

Smart Care

London Borough of Tower Hamlets

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Modernising our Moving and Handling Practice



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Why?

- Cost effective support
- Benefits for people
- Benefits for providers?

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What are we doing?

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Three parts:

A:

Joint assessments by a Social Worker and Occupational Therapist (OT)



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Three parts:

B:

Training sessions for OT and Social Work staff
about new moving and handling techniques
and equipment



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Three parts:

C:

Wider range of moving and handling equipment – available as standard stock



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New moving and handling equipment / aids



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Gantry Hoists



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Wendy Letts



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Romedic Board



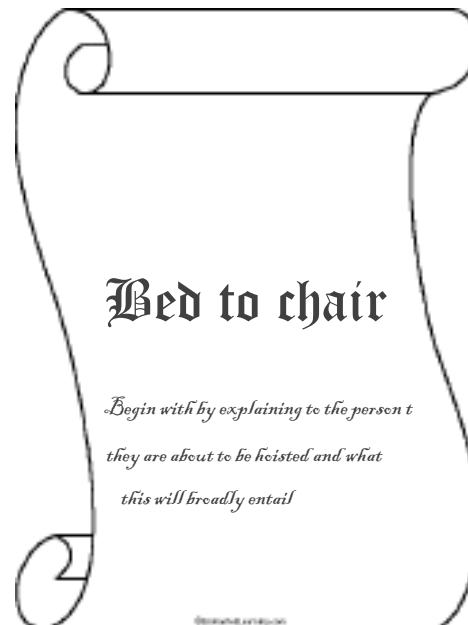
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Wedge



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Moving and Handling Plans - Single Carer



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IT TAKES TWO?
Exploring the Manual Handling Myth

In partnership with:

University of
Salford
MANCHESTER

PRISM MEDICAL UK

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It takes two?

Exploring the manual handling myth

Challenge that two people are required to hoist

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Blanket two carer policies pre-judge the outcome of a moving and handling risk assessment

“If a thorough risk assessment is completed and all variables are considered and managed then there is no necessity to use two staff or carers as standard procedure.”

Andrew Lupton, Manual Handling Advisor



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'It takes two? Exploring the manual handling myth'

Practical Exercise

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Case Study 1

Case overview:

- * Mr Ahmed is a 73 year old man of Turkish Cypriot origin, and lives with his son in a two bedroom flat on the ground floor. His son works long hours and is home late on most days. His wife lives in a residential home. His medical conditions result in weakness and stiffness of the leg muscles and reduced fine motor skills. He is a full time wheelchair user. Mr Ahmed needs assistance with all his transfers, personal care and help with meal preparation
- * Mr Ahmed has a ceiling track hoist, wet floor shower room and automated washer dryer WC in place.

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Case Study 2

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Case Study 2

Mrs Hatch lives alone in a 1 bed lifted flat.

She has Parkinson's disease and is unable to make herself hot drinks due to uncontrolled tremors.

She has a care package of morning personal care which was last reviewed in Feb 2015 and extended to include two day time visits to make hot drinks and prevent scalding.

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Case Study 2

Mrs Hatch informed the social worker that she does like the carers coming in during the day, and she would like to be able to make her drinks.

Joint visit - with Social Worker and OT to solve the drink preparation problem

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Case Study 2



Push button water dispenser



thermo mug with straw



trolley

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Case Study 2

Outcome:

Mrs Hatch was able to make her own drinks during the day independently.

This removes the carer visits in the day. Visit from carer still in place to fill kettle in morning and wash plates/cutlery and do the laundry.

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Case Study 2

Cost of equipment: £90

Savings achieved on care: £13,639 per year

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Case Study 3

Overview:

Mrs Begum is aged 67 years and lives with her family; daughter, son-in-law and grandchildren aged 4, 16 and 17 years. They live in a 4 bedroom town house on two levels, rented from a housing association. Mrs Begum had a stroke three years ago and has some residual left sided weakness, and she had been having dialysis for five years. Her function and sitting ability fluctuate considerably.

Mobility:

Mrs Begum is able to partially take her weight on some days, but is unable to take any steps, and is otherwise wheelchair dependent.

How Mrs Begum spends the week:

Mrs Begum has capacity and is able to participate in the assessment through an interpreter. She spends most of the time in her bedroom on the first floor. She has dialysis three times a week and the ambulance collect her and carry her up/down the stairs. Family members 'pop-in' to see her, and engage with her. In her room she either sits in a supportive chair, or lies on the profiling bed. She is hoisted with a mobile hoist to and from the bed. She is unable to access the bath and hence has bed baths. She wears pads that need to be changed once a day in the morning, as she has no urine release.

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Feedback on Case Study 1

Mr Ahmed

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Feedback on Case Study 2

Mrs Hatch

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Feedback on Case Study 3

Mrs Begum

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Benefits to the client

Better relationships:

- Improved personal relationship with the single carer
- Better continuity of care - less staff changes

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Benefits to the client

Less intrusion:

- No need to wait for 2 carers to arrive
- Less intrusion
- No time wasted - single carer can start on arrival

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Benefits to the client

Gentler care:

- Smoother transfers and the person spends less time in the sling
- Equipment can take up less floor space and enables better circulation

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Benefits to the client

Increased participation for the person:

- Assisting with positioning the sling
- Communicating with the carer

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Opportunities and Challenges for homecare providers ?

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What happens next?

- Training for providers – Jan 2017
- Re-assessments continue
- Support may be revised

Questions?

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