

## **Using a positive risk management strategy to ensure inclusion of people with early dementia in an exercise programme**

Guidelines for an exercise programme, organised as part of a Local Authority (LA) Public Health programme, stated that people living with a dementia diagnosis (and who have been referred to the programme) wishing to access it must be accompanied by a carer. This excluded people at the early stage of the diagnosis who did not wish, or need, to be accompanied. The approach taken to address risk management and enable people with early dementia to access this programme may be relevant to day centres planning a visit to a local gym or leisure centre.

This exercise programme is accessible only by referral from a GP or health care professional. It forms part of an overarching exercise referral pathway and aims to bridge the gap between health and leisure. The person referring makes the decision as to whether the individual is medically well enough to exercise on the programme. This aims to mitigate the risk of injury to the individual or a staff member. There are no age limits in place.

Through conversation and negotiation, risks were identified (informal risk assessment). Solutions were found for the programme to be accessed and delivered in a safe way, thus opening it up to people with early-stage dementia who wished to attend independently. Alzheimer's Society also delivered a Continuing Professional Development (CPD) session to support LA staff to work with clients living with dementia.

To access this particular program independently (without a carer present), an individual would need to:

- be able to sign a consent form
- be able to remember instructions
- be able to use machines
- have no balance issues
- have no history of falls\*.

The decision about the above is made by the referring professional. If the individual is not able to do all of the above, a carer must accompany and support them.

An individual, client-centred approach is taken to manage risk and address arising concerns. Initial action involves a conversation between the provider and the exercise programme lead to identify risks and practical solutions in order to manage risk in a way that does not unduly limit access to the service.

Other settings or services will need to identify a decision-maker and tailor their own risk assessment and exit/review policy according to the activity, staffing considerations and progression of dementia.

\* Persons (whether or not diagnosed with dementia) with a history of falling will require further triaging to determine whether the exercise programme is suitable for them or if they need onward referral /signposting to another service (i.e. Falls Prevention Service).

## **Handovers and reflective conversations guided by daily wellbeing conversations and using handheld mobile devices**

The advantages of a day centre adjoining a care home include the availability of technology for daily management and having a culture of undertaking handovers between staff shifts in the care home. At the Devonshire Dementia Day Centre, mobile devices are used to gather information about guests' days and to generate reports. Such technology is viewed as an important area for investment.

A morning staff handover briefing covers plans for the day and who are the guests who will be attending.

During the day, staff informally gather information (i.e. during usual conversations) and enter this information onto the handover devices. They ask about wellbeing and scores for quality of meals. They note food and drink, numbers of toilet visits (including bowels opened), and accidents or incidents (e.g. falls or episodes of incontinence). They make a record of what each guest has done during the day. As guests leave, staff ask if they would be happy to come back again and record their answers.

At the end of the day, staff discuss how the day went, if anything needs to be followed up and any feedback or concerns from the families (e.g. glasses or hearing aid gone missing). Wellbeing/meals/willingness to return data is used to guide reflective conversations with staff (i.e. self-audit). For example: What went particularly well? What went wrong? Where could improvements be made? These conversations enable staff to reflect on their practice enabling them to improve the service they deliver and, in turn, improve guest experience.

## **Introduction of an Excel 'Time Tool' to monitor time needed by staff to support people and to prompt reflection about support techniques**

An Excel 'Time Tool' to monitor time requirements for individuals' and whole-group support needs was developed by the manager of a local authority (LA) day centre for people with dementia.

The manager of a local authority day centre for people with dementia, [Esther Wiskerke](#), developed a spreadsheet to monitor the frequency of certain occurrences (e.g. individual behavioural, mobility or personal care related support needs), and the staff time needed to support people at these times. The Time Tool aimed to help monitor a person's changing needs for support and overall group needs. It was also useful for sharing expertise between staff and for self-audit. The tool was intended as a positive monitoring exercise - to support staff, improve personalised support and support care plan reviews.

Rough timings were entered into the tool retrospectively in whole group staff meetings. Each client was discussed in turn. How long was spent supporting them (to do different things)? Was the day centre still appropriate for them? The staff team then reflected on support timing differences and learnt from each other how best and most efficiently to support clients in certain situations. For example: if one staff member said it took them five minutes to support a certain person to use the toilet, and another commented that it took them 20 minutes, discussion would follow about what method each had used. Care plans were sometimes amended accordingly.

### **Background**

Although day centre clients are part of a group, they can expect a certain level of individual input from staff during their day at the centre. Some people will need exclusive individual support with some tasks to ensure that they are not at risk of harming themselves or others. The Time Tool addresses this.

The following were measured: time taken by certain 'events', the number of times these would happen (frequency), staff time taken in intervening (minutes) and numbers of staff needed to intervene. These would lead to a number and time that could be logged to review progress. Support needs were divided into categories, such as mobility and nutrition. Frequency and length of staff intervention time for certain 'events' were noted based on clients' behaviours and needs, and the number of intervention minutes totalled. This enabled progress monitoring /intervention needed at individual level.

### **Examples:**

**Behaviour:** If, in the beginning, before a client had settled in, they needed help to feel calm, measures of this would be recorded on the behaviour category. For instance, 10 times, 2 and a half minutes each time, two staff (25 minutes per staff member, 50 minutes in total). Over time, once they had settled in, this might reduce significantly.

## Case studies and inspiration: Enhancing service quality

**Personal care:** Somebody not needing help to use the toilet would have no measure recorded on the tool. With time, they might need to be signposted to the toilets or need prompting or help with handwashing. Later, they may need to be discouraged from putting inappropriate things into the toilet. Eventually, full personal care assistance may be necessary (e.g. incontinence pad changes).

**Mobility:** A client may ask where they need to go and be able to go there without assistance. If they are at risk of falls, or require supervision or assistance to move around, then these would be examples of increased staff intervention.

**Nutrition:** If a client can eat and drink independently, even with modified diet or equipment such as a non-spill cup, they would not have any measures recorded on the Tool. If clients need prompting to drink enough, assistance with eating, or supervision to ensure they do not take food from others, then time measurements reflecting the need to provide one to one support would be included in the Tool.

### Outcomes of using the Time Tool

- **Benefits for clients:** Better understanding of changing needs and the time and methods necessary to support them. Staff sharing tips may lead to improved personalised support. Regular reviews of needs, sometimes leading to care plan changes, would ensure their needs are recognised, met and accounted for. More focus on actual practical support time needed means that clients would not be excluded from the service on specific individual criteria, such as whether they are able to weight-bear.
- **Benefits for relatives:** Provides non-judgemental evidence supporting decisions about whether the service continues to be appropriate for individual clients. Providing non-emotive descriptions of time intensity required to support their relative can be less painful for carers to hear than details of 'inappropriate' behaviours (e.g. undressing, faeces-smearing). It may be helpful for carers to be given clear explanations of Time Tool evidence, and how it was arrived at. This could help illustrate how their family member has been treated as an individual and not compared with other clients and may alleviate any concerns they may have.
- **Benefits for staff:** Staff felt that identifying specific individual support challenges helped them feel validated because the challenges they faced on a daily basis were evidenced. The tool was also useful for service self-audit – e.g. team meetings identified how much time staff spent supporting people with the same tasks – shared tips etc. Reflective discussions at meetings were reportedly experienced as refreshing.
- **Benefits for manager/service:** Gaining clarity on the complex behavioural and psychological symptoms as clients' dementia progresses and the effect this has on pressure felt by staff and on staffing levels. Additional way to review care plans and monitor clients' needs.

