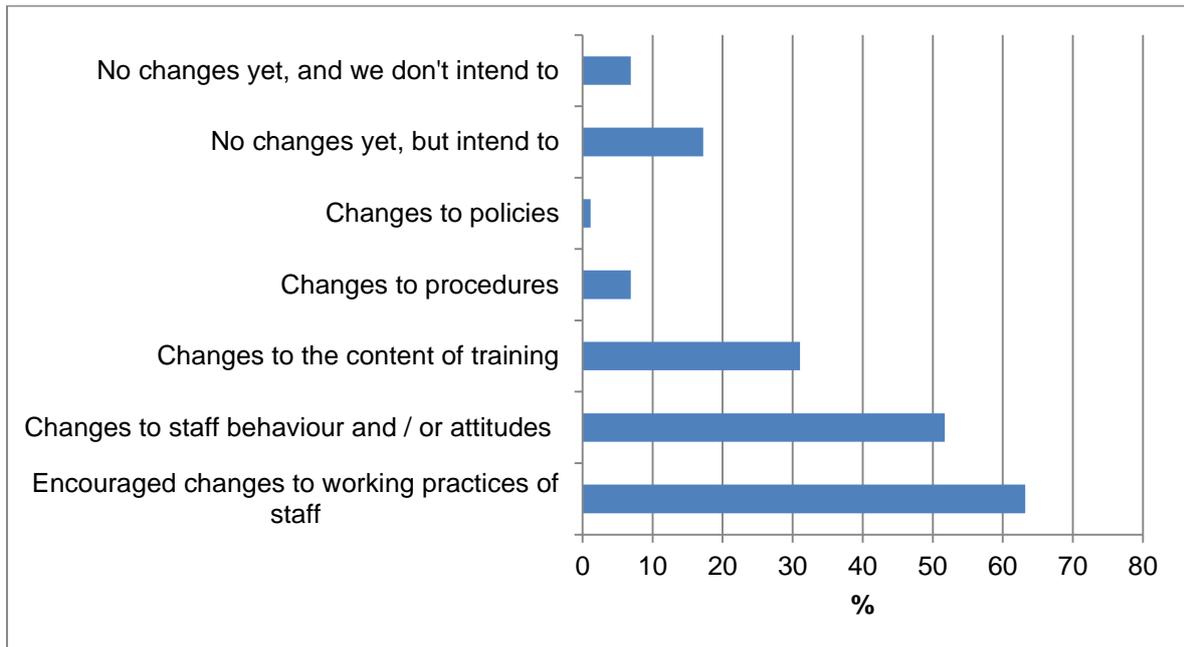
**Figure 16: The usefulness of the physical activity tools**



### 3.8 Changes made as a result of the resource

Managers reported that the following changes had been made as a result of the resource (Figure 17). The most frequently reported change as a result of the resource was encouraging changes in staff working practices (63%); this was followed by just over half (52%) reporting changes to staff behaviour and/or attitudes. Almost a third (31%) reported changing the content of their training. Fewer than 10% of respondents had made changes to policies or procedures. Altogether, 17% hadn't made any changes as a result of the resource, but intended to, while 7% didn't intend to make any changes.

**Figure 17: Changes made as a result of the resource (n=87)**



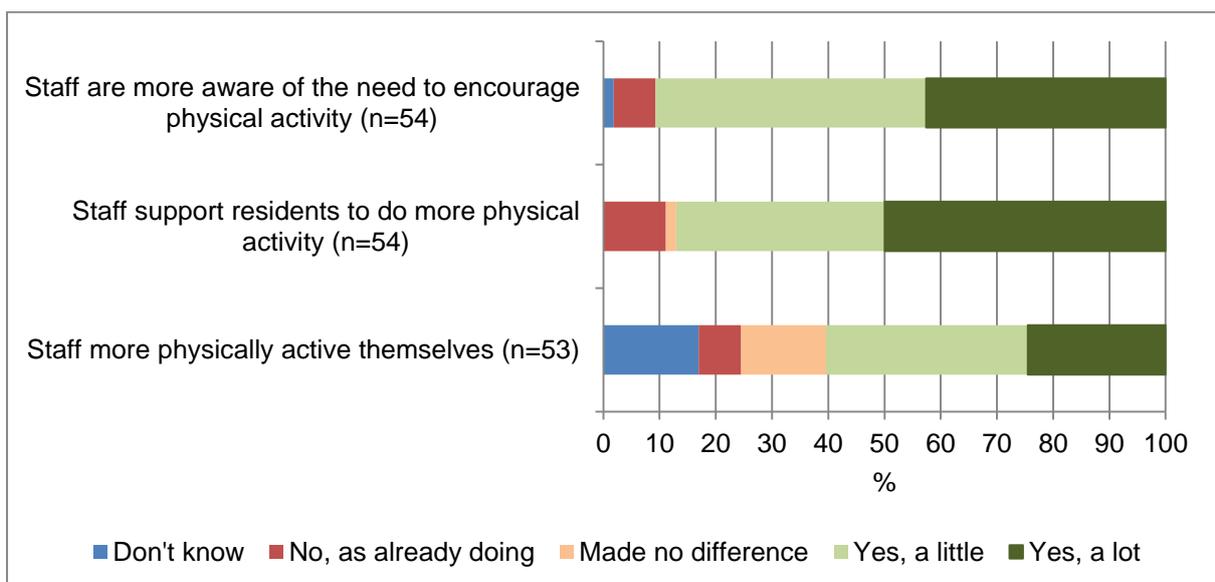
One comment concerning changes made as a result of the resource was:  
 “Reminding staff to enable/encourage residents to be more active every day.”

### 3.9 Impact of the resource

#### 3.9.1 Impact on staff attitudes and practice

Managers were asked what impact they thought the resource had had on the attitudes and practices of staff (Figure 18).

**Figure 18: Impact on the attitude and practices of staff**



Altogether 91% thought that the resource had made staff either a little or a lot more aware of the need to encourage physical activity; and 87% thought it had helped staff support residents to do more activity, either a little or a lot. There was a greater proportion who thought the impact had been 'a lot' concerning staff actually supporting residents to do physical activity (49%) than staff being more aware of the need to encourage physical activity (41%).

The resource also appears to have had a positive impact on the amount of physical activity staff do themselves, with 60% of managers thinking staff were a little or a lot more active themselves

Managers were asked to give specific examples of changes staff had made as a result of the resource. Responses given related to increased awareness and understanding of staff and residents (resulting in promotion of activity) (9 homes); increased movement of residents (2); and changes to activities offered / the activity programme (4) and care plans (1). Some comments include:

“New activity package devised and utilised.”

“More of an emphasis on physical activity in the activity programme.”

“Residents walking who were immobile. Residents taking more active role in the Home.”

“Staff now ask if they are going out to shops if any of the residents would like to join them.”

“Staff now encourage residents to walk even for a short distance to increase their daily physical activity.”

### **3.9.2 Impact on care home culture and activities**

A number of statements were presented about how the resource may have had an impact on the activities of residents, health, culture of the care home and links with the community. Respondents were asked to say how much impact they thought the resource had had on these issues (Figure 19).

Ninety percent of respondents thought that the resource had had either a moderate (51%) or significant (39%) impact on creating a positive wellbeing culture within the care home.

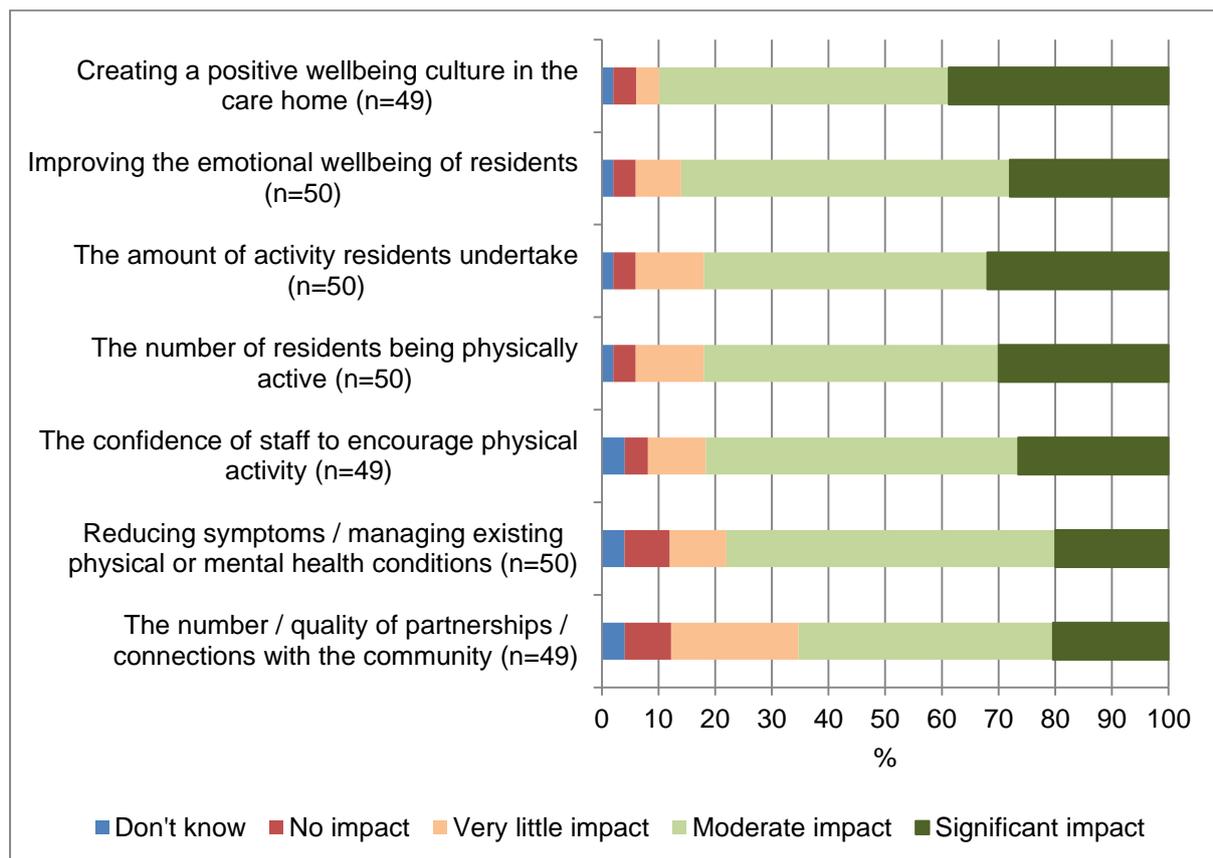
The resource was reported to have had a positive impact on the emotional wellbeing of residents by 86% of respondents, while 78% reported a positive impact on reducing symptoms / managing existing physical or mental health problems.

