

Enablement Examples from local care homes

Resident now able to walk the length of house where she could only transfer when she arrived. This has been achieved through encouragement, supervision and gradually increasing number of steps and distance.

74 year old gentleman was very dependent on staff to pour his tea/coffee and butter his toast. Staff encouraged him to pour his own drink and butter his toast. He is now managing independently.

A lady with dementia is being encouraged to brush her own hair.

Setting meal tables. Collecting dishes. Making own breakfast. Pouring teas and coffees. Gardening. Shopping.

Why Enablement—the law

Social Care (Self-directed Support) (Scotland) Act 2013 brought in on 1st April 2014. The principles of the act are:

Choice and control:

Choice – where and how you live and what you do.

Control – over who, what, when and how.

Equality and Non-discrimination:

The inherent dignity of each person.

Participation and Inclusion:

Everyone has the right to participate in and access information relating to decision-making processes that affect their lives and well-being

National Care Standards

The standards describe what people can expect from different services and are based on 6 main principles— Dignity, Privacy, Choice, Safety, Realising Potential, Equality and Diversity

Codes of Practice for Social Service Workers

Standard 1 - Extracts

- 1.1 Treating each person as an individual.
- 1.2 Respecting and where appropriate promoting individual views and wishes of service users and carers.
- 1.3 Supporting service users' rights to control their lives and make informed choices about the services they receive.

For further information/training resources:

http://www.scie.org.uk/assets/elearning/reablement/module_2_web/index.html

eLearning module from Scie.

<https://www.youtube.com/watch?v=ddIQpTSznaU>

<https://www.youtube.com/watch?v=HSNfcmInkG8>

<http://www.scie.org.uk/socialcare/tv/video-player.asp?guid=6886fa01-81da-4963-926c-e1b41c5170f0>

Material sources including P&K Council Learning & Development, NHS Tayside, Joint Improvement Team, NHS Highland Reablement Workbook
CWilson. carolynwilson@nhs.net



Perth & Kinross Care Home Enablement Handout

Definition of Enablement

Enablement (sometimes called reablement) is about helping people re-learn skills or develop new skills to become more independent and improve their quality of life

This handout compliments the face-to-face enablement training you will receive and shares some good practice examples.

Key messages

- Encouraging residents 'to do for themselves' rather than 'doing to or for them' (**"working with, not doing for"**)
- Focuses on what a resident can do rather than what they can't.
- Promotes taking a person's views and choices into the centre of their care.
- Person centred with agreed aims and goals so have motivation
- Goals can be measured within a certain time
- Can suggest ways to make an activity easier and encourage a resident to remember routine doing tasks and activities
- Give time to problem solve and plan without any pressure
- Uses least amount of physical and verbal prompting necessary
- Uses a consistent approach
- Clear documentation to communicate to other staff what has been achieved/not achieved

Benefits

- Encourages person to think for themselves
- Gives them a sense of being in control
- Promotes self esteem and respect which increases motivation
- Allows them to achieve and maintain their maximum level of independence

Planning Personal Outcomes

What is IMPORTANT for the resident?

What do they want to achieve?

How can they/you help them get there?



Remember!! Sometimes the small step is the goal

SMART goals are motivational and everyone is clear on what has been agreed and when they achieved. They should be:

Specific Measurable Achievable Realistic Timed

Activity Analysis

Breaking the activity into steps. Gives understanding of the steps needed to perform an activity. Consider:

- Physical demands – type of movement, posture, coordination, energy, strength and effort
- Sensory/perceptual - visual, tactile, proprioceptive.
- Cognitive, concentration, intellectual ability, abstract thought
- Emotional, is it stimulating or motivational?
- Environmental - Space, equipment, materials,
- Time
- Safety

The resident should be at the centre and goals planned together

Activity Analysis

Activities can be broken down into steps/parts and then an individualised personal plan created for the resident,

Brushing Teeth Activity Analysis Example

- Remove toothbrush from tooth brush tumbler.
- Turn on water and wet bristles.
- Unscrew toothpaste
- Squeeze onto bristles.
- Bring toothbrush with paste up to mouth
- Open mouth and brush teeth.
- Spit toothpaste into sink
- Rinse toothbrush under water stream
- Replace toothpaste cap
- Place toothpaste and brush in tooth brush tumbler



Positive Communication

- By communicating positively the resident is more likely to understand and respond and a rapport develop.
- This can be verbal, non verbal (gestures, facial expression, eye contact, touch) written and visual.
- Consider glasses, hearing aid, teeth, eye-to-eye contact
- Listening is v important. Be attentive to what resident has to say

- Get them to think through the next step in activity “What do you need to do next?” before stepping in to do it for them
- Important to encourage to do for themselves while tailoring support needed e.g. “Let's try this together, and I'll help you with what you can't manage”
- Encouragement helps develop confidence ‘well done’ ‘that's great’ ‘you're doing really well’ ‘I can see an improvement in you since yesterday’

Difficulties

At times there may be difficulties to overcome. Things like

- Pain which can tire and lower mood
- General weakness, they may need frequent rests, encouragement, support, equipment may be required
- Memory—repeating activities with clear, short verbal prompts can help. Report new memory loss as this may be due to an infection.

Recording Observations

Keeping an accurate record of progress is necessary to support flow of care and allow everyone to know how progressing, level of support required, problems encountered and how these have been overcome. This also allows a resident to see how they are improving.

- Use facts, be consistent and brief. Record as soon as possible after the intervention
- Record activities resident did, how they carried them out and how much they did for themselves.
- Record any problems, what was done/who was informed.
- Use names and titles, black pen, date, time and sign record

Example of detailed record of observation

03.06.14. 08.00 “Mr. Green walked to the bathroom with his Zimmer with no problems and washed and dressed himself sitting on the perching stool. He required assistance to put on his socks, trousers and pants”
Laura Blue

Poor record of observations

03.06.14 “Mr Green got up washed and dressed.

LB

Case Study Example

Goal: Mr. Green to confidently and safely wash his lower body and dress himself

Plan: Staff to enable/advise Mr. Green to:

- walk to bathroom using Zimmer frame and supervision
- sit on perching stool and use long handled aids to wash
- select clothing from wardrobe/drawers independently
- sit on chair to dress upper and lower body
- reinforce techniques and safe use of equipment
- reduce assistance to prompting or supervision only if safe to do so