

## Case study



# Developing a postural management service and staff training in care homes

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## Introduction

Becky, Occupational Therapy Professional Lead in Berkshire Healthcare NHS Foundation Trust shares reflections on developing and establishing an occupational therapy led postural management service for care homes in West Berkshire. This service development included occupational therapy and physiotherapy assessment of residents with postural deviation, therapy interventions, identifying care home staff who would like to be postural management champions and providing training for care home staff to raise awareness of contractures and good posture. The main areas identified for improvement were preventative and public health and access to and equity of service provision. At the time of writing the service is at the sustain and spread phase of development.

## The challenge

In 2018 while Becky and a physiotherapist colleague were visiting the care homes in their locality to provide falls prevention training for care home staff they noted that there were many residents with limb contractures which can result in loss of limb movement, limb deformity and sometimes pain. The initial challenge was to gain support for scoping the extent of the problem of contractures in care homes across the care homes in three local authority areas to see how many residents had contractures and may benefit from referral to the care home support team.

## The change

Becky began conducting a literature search to help provide an evidence base to support the case and highlight the importance of exploring the extent of the problem especially in terms of reducing the additional risks of pressure sores, osteomyelitis and potential hospital admissions. This coincided with the course Becky was currently studying on for a post graduate certificate around clinical innovation and change and Becky reflected that this course gave her “the push to think more about the problem” and “what I needed to move things forward”. Also utilising learning from previous leadership courses and knowledge of the Kotter’s eight step change management model<sup>(1)</sup>.



Postural management team from left to right: Holly Gumbleton (Occupational Therapist), Ruth Macleod (Occupational Therapist), Katherine Santos (Physiotherapist), Rhianna Giles (Occupational Therapy Assistant), Alice White (Occupational Therapist).

## Key advice shared from project learning

- Work out who the key people are that you need to be onboard with the idea and pitch your idea with their key priorities in mind e.g., finance, staffing etc.
- Be prepared with an elevator pitch which may include a brief patient story and share your innovation idea with as many people as possible.
- If others can't see the need for the change the first time you present it, rethink how you present it and in what forum and try again.
- Demonstrate the extent of the problem and the cost to the system.
- Get your data collection right and be consistent.
- Learn more about change management and the process of change to understand how best to present your idea and carry it forwards.

As part of a local safeguarding review Becky utilised the evidence from her literature search to present the case for scoping the problem to both the local Clinical Commissioning Group Care Home Program Lead and Safeguarding Lead. Becky was given permission for a three-month pilot to audit and scope the extent of the problem by presenting the human/personal story of the benefits to quality of life for people with contractures, the risks associated with contractures and what this meant in practice as well as the potential reduction in costs to health services.

The three-month pilot included visiting the largest care homes first to scope and audit the extent of the problem, reviewing residents, assessing individual residents' range of limb movements to identify if contractures may be affecting them and making recommendations on positioning to make residents more comfortable. Becky and her physiotherapist colleague continued to follow up residents where appropriate. Initially priority was given to residents with the most severe pressure damage, with multiple category grade three or four pressure sores. Becky and her physiotherapist colleague had already established good working relationships with care home staff and this was key to working in partnership with staff to identify residents who may be affected and working together to effectively plan support for this aspect of individual residents' care.

The large number of referrals during the three-month pilot identified the need to continue to audit and scope the extent of the problem, raising awareness among stakeholders and care staff regarding the service occupational therapist (OT) and physiotherapists could provide to potentially improve the outcomes for individual residents. Also working together with care home staff Becky was able to 'look at what was realistic for them to implement' in relation to postural management, put in place some first line interventions and identify any prescribed equipment that was not in use or was being used incorrectly. Following the reported positive outcomes for patients (residents) and care homes, the initial pilot where Becky and her colleague worked full time on the service was extended to six months and then again to a full year in total. Becky recalls that over the twelve-month period around 330 referrals for the pilot were received. Overall, it was felt that the most significant change for residents is where seating was provided as it had a very visible impact on improving the resident's quality of life as they can engage in so many more social opportunities.

Having identified with care homes in the early stages of the pilot, that staff may benefit from extra support with this aspect of a resident's care, Becky and her colleagues next steps were to introduce/offer tailored teaching to care home staff to raise awareness of good posture management in residents and encourage more holistic problem solving. They started a Champion Programme where key people from each care home (mostly senior carers volunteered) would act as 'postural management champions' and work alongside Becky and her physiotherapist colleague when visiting a resident to provide an assessment or review. They would learn about positioning and equipment and the best way to implement it, ensure care plans were updated to reflect the care and interventions agreed and liaise with other staff. This training took place in care homes that were willing to offer a room to train.