Altogether, 82% of respondents reported that the resource had had a positive impact on both the number of residents undertaking activity and the amount of activity

residents were undertaking; in both cases, 30% or over reported that this impact was significant.

The resource appears to have had the least impact on the number or quality of partnership or connections with the community, although 65% reported positively on this.

**Figure 19: The impact of the resource**



For homes which reported that the resource had had no or little impact, this may be due to them feeling that they were promoting physical activity already, or that they hadn't implemented the resource yet

### 3.9.3 Impact on activity levels of residents

Managers who reported that residents were undertaking more activity were asked what types of activities residents are now doing (or doing more of) than they were before. The results are shown in Figure 20. The greatest number of responses (72%) relate to residents participating in organised activities, followed by residents going into care home grounds (60%) and helping with everyday tasks in the home (55%).

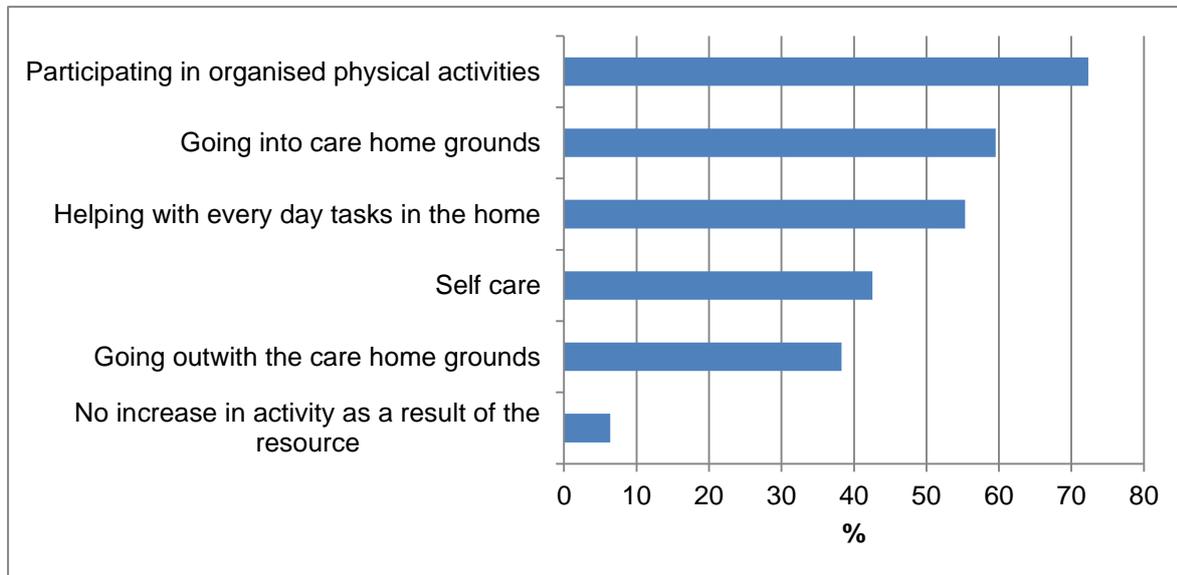
Other examples given of the types of activity that residents were now undertaking were given as:

“Attending activities organised by Aberdeen city council.”

“Going to the day centre to keep up local contacts, shopping trips, visit museums, theatre, other care homes, garden centres to pick plants etc.”

“Participating more in exercise classes such as oomph.”

**Figure 20: The impact of the resource on residents’ activity (n=47)**



### 3.10 Self assessment tools: What has been done

Managers were asked to give examples of what they had done in relation to the nine principles in the self assessment. These principles are grouped into three areas:

Principle A: Physical activity participation which refers to good practice relating to older people having the choice and opportunity to take part in physical activity on a daily basis, and staff having understanding to promote this. It comprises:

- A1: Voices and choices
- A2: Promotion
- A3: Everyone’s business

Principle B: Organisational care home culture and environment which refers to good practice relating to processes, policies and procedures within the care home, and the need for managers to demonstrate commitment and leadership, and to be a role model for promoting activity. It comprises:

- B1: Leadership, management and support
- B2: Enabling environments (both inside and out)
- B3: Staff training and support

Principle C: Community connections and partnerships which refers to good practice relating to community engagement and having relevant, up to date information on local connections, partnerships and resources. It comprises:

- C1: Advice, guidance and planning
- C2: Access to places and spaces
- C3: Families, friends, volunteers and others.

Examples of actions taken by homes to fulfil these principles are summarised in the following sections, and illustrative quotes – particularly focussing on how movement has been integrating into everyday activities – are provided. Additional quotes relating to these principles are included in Appendix 1.

It should be noted, that based on the findings of the focus groups, not all the actions reported by care homes may have arisen as a result of the CAPA resource.

### **3.10.1 Principle A1: Physical activity participation - voices and choices**

This principle related to residents having physical activity choices documented in their care plans, which are regularly reviewed, and show that the residents are able to take part in daily life as they would chose. Actions taken related to care plans and consultation with residents.

#### **a. Care plans**

Two homes provided comments related to understanding and recording residents' abilities and choices in their existing care plans.

Three homes provided comments relating to creating new care plans:

“Created an individual physical activity care plan documenting all activities and personal outcomes.”

“New care plan designed to enable individualised activities on ability.”

“After the training each client will have an individual detailed physical activity section in their plan which staff will use to improve the physical activity of the client.”

One home reported that nothing has yet been documented about voices and choices, but had a plan of how to do this. “The next step for us will be for key worker to involve the client and families to voice their opinions on physical activity on an individual basis and within a group setting. This will be done at a client's review or at a unit meeting.”

## **b. Consultation**

Examples were given of residents being consulted about the activities they would enjoy, either one to one (e.g. in reviews) or through weekly residents meetings, and these activities being recorded in care plans. Selecting the timing of activities to suit individuals was also reported. Evaluation of the success of activities was also reported by two homes:

“Residents have been more involved in developing their own activity care plan and carrying out activities that are meaningful to them.”

“Residents are involved in planning day to day activity.”

“Staff are putting into practice activity programs that are individualised for clients.”

### **3.10.2 Principle A2: Physical activity participation – Promotion**

This statement related to all staff understanding the importance of daily physical activity and encouraging residents at every opportunity to be more active in a way that meets their needs, choices and has a clear purpose.

Homes reported that they had raised awareness with staff through putting up posters and distributing the MEMC guide, and that activity was discussed at staff meetings, staff induction and supervision. Staff are promoting participation in activities (e.g. the daily activity programme), informally and through residents and day care meetings, and details of activities are made available to all service users. Comments included:

“One worker is allocated to activities at allotted slots throughout the day.”

“We have staff trained in ‘movers and shakers’ whom encourage residents to take part in physical activities.”

“Staff have knowledge and awareness for the need and importance of service users to be more active. This works well with our current training programme for falls and meaningful activities.”

“We encourage our service users to participate in activities suitable to their preferred choice both indoor and outdoor ensuring that all seasons are enjoyed.”

“Clients... are also encouraged to walk to the dining room, back and forward to the toilet and bedroom.”

Opportunities for activity were given by many of the care homes. Examples of activities undertaken include daily (gentle) exercise classes; upper body group exercises; chair exercises; passive and active exercises; group dances; regular walks during the day; ‘heel-toe’ programme, activities within the community and through the Reablement group for personal care.

New initiatives that were reported included:

“Taking residents out for shopping and coffee.”

“We decided to have a big event in tandem with the Commonwealth games and we held our own CommonHealth Games! All residents were asked to help put together the games they felt they could physically manage and our little committee drew up 6 games from this list which would challenge and be enjoyable at the same time.”

“Residents’ participation has been increased due to new ideas to make exercise fun.”

“Daily exercise programme has been developed. Qualified keep fit instructor takes weekly classes. Zumba exercise also. Activities co-ordinators have undergone accredited chair exercise training. Development of garden areas to encourage outdoor life. Sink has been put in Dementia unit to promote washing up.”

One home reported that the “Majority of service users achieve the recommended hours of exercise in a week independently.” However, two homes referred to the frailty of their residents meaning the activities offered were limited and outings were not possible. Another said “Because of current client group gentle exercises are the most suitable to be carried out.”

### **3.10.3 Principle A3: Physical activity participation – Everyone's business**

This principle concerns participation in physical activity being valued and a commitment for everyone who is part of the care home community.

