

HEALTHWATCH SOUTH GLOUCESTERSHIRE

WHY EXERCISE? A POSTER FOR CARE HOMES

SUMMARY REPORT APRIL 2018

Introduction

The purpose of this report is to present the work undertaken by Healthwatch South Gloucestershire volunteer Enter and View authorised representatives during 2017/2018 to support the introduction of, or development of, 'meaningful physical activity' for elderly residents of Care Homes.

Background

For two years, from 2014 to 2016 Healthwatch South Gloucestershire (HwSG) Enter and View (E&V) authorised volunteer representatives undertook a planned programme of E&V visits to twenty-one Care Homes caring for older people across South Gloucestershire. At the end of each E&V visit a report, with evidence based recommendations for change, was produced which was shared with the Care Homes. Their responses to the findings of the E&V visits, along with the reports were then placed in the public domain on HwSG website, shared with the Care Quality Commission (CQC), Healthwatch England and commissioners of services.

From late 2016 and into 2017 there were five 'Evaluation' E&V visits undertaken. Five of the previously visited Care Homes were reviewed to find out if any of the recommendations made by HwSG had been implemented (this evaluation is the subject of a separate report).

The programme of E&V visits was developed to visit some Care Homes with an emphasis on care of people with dementia, and to achieve a balance of other Care Homes set in urban, suburban and rural settings; as well as those Homes providing

care in old buildings and those providing care in new, modern, 'state of the art' developments.

The purpose of these E&V visits was to try and gain an understanding of the 'lived experience' of the residents and to enable them to have a 'voice'. An opportunity to see how the services were being provided in terms of quality of life and quality of care principles.

This was achieved by providing training for the volunteer authorised representatives and using a structured approach for each visit. The visits were a minimum of two hours long and most Care Homes were visited twice, on different days of the week and at different times of the day. The volunteer authorised representatives worked in pairs, in sufficient numbers in each Care Home to be able to spend time with residents, their relatives and members of staff, without being too intrusive. A list of prompt questions was available to use in conversations with residents, relatives and members of staff and an observation sheet was used to note down findings and general impressions.

Context

Although E&V authorised representatives provide a lay persons view of the services visited it does not mean that the authorised representatives are not knowledgeable. Skills and knowledge were expanded from the basic introductory E&V training through update refresher sessions about the Mental Capacity Act, Adult Safeguarding, Deprivation of Liberty Safeguards and a taster session about Falls Prevention. Examples of exemplar dementia care and relevant national policy guidance were also used to ensure an evidence based approach to the E&V visits and any recommendations that were made.

There were a number of themes that emerged from analysis of the E&V visit findings. One theme was the lack of 'meaningful occupation, or purposeful activities' for residents, and in particular a lack of emphasis on active, physical movement as part of residents' day to day life.

The phrase 'meaningful occupation or purposeful activities' was interpreted as those activities that enable each resident to be fully themselves, a way for residents to develop and achieve realistic outcomes to sustain lifelong skills, to enjoy social interactions and maintain a level of independence. This might just mean residents being able to undertake everyday type of activities that they may have done in their own homes, such as laying the table, dusting and polishing, gardening, folding laundry and so on, as well as joining in Care Home planned activities and entertainment. Through care planning with residents Care Homes should be engaging and stimulating residents by offering a choice of different activities that have been identified as having meaning for residents.

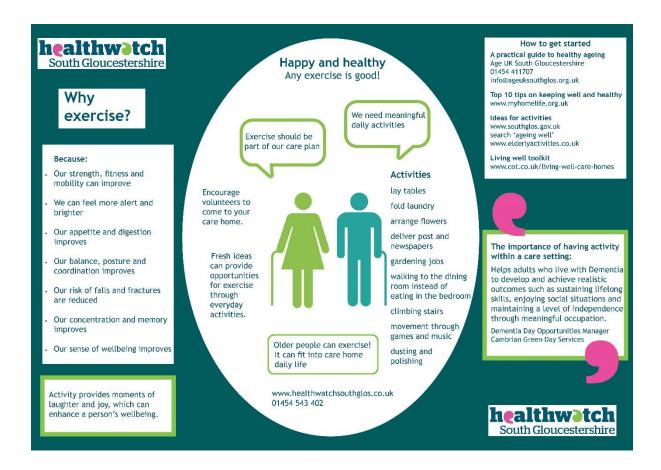
Ensuring older people are physically active has long been advocated as investing in their health and wellbeing; getting active to stay healthier, happier, and as independent as possible. There is a plethora of information and evidence easily available expounding the benefits of regular physical activity for older people (1). Falls cause 95% of all hip fractures, which currently cost the NHS an estimated £1 billion every year. Strengthening muscles and improving balance can help to reduce the number of falls in older people and also improves brain function and reduces the risk of dementia.

