

## ACTIVITIES

# Pro Active care homes



**Activity provision can have a huge effect on the quality of life of residents. Rosemary Hurlley sets out what managers need to know to undertake activities in their organisation.**

Occupation or meaningful activity in care homes provides the potential to reduce residents' depression, falls and dependency. The new culture of thinking demands a holistic and whole systems approach where activities are seen as an essential component of quality of life. Recent research highlights the need for activity within a homely, comfortable and supportive environment with opportunities to maintain and nurture quality relationships. These relationships are central to what older people and their families want.

Low expectations and ageism within commissioning teams, regulators and providers has led to a lack of resources and an inadequate understanding of training requirements to equip staff to meet the needs that challenge traditional care systems. As the sector moved away from statutory provision within the NHS, the range of supporting practitioners within the workforce including occupational therapists, did not follow. With the recent increase in demand for activities there has been a rise of a largely untrained workforce to address boredom, purposelessness and lack of opportunity for many. However, the level of inactivity within care homes still remains unacceptably

range of services to help care home staff develop their skills.

### What is meaningful activity?

Meaningful activity can be defined as 'a synthesis of doing, being and becoming' that is central to everyday life and 'a way in which older people define themselves and draw their identity'. A balance of activities is needed that supports health, wellbeing and social participation. Activity is a fundamental human need that is essential. The drive to act is a basic human need and what we do makes us what we are.

### Why are activities important?

Given that older people in care homes have so much potential leisure time, the reality is they often have very limited opportunities for recreation and activities. Participation in a range of activities is crucial to mental, physical and psychological wellbeing and being deprived of it has a negative impact on health. Plenty of empirical evidence suggests that it enhances both physical and mental health. Conversely, inactivity leads to significant psychological and physical decline and it is particularly significant for an increasingly frail population with complex needs in care homes.

Health. It requires care homes to provide 'opportunities for stimulation through leisure and recreational activities in and outside the home which suit residents' needs, preferences and capacities'. Standard 8 of the National Minimum Standards for Older People also recognises this importance.

### The manager's role

It is the manager who is the prime mover in cultural change, who must show innovation in leadership, education and personal development by conducting an orchestra of players including the environment, the philosophy of care and the culture of activity provision.

It is important that a manager knows about the differences between the new and the old culture of activity provision in care homes. There is momentum around this subject, the delivery of which is changing.

### Old vs new

Old culture is represented by the attitude that although there is a token acknowledgement of the need for activity, it is an expensive optional extra and is seen as a soft option, as no specific training or knowledge is needed. Sedentary group activities may come in the form of entertainment or arts and crafts, where there is little consultation or consideration to individual biography, preferences, former lifestyle or current abilities. There is frequently little choice or imagination and activity tends to be carried out by a few, as many are seen as not capable. One 'activity person' carries out this token approach, they are also required to raise funds as there is no budget.

Activities in the new culture are essential and integral to care, they are person-centred and require individual assessment

*'Ageing is an adventure in living; it can offer new experiences and provides us with the time to enjoy new things previously not possible.'*

Baroness Sally Greengross

high. A recent Randomised Control Study assessed daytime activities as an unmet need for 76 per cent of residents with dementia. Since 1997, the National Association of Providers of Activities for Older People has been active in developing the role and profile of activity provision in care homes and provides a

It is now time for a systematic approach to the overall care process. It is also time to recognise that developing and introducing activities is a complex undertaking, requiring skill and commitment that should assume 'as much importance as any other aspect of care'. The importance of activity is recognised by the Department of

## Benefits of activities

### The Resident and their Family

Raised life satisfaction – choice, opportunity, involvement.  
 Greater confidence – improvement of function.  
 Improved health status.  
 Greater sense of personal significance, worth and contribution.  
 Enhanced relationships.  
 Improved wellbeing.

### The Staff

Raised job satisfaction - improved job purpose, wider role for care staff.  
 Broader understanding of delivery of care.  
 Visible change and improvement in residents.  
 Enhanced relationships.  
 Improved wellbeing.  
 Working in a more dynamic and positive environment.