Several homes commented that all staff are aware and involved in enabling residents to carry out meaningful activities of everyday life, and view all types of care as a form of activity. Examples include:

“Domestic and catering staff encouraged to participate in encouraging residents to continue with physical activity.”

“We have involved chefs, our physio, care assistants and nurses and their involvement has helped to raise awareness of the importance of this resource.”

“All staff are being shown DVD and are asked to encourage residents to dust/ tidy/ fold towels/ set tables/ remove dirty plates/sweep up dining room floor etc”

One home commented:

“The tool as a whole has been used to train [our] staff in 'Making Every Move Count'. These staff were not always the ones to have the skills or autonomy to roll out a whole toolkit, but parts of the toolkit that were achievable and easy for Carers to understand were used.”

Homes also reported discussing physical activity at resident and family meetings.

#### **3.10.4 Principle B1: Organisational care home culture and commitment – Leadership management and support**

This principle relates to management providing leadership and support to promote physical activity.

Managers reported being keen to share the message about the benefits of physical activity. Specific examples given included money being allocated to promoting physical activity, and the manager participating with residents during physical activity. Comments include:

“The senior management along with the management in the unit are motivated and committed to ensure that we empower older people to be as active as they can and we strive to make this as interesting and full of fun at the same time.

Homes reported providing (or planning) training in promoting activity and discussing it at staff meetings, as well as “Keeping the ideas fresh in everyone’s mind, through newsletters etc.” Activity staff have been supported by managers to promote activity.

“We discuss all opportunities for physical activity at daily flash meetings.”

“Planning is led by manager and physio but participation and involvement is residents, relatives and other staff business too!”

Two managers were involved with external partners related to promoting physical activity:

“I have been involved in partnership working over the last three years in promoting Go For Gold Challenges, promoting physical activity and feel it is my role and responsibility to lead by example.”

One manager reported on the benefits of the resource in their role:

“As a relatively new manager found invaluable.”

#### **3.10.5 Principle B2: Organisational care home culture and commitment – Enabling environments (inside and out)**

This principle relates to the environment facilitating an active lifestyle by being appropriate for the needs and choices of the residents, staff and those in the care home community.

Reports were given of facilities that promoted activity. Provision of these facilities is not necessarily as a result of CAPA:

“Most of our games are conducted outside during the warm weather. We use outside multi-gym at a local park and have short walks to river or shops. In winter some residents go to a swimming club and they use the public gymnasium for cycling and treadmill work.”

“The home is well adapted for exercise, accessible garden spaces, open access across all areas of the home for walking, recumbent exercise bike, OTAGO Groups, Chi Gung Groups, gardening activities.”

Examples of changes that had been made to facilities to promote an active lifestyle included:

“Outside areas to be developed further to encourage mobility outdoor, installed wireless nurse call system in courtyards to enable residents to use this area safely.”

“Upgrading of paths outside for wheelchairs and walking. Raised beds for gardening as well as indoor gardening group. Green house, patio and summer house made accessible.”

### **3.10.6 Principle B3: Organisational care home culture and commitment – Staff training and support**

This principle concerns training for staff to raise awareness of the benefits of physical activity and ways to enable residents to be active.

A range of staff training was referred to: induction training and supervision, enablement training, including promoting activities within dementia training for all staff. Specific activity training included:

“All staff and carers have the availability for training in arm chair exercise for service users, falls training and meaningful activities training and planning meetings.”

“We have a training programme for Physical activity Movers and Shakers.”

One home reported Enablement Champions in the home as part of an enablement project. Another reported that posters and activity calendars are visible throughout the home.

Homes also mentioned promoting the benefits of activity to residents:

“Importance here is participation and building the idea into induction at the very beginning. Our leaflet for potential residents demonstrates all types of activity and promotes the value.”

A number of homes reported that they planned to deliver training in this, integrating it into induction training and ongoing training (e.g. at team meetings). Where stated,

most were planning to use the resources within the CAPA resource (DVD), but one home reported trying to organise training from an occupational therapist.

### **3.10.7 Principle C1: Community connections and partnerships – Advice, guidance and planning**

This principle concerns connections being made with accessible local services and organisations to provide specific advice, guidance and support to promote physical activity. Examples were given of residents going to weekly community events, such as “Tuesday club”, music and dance classes (3 homes); links with local churches (3), schools / nurseries (3), and community centre (1) with these external groups coming to visit, or taking part in organised events. Comments of specific community links include:

“We strive to involve everyone who has business with the care home and within the community i.e. we use local schools and nurseries to assist in garden projects, Going For Gold activity events and dementia friendly events.”

“Great connections been made with community activity coordinator, [the local sports and recreation centre] and other homes.”

One home reported “currently looking at outside agencies/ groups that may be able to come into the home or provide advice or guidance which would be of benefit to the clients.” Two were planning swimming programmes:

“We are in the process of introducing a swimming program in the local community with assistance of our liaison occupational therapist.”

Some homes reported that they were members of other groups, or worked with other groups including: Napa, Care Inspectorate, Local health and social care teams, “who assist us with training, events and guidance as to local amenities.”

### **3.10.8 Principle C2: Community connections and partnerships – Access to places and spaces (locally)**

This principle refers to the care home being aware of local places and spaces that are available to support people to be more active on a daily basis, and making use of the available opportunities. Initiatives that had been undertaken included:

“Connection made with local tea room, local community events.”

“Daily walking group to local café and shops when weather permits.”

“We encourage service users to utilise their living space, access the community (some on a daily, weekly or monthly basis). Some service users attend local clubs for socialisation.”

Two homes reported that they were developing plans for community links:

“Local NHS falls coordinator in the process of organising swimming sessions for residents.”

“Team Leader is currently looking to see what connections in the local community could be of use to the home.”

Three homes reported challenges with residents undertaking activities outwith the care home, two of which were due to the current residents being physically frail and not leaving the care home environment. One said:

“Wheelchair access and transportation from A to B can be difficult to arrange.”

### **3.10.9 Principle C3: Community connections and partnerships – Families, friends, volunteers and others**

This principle refers to it being seen as everyone’s business to be physically active and to support people to do so. Family, friends, volunteers and others are actively supported to engage in physical activity opportunities. Homes reported discussing the importance of activity with families / friends, encouraging families / friends to join in activities (both within and outwith the care home), and asking them to encourage their relatives (residents) to keep active. Examples include:

“We are currently engaging with families and volunteers to support us with a swimming project for our older people in the care homes.”

“We have several volunteers who play music, sing, take quizzes, read to residents, play games e.g. scrabble & jigsaws. Encourage family involvement with life stories.”

One home reported encouraging engagement through “advertising in the House and via the Residents’ Committee, Friends of [the home] and the Participation Network who all meet regularly.”

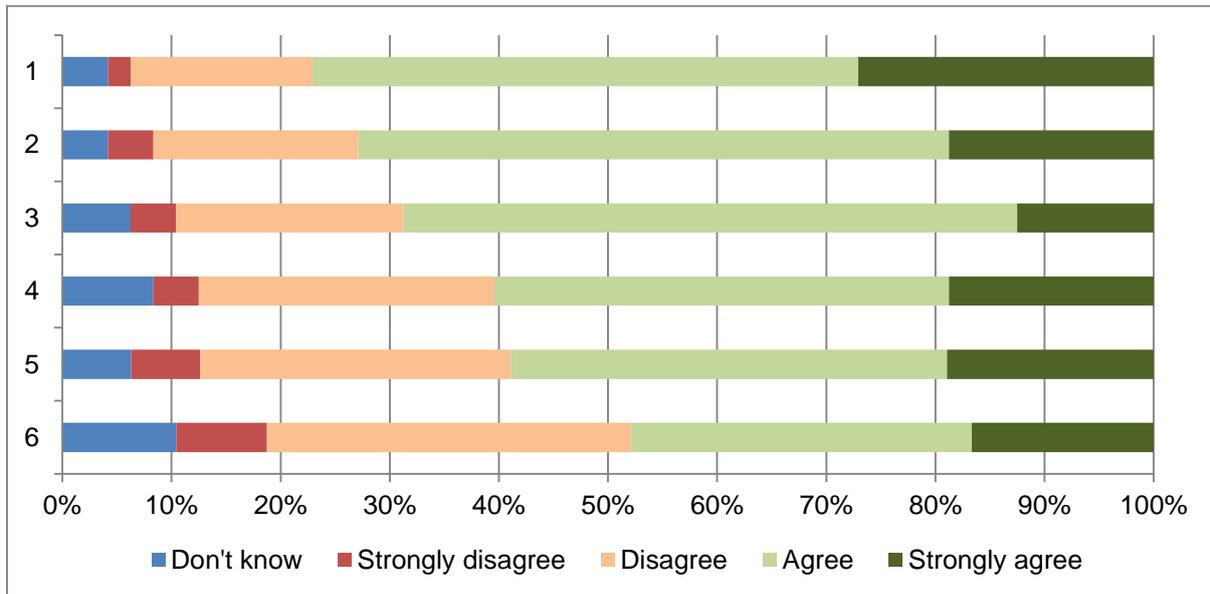
### **3.11 Statements about the resource**

Managers were asked to say to what extent they agreed with a range of statements about the resource. The results are shown in Figure 20.

The statement which had the greatest proportion of respondents agreeing with it was that the resource has helped to provide physical activities within the home that help residents maintain their physical independence and ability. Over a quarter of respondents (27%) strongly agreed, while 50% agreed.

The statement which had the smallest proportion agreeing with it was that the resource has helped to support and encourage residents to use local services such as hairdressers, shops and banks, with 48% agreeing and 42% disagreeing with this.