Even members of staff enabling residents who need assistance to do more to dress themselves or to walk to the dining room for their meals rather than eat in their rooms can make a difference. This makes physical activity part of everyone's business and part of the everyday way things are done in the Care Home.

The Poster

E&V authorised representatives had been inspired by a small number of services for older people that they had visited that created easily accessible opportunities for residents to keep active. Therefore, developing a 'product' about physical activity that could be used as a talking point with Care Home residents, their relatives and members of staff was agreed as a way forward. It was judged that trying to increase physical activity of Care Home residents should be set out in such a way that all members of staff could encourage residents to keep moving. Physical activity should not be viewed as the domain of Care Home Activities Managers to organise a few times a week but should be something that became part of residents' daily lives that was 'everybody's business'.

A small working group of volunteers and HwSG members of staff produced a poster that gave simple information about why exercise is important for older people, and made suggestions for such activities and links to websites with advice about how to get started.



The poster was delivered by hand to forty Care Homes for Older People in South Gloucestershire by the E&V authorised representatives over a few weeks in summer 2017. Delivering the posters by hand was a deliberate act to provide an opportunity to discuss with Care Home managers the role and purpose of Healthwatch and how HwSG wanted the poster to be used. It was hoped that the poster would be displayed in a prominent position, the content would be discussed with members of staff, residents and relatives and an offer for the E&V authorised representatives to join in any such discussions was made. There was a clear emphasis on bringing physical activity into every day routine; the idea was not to create extra work for members of staff but for residents to be encouraged to move at every available opportunity. Although the poster was accepted by the majority of Care Homes no invitation for HwSG to discuss the content was forthcoming.

The poster was also shared with the local Care Quality Commission team, formed part of a presentation at the 'Care and Support South West' General Meeting and Open Forum in November 2017, which is attended by the majority of South Gloucestershire Care Home managers, and was shared with South Gloucestershire Falls Prevention Team and Health and Wellbeing Board.

Evaluation

Early in 2018 five Care Homes were randomly selected to be visited by HwSG E&V authorised representatives to discuss what had happened in Care Homes following distribution of the 'Why Exercise?' poster.

A number of questions to ask the Care Home manager, members of staff, residents and relatives had been drawn up; these included:

- Has the poster been displayed, if not, why not?
- Where, and for how long, was it displayed?
- How was the information on the poster drawn to the attention of members of staff, residents and relatives?
- How has the information on the poster been used?
- Have any changes in physical activity for residents been initiated?
- Have any changes been maintained?

The evaluation visits were booked with the Care Homes. All but one of these Care Homes had had Enter and View visits at some point during 2014-2016 and were familiar with the role of HwSG and had acted on recommendations made in the E&V reports.

Findings:

Care Home 1 had seen the poster as being irrelevant and had not used it. The manager was 'too busy' to talk to the HwSG authorised representatives.

Care Home 2 had the poster on display but had received no comments about it from residents or relatives. It appeared that not much had been done with the information on the poster. The reason given was that the Home was waiting for a new manager and an activities manager to take up their posts. However members of staff were able to demonstrate that there had been an increase in activities offered to residents; although whether or not this increase was attributable to the poster or visits by HwSG is difficult to determine.

The manager of Care Home 3 explained that the poster was displayed in the staff room in a prominent position. However, when the E&V authorised representatives checked the poster was not in place and members of staff did not appear to know anything about it. It also appeared that the staff room was not much used. Residents had no recollection of the poster and were unable to say whether or not there had been any changes in their care.

At Care Home 4 the poster was prominently displayed in the foyer. The activity coordinator had been new in post as the poster was delivered to the home; she had used the information on the poster to help with ideas for activities and thought it was a constant reminder of the importance of exercise. There was a very keen and positive response to the poster and more posters for display around the Care Home were requested. In response to the poster Care Home 5 had substantially increased the amount of physical activity on offer for their residents. There had been a deputy Activities Officer appointed to ensure that there were activities available five days a week. Exercise 'practitioners' such as a yoga teacher were brought in to the home every week to supplement in-house activity. The E&V authorised representatives were able to join in a session of 'armchair dancing' and were shown a video of residents participating in other exercise sessions. The 'Why Exercise' poster was prominently displayed in the foyer along with photographs of residents participating in various physical activities. More posters were requested.

Conclusion

The evaluation was only of a very small number of Care Homes and therefore no firm conclusions can be drawn, or recommendations can be made. It was notable that Care Homes appeared to view 'activity' as the responsibility of the activities manager and not everybody's business. It was however pleasing to have had some very positive feedback to the information provided.

Traditionally behaviour change interventions have taken the form of posters but there are flaws in this approach. Raising awareness and giving people a logical reason why they should do something isn't always the most effective method. Communications such as posters can be powerful but there is often a need for a way to facilitate behaviour change. Posters really only achieve success when integrated with a suite of interventions (2). This is beyond the remit of HwSG.

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References

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