Reablement

Maximising service users long term independence and quality of life. Suitable for those caring for someone in their home.
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Reablement</td>
<td>2</td>
</tr>
<tr>
<td>Communicating in a Reablement way</td>
<td>5</td>
</tr>
<tr>
<td>Record Keeping</td>
<td>9</td>
</tr>
<tr>
<td>Prompt sheet for recording information</td>
<td>14</td>
</tr>
<tr>
<td>Factors that may affect Reablement</td>
<td>16</td>
</tr>
<tr>
<td>Reablement of self care activities: toileting, washing, dressing, grooming</td>
<td>19</td>
</tr>
<tr>
<td>Basic Skills for Self Care</td>
<td>20</td>
</tr>
<tr>
<td>Toileting</td>
<td>21</td>
</tr>
<tr>
<td>Washing</td>
<td>24</td>
</tr>
<tr>
<td>Dressing</td>
<td>26</td>
</tr>
<tr>
<td>Grooming</td>
<td>28</td>
</tr>
<tr>
<td>Reablement kitchen activities, nutrition and eating</td>
<td>30</td>
</tr>
<tr>
<td>Kitchen Practice</td>
<td>30</td>
</tr>
<tr>
<td>Reablement supporting nutrition and eating</td>
<td>33</td>
</tr>
<tr>
<td>Appendix</td>
<td>38</td>
</tr>
</tbody>
</table>
Introduction to the reablement workbook

This Reablement workbook has been developed to support staff in enhancing their skills in reablement along side the 1 day Reablement training pack. The workbook will be issued to staff at the Reablement workshop and each section should be reviewed by a supervisor/line manager to evidence existing competencies and work on any areas of development.

The workbook is targeted at individuals who care for someone at home including informal carers, home carers and health care support workers.

Introduction to Reablement

Learning intentions

- To understand the meaning of Reablement
- To understand the importance of dignity issues and promote dignity in practice
- To understand and help promote personal autonomy – making choices and decisions
- To understand the concepts of empowerment, motivation and empathy
- To understand the differences between home care skills and reablement skills

Definitions of Reablement

“To develop the optimal levels of physical, psychological and social ability, within the needs and desires of individuals and his/her family. It requires the expertise of a number of disciplines within a comprehensive and integrated service which must span agency boundaries”

“Reablement uses the interpersonal skills of home carers along with other professionals such as Occupational Therapists and their managers, to provide better outcomes for service users. Goal setting is used to support the service user to learn or relearn daily living skills and thus maximize their independence.”

Joint Improvement Team

Traditional home care services are very task orientated, often with staff “doing for” service users. This can result in an increased dependency on services and informal carers and potentially a person’s loss of control and confidence.

Reablement has been developed to assist people to remain as independent as possible by supporting them to regain their confidence and ability to participate in everyday living tasks following a period of illness, disability or accident. Reablement services are person centred and the service user should be involved at every stage in the process.
How is reablement different from what we do now?

- Reablement is a more active process – starts from day 1
- Helping people “to do for themselves” rather than “doing for them”
- Offers people choice and quality of life
- Focus on outcomes – what do people want to achieve? What can they get from using the service that will help to improve their lives?
- Improves peoples long term independence
- Increased focus and awareness of what people’s abilities are rather than needs
- Think about breaking down larger and more complex tasks and activities into smaller ones to involve the person and maintain motivation
- Involves more communication amongst all parties involved including family members, informal carers, extended community care team, home care agencies and voluntary organisations to report deteriorations and improvements
- Permission to stand back but must observe closely to; manage risks, give positive feedback, review progress, adapt task and enable!

Key elements of Reablement

- Assessment and Goal Setting
- Working with the person to put together a package of support aimed at assisting them to achieve their goals
- Partnership – linking with other professionals and services when required
- Recording daily progress
- Team meetings – discussion on progress and what adjustments are required
- Identification of future requirements
- Production of a detailed summary and handover if required
Reablement =
- Regaining
- Enabling
- Achieving
- Building
- Learning
- Empowering
- Maximising
- Expanding
- Nurturing
- Teaching

Explain in your own words what Reablement means to you

Make a list of traditional home care skills and a list of reablement skills

<table>
<thead>
<tr>
<th>Home care skills</th>
<th>Reablement skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Communicating – Supporting Reablement

At the end of this section you should be able:

- To clarify communication methods used in reablement
- To apply reablement communication techniques to enabling independence with people
- To use a concise definition of reablement to communicate to people and their carers.

Communication is the sharing of thoughts, ideas and information by speaking, writing or using non-verbal communication. Communication is essential if reablement is to be carried out effectively. It is vital that the person understands how you can work together to reach identified goals. It is equally important that the person can communicate with you, for example they may want to tell you that they are in pain or have discomfort.

Communication can take different forms. Can you give examples of the following types of communication?

<table>
<thead>
<tr>
<th>Verbal</th>
<th>Non-Verbal</th>
<th>Written</th>
<th>Visual</th>
</tr>
</thead>
</table>

Communication can be difficult with a person for a variety of reasons. Can you think of a situation where communication was difficult, what the reason for this was and how you overcame this?
Communicating Positively

- Ask the person do they wear glasses or a hearing aid
- Ask them what they need to help their communication
- Ensure good eye contact and confident body language
- Try not to stand over someone you are communicating with
- Make statements simple and to the point not long and complicated
- Give encouragement and use positive statements. e.g. “can you manage that,” rather than, “do you need help?”
- Clarify things if you are not sure. e.g. is this what you mean?

Listening Skills

- Be attentive to what the person says and don’t interrupt
- Be patient, allow time
- Observe non-verbal messages – facial expressions, body language
- Don’t jump to conclusions – clarify information

Encourage Independence

- Encourage the person to attempt the task themselves first before intervening, giving assistance
- Stand back, don’t hover
- If seeking prompts, ask them what they think comes next.
- Break the task down into manageable stages - (see activity analysis)
- Talk them through the activity step by step initially as encouragement. (see goal setting)
- Allow them to go at their own pace
- Prompts may be required to re-focus the person back to the task in hand. (See “How to communicate positively”)

Observation

As mentioned at the beginning, the majority of communication is non-verbal. This requires observational skills.

- Watch how the person carries out the task – break it down into stages
- Evaluate the person’s reactions to certain situations and activity level

Language used in Reablement

Facilitate
Encourage
Requires some help vs. Dependent
By themselves or Independent

Avoid ‘Unable’ - To describe a person as ‘unable’ to do an activity implies they has absolutely no ability and is not capable of engaging in the activity.
Most clients are able to engage in an activity to some degree, however limited it may be.

Can you think of how you would explain reablement to a person or their family?