**Figure 20: The extent to which managers agreed with statements about the resource (n=48)**



**Statement 1:** The resource has helped us to provide physical activities within the home that help residents maintain their physical independence and ability.

**Statement 2:** The resource has helped us to provide opportunities for residents to take part in physical activities in, or outside, the home

**Statement 3:** The resource has helped us to organise social events, entertainment and activities so that residents can join in if they want.

**Statement 4:** The resource has helped us to support residents to keep up relationships with friends, relatives and carers and links to their own community.

**Statement 5:** The resource has helped us provide residents with information about local events, facilities and activities.

**Statement 6:** The resource has helped us to support and encourage residents to use local services such as hairdressers, shops and banks.

### 3.12 Other comments about the resource

Respondents were given the opportunity to provide further comments about the resource at the end of the survey. Most of these were positive:

“An excellent resource-well researched and practical. Pitched at an appropriate level.”

“This resource allows staff to think about their own role and how to encourage and promote physical activity and making every move / moment count.”

“We have found this resource valuable in encouraging staff and residents to participate in more meaningful physical activity.”

One commented that they were happy with what they were already doing:

“In our home we already use a variety of exercises and activities for our residents and for those who participate it does help to reduce the number of falls and overall wellbeing of our clients. We are happy with the resources we use at present.”

Nine homes stated that they had not used the resource yet, with comments relating to the following themes: the resource not yet being implemented (4 homes); the responder having only recently seen the resource (2); the responder not having read the resource, but passed to other staff (2); and the frailty / complex needs of residents making it difficult to implement (2).

Some critical feedback about the resource was received, which related to the resources required to implement the CAPA resource being unrealistic for care homes; there being too many resources issued to care homes; and the representativeness of the scenarios shown in the DVD (with residents appearing more able than is experienced in practice). One commented: “[We] feel the resource..... fails to take into account the degree of dependency within the vast majority of care homes.”

One home commented “We had an informal meeting with service users regarding the resource and encouraged them to let us know how they felt about it and there were mixed views.”

## 4 Focus groups

### 4.1 Introduction

Eight focus groups were undertaken as part of the evaluation. All had indicated in the on-line survey that they were willing to participate in a more detailed discussion concerning their engagement with CAPA, and their responses indicated that they had taken action as a result of it. The focus groups were typically held with the home manager and activities coordinators, with senior carers providing comment in some homes.

### 4.2 Levels of engagement with CAPA

Discussions in the focus groups visits identified that the homes were at different stages of engagement with the resource. The reports for the four homes which had actively engaged with the resource are included as case studies in Appendix 2, with key findings from all focus groups summarised below.

- Engagement and culture change: The resource had been embraced by management, in-house and external training had been provided to staff, and a resultant culture change had occurred with staff now committed and more confident to promote and participate in activity. Activity was already being promoted, but a new programme of daily activities had been developed, particularly for residents with greater care needs. The responsibilities of one staff member have changed to allow them to lead more activities. Residents are more active daily as a result of changes initiated by CAPA. Case study: Rosturk House.
- Engagement and some new initiatives: The principles were supported, and the home was already widely promoting activity, with supportive management and enthusiastic staff. However, CAPA had led to an increase in external outings, and new links with external groups were being pursued. Not all the paperwork was seen as helpful, but tool 8 (Access to places and spaces) had been successfully used to build greater connections with the local community. Case study: Kirkton House.
- Engagement and increased awareness / consolidation of practice:
  - Example 1: The principles were supported, and the home was already widely promoting activity, with enthusiastic, supported activities coordinators. The resource had been seen as helpful in raising awareness with both staff and relatives of residents about both the physical and mental health benefits of movement. As a result, all staff were more engaged in encouraging and facilitating increased activity. More had been done to encourage activity on a one-to-one basis with residents who spend a lot of time in their rooms (taking activities to them). Case study: Fullarton House.

- Example 2: The principles were supported, and the home felt that they were already widely promoting activity and following all the principles in the resource. However, the resource has encouraged them to review their documentation and evaluate the benefit of activities more. It has also encouraged a greater number of one-to-one and small group activities. The resource has been helpful in reinforcing the existing messages about encouraging activity to staff, and is used in induction training. The care home preferred to think about these initiatives as 'social care' rather than activities as some residents have very little movement. Example: Craiglea Care Centre.
- Supportive, but already doing it: The principles were supported, but the home felt that they were already widely promoting activity and following all the principles in the resource. The home's frail client group made promoting activity challenging and meant the home felt the resource was only partly applicable to them. The paperwork made the home look in more depth at what they were doing, but was also seen as a burden.
- Supportive, but not embedded yet: The principles were supported and the home had been working to increase the amount of activity undertaken for a few years prior to the resource. The resource has been helpful in being a prompt to encourage activity, and to encourage the management to get the message more deeply embedded into carers' practice. However, the home was still embedding the Make Every Moment Count resource, and so were at the early stages of implementing the CAPA resource, with training to be delivered and the CAPA paperwork (and identified actions arising from this) to be completed.
- Supportive, but not engaged with it yet: The principles were supported and activity was already encouraged, but the resource hadn't been read in detail due to staff changes, so it hadn't been implemented yet, although it was thought to be useful.
- No plans to use: The principles were supported and activity was already encouraged. However, the CAPA resource was regarded as too bulky and the tools too onerous, they did not intend to roll it out. The DVD may be used in future training but not to date.

It should be noted that of the eight focus groups undertaken, three had undertaken less as a result of the resource than they had stated in their on-line responses. For example, some activities which were already being undertaken before they received CAPA were reported as being undertaken as a result of the resource. Some caution may therefore need to be applied to interpreting the survey responses detailed in Section 3.

## 5 Survey of staff

### 5.1 Responses

Staff at the care homes which participated in the focus groups were asked to give their views on the CAPA initiative. In total 32 completed questionnaires were received from staff, which represented 5 care homes. Eleven other organisations who agreed in the on-line survey to participate in a follow up were also sent a link to the staff survey and asked to pass it to staff, but no responses were received via this route, despite a reminder follow up 2 weeks later.

Almost all of the respondents (30 respondents, 94%), had seen a poster, MEMC guide or DVD from the CAPA resource. The two who had not were a cook and a domestic staff member. Of those who had seen some materials from the resource, responses came from 23 carers, 2 domestics, 2 activity coordinators, 1 support worker, 1 maintenance staff worker and 1 deputy manager.

### 5.2 View of approach

Almost all respondents (93%) reported that they understood the approach, with the remaining two respondents reporting 'neutral' as to understanding the approach. There was strong support for the approach, with all respondents either agreeing (43%) or strongly agreeing (57%) that the approach was important. Four respondents (15%) agreed or strongly agreed that they were not aware of the person centred approach before the campaign.

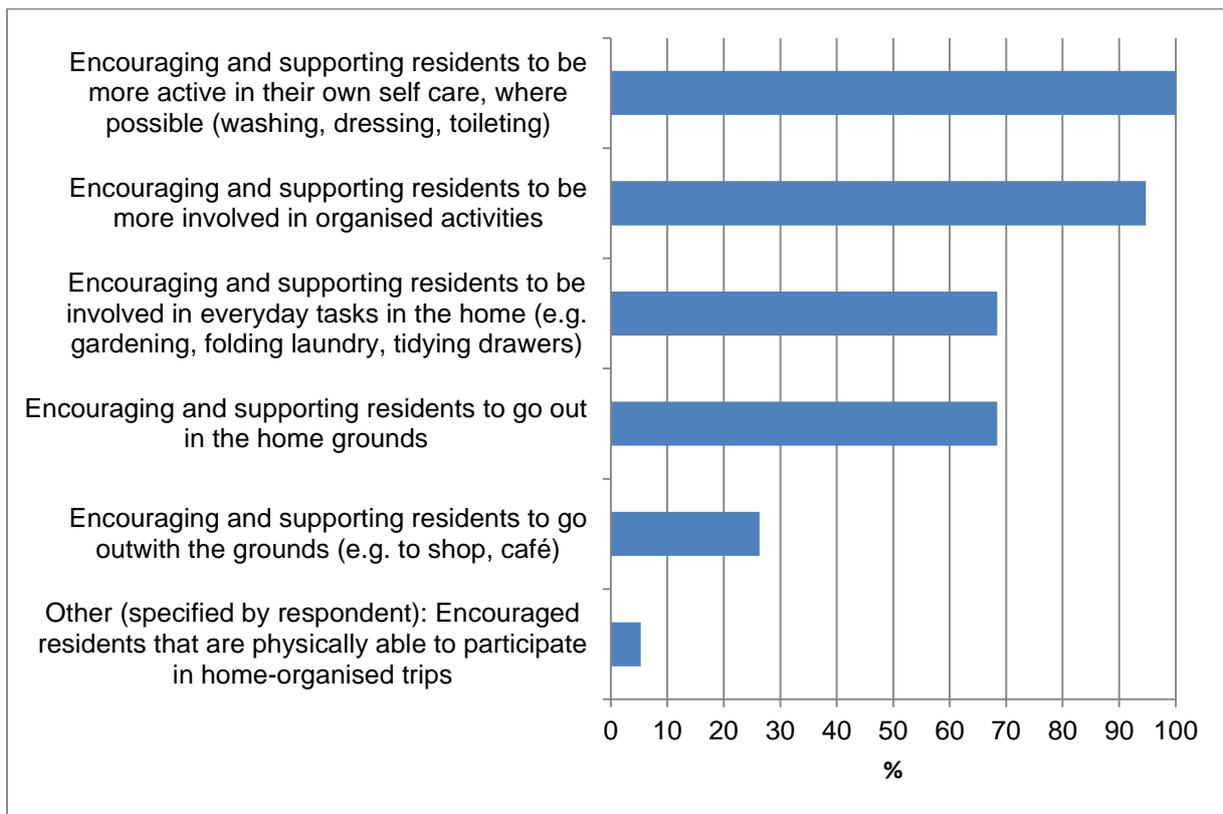
### 5.3 Impact of resource

#### 5.3.1 Changes as a result of the resource

Nineteen respondents (63%) reported that they had changed the way they do their job as a result of the resource, while 11 (37%) had not. Nine of the 11 who had not changed the way they did their job as a result of the resource were from one home (which hadn't significantly changed practice as they were already promoting activity); one of the others was an activity coordinator. The reason given by all respondents who hadn't changed their practice for not doing so was that they were already promoting activity. No respondents said that they didn't understand the message; didn't think the message is helpful; or hadn't got round to making changes yet but intend to.