### The Business

Potential to change the image from inevitable decline to ability-focused care, health promotion and healthier lifestyles for the frail.  
 Improved reputation as model of care becomes holistic.  
 Attracting quality staff with enriched roles and teamwork.  
 Opportunity for better commissioning.

and planning to ensure maximum participation and engagement. The individual is key in a relationship-focused setting, the activity becomes therapeutic as it offers a level of challenge that engenders change, essential to health and development.

Training is important and managers are integral to its success within the home. Consultation and understanding of various aspects of an individual's present living experience is fundamental and therefore forms part of a 24-hour whole-systems approach, involving a range of people.

### Why do we need it?

'You don't grow old, but you become old by not growing'. There is a changing market that is demanding innovation, a change of image and a better quality of life. The sector must celebrate the potential of activity as a positive option for many older people. There are benefits to all parties as can be seen in the box above.

Both residents and best practice suggest that relationship-focused and ability-focused care models are the way forward with activity central to the care process. There must be an emphasis on developing relationships with other residents, staff, families and the wider community. These things can create the distinctiveness that the sector needs for future growth and innovation.

There are three care home models that have been adapted to provide an activity discussion tool for homes to assess where they are and where they want to be. They can provide a direction of travel for quality improvement contributing to a resident-focused service.

### 1. The controlled community

Here activity is token and patronising, if it happens at all. The pervading boredom and disengagement, where residents have no

choice, other than to sit and stay 'safely' in their chairs, produces the learned helplessness that perpetuates the worst stereotype.

### 2. The cosmetic community

This goes some way to address 'occupational deprivation' but it is offered in 'block' to everyone, with limited variety, choice or consultation. It is formalised with little room for spontaneity or access to outdoors. It can be risk averse and non-challenging. This is a culture of sitting, where there is occasional 'diversional' activity to assuage the sense of helpless passivity.

### 3. The complete community

This is moving into the new relationship-centred culture, with an active 'whole approach' that is integral to the community. It encourages a sense of self-determination and is understood by all. Activities are infused into the 'texture' of the home life experience. Access to and relationships with the outside world are actively developed. Training and induction in activity provision is expected where everyone strives for balance between safety and freedom. It actively encourages movement, active engagement and spontaneity and involves more staff, residents and relatives. Opportunities for new roles, a sense of 'helpfulness', continuous growth and development are part of this.

### How do we do it?

The right person with the right skills is required to provide activities that are motivating and purposeful and meaning and challenge enough to stimulate and work within an individual's capacity to engage. To meet all interests and needs the range of activities must cover: cognitive, creative/expressive, communication, physical, recreational, sensory, social and spiritual needs.

There are six steps involved in the process of activity provision:

**Assess:** Understand residents' interests, abilities, experiences and biography; identify their preferences and needs.

**Analyse:** Identify potential activities to meet residents' needs and preferences. Analyse the physical, sensory, cognitive, social and emotional aspects.

**Adapt:** Adapt the activity to allow each resident to achieve success.

**Activate:** Plan the activity and check the availability of all resources.

**Achieve:** Carry out the activity.

**Appraise:** Review the success of the activity, adapt and revise it if necessary and monitor progress and success.

### Top six principles

1. Understand the activity co-ordinator role in terms of scope and limitations.
2. Get to know residents as individuals.
3. Communicate with residents, staff and visitors, adapting your method where necessary, developing community links and networks.
4. Select themes and activities based on the residents' abilities, interests and experiences.
5. Plan ahead and practice but remain flexible and always have a back-up plan.
6. Keep interested and continue learning. Recognise the range of activity opportunities and remember the only limitation is your imagination.

A whole-systems approach with all stakeholders is needed to address meaningful activity and offer a challenge that is necessary to promote health and wellbeing that questions traditional care practices.

Rosemary Hurtley is a Consultant Occupational Therapist.  
 hurtley@btinternet.com