**Reablement: Examples of how to communicate positively**

Everybody responds well to positive words of encouragement, we just need to be careful not to sound patronising

‘Well done’
‘That’s great’
‘You’re doing really well’
‘I can see an improvement in you since yesterday’

**Try not to use phrases like ‘Can you do ……… for me’** Remind the person that they are doing this task for themselves to become more independent not for your benefit as a support worker.

**Instead try:**
‘How do you manage to do …..will you show me’
‘I may be able to give you advice or show you a safer way’

People will continue to ask you to do things for them, below are some examples of how to encourage client to do it themselves. Encouraging someone to problem solve will help them maintain their independence for longer.

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>ENABLER</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Will you wash my back for me please’</td>
<td>‘see how much you can do yourself, you might like to try a long handled sponge’</td>
</tr>
<tr>
<td>‘Can you just run the vacuum cleaner over the lounge for me’</td>
<td>‘that’s not the reason I am here, it is to enable you to manage these tasks yourself’ would you like to have a try or do you have someone who could help you</td>
</tr>
<tr>
<td>‘Will you close my curtains’</td>
<td>‘have you had a go of closing them using the</td>
</tr>
</tbody>
</table>
before you go’ end of your walking stick, I’ll show you how’ and then maybe you could manage this yourself’
‘there’s some rubbish to put out in the bin’ ‘what did you used to do about the rubbish, if I brought the wheelie bin to the back door do you think you will be able to do this yourself, we could practice that each day

You could use some of the following statements to encourage anxious people:

‘It may be difficult at first, but keep trying and you’ll get there soon’
‘Don’t worry; I’ll be there with you’
‘Take your time, there’s no rush’
‘You don’t need me to do that for you’

Or for reluctant people:

‘Try while I’m here’
‘You are doing really well’
‘Make the most of this support by trying things while you have someone here with you’
‘Have a go’
‘Just try to do this so I can see what you find difficult’
‘You’ll feel so much better if you get dressed, I’ll support you if you need it’

Can you list some key points for good communication?
Record Keeping

Care records are important to give an accurate record of an individual’s progress and condition over time in relation to their care plan. They also help to evaluate whether a service is beneficial.

Why do I need to record?

• Support continuity of patient care
• Provide an objective basis to determine the appropriateness, need and effectiveness of intervention
• Recording consent to treatment
• Highlight problems and changes in the person’s conditions
• To provide an accurate and effective means of communication and dissemination of information between team members
• To meet the legal requirements of the Data Protection Act and the Freedom of Information Act.

How do I Record?

• The person who carries out the intervention should write the record and sign the entry
• Be factual, consistent and accurate and if possible use exact measurements
• Write clearly
• It needs to be readable on any photocopies so please use black pen
• Every record should be dated, timed and signed
• Do not include abbreviations, jargon, meaningless phrases, and irrelevant speculation
• People’s full names and titles should be used to avoid confusion
• Be written, wherever possible, with the involvement of the individual
• Provide clear evidence of the care planned, decisions made, care delivered and information shared
• Identify problems that have arisen and the action taken to remedy them
• Non-compliance should be noted
• The unique identification number (CHI/Care First) must be used in all care records.

Be specific and contain only relevant information: The amount of information necessary will vary. A statement such as *Mrs A forgets medication* does not contain enough information to clearly identify what is occurring. On the other hand, you should not spend excessive time writing extensive details that are not relevant or necessary. Enough information should be provided, however, so that a reader can clearly see progress in relation to goals.

Amending a record: A record can only be amended if there is an error. In this case the material that is incorrect should be scored out with a single line, then signed, timed and dated by the person who made the amendment. The
original entry must remain clear to read. The reason for the amendment should be evident to other readers.

When do I record?

- Notes should be written as soon as possible after an event has occurred
- They should be consecutive, in date/time order.
- Every contact should be recorded including telephone calls, liaison with others regarding the case and face to face contacts.
- When there is a change in the person’s function/ability – improvement/deterioration.

What do I need to record?

Consent

- Consent must be gained before you work with an individual
- It must be recorded that consent was gained and the form in which it was given. Records provide the evidence that valid consent was obtained by the support worker/carer. If consent is not recorded, a practitioner cannot state that consent was given
- The records also need to demonstrate that the person has been informed of all the options and possible risks. The nature and degree of any risks must be documented: it is not enough to write, ‘advised of risks’. It should be immediately clear to any other person reading the records what information has, or has not, been given to the service user
- Where an individual refuses, inform your supervisor
- It is worth remembering that a person can request to see all records kept about them.

Describe how you obtained consent from your client

Where to record information - Daily Progress Sheet

The Functional Assessment and Client Centred Goal setting will be carried out between the lead professional and the service user.

- Each Goal will have achievable steps to enable the person to attain their goals
• The person working with the service users will record their observations (as described previously) on the Daily Progress Sheet
• At the end of each week the progress is discussed with the lead professional and new objectives set.

Confidentiality

• Confidentiality is a legal obligation
• Personal information provided by or about the person should not be disclosed without the service user’s consent
• The person has the right to know what information about them is recorded, how it will be recorded, how it will be used and who it will be shared with
• They must be made aware that the information they give may be shared in order to provide them with care, and may be used to support local clinical audit and other work to monitor the quality of care provided.

Recording Functional Ability, Feelings and Understanding

Focus on what is of most concern to the person with respect to his/her daily function, feelings, or understanding.

For example, during dressing, a person often puts his shirt on incorrectly and gets it tangled up (his/her function). He also feels frustrated (his/her feeling). In this case, it might be very appropriate to include the two domains of function and feelings (that is, dressing and his/her frustration) into one description - as long as it is realistic that his/her function and feelings about putting on a shirt are likely to change over the course of reablement.

Functional ability

Be specific about how the person managed a particular task. Don’t write what the person had to eat, we want to know who made it and, if the person did it, did they have any difficulty, do they need more time or practice. Be factual in all documentation.

To describe a person as ‘unable’ to do an activity implies the person has absolutely no ability and is not capable of engaging in the activity. Most service users are able to engage in an activity to some degree, however limited it may be.

Service users, for the most part, will not describe themselves as being dependent or independent with activities. They are more likely to say ‘by myself’ or ‘on my own’. When recording functional ability we should use phrases like this and record what the person is able to do for themselves and not what they can’t do.
Can you give an example of how you would record a person’s functional ability?

Feelings

This relates to feelings and emotions a person will experience with regard to his or her daily life activity.

A person’s daily life activities are often the main focus of reablement but the fact he/she can perform an activity may not be the only desired outcome. Often, a person’s feelings about his/her participation in activities are the most important concern to the person. Depending on the individual person, a description of how the person was feeling about the reablement activities may also be included.

Can you give an example of how you might record a person’s feeling about getting dressed in the morning?

Understanding

There may be times when a person’s ability to participate in activities of daily living is not the primary focus of reablement. Instead, reablement may be for the person to have a greater understanding about a specific concern with daily living activities. There are two main situations when it can be used:

- When the focus is education rather than improvement in function.
- When the prospect of performing the activity is too challenging for the
person and the first major step is to understand more about the *activity* (than to actually perform it).

How would you record whether an individual understands the activity?
Prompt sheet for recording information

Levels of assistance for all activities / goals

**Independent** – Mr A was completely independent with task/goal, no assistance required from the support worker

**Close supervision** – Mr A was able to complete the task/goal with the staff present. Staff should document whether verbal prompting was used/needed to assist the individual to complete task

**Minimal assistance** – Document what the person was able to complete and what level of assistance they required to complete the task

**Full assistance** – Mr A is unable to complete the task/goal and requires assistance with the whole activity.

**Personal Care**

**Setting up of personal care** – what assistance did the individual require (this includes the collection of clothes, collection of washing materials and the setting up of washing facilities)?

**Upper and lower limb washing and drying** – what level of assistance was required? What assistance did you give and why?

**Dressing upper and lower limbs** – what assistance was required with dressing and with what item of clothing. What level of assistance was required? What assistance did you give and why?

**Equipment** – what could be beneficial to the person to assist them in personal care? Consider long handled shoe horn for helping the individual put on shoes or a long handled sponge to wash back.

**Meal / Snack preparation**

**Food preparation** – what assistance was required to get food ready for cooking e.g. did the individual take the food out of the cupboard / fridge independently, did they need assistance with preparing the food and what assistance was required and why?

**Cooking / Preparing** – what level of assistance was required? What assistance did you give and why?

**Equipment / Utensils / Devices**

- What equipment was used in the kitchen e.g. perching stool, trolley etc
- What utensils were used and was the person independent or assistance needed e.g. potato peeler, can opener etc
- What devices were used and was assistance required e.g. microwave, cooker and kettle etc

**How safe was the individual?**
Bed Preparation

Setting up of bed preparation – What level of assistance was required for bed preparation? What assistance did you give and why (this includes the collection of bed clothes and preparation of bed).

Transfers into bed – did the person need assistance with transferring into bed, if assistance was needed, what assistance was required? Any aids used?

(What equipment do you feel would assist the person?)

Additional handover information to record or report back

- Person’s health e.g. pressure areas or redness of skin, pain, shortness of breath, swollen legs etc
- Medication status – whether prompting, independent etc. **Observe difficulty opening bottles, taking tablets from the blister packs or dosette box**
- Report back to OT if individual has faulty equipment
- Document it therapists /nurses need to review person’s needs or guidelines
- Always report back to supervisor
Factors that may affect Reablement

Any particular difficulties that may affect an individual’s ability to participate in reablement should be clearly documented on the reablement plan following a full assessment by the Lead Professional. There may however be things that develop or situations that change daily and any change should be documented clearly and reported to the Lead Professional. Below is a list of some factors that should be taken into consideration when undertaking reablement.

Manual handling techniques
Are there any specific manual handling techniques or equipment that you would need to know about or consider that are relevant to the person you are working with? You should have discussed these with the team.

Pain
Pain can have a huge influence on an individual’s ability to participate in functional activities. If you feel that pain is limiting someone’s progress with their reablement, please discuss with the multidisciplinary team.

Infection control risks
You should be aware of infection control risks e.g. MRSA status and any blood borne diseases present and take any Health and Safety precautions as required, i.e. plastic apron and gloves may need to be worn. Before commencing kitchen practice ensure that the individual has washed their hands effectively.

Violence and Self Harm
Check with the team if there are any documented issues regarding violence or self-harm. This could include any previous history of this or any instability in their current presentation. There may be precautions you need to take e.g. using sharp kitchen implements with this person. Once you have undertaken your risk assessment, you need to address any risks that you have identified that might make certain activities unsafe.

Stroke
A person who has had a stroke may have a range of problems that make functional activities difficult. They may have weakness of one side of their body, making use of two hands for cutting food, dressing, grooming and toileting difficult.

Perceptual Deficit
People with perceptual deficit may not recognise what objects are for – this deficit is known as agnosia. Another disorder may be where the person is unaware of their body on one side or of the space around them on one side; they may have difficulty in seeing the whole plate and may miss items of food on the stroke side, or they may forget to dress one side of their body or only shave one side of their face. Prompting the person to attend to the whole
area, and reminding them of the affected side may help to overcome this problem.
Sometimes, using your hand over the individual's to assist and to retrain the movement may be helpful. The occupational therapist will indicate when this is appropriate and will show you how to do this.

**General Weakness**
A person may be generally weak, and may not have the strength or stamina to fully complete tasks themselves. It is important to let them do as much as possible then to offer assistance if required. For example; do not assume that because there is food left on the plate that the person has eaten enough – they may simply be too tired to finish.

**Sensation**
Sometimes following stroke or with other neurological diseases, people may have difficulty in feeling objects, in recognising temperature and texture, and in feeling the movement of their limbs. Since feeding, dressing and grooming etc requires the ability to feel and manipulate items; people with this loss of sensation may have difficulty. Additionally, where there is poor sensation of temperature, the person may be at risk of a burn when dealing with hot food or liquids.
If the person has sensory loss, the Occupational Therapist will advise you on how to give appropriate assistance. One technique is to prompt the individual by asking them if they would like help and explore use of their hand over yours to assist them to feel the movement. The occupational therapist will demonstrate this technique to you.

**Sensory impairment**
An individual may have a visual or hearing impairment which may affect their ability to participate in or re-learn certain tasks. In this situation the care plan will clearly indicate any different techniques that may be beneficial to the individual.

**Memory**
Many people have memory difficulties, and cannot remember what time of day it is, what their routine is or what is being asked of them. Again the occupational therapist will advise for individuals, but generally these people require prompting throughout. Remind the person regularly what time it is, and what task they are being asked to complete. Using clear verbal instructions, repetition and demonstration can be helpful

**Praxis**
Here the person knows what he wants to do, but does it in the wrong order. This requires special rehabilitation, and the occupational therapist will advise you on how best to assist the person to become independent.

**Attention Deficit**
Here the person talks persistently, and is unable to focus on the task. You will be required to assist the individual to focus on the task, to keep bringing their attention back to the activity being undertaken.
Hip precautions
Following a total hip replacement, individuals are advised not to bend over 90 degrees at the hips. This means that they should not cross their legs, bend down to put on shoes and socks or to pick up items from the floor. If an individual is required to comply with hip precautions this should be clearly documented on their care plan. They will have been provided with the necessary equipment and techniques to compensate for this by the OT and such items may include a sock aid, long handled shoe horn, reacher and long handled sponge. As a support worker you should be aware of hip precautions and how to reinforce these with individuals.

Social Embarrassment
This can affect all reablement activities including personal care, toileting and eating. For example, eating is a very social activity, something that is done often with others. When a person has difficulty with feeding and eating, they may be embarrassed about others seeing them. They may be embarrassed about spilling. It is important to be sensitive to the person’s concerns about this and to maintain their dignity when practising reablement tasks.

Respiratory Problems
People with respiratory conditions that cause breathlessness, such as chronic obstructive pulmonary disease (COPD) may have difficulty in completing tasks themselves because they are too breathless and may only manage a short period of activity. A person may have difficulty swallowing because they are unable to hold their breath for long enough to swallow the food. In this case the individual may take longer to complete a task and will need to grade the activity in order to complete it independently or only able to complete part of the task and require assistance with rest. There are energy conservation techniques which may help, for example sitting down during tasks. Any recommendations will be outlined clearly on the careplan.

Dignity and respect
When working with a person, it is important to recognise that they may have preferences and customs relating to religion, beliefs or attitudes. This may be in relation to food preparation or diet e.g. Halal, vegetarian, Kosher and it may be very offensive for a person to be required to eat something that is not acceptable within religious, ethical or spiritual beliefs. It is important to respect someone’s dignity and preferences particularly when carrying out personal care tasks.
Reablement of self care activities: toileting, washing, dressing, grooming

Self-care activities include toileting, washing, dressing and personal grooming. Enabling optimal independence in these activities may be a reablement goal that the person is working towards with the occupational therapist. During reablement of these activities there may be specific components of the tasks that the person needs to practice.

The occupational therapist will have developed a specific reablement plan with the person that will enable him/her to become as independent as possible in self-care. You will need to;

- liaise with the OT to identify what the person needs to practice, what their abilities are
- enable the person to practice the tasks whilst you are working with him/her
- provide him/her with feedback on his/her progress
- report back to the occupational therapist and other members of the team as appropriate with information about progress, and about any changes in the condition or ability of the person
- Always record your visit following guidance in previous section.

The OT will provide you with essential information regarding how much assistance he/she may require and how much you can realistically expect him/her to achieve. **Even if you know the person, you must find out how he/she is that day, we can all vary from day to day and we need to respond accordingly.**

Describe how you would identify how a person is feeling that day?
Risk Assessment
Remember to carry out a risk assessment before you do anything with the person. Things to look for:
- Are they wearing appropriate footwear?
- Is the floor wet?
- Is there enough space for you and the person to move around in?
- Are there any obstacles that would be hazardous?
- What are the manual handling risks – is equipment or other assistance required?
- Infection control measures to be implemented
- Are there distractions that might prevent the person from concentrating?

Determining what the person can do
Because you may be asking the person to perform activities in sitting, standing, transferring or walking, it is important to pay particular attention to sitting balance, transfer and mobility skill.
- Is the person safe?
- Has there been a change in what he/she can do?

Basic Skills for Self Care
The Occupational Therapist will have completed an initial self care assessment and will have highlighted the person’s strengths, areas of difficulty and goals to be worked on.
Depending on the person’s level of function, reablement may involve ongoing observations of the following:

Sitting balance
- Can he/she sit unsupported on bed or chair?
- Can he/she move around in sitting position without falling?
- Does he/she require to be supported in sitting?
The person’s ability to sit may influence the type of support required: chair with/without arms, on a bed or toilet.

Standing up and maintain upright position, with or without assistance
If the person cannot do this, contact the OT, since it is unsafe to practice dressing in this case. Manual handling techniques need to be explored.
Transfer from bed to chair
Can he/she take a few steps from bed to chair, with or without walking equipment and assistance? Can he/she walk further? What assistance or equipment is required?

Stand up to dress his/her lower half – pants, trousers or skirt?
He/she can be taught to do this in sitting or lying. The OT will advise.

Is the person continent?

How did you identify what personal care tasks the person can do for themselves?

When you worked with a person on self care what went well, what could have been done better and anything you would do differently next time?

An individual requires the correct amount of assistance to progress. Inform your supervisor if you are unsure.

Toileting

What does the person need to practice? People have different abilities with regard to independence in toileting. For some achieving independent transfer to the commode might be a reablement goal, for others getting to the toilet independently might be the goal. Depending on the ability of the person, you may be working with him/her only on components of the task, such as getting out of bed independently, walking
a few steps to the commode, walking one way to the toilet or for people with the stamina and ability, walking there and back. Liaise with the OT, who will indicate what components of toileting the person needs to practice, and what equipment is most appropriate for the individual.

Describe how you have encouraged someone to toilet themselves as independently as possible.

Describe the safety measures you took

Describe the supervision or support you gave

Describe the equipment you used and how you ensured it was used safely

How did you report back to the team?

When you worked with a person on toileting what went well, what could have been done better and anything you would do differently next time?
Getting to the toilet and back
- The person may be able to get to the toilet, and back independently, but struggle getting off the toilet: independent sit to stand would be a goal for reablement
- He/she may only be able to get to the toilet and require a chair afterwards because of limited stamina: walking to the toilet and back might be a goal
- He/she may be unable to get to the toilet at all, but can be taken to and from in a chair to use the toilet, using it independently, wiping, standing up and sorting clothes might be the first goal, with getting to the toilet as a longer term goal
- If the person requires assistance to wipe, check method normally used i.e. balance, wiper, help from relative/carer. Assist person as required.

You need to be clear about what goal is appropriate for the individual person.

Safety in the toilet: Manoeuvring
- The person needs to be able to open the door whilst manoeuvring his/her walking aid
- The toilet is a confined space, and the person must be able to use any walking aids within the space, and turn safely
- Risk assessment is required to determine how much assistance is needed for the person to get into the toilet, turn and manoeuvre prior to undertaking this activity.

Floors and Toilets: Check that the floors are not wet. This is a hazard and needs to be dealt with. The toilet should be clean. Be aware of infection risk, and ensure that you practice effective infection control procedures when taking the person to the toilet.

Equipment to enable independence
- 2” & 4” raised toilet seat (RTS). If the person’s feet are off the ground, the seat is too high
- Mowbray/Etac frame (RTS and surround frame combined)
- Fixed rails
- Free standing toilet surround
- Drop down rail
- The OT will indicate what equipment is necessary to enable the person to be as independent as possible
- The person may require simply to use rails to enable them to get on and off the toilet
- If the person is struggling to stand up off the toilet, a raised toilet seat may be appropriate. The OT will provide this, so let them know if you think the person may benefit from it
- The OT will advise in regards to the height of the raised toilet seat or frame required
- Ensure the equipment has been fitted to the correct height, all the ferrules are in place and that all the legs are at the same height.

SAFETY PRECAUTIONS: maintenance of equipment: report if worn or damaged, do not use and take out of circulation.
Dignity
You must ensure that the person’s dignity is maintained throughout the activity. Stay outside until the person has used the toilet, and are ready – knock on the door before entering. Stay near the door, and if required make sure the person knows not to get up by themselves.

Toilet Hygiene
- Cleaning themselves; can the person wipe? The OT can provide equipment to assist with this, and will teach you and the individual how it is to be used. You should encourage the person to be as independent as possible in this
- Ensure that the individual is not sitting on the side of the toilet before standing up as for safety it is easier for the person to stand up when in the middle
- It may be safer for the person to come forward in the seat before leaning forwards, hands on rails to push up from prior to standing. Take advice from OT prior to practising with the individual
- Encourage the person to adjust his/her clothes independently as appropriate depending on his/her reablement goals
- Can the person turn round and flush the toilet? Again, this is something that the individual should be encouraged to do if his/her balance is good, and may be a goal of reablement that requires practice
- Washing their hands afterwards; do they have the balance and manoeuvrability to do this? Watch out for obstacles
- If not, they can walk back to bed/chair and use a basin to wash their hands. If using a commode, they should have a basin brought afterwards to the bedside for hand washing or offered a wet-wipe or antibacterial hand gel.

Remember to encourage the person to be as independent as possible, but to recognise when they cannot achieve part of the activity and to provide appropriate assistance.
You should provide the person with feedback on his/her performance and progress, and document your intervention in the records.

Washing

What does the person need to practice?
As for toileting, the person will have individual goals, and you need to be aware of what the individual can do, and what specific components should be practised e.g. if in a ward based setting, you need to be aware of how the person normally washes and dresses. What is his/her or her routine? What equipment do they normally use?
A basin for the person in bed or sitting on a chair beside the bed (if applicable)
Hygiene
- Please wash the basin before use
- Ask the person to wash their face before washing their lower half. (If done the other way, you will need to provide fresh water)
- Always use gloves
- Please wash basin again and dry after use.

Components of washing
As a reablement support worker, your role is to facilitate each step of washing, assisting the person to progress towards independence in each stage.
You need to be aware of each component, and observe the individual carefully throughout. You should encourage the person to do as much as they can manage, but recognise when they are struggling and provide assistance.

Using a facecloth
The person needs to be able to reach it, put it in the water, squeeze out excess water, or ring out, and wipe face.
- Can they wash the upper body at the front?
- Can they reach behind their neck to wash there?
- Can they wash behind his/her back? If not, please ask the person if he wishes you to do this. Would long handled aids help?
- Can they wash the lower half? This is personal washing, and the person should be encouraged to do this if at all possible
- Can they wash down to their toes?
  - Bend to toes, or cross leg over opposite knee to wash leg and foot
  - Ensure that the person has good enough balance to do this
  - Check whether the person is allowed to do this/her e.g. clients with hip surgery are not allowed to flex the hip more than 90° as doing so may cause dislocation.

The OT will advise on any specific techniques, or contraindications, such as a limited range of hip movement, or a postural drop in blood pressure that makes the activity difficult for the individual.

- Skin care: Be aware of skin condition e.g. pressure sores developing or any redness - report any changes or anything you’re not sure about to the lead professional or supervisor.
- Use of towel: Think about the order of use of towel, encourage the person to dry as you go along - do not let them get cold. The person might need some clothing on top whilst washing lower half or vice versa.
- Allow them to clean their teeth or dentures: The entire process is the same for washing at a sink- they may need to sit down at sink, space to turn, mobility and transfer issues apply.
Describe the washing goals of one of your cases? How was the goal identified?

Describe the hygiene and safety measures you took

Describe the supervision or support you gave

Describe the equipment you used and how you ensured it was used safely

How did you report back to the team?

When you worked with a person on washing what went well, what could have been done better and anything you would do differently next time?

Dressing

Individuals may only be able to dress part of the body at a time. This may be only the upper half, which is easier because it can be done in a sitting position. The individual may get dressed on the bed, or at the bedside. You must be aware of the person’s capabilities before you start the activity, and also know what the reablement goals are for them in this activity: what is achievable, what do they need to be able to learn to do? Each person may have their own method, technique or sequence for dressing.
Be sure to check for any preference prior to beginning the activity. They may prefer to have their clothes laid out to the left or right of them, over their walking frame or on top of the other rather than spread out.

What can the person do today?
- Note any factors that might affect dressing: are they particularly tired or emotional? Have they been unwell overnight? Any other significant changes?
- Find out from the OT what the person can do and what the reablement goals are.
- Ask the person what they can do for themselves – he/she may feel better or worse than the day before.

Preparation for dressing
- Some people may require that the clothes are laid out in order, in an easily accessible position prior to dressing. The OT will advise if this is necessary
- The person may require assistance to remove their pyjamas – find out if they do before starting. You can ask them to try this
- There may be particular instruction for the order in which the person does this – e.g. a fractured arm, or a previous stroke. You need to know about this before starting and will be advised by the OT if any special technique is suggested.

Supervising and assisting
You should always encourage the person to do as much as possible by themselves. Be aware that the individual may tire, and that you may need to provide assistance.

Applying the garments to the top half
- Encourage the person to pick up the garment and ensure that they are able to position the garment appropriately to put it on
- You may have to position the clothing for the person to facilitate ease of movement, for example, ensure that a jumper is arranged for easy access by limbs
- You may need to prompt them to place one arm in the sleeve before placing over the head
- A bra can be complicated to apply and can be put on in a variety of ways. Fastening at the front, turning it round then pulling straps up may be easier
- Be aware that the person may tire.

Dressing the lower half
- For the lower half, the person may need to use equipment or may learn different skills to aid independence.
- Use of a sock aid
- Crossing one leg over the other to reach feet
- Sitting down to dress lower half
• Lying on the bed
• The OT will advise on any specific techniques, or contraindications, such as limited range of hip movement, or a postural drop in blood pressure that makes the activity difficult for the person.
• Individuals should be encouraged to be as independent as possible. Encourage them to attempt the task by themselves, wherever possible. Be aware of any new techniques taught and provide feedback to the person regarding any successes or difficulties.

Watch out for the following:
• tiring
• frustration
• giving up
• anger
• agitation
• loss of concentration
• distraction - try to keep the client focussed on the task
• dizziness on reaching lower garments
• consent - client may refuse; liaise with the team and document refusal to comply
• shortness of breath, pallor, colour changes in skin

Grooming

• Hair (brushing hair/wig)
• Face (make-up, shaving)
• Clothing (adjusting)

Preparation for the activity
Ask the individual where his/her personal grooming items are located: ensure all equipment is available, e.g. brush, comb, razor, mirror. If they are able and safe to mobilise (and not fatigued) encourage them to collect items by themselves. If they are not able to do so, then collect personal grooming items and offer them to the person.

Is the person to perform the whole task or part of it?
Encourage the person to be as independent as possible in carrying out tasks, but be aware they may become tired and require help at any time: especially in tasks when hands are raised over head.
If the person is sitting, ensure he/she is not at risk of sliding out of chair, to either the side or forwards. If standing, ensure that they have a chair to sit on should they require it. If you have any concerns about the person’s balance or stamina, encourage them to sit; consider stopping the task if necessary. If the individual insists on standing, discuss with the team.
To adjust lower clothing, liaise with the OT regarding method. Be aware that the person may require close supervision and use of mobility equipment to ensure safety.
NB. People with COPD/Respiratory conditions may have to conserve energy for other tasks throughout the day. These may be tasks that are more important to the person than grooming. Remember to give them the choice, particularly if they are tiring.

| Describe the dressing goals of one of your cases? How was the goal identified? |
| Describe the hygiene and safety measures you took. How did you prepare? |
| Describe the supervision or support you gave |
| Describe any equipment you used and how you ensured it was used safely |
| How did you report back to the team? |
| When you worked with a person on dressing what went well, what could have been done better and anything you would do differently next time? |
Reablement kitchen activities, nutrition and eating

Learning Intentions

- To understand the principles of reablement related to kitchen activities, feeding and eating
- To understand the importance of preparation and risk assessment.
- To understand the components of kitchen activities though activity analysis and sequencing
- To develop an understanding of techniques and equipment to enable independence in kitchen activities, eating & feeding
- To identify common problems for individuals
- To develop an awareness of when to seek guidance
- To develop an understanding of how to report the outcome of kitchen activities, eating & feeding to the team.

Kitchen Practice

As part of reablement, we need to enable people to practice tasks of daily living. Achieving independence in the kitchen may be a reablement goal that the person is working towards with the occupational therapist. As reablement staff you will be involved in assisting someone to practice a range of tasks in the kitchen to promote independence.

Initial Preparation for Kitchen Practice

Careful preparation is key to the safety and success of kitchen practice. In preparing for this, you will need to do the following:

Liaise with the OT: to identify what the person needs to practice – the OT will have assessed the person and will identify key tasks that they need to practice.

Risk Assessment

- Risk assessment and management should be part of your everyday practice
- You will be identifying possible hazards and risks as you observe, assess and work with people.
- Whether a specific risk assessment is carried out for a given activity/area of work depends upon the presence of hazards and the significance of any potential risk
- You will need to consider what could occur, how and why it might happen, what the potential triggers to the risk occurring might be, when and how often it might happen and what the results could be.
- Assessment may confirm that adequate measures are already in place to eradicate or minimise the risk
- Positive risk management acknowledges that some degree of risk, or challenge, is essential to skill acquisition, self esteem and progress.
Taking the individual into their Kitchen: Risk assessment
Risk assessment of the environment and the capability of a person are essential before you do anything with them in the kitchen. Here are some points to consider; there may be other things that you observe that are not included here.

Physical hazards
- Is the person clear about what they have to do, and can they communicate with you?
- Has the person’s condition improved or deteriorated?
- Is the environment free of unnecessary hazards (rugs, furniture)

For people with noted physical needs
- What is the person’s level of mobility, what equipment do they use? Are there any precautions that you need to be aware of?
- Can they move themselves from sitting to standing if required? What help might they need?
- Are there effective brakes on the chair?
- Is the chair or stool to be used stable?
- What is the individual’s cognitive state: It is important that you know if the person can understand what they need to do, or if they have problems with memory or other cognitive issues.

For individual themselves and the environment
- Is the individual appropriately dressed?
- Are they wearing appropriate footwear?
- Are there any obstacles that would be hazardous?
- Is the floor wet?
- Is there enough space for the individual and yourself, and any equipment to move around?
- If the person already uses specialised equipment, e.g. adapted cutlery, is it available?
- Is the equipment in good working order? If not report if worn or damaged, do not use and remove from circulation.

Ensure that the correct equipment is available (if appropriate):
The OT will indicate what the person may require. The equipment should be clean, and in good repair.

Carrying out Kitchen Practice
The OT will have carried out an assessment of an individual’s ability in the kitchen, and you should know what areas of difficulty they have, and what is expected of you and the person concerned when practising tasks in the kitchen.
You should already know from risk assessment the level of the person’s mobility and any difficulties they are likely to have, and have determined what assistance is required. You may be involved in selecting equipment and assisting the person to use it.
Remember too that if the individual becomes ill in the kitchen, you need to know what action to take.

**Equipment:** A variety of equipment exists to assist people to be independent in the kitchen.

**Trolleys, Perching Stools, Kettle Tippers, cooking basket, ‘one touch’ jar opener, easy handle bread knife**

**Details of the task:** You need to now find out details of the task:
- What components of the task are to be practised?
- How complex is the task – exactly what do they need to do?
- Is the activity is to be carried out in a sitting position, standing or a combination of both?
- What equipment is required, e.g. gas or electric cooker, type of kettle, other specific equipment?
- What degree of supervision or assistance does the person require during the kitchen practice?
- How will you give the person feedback of the effectiveness of what they are doing?

**Reporting the Results of Kitchen Practice**
You need to report the outcome of the practice to the team and carers. You are also required to document the outcome of the intervention.

For a person you are working with, describe the initial preparation you made before assisting them in kitchen activities.

Having undertaken the kitchen activities; Describe
- What you did,
- What went well,
- What could have been better and
- What you would do differently next time?
Reablement supporting nutrition and eating

Nutrition and eating includes:
- Presentation of the meal on a table or tray – this along with the colour of the meal and the portion size can dramatically influence consumption.
- Chewing and swallowing – ensure meals are of the appropriate texture for each individual.
- The use of suitable utensils to bring food to the mouth.
- Consideration of personal, environmental and cultural factors.

What factors influence a person’s ability to feed themselves?
An individual may present with one of several problems that can influence the ability to eat and their ability to feed themselves. Some of these are outlined in the section “factors that may affect reablement”

An individual who is at risk of insufficient nutritional intake as a result of physical or mental health, may require assessment by the dietician who will advise on strategies to optimise nutritional intake such as food fortification and assess the need for oral nutritional supplements. In order for the dietician to carry out a complete assessment of the person’s needs they should firstly have their height, weight and BMI (Body Mass Index) obtained and have a score using the Malnutrition Universal Screening Tool (MUST). This should be carried out on a regular basis from when the person is first admitted or seen, monthly in care homes and at regular agreed intervals in their own home.

Food fortification
This aims to increase nutrient density of the diet without increasing quantity/volume of food and fluid consumed and involves the following:
1. Encouraging foods that are high in energy and/or high in protein for example meat, fish, eggs, cheese, full fat dairy products, fats and sweet spreads (jam, preserves, chocolate spread and honey).
2. Adding everyday high energy and/or high protein ingredients to foods for example:
   a. Adding full cream milk, cream and butter to mashed potato.
   b. Spreading margarine/butter generously on bread, crackers, scones.
   c. Adding cream to soup or scrambled egg.
   d. Grating cheese over vegetables or into sauces.
   e. Add cream or ice cream to puddings or stewed/tinned fruit.
   f. Add mayonnaise, salad cream and dressings generously.
3. Additional snacks such as toast and butter, crackers and cheese or individual desserts like mousses and trifles as well as nourishing drinks (e.g. milky drinks) can be added to the diet.
4. Use Enriched Milk instead of ordinary milk. Add 4 tablespoons of dried milk powder to 1 pint of full cream milk.

If the person can manage a couple of mouthfuls by themselves, allow them to try. Be alert to when the person might begin to struggle, and offer at that point to provide some help.
Describe how you recognised factors that influenced a person’s ability to eat.
Describe what action you took, and what the outcome was.
Did you involve the team?
Would you do anything differently next time?

<table>
<thead>
<tr>
<th>How the position of the person may influence their ability to feed him/herself.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk assessment for balance</strong></td>
</tr>
<tr>
<td>It is important to ascertain if the person has sufficient balance to sit in a chair safely to allow full use of the upper limbs when eating. You will be able to determine this from working with the individual in basic care activities – you may notice that they fall to the side, or that they cannot sit unsupported on the side of the bed. If so, that person may require special seating, and the person should be referred to the occupational therapist or physiotherapist for assessment.</td>
</tr>
<tr>
<td><strong>Assessing the position of the person</strong></td>
</tr>
</tbody>
</table>
The position of the individual may influence their independence in eating. If the person is slumped, lying in bed and not upright, or falling to one side, it may be very difficult for them to reach the plate to feed themselves, or they may spill food whilst transferring it to their mouth. The person may be in danger of choking, and unable to swallow if in a slumped position.

**Positioning the person for feeding**
To ensure that the person is able to eat as independently as possible, and to ensure that they are positioned well to swallow, you should position them as follows:

- In a supported position, upright in the chair or bed. The chair should not be low backed, as it may not provide adequate support – headrests may be required to provide adequate head support in some cases
- Feet are flat on the floor, with hips and knees flexed to 90º (hips as near to 90º as possible if in bed)
- Properly supported with pillows if necessary, with head upright – not back or too far forward.

**Explain how the position of a person in your care influenced ability to eat. What did you do to make things better for this person? Would you do anything differently next time?**

---

**Use of equipment for eating:**
Equipment can be purchased to enable an individual to feed themselves independently. The occupational therapist will provide appropriate advice. Each aid has a different purpose, and it is important to know why the aid has been selected for individual.

Dycem non-slip mat to stop plates etc moving around

**Plasterzote 6mm bore:** can be purchased in 1m lengths and cut to size to go over standard cutlery  

**Ultralite cutlery** is a range of cutlery with large handles
that are easy to grip. Despite the large size of the handles, they are very light, and so require very little strength to use.

- Some cutlery has big chunky rubber handles to enable a better grasp
- Other cutlery assists people to eat with one hand only
- A spork is a spoon with prongs on the end, suitable for using as a fork, while still having a spoon portion
- A splade is a knife with fork prongs so that the person can cut the food and transport it to the mouth with one hand
- Plates may be angled to enable the person to easily eat soup. The angle enables them to get the soup onto the spoon more easily than with a normal plate
- Insulated cups, which do not get hot on the outside may be used with individuals who have poor awareness of heat and temperature, who are oversensitive to heat possibly because of burns to the skin or neuropathies
- A plate guard provides an edge to the plate that ensures the food remains on the plate.

If you have been working for a while with a person and you feel that they are progressing, you can try the individual with standard equipment.

**Briefly describe a person you have worked with who used equipment for eating or drinking.**

What equipment was used, and why. If you are unsure, discuss the case with the occupational therapist who will explain the purpose of the aids.
Medical requirements for food and food preferences:
The person may be required to have a restricted diet because they are diabetic or on a weight loss diet or other medical diet such as low fat, low cholesterol, coeliac. People who are recovering from stroke and who have swallowing difficulties may require soft staged diet and if so the Speech and Language Therapist will have clearly indicated what type of diet an individual requires. The person may simply have preferences, and not like a particular type of food. It is important for reablement and dignity that the individual has a choice.

Involvement of other professionals
It is important to be aware of the possible need to involve other professionals when working with a person on reablement of feeding. Liaise with the Occupational Therapist who will advise further.

Speech and language therapists are specially trained to assess an individual’s ability to eat and swallow. If you observe that a person is having difficulty chewing, is not clearing food properly from their mouth when eating, or is choking when eating and drinking, it may be appropriate to ask for the involvement of a speech therapist to assess the person’s ability to eat and drink and determine if therapy or a change of diet is required. If someone coughs after eating a meal or is regularly getting chest infections, this may indicate a swallowing difficulty and the individual should be referred to the Speech and Language Therapist for assessment.

Dieticians will advise on the nutritional content of the food for individuals.

NB: Falls prevention is an important part of reablement and separate training and literature is available to cover this topic.

This completes the Reablement Workbook. In summary Reablement is about working with someone to maximise their independence and regain confidence, ability and skills to live safely at home. It involves encouraging and motivating individuals to do as much for themselves as possible. It is an active and constantly changing process and requires excellent communication between all parties involved in a person’s care.
Appendix

Appendix 1
Reablement Risk Assessment tip sheet

Physical hazards
- Is the person clear about what they have to do, and can they communicate with you?
- Has the person’s condition improved or deteriorated?
- Is the environment free of unnecessary hazards (rugs, furniture)
- Are there any obstacles that would be hazardous?
- Is there enough space for you and the person to move around in?
- Is the floor wet?

For people with noted physical needs
- What is the person’s level of mobility, what equipment do they use?
- Are there any precautions that you need to be aware of? (hip precautions etc)
- What are the manual handling risks – is equipment or other assistance required?
- Can they move themselves from sitting to standing if required? What help might they need?
- Are there effective brakes on the chair?
- Is the chair or stool to be used stable?
- What is the individual’s cognitive state: It is important that you know if the person can understand what they need to do, or if they have problems with memory or other cognitive issues.
- Have they been unwell overnight?

For individual themselves and the environment
- Is the individual appropriately dressed?
- Are they wearing appropriate footwear?
- Are there any obstacles that would be hazardous?
- Is the floor wet?
- Is there enough space for the individual and yourself, and any equipment to move around?
- If the person already uses specialised equipment, e.g. adapted cutlery, hoist etc is it available?
- Is the equipment in good working order? If not report if worn or damaged, do not use and remove from circulation.
- Are there distractions that might prevent the person from concentrating?
Appendix 2
Reablement Care Plan – Example 1

Outcomes for Mr A:  To be as independent as possible in washing and dressing
To encourage safe walking with stick and close supervision
To live as independent a life as possible

Mr A should wear sensible, non-slip footwear at ALL TIMES in order to minimise falls risk.

Morning Visit – 60 mins
- Support Mr A to get out of bed. Encourage him to use bed lever and complete transfer independently.
- Provide Mr A with walking stick and supervise sit-to-stand transfer. Prompt Mr A to ensure standing balance before starting to walk. Mobile to bathroom. Mr A will mobilise with stick and close supervision. Staff to walk beside Mr A at R side and provide support by gently taking R arm and walking at same pace as him. Encourage Mr A to take small steps and keep head up to maintain balance.
- Support Mr A to perching stool at sink.
- Set up toothbrush and toothpaste, shaving materials, basin and facecloth. Mr A will shave, brush teeth and wash top half almost independently using stroke technique.
- Will require assistance to wash and dry back.
- Please be patient and allow Mr A to complete tasks independently.
- Hand Mr A clothing for top half. He will dress independently. Again, please be patient and allow him to be independent in this.
- Once top half is completed support Mr A to transfer from perching stool to toilet in order to complete lower half dressing.
- Mr A will state whether he wishes to wash lower half.
- Prompt Mr A to undress bottom half before sitting on toilet. Lay underpants on floor at Mr A’s feet in order for him to place these over his feet. Offer use of helping hand if this is required.
- If Mr A is struggling to get right toes into pants encourage him to use L leg to elevate R foot. Repeat with trousers.
- Carer to put on Mr A’s socks and shoes.
- Assist to stand; Mr A will pull up pants and trousers independently.
- Once standing balance is maintained support Mr A to mobilise to living room and safely transfer into chair.

- Mr A has specified that he may like to shower once weekly. He has adapted shower and a wall mounted seat with legs. Mobilise to shower as described above. Encourage Mr A to rest right arm on lap. Hand Mr A items as required. Will require minimal asst to wash and dry back. Transfer to toilet and complete dressing as described above.
- Once Mr A is in his seat staff to prepare breakfast.
- Please leave urinal bottles in Mr A’s reach so he can use them if unattended.
- When staff leave please prompt Mr A that he is not to mobilise whilst unattended. Leave stick at chair side so risk is minimised should Mr A attempt to mobilise.

Lunch time visit – 30 mins
• Staff to encourage Mr A to mobilise. Place stick at left side. Encourage Mr A to stand independently, but if required provide asst. Close supervision (described above in bold).
• Offer to take Mr A to toilet.
• Mobilise to front door and back to chair.
• Staff to then provide lunch.
• Again verbally prompt that Mr A does not attempt to mobilise whilst unattended.

Dinner time visit – 30 mins
• Staff to encourage Mr A to mobilise. Place stick at left side. Encourage Mr A to stand independently, but if required provide asst. Close supervision (described above in bold).
• Offer to take Mr A to toilet.
• Mobilise to front door and back to chair.
• Staff to then provide dinner. Mr A has purchased Wiltshire farm foods for evening meals.
• Again verbally prompt that Mr A does not attempt to mobilise whilst unattended.

Night time visit – 30 mins
• Staff to mobilise Mr A as above to toilet.
• Prompt to undress lower half before sitting down.
• Once seated allow Mr A to undress top half independently.
• Hand Mr A clothing and allow to dress. Provide asst with buttons etc as required.
• Place lower half garments on floor and allow client to dress independently. If req, provide asst as detailed in morning dressing.
• With close supervision mobilise to perching stool at sink and prompt Mr A to brush teeth.
• Once completed, mobilise to bedroom and transfer into bed, using bed lever as req. Staff to remove footwear and allow Mr A to pull up covers etc independently.
### Appendix 3 – Reablement Case study example 2

#### REABLEMENT GOALS AND PLAN - *Example Form*

<table>
<thead>
<tr>
<th>DATE</th>
<th>GOAL</th>
<th>SIGNATURE/DESIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12th January 2011</strong></td>
<td><strong>Goal 6.</strong> Mrs A N Other to confidently and safely wash and dress her lower body without assistance.</td>
<td></td>
</tr>
</tbody>
</table>

**Target Date:** Week beg 31st January 2011

<table>
<thead>
<tr>
<th>GOAL No.</th>
<th>PLAN</th>
</tr>
</thead>
</table>
| **6** | Enable Mrs O to wash body as low as is possible to maintain/improve postural stability, range of movement sitting on the edge of the bed with assistance of 1.  
Identify with Mrs O suitable clothing; pants, stockings/socks, slippers/shoes. Enable Mrs O dress lower body with assistance of 1. Adaptive techniques may be used e.g. bringing foot on to opposite leg, using stool/chair to bring foot closer.  
Continue encouraging lower body washing and dressing on the bed to the point where Mrs O can safely reach low enough to dress lower body with/without adaptive equipment. Reduce assistance to prompting or supervision only, if safe to do so.  
If postural stability/reach is limited discuss with Mrs O whether long handled aids may assist (long handled sponge, toe washer, helping hand, shoe horn).  
Advise and reinforce techniques and safe use of equipment when available e.g. using helping hand to put on underwear to reduce bending.  
As postural stability and range of movement improves encourage techniques that promote further independence;  
Encourage Mrs O to select clothing from wardrobe/drawers independently.  
Enable Mrs O to walk to bathroom to wash using equipment as require e.g. perching stool, long handled aids.  
Enable Mrs O to dress lower body in bathroom or bedroom using equipment or techniques.  
Enable Mrs O to wash and dress lower body with level of assistance on request from Mrs O i.e. reablement worker to be in another area of the house/flat but available on request. |
Acknowledgements:

Many thanks to all those who contributed to the creation of the Reablement Workbook including Amanda Trafford, Linda Currie, Anne Stewart, Helen McLachlan, Steph Hay, Frances MacGregor, Laura Steen, Debbie Maloney and Julie Thomson.

Workbook produced by:

Caroline Baisley – Team Lead Occupational Therapist, Cowal and Bute

http://www.nhshighland.scot.nhs.uk/Pages/Welcome.aspx
http://www.facebook.com/?sk=welcome#!/NHSHighland?fref=ts
www.twitter.com/NHSHWhoWeAre

For further information please contact:
Caroline Baisley
Caroline.baisley@nhs.net