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WELCOME TO THE BULLETIN

Welcome to this week of the Bulletin! This edition includes lots of important news and updates from all across the business...

- The Care Awards Deadline Extended
- Update from L&D
- Learning Brief Contractures
- Have you had your flu vaccine?
- Flexible Working Process



THIS WEEK'S WELLBEING QUOTE



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UPDATE FROM L&D - WHY DEMENTIA TRAINING FOR CARE WORKERS MATTERS

In November 2024, the Alzheimer's Society published a report looking at the benefits of dementia training.

The report suggests that 70% of care home residents are living with dementia.



Yet, only 29% of care staff have received dementia specific training.

No wonder staff can feel overwhelmed by the complexities of dementia care!

Benefits of dementia training

People living with dementia and their family	Staff	Care providers
Receiving care from staff who can understand the evolving needs associated with dementia.	Improved attitudes towards dementia. Improved knowledge and confidence. Higher levels of job satisfaction. Reduced workforce turnover. Potential to reduce stress and burnout.	mentia. engagement. Increased activity and engagement between staff and people living with dementia. gher levels of job cisfaction. Reduced Improved relationships with family. tential to reduce stress Enhanced reputation with
Providing a healthier and more ethical means of supporting complex needs such as agitation.		
Reducing inappropriate prescribing of antipsychotic medications and other psychotropic medications.		
Promoting better quality relationships. Enabling culturally competent care.		

Let's do what we can to close that gap! Our Navigating Dementia course has been developed based on evidence-based practice to 'build bridges through understanding'.

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Navigating MIN Building bridges Dementia: through understanding

This one-day workshop will help build **SKILLS** to deliver **EFFECTIVE, COMPASSIONATE, DEMENTIA CARE**

This workshop will improve knowledge about dementia. Key points covered include:

- How dementia affects the key functions of the brain
- The impact dementia can have on communication and strategies to overcome this
- How person-centred care can promote independence and support a person with dementia to live well
- Recognising that behaviour that challenges us is a form of communication, and that through our understanding of the person, we can reduce their distress







SCAN the QR code to register on to a session or contact learning@somersetcare.co.uk

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LEARNING BRIEF - CONTRACTURES



LeDeR - Learning from lives and deaths



Learning Brief - Contractures

The **LeDeR programme** aims to improve care, reduce health inequalities and prevent early deaths of people with a learning disability and autistic people.

Email us at somicb.leder@nhs.net for further information.

A contracture is a permanent tightening of the muscles, tendons and nearby tissues that causes the muscle to shorten and the joint to become very stiff. Contractures can arise because of:

- Not moving a limb through its full range (independently or with assistance)
- Static positions for a prolonged period eg sitting in a wheelchair or lack of assistance to change position
- Increased muscle tone Common areas for contractures include inside of thighs, back of knees, calves, biceps, wrists, and fingers. Contractures can have a significant impact on:
- Ability to complete personal care
- Skin integrity Breathing and an individual's risk of a chest infection
- Pain and discomfort for the individual
- Being able to sit in a chair and / or upright
- Participating in activities of daily living
- Quality of life





Case Study 1 – Findings from LeDeR Review

John had a mild learning disability (LD) and lived in the community with relatively little support from care agencies for most of his life. John's deteriorating mobility was not effectively managed in his supported living environment. His mobility was very poor, joints very stiff and he was often in pain. This culminated in a hospital admission with cellulitis and sacral sore.

Case Study 2 – Findings from LeDeR Review

Jane had a learning disability, a stroke and a diagnosis of vascular dementia. She had been living in a mainstream care home for 14 years prior to her death. Appropriate postural equipment and management had not been implemented by the home and she developed severe contractures.

Contractures were first documented in 2014 when she was unable to weight bear and was described as

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He was discharged to the community hospital for rehabilitation however he found it difficult to engage. When he was discharged from the hospital to a nursing home his mobility had not improved and he had significant contractures of his left leg. He lost the ability to stand and transfer, developed several pressure wounds and experienced significant unplanned weight loss.

He did not receive timely intervention and despite input from LD Physiotherapy, his contractures and chronic pain worsened. He became increasingly confined to his bed because he could not sit safely due to his contractures. This impacted on his wider physical health, wellbeing and quality of life as John had been very sociable man who liked to interact with others.

The LeDeR review found that John's health had been deteriorating for some years however this was not proactively monitored or managed adequately, taking account of his LD. It was suggested that patient deterioration tools including the monitoring of symptoms of contractures are key to proactively monitoring health and care needs.

being "bed bound". Specialist advice regarding this was not sought by the care home or by other professionals involved with her care until 2021.

By that time she needed full assistance of two care staff with all activities of daily living and personal care. Due to the severity of contractures in her arms and legs, even when a specialist assessment was sought, she was not able to sit in any specialist seating chair or bathing equipment.

The LeDeR review highlighted the need for increased awareness and training across the system about the risks of contractures and the impact of these on an individual's quality of life and care needs. It also suggested that the use of screening tools should be promoted to aid assessment and management of contractures including to guide timely referrals to specialist services.

Note: names have been changed to protect confidentiality.

Reflections

These case studies are two of many examples of people who were referred too late to Physiotherapy with severe contractures.

Contractures can significantly impact an individual's physical health, mental well-being, and quality of life. In severe circumstances, secondary complications can result in hospital admissions and contribute to an individual's death.

Contractures are often preventable. We can reduce the risk of them developing and worsening through positioning / movement care plans provided by Physiotherapy.

Making a Referral

Early referral to Physiotherapy is vital. The Contracture Risk Assessment Tool and / or Postural Care Tool (details below) can be used to aid decision-making about whether a referral is needed.

Referrals for people with a learning disability should be emailed to the Community Team for Adults with Learning Disabilities via

CTALDHealthReferrals@SomersetFT.nhs.uk

Mainstream Physiotherapy services can be accessed from the Community Rehabilitation Service (CRS) via: Community rehabilitation service (CRS) - Therapies (somersetft.nhs.uk)

Concerns should also be discussed with the person's GP.

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Practice

- ➤ The Observational Risk Assessment for Contractures-Longitudinal Evaluation (ORACLE) is a risk assessment tool for contractures currently being piloted by Dorset Healthcare University NHS Foundation Trust (DHUFT): Development, Validation, and Development, Validation, and Evaluation of a Risk Assessment Tool for Contractures: the ORACLE Study Full Text View ClinicalTrials.gov
- ➤ Contracture Risk Assessment Tool (CRAT): 200318-A-tool-to-prevent-and-manage-contractures-in-care-home-residents.pdf (emap.com)
- Changing Our Lives Postural Care Tool: Tool for health professionals, families and carers.



Knowledge

- > Prevention of Contractures leaflet Northern Health and Social Care Trust (NHSCT)
- Contractures Awareness Training (DHUFT):
 - https://www.youtube.com/watch?app=desktop&v=aITUZ63khr0
- 7 Minute Learning Dorset and Bournemouth & Poole Safeguarding Adults Boards:
 PowerPoint Presentation (bcpsafeguardingadultsboard.com)
- > LeDeR Postural Care Fact Sheet:
 - https://www.bristol.ac.uk/media-library/sites/sps/leder/2096 PosturalCare PDF.pdf
- The Chartered Society of Physiotherapy:
 - Addressing the cost of contractures | The Chartered Society of Physiotherapy (csp.org.uk)



NHSCT Prevention of Contractures leafletps

Patient Information

- Your contracture prevention passport The Royal Wolverhampton NHS Trust: MI 4448314 28.06.22 V 2 Public.pdf (rwt.nhs.uk)
- It is recommended that bespoke patient-specific accessible information is provided for people with a learning disability where appropriate.



Processes

A Positioning / Movement Care Plan written by a Physiotherapist must never be discontinued, changed or transcribed into another format without consultation with a Physiotherapist.

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Have you had your flu vaccine?

It's not too late - book before 31st March 2025

Frontline health and social care workers are eligible for free NHS flu vaccinations.

To access your free NHS flu vaccine, head to your registered GP practice or community pharmacy and self identify as a social care worker.

You may need to present ID, such as an ID badge, payslip or letter from your employer as proof of your eligibility.

The sooner you are vaccinated, the better protected you - and those you support - are this winter.



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FLEXIBLE WORKING PROCESS

Within the HR team, we are experiencing a significant increase in the number of flexible working cases we are receiving at the moment and are keen to continue to support with these. Due to the volume of cases, we thought it might be helpful for us to remind all Managers of the process to be utilised. The right to request flexible working is a statutory requirement, and therefore we do need to follow the process in its entirety, adhering to the timescales laid out in the policy.

When an employee makes a request for flexible working, Managers should provide them with a copy of the policy and the form for them to complete as soon as possible. Once this form is received, please open a flexible working ER case, and we will contact you to discuss it further. The request should be acknowledged within 5 days. The flexible working meeting must take place within 21 days of the request being submitted. We will support you with all the appropriate paperwork and guidance for this, as this is a formal meeting.

Once flexible working meeting has been conducted, an outcome should normally be confirmed within 14 days, and we will support you with your decision and the associated correspondence. If there are unavoidable delays, or a different timescale agreed, we will need to ensure that this is communicated with the employee that has made the request, and we can help with this. Please remember that as this is a statutory right, and this is a formal process, requests for flexible working should not be agreed informally by Managers. If you are not sure whether something sits within the parameters of the process, let us know, and we can discuss it. As always, if you have any questions, please just contact us and we can chat them through.