The training included awareness about contractures, what the implications of a resident having a contracture could be prevention measures, basic postural management techniques and the kind of people who are at higher risk of developing contractures and associated risk factors of developing pressure sores and potential hospitalisation as a result. They worked with staff and postural champions to problem solve and provide practical steps to improve residents' posture, alignment and make them more comfortable. Postural/positioning equipment prescribed for individual residents could be labelled and its purpose and use could be shared with other members of care team verbally and documented in the individual resident's care plan. Where appropriate, if a resident experienced pain on movement and positioning Becky and the care staff would review a resident's pain relief with their GP. Becky reflected that care staff knew the residents best and 'so the champions were really our eyes and ears'.

## Key learning

Reflections on the most challenging aspects of developing this service were 'working out who were the key people we needed on board as there were many stakeholders'.

### Learning so far

- engagement of stakeholders and coproduction is crucial
- teaching alongside interventions increases the impact in care home settings
- good postural management reduces the risk of pressure damage.

### The things that really helped to move the project forward

- engaging with the stakeholders
- there were about three or four key people that once onboard helped drive the idea forwards
- having protected time to develop and run the pilot.

Becky reflected, its important to "think about the problem from a wider perspective not just your team, its thinking about it from a system perspective".

### Key changes and impacts to date

For the pilot Becky had collected information on each person that was referred to the service, including individual information on range of movement pre and post intervention and number and severity of pressure injuries pre and post intervention. Becky utilised the Department of Health pressure ulcer productivity online calculator<sup>(2)</sup>, to calculate the productivity and cost savings to the NHS from the pilot. Becky was able to feed this information into a business case and along with the initial research and course assignments focussed on the pilot use this for the service planning going forward. Multi-disciplinary team feedback highlighted the benefits to residents accessing the service as reduced pressure ulcers, improved quality of life, reduced pain, increased functional ability compared with not having any intervention. Positioning cushions on now on the core stock list for equipment from the teams procured supplier.

Having raised the profile and awareness of the problem and gained support for the project at both a strategic planning and local level, Becky managed to secure funding for the project to become a permanent service across West Berkshire in 2021. The evaluation data for 2021 from the care home support team shows that they assessed over 200 patients in 2021 approx, 42 per cent of the patients seen had pressure damage on first assessment and in approx. 43 per cent of these cases there was an improvement in the categorisation of the wound after intervention. Becky explained that many of the residents that are referred are nearing the end of their life and nutrition is poor which impacts on the healing of the tissue, so it's felt that this improvement is significant.



## Becky Thomas

Becky Thomas is the Occupational Therapy Professional Lead at Berkshire Healthcare Foundation Trust. After qualifying in 2004 from Canterbury Christ Church University College, she has worked across clinical and leadership roles within adult and older adult mental health and within physical health settings. While working as part of the care home support team, Becky and colleagues identified the increasing numbers of patients with contractures and associated secondary health issues. With the support of the team and while completing a PG Cert in clinical innovation funded by the Oxford AHSN Becky was able to highlight the need for a service for this patient group.

### References

1. Kotter JP, Leading Change Harvard Business School Press 1996.
2. Department of Health Pressure ulcers: productivity calculator 2010. [NHS England » Pressure ulcers: productivity calculator](#) (accessed 09/05/2023)

The care home support team now offers the service in addition to falls prevention and teaching and training in care homes. At the time of writing the service has expanded to include two band six OTs, a band seven and band four occupational therapy assistant.

## Next steps

Becky and the postural management team continue to work collaboratively with care homes and are raising the profile of the need for the intervention in East Berkshire. They are also raising the profile of the gap in service provision for people in Berkshire who are living in their own home and looking at filling some of the gaps and how a similar service may be provided to people in Berkshire who are living in their own homes. Becky is looking to share learning and collaborate, building new links with other OTs who are involved in postural management nationally and consider developing risk assessments for postural deviation and contractures together. At a local level, the team are currently updating the original evidence base for the project.

Becky was keen to share their story to show that 'making changes is possible'.

## Contact the innovation hub for more information

If you would like further information about this case study or project, please contact the RCOT innovation hub team at [innovationhub@rcot.co.uk](mailto:innovationhub@rcot.co.uk). We respectfully request that you do not contact Becky or her team individually as we are collating correspondence on their behalf.

Becky reflected that

“We all notice gaps. We all notice that things can be done better, but it's not about leaving it for somebody else, because otherwise it will never get done”.