Of the 19 staff members who reported that they had changed their practice, the types of changes made are shown in Figure 21.

**Figure 21: Changes made by staff as a result of the CAPA resource (n=19)**



### 5.3.2 Specific examples of how the resource has led to changes in practice

Eight respondents gave specific examples of they had dealt with a situation differently as a result of the CAPA message. Responses related to encouraging residents to be more active, and staff joining in activities more.

Examples of how staff were encouraging residents to be more active related to residents doing more for themselves, more of their personal care, and promoting independence in residents. Specific comments included:

“Encouraging residents to do more activities themselves e.g. make beds, set tables etc, being aware inactivity can cause all sorts of emotional negativity and depression.”

“Encourage residents who use wheelchairs but can walk to mobilise short distances or as much as they can tolerate.”

Two staff commented that they now did more activities with residents themselves:

“I now partake in the music and movement mornings helping less able residents to exercise.”

“I have timed my workload so I have more time to take residents out for walks and do activities with them.”

## 6 Survey of residents

### 6.1 Responses

The views of residents were sought concerning the impact of the resource where possible. Two care homes completed brief questionnaires with residents (responses written by carer speaking to the resident). Four written responses were received from one care home where activity had been promoted before CAPA, and the resource hadn't made a significant difference to practice, and five from another, which had actively tried to promote activity following CAPA.

### 6.2 Whether their activity levels had changed recently

At the home which hadn't significantly changed their practice as a result of CAPA none of the respondents considered that their activity levels had increased recently.

At the home which had promoted activity as a result of CAPA, all five respondents thought that their activity levels had increased recently. Examples of the things that they were doing now that they weren't doing before were: walking; exercise classes; arts and crafts.

### 6.3 Impact of activity

Residents provided comment on how activity made them feel (even if their exercise levels hadn't increased recently):

"I feel brighter and more alert after morning exercise and games, and look forward to the day ahead."

"Sometimes I feel it can be a bit much and I'm pushing myself but I enjoy keeping physically active."

"You feel better. My walking is a lot better than it was when I came in. It does me good. I feel more confident in my walking. The staff are good and patient with me."

"Better, included and happy."

"I am happy that I am walking to the dining room."

"More ambulant."

Although the sample is small, the benefits of activity to the residents are clear. This message may be helpful in promoting activity within homes.

## 7 Discussion and recommendations

### 7.1 Discussion

Almost a quarter of respondents were not aware of having received the CAPA resource. This indicates that they hadn't engaged with it, and that it had been 'lost' somewhere within the care home. A re-launch or increased promotion of CAPA may help this significant number of care homes engage with the resource.

Almost a quarter of respondents thought that they were 'doing this already' when asked about the approach. Although it is not clear what they were already doing, it was evident from the focus groups that activity was often being promoted in creative and structured ways prior to CAPA. However, although homes may think they are meeting all the aims of CAPA, a continuous improvement approach, as recommended in CAPA, would allow homes to evaluate their current position and review what they can do to improve.

For those that have received the resource, it appears that it has been implemented to different degrees by homes. The survey was conducted approximately 8-11 months after the resource was issued, and some homes were just starting to engage with it. Some already had measures or plans in place to encourage activity, and found that CAPA reinforced an existing approach. It helped homes to review what they were doing, and often helped develop new ways of promoting activities, with the majority reporting that CAPA had led to changes in working practice. In some cases this had resulted in more activity offered within the home and outings external to the home. The majority of respondents reported that staff were more aware of the importance of physical activity, felt confident to promote it, and to support residents make more physical movements. In other cases, while homes supported encouraging residents to move more often, the paperwork involved was seen as a burden, or homes found it difficult to implement / did not think it was relevant for frailer residents.

Many homes reported organised activities as part of their response to CAPA. While this is helpful, the resource also sought to promote moving more often through everyday activities. This requires engagement with the whole care home, and support for carers in their role. Homes were using the resource in formal and informal training, and reported changes in working practice, which will help develop the culture of moving more often which this resource seeks to promote, and this should be encouraged.

Some homes reported seeking external support, but finding that resources weren't always available for them. It must be accepted that some geographical areas will receive support from the wider health and social care team to implement resources such as this and some will have little or no support. This may lead to a disparity in

the actions that are taken to implement such a resource. A partnership approach with local homes, the Care Inspectorate, local health, social care and leisure services engaged with the resource is likely to be most effective.

It should be noted that three of the focus groups had done less as a result of the resource than they had indicated from their survey responses (e.g. actions which encouraged physical movement which were in place prior to receiving CAPA were reported). This means that the reports of actions taken as a result of CAPA may need to be interpreted with some caution, as actions which have been attributed to CAPA in the survey may have been in place or planned prior to CAPA.

## **7.2 Recommendations**

The following recommendations are based on the findings of this evaluation.

1. Increased promotion of CAPA through local networks and strategic groups would help raise awareness of the resource among care homes. This should be supported by re-issuing of the resource to managers who are not aware of having received it.
2. It would be helpful to provide further support for homes to implement the resource, such as workshops and training events. These could discuss or demonstrate how the tools can be used in practice, with ideas and examples of good practice. In particular, it is likely to be helpful to:
  - Provide advice concerning supporting frailer or less able bodied people to move more;
  - Further emphasise the way that everyday activities can promote an active lifestyle; promoting a 'whole home' approach, where it is everyone's business to enable people to move more often and have a purpose to their day.
  - Discuss further the risks and benefits of activity, and help homes to manage this.
3. The wider health and social care teams, local leisure services and others should be aware of and engaged with the CAPA resource in order to support care homes in implementing it. Consideration should be given to future planning and engagement with key stakeholders in order to mobilise the wider team for support.

## 8 Conclusion

This early evaluation of the impact of the CAPA resource shows that while a quarter of homes are not aware of receiving it, most of those who have used it have found it helpful in reviewing what actions they are taking, and could be taking, to encourage residents' to move more often and contribute to the life of the care home. Homes have been able to successfully implement the resource, resulting in a change in practice and increased physical activity. Recommendations have been made for how homes across Scotland can be further supported in implementing the resource.

## **APPENDIX 1: Additional comments relating to the key principles**

### **Principle A1: Physical activity participation - voices and choices**

#### **Training / staff appointment**

“Activity co-ordinator identified in staff group and gentle exercise programme on-going.”

#### **Care plan / documentation / assessment**

“Service users’ choice, likes and dislikes are recorded in care plan and adhered to when staff plan activities for meaningful or physical activity.”

“Use the PAL assessment tool to gain information on each residents’ abilities.”

#### **Examples of activities**

“Residents involved in menu selection and in selection of all social events and activities.”

“All service users are encouraged to take part in physical activities as per their abilities.”

“Making physical activity part of all different events.”

“Fortnightly exercise by trained professional implemented activity into home activity planner, mini commonwealth games.”

“More exercise classes within the home.”

“Parachute, bowels, darts.”

“Used balloons to encourage movement for chair bound residents to encourage movement, interaction and stimulation for severely cognitively impaired service users.”

“Varied physical activities offered at residents’ request.”

“The majority of our homes now have a regular chair based exercise routine.”

#### **Consultation**

“Asked residents what they would like to do.”

“Choices and opportunities to participate in physical activities are recorded in resident care plans. Evaluation of the activity takes place.”

“Have included in client reviews, meetings and staff meetings.”

“Key workers to go over with service users at reviews.”

“Residents asked what activities they would enjoy.”

“We consult with service users’ continuously and listen to what they say and choose to do at a time that suits the individual.”

“We are finding out what is working and what is not working, and individuals’ choices. “Residents meetings chaired by Residents, involved in the interview process & supervision.”

“Weekly meeting for residents.”

## **Principle A2: Physical activity participation - Promotion (physical activity is promoted)**

### **Exercise class**

“Daily exercise class. Monthly party with dancing. Relatives involved in activities.”

“Do morning exercise and group dances.”

“Gentle exercises carried out daily.”

“Introduced exercises each morning and regular walks during the day.”

“Reablement group for personal care. Daily exercises. Walking where able.”

“Upper body exercises as a group.”

“We participated in the 'heel toe' programme, involving residents, we have chair exercises 3 times a week.”

### **General**

“Details of activities are made available to all service users.”

“It is promoted throughout daily in activity program and also through residents and day care meetings.”

“KA Leisure contacted to attend.”

“Posters displayed, discussed at Staff Meetings and individual leaflets distributed to staff.”

“Posters encouraging staff to participate.”

“Staff are promoting participation.”

“Almost every resident took part in the games in some way.”

“Care plans, carer awareness, liaising with service users.”

“Clients do participate in gentle exercises in a group setting within their unit.”

### **Promoting it with staff**

“Staff reminded of the need to allow resident to move and keep active.”

“The promotion of resident physical well-being is included at staff induction and supervision.”

### **Principle A3: Physical activity participation - Everyone's business (Everyone in the care home community is committed to physical activity)**

#### **Awareness and commitment**

“All staff are aware and involved by supporting residents carry out meaningful exercise in everyday life.”

“All staff are being encouraged to view all types of care as a form of activity.”

“All staff from domestic to carers are committed to encouraging residents to be as active as possible.”

“All staff took part in the 'heel toe' programme and every opportunity taken to involve the residents & staff in going out for walks, enjoying the garden participating in gardening.”

“Discussed to relatives at family meeting.”

“Everyone aware of resource and physical activity groups.”

“Involved everyone in the home.”

“Raised awareness amongst all staff who now value even the smallest amount of physical activity and recognise the benefit.”

“Some of the staff have watch the training DVD and understand the aims of it.”

“Staff, carers and visitors to the unit all have an understanding of the activity programmes we try to promote and when possible everyone gets involved.”

“The physical well-being of residents is discussed at staff meetings and resident/family meetings.”

“This is an area we are beginning to work on to see how ordinary activities can become part of the person’s physical activity plan.”

#### **Activities**

“External participation.”

“Incorporated in daily activities.”

“Introducing activity to staff.”

“Kitchen staff and laundry staff involved with setting tables and folding towels.”

“Passive and active exercises in place.”

## **Principle B1: Organisational care home culture and commitment – Leadership management and support**

### **Staff training and support**

“All new staff receive enablement training. Exercise is part of this training. All staff encouraged to watch the DVD care...about physical activity.”

“Discussed at staff meetings.”

“Full time activities coordinator.”

“Have asked activity staff to promote more exercise in new programme for 2015.”

“Home from home with commitment on enabling residents to achieve their full potential and remain as independent as possible. Monthly activity working party with staff member from each area all committed to improving residents’ quality of life meeting their goals. Meeting chaired by one of management team.”

“Promoting with activity team and care staff.”

“Rolling out to all staff for them to think about exercise importance in the daily routine.”

“Team Leader is putting together training which will incorporate the DVD, and the tools in the pack. All care staff will be getting this training.”

“The manager and the activities co-ordinator are both keen to share the message about the benefits of physical activity.”

### **Managers’ actions**

“Home manager participates with residents during physical activity!”

“Leadership and management are committed to encouraging and supporting physical activity, by employing activities coordinators providing mental stimulation, activity boxes, life history work, reminiscence, quizzes, games, music.”

“Management already highly committed but continue to encourage staff to adopt a culture of enablement and participation.”

“Manager fully supports this. Monies allocated.”

“Manager joined pilot group to review/change the way we view activities physical or otherwise and how we achieve this for individuals on a daily basis.”

## **Principle B2: Organisational care home culture and commitment – Enabling environments (inside and out)**

### **Changes to facilities**

“Heightened chairs/ toilet seats/ beds to enable residents to stand up and encourage independence. Potting area outside, sensory garden development. Seating has been reviewed. Foot care project to look at shoes etc to encourage independence. Signage has been reviewed.”

“A new patio area, secluded and secure was put in place last Summer, garden room giving residents full view of the River Ness and the House gardens, a very big bright living room plus a small sitting room for more intimate gatherings.”

“Environment refurbished with better signage to support clients independence. Easy access to the level gardens for all clients.”

“Widened path - looked at outside seating areas.”

### **Already accessible**

“Environment and garden all safe for outside activities. Able residents involved in community activities.”

“Indoor activities during winter months and outdoor weather dependant e.g. walking and exercise club in garden.”

“Participating in activities participating whilst out on trips, ongoing support.”

“Residents make use of the outdoor space weather permitting.”

“Resources provided.”

“Risk assessment in place. Skin care precautions taken when activities take place in the garden.”

“Some of the clients are at present accessing places within the community. Also some of the clients are helping (limited) with the outside garden space.”

### **Encouraging activities**

“Staff consider their environment on a daily basis.”

“Weekly trips out to community events.”

### **Plans**

“Looking at how we can improve access around the home.”

“Reviewing information available for dementia friendly environment.”

## **Principle B3: Organisational care home culture and commitment – Staff training and support (in the benefits of physical activity)**

### **Plans**

“Plan to being in induction training.”

“All care staff will be getting this training. It is hoped that staff will be motivated and better equipped to help improve the physical activity of the clients within the home.”

“Intend to roll out the dvd and resources to staff at team meeting.”

“Planning to integrate in induction and ongoing training in the area.”

“Trying to organise training from an OT.”

“We plan to include the care about physical activity DVD in the next in-house training programme.”

“Will be included in all induction 2015 and has been in induction at this home.”

“Will be scheduled into training plan for 2015.”

### **Training**

“Included in dementia training for all staff.”

“Included in training at induction and supervision.”

“Staff training started.”

“Training as per policies and procedures, staff supported as required.”

“Training is organised and provided by manager to ensure staff are included in relevant training.”

“Training sourced from external trainer to provide training to all staff. 3 activity organisers who cover 7 days a week 9am-5.30pm, trained in 3 day exercise for the elderly.”

“We have provided training in Therapeutic course in Dementia care & Active living & Active Life.”

“Enablement training, enablement project, Induction training. Enablement champions in the Home.”

### **Informal training**

“Asked staff to ensure they speak with the service users they are key worker and give them assistance to understand.”

“Discussed at supervisions.”

## **Posters**

“Posters and activity calendars are visible throughout the home.”

## **General**

“Benefits the service user to a healthier lifestyle and life expectancy.”

## **Principle C1: Community connections and partnerships – Advice, guidance and planning**

### **Activities**

“Continued with outside activities based on what the people in the care home want to do.”

“Connections with groups community groups outside such as Tuesday club, local church and schools.”

“Good partnership working with a volunteer who leads the Chi Gung group, link with Reach Physio team with regards to OTAGO Programme, support form G.P. with specific exercise programmes, local walking groups etc.”

“Involve local schools and nurseries to visit and join events.”

“KA Leisure met with people involved and devised activity programme. Strengths and weaknesses discussed.”

“Links with local church weekly visits, links with community centre.”

“Local NHS falls coordinator delivers weekend exercise programme.”

“Part of the Great outdoors project. Enablement project in partnership with Scottish Care. Activities organisers are part of the Meaningful Activities network. Receive a lot of guidance from the Aberdeen city council "Active happy healthy" well-being co-ordinator. Guidance received regarding Sensory gardens. Forest walks guide.”

“Usually done in-house but with involvement of local groups such as Highland Senior Citizens Network and Inverness Leisure.”

“Current client group very frail. One service user is using arranged transport to attend community music and dance classes.”

### **Plans**

“We plan and organise any activity in consultation with all stakeholders. We are looking at the Swimming Pilot Programme.”

## **Principle C2: Community connections and partnerships – Access to places and spaces (locally)**

### **Already doing**

“Already attend local tea dances etc.”

“Already use Town hall for a large group for a type of tea dance- monthly.”

“Continue to regular trips and visits to all local centres.”

### **Activities**

“Forget me not Activities person within the care home will provide exercise.”

“List made of places which can accommodate wheelchairs etc.”

“Residents attend events in several local venues which provide fitness classes, tea dances and social events i.e residents attend silver citizens groups in time capsule.”

“Small village location means we can access local facilities including walks, park land etc.”

“Musical memories at [local] church, Minister conducts memorial services and church services in the Home. [Local] school visit and residents visit the school. Gardens developed in partnership with the [local] city council. Councillor and local MSP helped with debate regarding the referendum.”

“We have good connections with community groups and have access to on-line information from Seniors together, age UK etc to give us ideas and information of what’s on and where.”

“We have our own minibus for outings.”

“We organise weekly events which include boat trips, coffee and lunch outings, car runs, museums, art galleries, craft classes, and we use our own Home vehicle to take residents to outings and places of interest. Residents enjoy manicure & hand massage, hairdressing, pedicure.”

### **Plans**

“Local NHS falls coordinator in the process of organising swimming sessions for residents.”

### **General**

“Our residents are physically frail and do not leave the care home environment.”

“Staff will visit areas easy to access.”

## **Principle C3: Community connections and partnerships – Families, friends, volunteers and others**

### **Discussions with relatives**

“Asked them to encourage to motivate their relative to keep active.”

“Discussed with relatives.”

“Encourage families to assist and join in recently assisted tidying up the garden areas on a fun filled afternoon. Visit to the Scottish parliament where we toured the facilities both by walking residents and those requiring assistance of a wheel chair.”

“Families made aware about the importance of exercise. Friends/ Buddies from the estate come into the home setting and support.”

“Families are encouraged to use the facilities both in the home and grounds as well as the local area.”

“Families involved in activities and aware of importance of encouraging residents to be as active as possible.”

“Good support from relatives, staff and the local community.”

“Involve families and friends in all activities.”

“The subject of physical activity will be raised with families at client's reviews. The home does encourage volunteers. Team Leader is looking to see how a volunteer could help with improving physical activity within the home.”

“We involve all relatives and loved ones to participate in all events held within the house and ask that they support us on group outings etc,”

### **Networks**

“Building a wider network of people who come in and assist with activities and also welcoming high school pupils 5th and 6th year.”

“[Local school, college and university] students visit. OT and Radiography students visit the Home as part of their course.”

“Family members run the Scrabble club, weekly sing along, help escort residents to the church and Seasonal Fairs.”

“There is extensive volunteer support when activity takes place in the community- outings to garden centre, boat trips, visits to Falkirk Wheel.”

### **General**

“Everyone involved and has taken it on board with vigour.”

## APPENDIX 2: Case Studies

### Case Study 1: Rosturk House, Cupar

#### 1. Background

The home has 40 residents of varying ability, ranging from those who walk independently to wheelchair users. There are approximately 15 staff. The home is situated in grounds on the edge of the town, and was purpose built approximately 10 years ago. There is an activity co-ordinator at the home 5 days a week from 10am to 4pm.

The building is single storey, purpose built. Indoor facilities for activities include a craft room, and a piano and organ which residents can play, as well as two residents' lounges where activities take place.

Outside they have a level garden with raised flower beds, a patio, summer house and putting green. They use the grounds for competitions and outdoor events, and have outdoor games such as giant Connect 4.

In terms of activity, the home's philosophy is to promote independence, not take it away. They view activity broadly, including daily care activities such as doing up buttons. The home aims to provide person centred care, so responds to the needs, abilities and interests of each individual. They recognised that there is a need to get a balance between respecting an individual's decision not to do something, and encouraging more activity. However, most residents like joining in activities. Some residents think that they can't do things, and need to have their confidence boosted, through staff encouragement and support. Staff work hard to be committed to and involved with individuals.

#### 2. General responses to the key message in Care...about physical activity

The self assessment showed that they were already doing a lot to promote activity, but the tool did make them look again at what they were doing.

The message in CAPA was reported to be easy to understand. They have not faced any significant challenges in implementing the approach.

### **3. Changes as a result of CAPA**

#### **3.1 Training and raising awareness**

##### **3.1.1 In-house training**

The home has provided training to all staff on the importance of physical activity, through watching the DVD and discussing it (at two staff meetings – December 2014 and January 2015). The manager thought that some staff probably knew about the importance of physical activity for residents before CAPA, but the training has reinforced it, and all staff now understand why they should encourage activity and that activity is everyone's responsibility. This is seen as the biggest change arising from CAPA. The activity coordinator said that other staff now understood the importance of her role and physical activity for residents, and are working with her to promote activity.

The home has displayed the posters – one in the staff area and one in the public area, and gave the Make every move count guide to all staff.

The training / increased focus on physical activity has led to a culture change, and increased amounts of activity among residents.

##### **3.1.2 Induction training**

As a result of CAPA they now include the importance of physical activity as part of their induction training. There is also information on physical activity in their e-learning package. There is a new staff induction book, which includes the importance of physical activity.

##### **3.1.3 External training**

The home has sent / will send more people on external training specifically to help them promote physical activity:

- One staff member has become full time at this home (previously working between two homes undertaking maintenance). He has taken an interest in activity, and due to his personality / skills he has been on some training and as a result, has been leading music and exercise classes since January.
- Two carers have taken a special interest in activity and will be trained in how to lead exercises/ activities so that they can cover the times when the activity coordinator is not in the home (e.g. holidays, weekends).

##### **3.1.4 Communication with families**

The home included an item in the December 2014 newsletter (which goes to families as well as residents) about encouraging activity, and why it was important.

As a result of CAPA, the home is inviting families in to talk about activities for residents.

### **3.1.5 Impact of training**

As a result of the increased awareness:

- Staff feel more confident to lead or join in physical activities (e.g. dancing with residents).
- Activity is now not just seen as the activity coordinator's job; everyone is working together to encourage activity. More staff are involved in promoting activity.
- Senior carers are more involved with residents at the weekend; during the week they have 2 hours given to paper work, which they don't have to do at the weekend, so they are encouraged to spend this time at the weekend in activities with residents.

### **3.2 Changes in planned activity**

One lounge is used by residents who have greater care needs. For care reasons there is always a staff member present here, but previously they did not structure the time to include any activities with residents. Now they have a timetable of twice daily activities for residents in this lounge. This may be simple exercises, balloon patting, standing etc.

There is also a schedule of planned activities every day for those who are more able, such as chair exercises, soft ball throwing, balloon patting, parachute raising, standing, sitting dancing, which take place in the second lounge.

### **3.3 Links with external agencies**

The home had previously had links with organisations further afield, but these had tailed off and CAPA helped them to identify what they could link with again, which has been helpful. Since receiving the resource they have made contact with:

- The local authority Physical Activity and Sports Development Officers, who are providing training for staff in the next month (workshop called "About physical activity").
- Local walking group, although their walks are too ambitious for residents (the shortest is about 1 mile). There may be scope for them offering shorter walks.
- Volunteer matching service, as they are seeking to build up their core of volunteers who will help residents to go out (e.g. to garden, for walks, for coffee).

The home has contacted the occupational therapist (OT) in Fife Council and are waiting to hear back from them; the home is hoping for some input on how they can help residents who wander. However, the local OTs don't have resources to support the home, and they have been put in touch with a chain of people, none of whom are able to help them (because they don't have resource to do it). The home considers that these arrangements need to be put in place to support a resource (CAPA) like this.

#### **4. What is being done**

##### **4.1 Daily activities in the home**

The home has always encouraged independent washing, dressing, feeding; CAPA has reinforced this, and walking has been promoted more since CAPA. For those residents who are uncertain about this, a staff member will follow with a wheelchair so the resident can stop if they get tired. Residents have responded well and like it.

Laundry staff involve residents in tasks, e.g. to help push the laundry trolley, with laundry folding activities (e.g. socks).

Activity is detailed in the residents' care plans ("How I move around"), and the activity coordinator has activity care plans for individuals. Some people have daily walks as part of their care plan.

##### **4.2 Planed activities**

Prior to the increased activity as a result of CAPA they were already offering a range of activities in the home, including: Music therapy; knitting group; and a walking and a gardening group, which are more active in the spring and summer. One resident gave a talk within the home on something they had knowledge about, and visited another home, with another resident, to talk to them too, supported by carers.

They identify local and national events to link activities around e.g. they had Olympic and Commonwealth games weeks, and events linked with the Jubilee. They took people to see the Olympic torch passing through the town. Family members may help with these outings.

They have found that families are generally supportive of these initiatives, but not many get involved. Families may take residents out on outings.

##### **4.3 Links with the community**

The home have had good links with the community for a long time. They were already in touch with external agencies (churches, schools, college, Age Concern lunches at local community centre), and this hasn't changed as a result of the

resource. However, the resource made the home look at the existing links they had and identify if new ones would be helpful. Links with the community include:

- A volunteer takes residents to church.
- One member of staff takes residents into town to Tesco's to buy their biscuits etc.
- They use a range of local destinations for outings (e.g. heritage centre, garden centre, local art show, fashion shows).
- They have links with the local rotary club which holds a games night (dominos) twice per year.
- They have links with the local sports centre.
- They can use the grounds of the local college for walking.
- Some residents have been to the local vocational college to get their hair cut.
- There will be 2 days of planting with local children in the spring.

## **5. Responding to individuals**

They have rehabilitated two residents with fractured femurs, with some initial input from the hospital physiotherapist (who helped to show how the resident should stand from sitting, and to develop a plan); the home implemented it, and it was the commitment of the staff to encourage the individuals to try walking that helped them to rehabilitate.

They bought arm weights for one resident who asked for these for exercise.

## **6. Other**

The activity coordinator has brought two dogs into the home and residents have responded well to these. They will be trained as therapy dogs so they can be in the home more.

The home is a member of NAPA and find the publication useful for ideas.

## **7. Summary**

The care home was already taking measures to include physical activity, but the resource has promoted this further, with all staff now committed and involved in promoting physical activity. In-house and external training has been provided, and new initiatives such as a schedule of daily activities, including for those with greater care needs, have been introduced. Residents are more active daily as a result of changes initiated by CAPA.

## **Case Study 2: Kirkton House, High Blantyre, South Lanarkshire**

### **1. Background**

Kirkton House is a public sector care home. It is a single storey building with 30 single en-suite rooms. The home is single storey. It has three separate living areas one main dining area. The home has a well-kept, large enclosed garden with seating and external lighting.

### **2. What they were already doing to promote activity**

Kirkton House was already doing a lot to encourage physical activity among its residents, both in everyday tasks and organised activities. The Activities Champion has drawn up an activity planner for staff to lead activities each day. There are moving, social and relaxation activities on the timetable and the Activities Champion matches the lead worker with activities that they are interested in and enjoy personally. This helps them to use their wide ranging skills and means they are enthusiastic about leading their activity with residents.

There is a 'wish' tree in the care home and residents are encouraged to put a wish on the tree, which was in place before the CAPA resource. Where possible the care home finds a way for the residents to be granted their wish. Some examples of the kinds of activities that have been facilitated within the local community are:

A night at the club – One of the residents, who used to sing at the local social club when he was younger, enjoyed going in to the town to buy shopping and look around. During one of these outings the resident met some people he had not seen for a long time. They talked about his 'entertaining days' and invited him to go along to the social club for a night out. The activities coordinator arranged the visit and took along a friend from the care home that also enjoyed singing. The residents really enjoyed the evening.

Pamper day – A group of female residents went to a local hotel for a spa day. They thoroughly enjoyed the day and the activities coordinator is exploring the opportunity to stay at the hotel for a night the next time they visit.

Football Reminiscence – The care home has facilitated a number of visits to games in the past (Glasgow Rangers and Hamilton) and continues to do so. An in-house group 'Kirkton kicks' meet weekly and participate in football topics for those residents interested in football.

Come dine with me – The care home recently linked with a sister care home for a 'come dine with me' themed event; they have also linked with them in the past for 'tea dances'. This both get residents active and encourages them to meet and socialise with other people.

People make Glasgow – The manager and another colleague represent South Lanarkshire Council on a working group ‘Go For Gold’; last year Kirkton House participated in sporting events related to the Commonwealth Games in Glasgow. They were actively involved in the baton relay arriving in the area, with one of the residents receiving and passing the baton on.

