“Expand HCA role to focus on older people’s rehabilitation”

The NHS could transform the way we manage the rehabilitation of older patients by changing the way we educate and prepare healthcare assistants. By investing in our HCA workforce now we should be able to reduce the number of older people admitted to long-term residential or nursing care by ensuring they have access to effective rehabilitation after illness or injury. This would reduce long-term care costs and – more importantly – optimise older people’s quality of life – perhaps enabling them to remain in their own homes for much longer than expected.

In some clinical areas HCAs represent up to 60% of the nursing workforce, and this is often in areas caring for older people. However, HCAs are predominantly engaged in care delivery that involves “doing for” patients rather than enabling them to do for themselves wherever possible.

A re-enablement approach regards the patient not as a patient, but as a person with abilities and the potential to regain abilities lost as a result of illness or injury. The way in which their ability is assessed makes all the difference to the approach taken thereafter. This must be a key priority when the numerous admission assessments are conducted by nurses.

Although rehabilitation and re-enablement are long-term processes, much can be done in an acute environment to improve simple activities so that HCAs focus on assisting patients to re-learn the skills necessary for living. This focus includes setting goals with patients, enabling them to wear their own clothes, and ensuring they are able to see clocks. It can also include enabling them to eat in communal dining rooms, which also facilitates socialisation.

To change the way HCAs deliver care requires knowledge of the different models of care delivery, such as Roper, Logan and Tierney’s activities of daily living model. An enablement approach requires knowledge of how to assess and tailor a person-centred care plan for each activity of living – with enablement in mind. This requires a major change in HCA educational preparation.

While there are learning programmes that teach enablement for patients and carers, this area does not have a sufficiently high profile in preparation for HCAs. For example, they will learn hygiene, nutrition, toileting, dignity, privacy and communications but the training does not take into account the needs of an ageing population who wish to maintain their independence.

Possible factors why an enablement approach has not been adopted may include other disciplines seeing the expansion of the HCA role as potentially threatening. There may also be a lack of knowledge of the scope of the HCA role and its potential for expansion. Undoubtedly, time constraints impact on the care delivery approach.

Awareness of the benefits of enablement needs to be increased at management level. The priority for older people’s care must be thorough nursing assessments undertaken when a patient is admitted to hospital, and an immediate focus on maintaining or regaining abilities.

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As the number of people with dementia grows there is a challenge for healthcare providers to ensure staff trained in dementia care are available to meet their needs.

The article on page 12 discusses how Kitwood’s model of dementia care has been adapted to help staff support people with this condition. The authors define dementia as “no yesterday, no tomorrow, but today”. This approach moves away from care plans based on activities of daily living and focuses on experiences and relationships to shape care.

Using the Kitwood Plus model residents are stimulated to enjoy the moment of care. The authors use the analogy that dementia is like driving on a foggy road, when you suddenly come into a clear patch before re-entering the fog. “The challenge is to make the clear moments brilliant and be helpful and understanding during the mist.”

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