

Activity Planning

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Surname:

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Company:

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Please complete the above, in the blocks provided, as clearly as possible.

Completing the details in full will ensure that your certificate bears the correct spelling and date.

The date should be the day you finish & must be written in the DD/MM/YYYY format.

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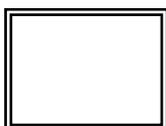
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N.B: We are aware that official practice is to use the terms “clients” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



important



Activity Planning

Learning outcomes.

- Understand the effects of activity on physical and mental wellbeing.
- Understand the effects of activity on social wellbeing.
- Identify knowledge and skills needed to provide activities.
- Recognise how to support person centred care in activity planning.
- Understand how to plan, carry out and evaluate activities.
- Understand how client care and support can be based on activity.

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

Safe.	People are protected from abuse and avoidable harm.
Effective.	People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it.
Caring.	Care should be person centred involving dignity and respect, and compassion.
Responsive.	Following correct working procedures as agreed by your workplace and as set out in the client's care plan.
Well led.	Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent.

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.

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The fundamental standards are as follows:

- Person centred care.** Ensuring that those receiving the care are at the centre of all decisions.
- Dignity and respect.** Providing the client with dignity and respect in all aspects of their care.
- Need for consent.** Asking the client's permission before carrying out tasks that affect them.
- Safe care and treatment.** Following correct working procedures as agreed by your workplace and the client's care plan.
- Safeguarding service users from abuse.** Following agreed working and safeguarding procedures and being aware of signs and symptoms.
- Meeting nutritional needs.** Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.
- Cleanliness, safety and suitability of premises and equipment.** Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.
- Receiving and acting on complaints.** Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.
- Good governance.** Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.
- Staffing.** Fit and proper persons employed.
Fit and proper person requirement for Directors is followed.
- Duty of candour.** Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.



Activity Planning

Introduction

Activity is an important part of an individual's life, enabling health and wellbeing. It can help to restore, maintain and improve physical and mental health. When choosing activities, our personality, interests, values, beliefs and other factors that have influenced our life will all be taken into account. In this way, the activities we choose help to define who we are.

Engaging in purposeful and meaningful activity enhances and enriches our life and the motivation to do it does not generally diminish as we get older. However the common effects of aging, such as reduced vision and hearing and conditions such as arthritis and dementia, can mean our ability to participate in these activities in the same way as we used to, may be reduced.

Studies, since the 1950s, have documented high levels of client inactivity in social care settings. A recent study, Hancock et al 2005: *The Needs of Older People with Dementia in Residential Care*, revealed that 76% of those studied felt that the most common unmet need for clients was the lack of stimulating daytime activity.

The provision of activities in social care settings should not be seen as an addition to the overall delivery of the service but an integral part of the client's care and experience. Failure to provide purposeful activity could result in poor quality of life and the physical and mental deterioration of the client, resulting in possible abuse charges for neglect.

Activities can take on many forms which means that the list of possibilities is endless. Leisure pastimes, daily activities, social experiences or events and time for yourself are all important activities for many people. Getting to know each client and every aspect of their life will help you to provide meaningful person centred activities.

Activity planning is about the provision of ways in which clients are supported to do all of these things throughout the whole day, not just through structured groups in traditional activity programmes.



Legislation

The following information sets out the requirements placed on your work place with regard to providing relevant activities for each individual client:

Health and Social Care Act 2008.

Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Care and welfare of clients (extract).

9. (1) *The registered person must take proper steps to ensure that each client is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of:*

(a) the carrying out of an assessment of the needs of the client.

and

(b) the planning and delivery of care and, where appropriate, treatment in such a way as to:

(i) meet the client's individual needs.

(ii) ensure the welfare and safety of the client.

The above extract lays responsibility on the registered person, establishment owner or manager, for all matters relating to the provision of care in their establishment; this includes not just nursing, personal and healthcare but also welfare and wellbeing.

CQC's compliance standards.

Since April 2015 the CQC's "*fundamental standards*" regulations affects the provision of activities as outlined below:

- Care and treatment must be appropriate and reflect clients' needs and preferences.
- Clients must be treated with dignity and respect.
- Care and treatment must be provided in a safe way.
- Clients must be protected from abuse and improper treatment.
- All premises and equipment used must be clean, secure, suitable and used properly.

The assessment, planning and delivery of their care, treatment and support maintains their welfare and promotes their wellbeing by taking account of all of their needs including:

- Physical.
- Mental.



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- Social.
- Personal relationships.
- Emotional.
- Daytime activity.

Standard 12 of The National Minimal Standards for Care Homes for Older People (DoH) 2003 (NMS), requires social contact and activities to be provided by care homes as a measurable outcome for clients, both inside and outside the home.

NMS Social contact and activities.

Clients find the lifestyle experienced in the home matches their expectations and preferences and satisfies their social, cultural, religious and recreational interests and needs.

Standard 12.

