“Helping care home residents is not always in their interests”

Within the residential and nursing care sector, “activity” is traditionally seen as an add-on to care, despite evidence that engaging in daily activities is core to our emotional and physical wellbeing.

The culture of a care home is shaped by three key components – the beliefs of the staff, the judgements that they make and the structures and processes within the management of the home. As an occupational therapist, my core beliefs put me at odds with care staff. If a person needs help with a task, I will offer minimal assistance to encourage them to do as much as they can for themselves, helping them to be as independent as possible.

However, many care staff join the sector because they want to look after people. This belief influences their judgement, for example leading them to automatically step in to help when a resident is having difficulties. For residents it is easy to slip into accepting this help. If this happens routinely, their opportunity to maintain their range of movement and existing skills is reduced and gradually their dependency on staff increases. The environment, combined with the way staff carry out tasks and procedures, can further compound a culture of dependency.

Taking the opportunity to spend time in residents’ shoes, experiencing what daily life is really like from their point of view, quickly illustrates how rooms are set up for the ease of staff and task completion. How do you balance the needs of staff, the need to deliver care and provide a positive experience for the residents? In my experience, given the opportunity most staff teams can come up with solutions to these competing needs. However, making time for reflection and discussion is not yet seen as a priority.

As a practitioner coming into a home, any suggestions I make can be perceived as onerous and unrealistic. There are instant obstacles to overcome, such as differences in culture and job responsibilities. I am responsible for observing and encouraging staff to question normal practice, but staff are juggling the competing demands of residents and the day-to-day running of the home.

By recognising activity as fundamental to who we are, nurses can play a pivotal role in encouraging staff to think about how they support activity. They can do this through integrating activity into care planning, allocating staff to support activity within a shift, and encouraging discussion in staff meetings, supervision and appraisals.

As a member of the College of Occupational Therapists I have helped develop a tool kit, Living Well Through Activity in Care Homes to Support Nurses and Managers (see page 22). I would urge nurses to use it to frame discussions within their teams. You are central to shaping the culture and enabling residents to live an active life.

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Sobering thoughts about liver disease

Sadly, the binge drinking that causes so much difficulty in town centres also has long-term health consequences.

Rates of chronic liver disease and cirrhosis have risen by 20% over the last 10 years in people aged 65, and liver disease is the fifth highest cause of death. Yet its common causes – harmful drinking, hepatitis B and C, and obesity – can be prevented.

The first article in our two-part series on liver disease (page 16) emphasises the pivotal part that nurses play in raising awareness of liver disease and how to avoid it. It also describes its common complications and how best to manage them.

Those at the end of life with liver disease have complex needs and are more likely to die in hospital than others. Using a case study, the article describes the need to improve end-of-life care for these patients.

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www.nursingtimes.net / Vol 110 No 29 / Nursing Times 16.07.14 11