### **3. Future plans**

The activities coordinator is currently exploring opportunities for local brownies and guides clubs to come in and work with residents in pursuit of their badges. The coordinator is also looking for opportunities for residents to join local groups (e.g. the local retired gentlemen’s club which has a workshop).

### **4. Use and feedback on the CAPA resource**

Although the home was already doing a lot to promote activity, the DVD and the Make every move count guide have been very helpful in reinforcing the message with all staff that physical activity is important and that there are opportunities to increase it in the everyday routines, activities and tasks that they do with residents; physical activity doesn’t just mean a formal ‘organised activity’.

The toolkit was felt to be quite cumbersome for a care home. Most of the tools were not relevant as the care home was already doing a lot to encourage physical activity. However, Tool 8, ‘Access to places and spaces’, has led to an increase in the opportunities for residents to go into the local community. The Activities Co-ordinator has helped create opportunities to do this and ways to make it possible. For example, staff are encouraged to use public transport to take residents to a range of locations such as shopping or hospital appointments (helped as the care home is on a well-served bus route). The care home aims to ensure that at least one resident spends time outwith the care home each day. An example of this, which has arisen since the CAPA resource, concerned one of the residents who had a particular interest in gardening and spent lots of time doing this in the past. The activities coordinator arranged for him to spend a few hours at a local garden centre. Although his mobility was quite restricted he enjoyed talking to the staff there about his interests and sharing information.

### **5. Key to success**

The home reports the things that are important to ensuring high levels of activity as:

- a. Strong and supportive leadership. The manager and senior staff are very supportive and encourage staff to use their initiative and continually look for ways to increase physical activity among residents. There is a strong ethos that living in a care home doesn’t mean you can’t go out into the community.
- b. All staff are encouraged to think of ways to increase physical activity in everything they do and lead activities that reflect their own interests and skills.

- c. The Activities Champion is very enthusiastic and is continuously seeking to identify new and innovative ways to increase activity (e.g. use of public transport to increase opportunities to link with the community).
- d. The care home is continually looking for new links, opportunities and ways to engage with the local community.

## **6. Summary**

The home was already doing a lot to promote physical activity, with an enthusiastic activities champion who was promoting activity, particularly outwith the care home. Strong leadership has supported this and staff are encouraged to increase physical activities in everything they do. CAPA has helped them to build greater connection with the local community.

## **Case Study 3: Fullarton House, Irvine**

### **1. Background**

Fullarton House is a 90-bedded private care home. It is surrounded by large, landscaped gardens, and has a furnished patio area and Japanese-themed sensory garden. It is close to all of the amenities of Irvine town centre and not far from the local beach.

### **2. What was already being done to promote physical activity**

The 'What's on Team', including 3 activity coordinators, was already very proactive in creating new and effective ways of increasing planned activity with individuals and within groups.

A 'Going for Gold' programme was introduced during the Commonwealth Games, building on a programme already offered during the Olympic Games. Residents were all encouraged to participate in some way. Wheelchair swimming, rowing and horse riding events were held in the common areas. In addition, events were offered for individuals within their rooms, such as peg and hoop target. Certificates and medals were awarded to all residents.

The home also successfully uses in-house puppet shows to help encourage activity and communicate wellbeing messages (e.g. concerning fluid intake).

### **3. Future plans**

In 2015 a 'Move and Groove' programme will be introduced across BUPA care homes. Activities, which will include music and movement, chair aerobics and sport keep fit, will be offered twice a week. Residents will be encouraged to go to other units to attend. This increases choice for the residents and also opportunities for social interaction with a wider group of people. Residents, staff and relatives will all be encouraged to attend.

### **4. Use and feedback on the CAPA resource**

The resource was positively received by the care home. They considered it to be very clear; the messages are appropriate and relevant to the care home.

The Activity Coordinators' initial reaction was that the resource was similar to others they were already using, such as OOMPH and 'we are doing all this already'. Although they were doing a lot already, the Manager did think that the core messages about physical activity have been reinforced to staff by using the CAPA resource (particularly the DVD and MEMC guide), and that the resource has helped to raise awareness that everyday tasks can be 'active', and that residents, with encouragement and support, can increase their activity levels in everyday tasks. There has been increased awareness of the need to increase activity for all

residents, particularly those who do not come out of their room very much; staff are encouraged to take activities to these residents' room and provide opportunities on a one-to-one basis.

The care home hasn't used all of the tools in the resource as they felt they were already doing this. However, they have used the DVD, posters and MEMC guides to promote the importance of physical activity in everyday tasks and to raise awareness among relatives about the importance of physical activity and why residents are encouraged to increase activity levels. Staff and residents are mostly very interested in new developments and information and have responded positively to the messages.

## **5. Impact of CAPA**

The resource is considered to have increased all staff's understanding of the links between physical activity and mental health / wellbeing. For example, one member of staff said that situations they dealt with differently as a result of the resource included: "encouraging residents to do more for themselves e.g. making beds and setting tables. Just being more aware that inactivity can cause all sorts of emotional negativity and can lead to depression."

## **6. Recommendations for improving the CAPA resource**

Within this home, 70% of residents can't walk unaided and many of the clients in the DVD were more able than those in this care home. The benefits of increasing activity for a wider range of mobility would have been welcomed in the resource.

It is felt there is a gap in knowledge of some activity coordinators, in terms of what is safe for residents. For example the activity coordinators felt they weren't necessarily qualified to know what 'warm up' is appropriate for people with different kinds of health conditions. This made them feel a bit uncomfortable as they were concerned they might not be 'doing the right thing'. Some training or guidance for activity coordinators in this area would be welcomed.

## **7. Summary**

The enthusiasm of the activity co-ordinators was evident and this was considered a key factor in the levels of activity that residents engaged in at this Care Home.

The home felt that it is important to encourage activity on a one-to-one basis as well as in groups, particularly for those who spend a lot of time in their rooms. It is important to take the activities to them if they do not want to join larger groups.

The home reported that making the link between physical activity and mental wellbeing is important and it is crucial that staff understand this link so that they can

communicate this to relatives and actively encourage and support residents to be more active.

As a result of CAPA they thought that all staff were more engaged in encouraging and facilitating increased activity.

## **Case Study 4: Craigielea Care Centre, Renfrew**

### **1. Background**

The purpose-built, private care home is set in secure landscaped gardens close to the town centre. Craigielea comprises 85 single en-suite bedrooms, with lounges and dining rooms on each floor. They provide care for older people, people with physical difficulties and people with dementia.

### **2. What was already being done to encourage physical activity**

The care home prefers to use the term 'social care' rather than activity as many residents have very little movement and social care emphasises both the mental health benefits and physical health benefits of activity. The manager provides strong leadership regarding this message. The 'social forum' coordinator reported feeling very supported in her role.

The home places a lot of emphasis on reminiscing and tailoring traditional or generic activities to the residents, for example creating giant word searches made up of common sayings that were used by residents.

The care home already had a good outdoor space but it was being upgraded to encourage greater physical and social interactions among residents and also visitors to the care home. At the time of the visit the home was developing a football / ball games area in the garden and widening paths to make access easier.

During the visit one of the younger residents with very little mobility was involved in coating marshmallows with chocolate. The manager emphasised the importance of 'watching and observing' for residents with very little mobility and the benefits of one-to-one activities for these residents.

Craigielea has been involved in the playlist for life initiative  
<http://www.playlistforlife.org.uk/stories/a-care-managers-experience/>

### **3. Challenges**

Many of the residents have very little movement. The care home prefers to promote social care rather than physical activity which suggests greater movement than residents are able to do.

### **4. Use of the resource and feedback on CAPA**

The initial response was 'another toolkit'! However, when the managers looked at it they realised it is concise, clear and useful. The DVD and MEMC guide were used with staff to communicate the messages. The home has used some, but not all, of the tools because they were already doing a lot to meet CAPA's aims.

The care home has developed a 'living memory' book for each resident called 'Look It's Me'; this is a story of the life of the resident and details their past and current interests. Relatives are encouraged to contribute to the book and this enables the staff to get to know the person better, understand their likes and dislikes, and tailor recreation accordingly. Although this idea wasn't as a direct result of CAPA, the resource has reminded staff to choose and create opportunities for recreational activities linked to the residents' living memory. The home has done this with more activities in smaller groups and one-to-one. For example, residents are actively involved in creating themed wall displays with old photographs of residents and their own memorabilia. A football wall was created by residents who like football, covered in team strips that belong to the residents from when they used to play football and photographs of them playing or supporting their favourite team. Relatives are encouraged to get involved in creating the displays too.

## **5. Impact of the resource**

The resource has been used in staff training and induction training. It has reinforced the message among staff of the importance of taking time with residents and encouraging them to be independent. It has raised awareness among staff and led to changes in working practices, in particular documenting and evaluating the impact of activities to establish what works and what doesn't work. The resource has encouraged one-to-one activities and activities in smaller groups (3 or 4 residents). These have been found to be more effective because they are tailored to the interests and needs of individuals. This is evident in the response of residents at the time of the activity (laughing, smiling) and also residents asking to do activities again.

## **6. Summary**

The home was already promoting activities through their ethos of social care, which they felt appropriate for their clients, many of whom may have very little movement. The resource has helped to emphasise the importance of appropriate activities for individuals, and led to more small group / one-to-one activities, and better documentation and review of activities.

## Headquarters

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

web: [www.careinspectorate.com](http://www.careinspectorate.com)

email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

telephone: 0345 600 9527



@careinspect

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