12.1 The routines of daily living and activities made available are flexible and varied to suit clients' expectations, preferences and capacities.

12.2 Clients have the opportunity to exercise their choice in relation to:

- Leisure and social activities and cultural interests.
- Food, meals and mealtimes.
- Routines of daily living.
- Personal and social relationships.
- Religious observance.

12.3 Clients' interests are recorded and they are given opportunities for stimulation through leisure and recreational activities in and outside the home which suit their needs, preferences and capacities; particular consideration is given to people with dementia and other cognitive impairments, those with visual, hearing or dual sensory impairments, those with physical disabilities or learning disabilities.

12.4 Up to date information about activities is circulated to all clients in formats suited to their capacities.

Other relevant legislation that may need to be taken into account.

Health and Safety at Work Act 1974.

Where carers are involved in setting up or supporting the activity.

Control of Substances Hazardous to Health.

This may apply to substances being used during the course of the activity.



Mental Capacity Act 2005.

If the client does not have capacity to make the decisions about the activities they would like to do, it may be necessary to appoint a representative who can make those decisions in the clients best interests. It is no longer acceptable to make decisions about what clients do for activities based on what the majority of clients would like to do or what is easy for the care setting to provide.

RIDDOR 1995.

This may be applicable where accidents occur.

Equality Act 2010.

Be aware of the protected characteristics when planning activities to ensure you are not discriminating against anyone.

Moving and Handling Operations Regulations 1992 (amended 2002).

Where moving and handling is required within any part of the provision of the activity you will need to risk assess the task, the individual carrying out the moving and handling, the load to be moved, any equipment required for the move and the environment where the move is to take place.

Unit One

The importance of purposeful activity.

The benefits of purposeful activity have long been known. The saying “a healthy body a healthy mind” shows the relationship between the physical body and the mind is one that is inextricably linked. While our bodies, and in some cases, minds deteriorate with age the link between the two remains. Through providing purposeful activities we can reduce the process of deterioration to enable the client to maintain as independent a life as possible.

Benefits to the client can be achieved in the following areas:

- Physical health.
- Mental wellbeing.
- Social interaction.

Our physical health is important not just in the biological sense but in other areas of our life. With good physical health we are able to engage in social activities and pastimes. We have independence, choice, self esteem and mobility.

Everybody whatever their age needs the following:

- To be part of a community.
- To have good relationships with friends and family.
- To have opportunities to develop experience and learn new skills.
- To have choices and control over life.
- To be shown dignity and respect.
- To be treated as an individual.

The physical effects of aging.

As we grow older we will gradually lose much of our physical abilities resulting in limitations on how we may choose to live. In addition, as we age we may become less inclined to partake in any physical activity or move at all. From the age of 70 many people will become increasingly more sedentary to the point where as much as 80% of their day may be spent with no or little activity at all. The cause for these behaviours may be due to the limiting factors from the changes to the individual's physical capabilities and activity limiting environments.

Activity Planning

Body System	Effect of Aging	Implications
Muscles.	Reduction of muscle mass.	<ul style="list-style-type: none"> • Loss of strength. • Poor posture. • Reduced flexibility. • Loss of balance. • Increased body fat.
Bones.	Bone mass reduced. Inter-vertebral discs thin. Arthritis.	<ul style="list-style-type: none"> • Increased risk of fracture. • Loss of height, stooping. • Lack of mobility, constant pain.
Heart.	Cardiac output decreases. Arteries thicken become less elastic.	<ul style="list-style-type: none"> • Loss of cardiovascular fitness. • Increased blood pressure.
Lungs.	Lung tissue becomes less elastic.	<ul style="list-style-type: none"> • Reduced lung capacity and fitness. • Shortness of breath.
Neurological system.	Loss of brain cells. Memory.	<ul style="list-style-type: none"> • Sensory changes – loss of balance. • Recall and general function less efficient.
Vision.	Sight degenerates.	<ul style="list-style-type: none"> • Ability to see and focus deteriorates.
Hearing.	Hearing deteriorates.	<ul style="list-style-type: none"> • Impact upon ability to hear.

How ageing can affect people socially.

You may think that being retired and not having to go to work would be a dream come true, but for some people their work is part of their social network. Their job may have defined a big part of who they are. Losing this network may be a big change affecting a large part of their life.

They may feel they have lost their reason for getting up in the morning or feel they are no longer useful to society. If work was a substantial part of their life, they may feel they have lost their daily contact with friends.

Sight and hearing deterioration may prevent them from continuing with hobbies and interests that involve them interacting with others.

Loss of mobility may also have an impact on what social activities they can participate in.

All of these factors may mean they cannot participate as they used to, but should not stop them having social contact. It just means looking at different ways they can be involved which meets their needs.

Activity Planning

Think about the activities or hobbies you do, choose one that is important to you and under each of the following headings write down how it would affect your ability to do that activity.

Deterioration of sight:

Deterioration of hearing:

Loss of mobility: