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1. Policy Statement

Social inclusion promotes the involvement and participation in everyday activities that are often taken for granted in our day-to-day lives. Ill health, old age and disability are often accompanied by isolation, and therefore it is important that links to friendships, familial relationships and community-based groups are encouraged and pro-actively managed so they can be maintained and enjoyed. Similarly, the fast-changing technology advances in all areas of life can also be harnessed in ways hardly imaginable even a few years ago.

Activity is recognised as essential human existence, health, wellbeing and day-to-day life. Our individual personality, life interest, history, values and beliefs all contribute to and influence our choice of activities. It is essential that within our environment, there is mutual understanding, awareness and acceptance between all staff and residents about the importance of activities and the underlying principle that activity provision is vital to our resident’s health and wellbeing.

2. Care Act 2016

Wellbeing is at the core of service delivery and should be included in the assessment process for all prospective residents. It is now recognised that wellbeing of the individual is impacted in a big way if what you are trying to do makes them miserable or unhappy.

3. The policy

This organisation aims to ensure that, through a comprehensive and robust assessment and care-planning system, residents are enabled to participate and contribute to their fullest potential in any activity that helps to maintain their links to the community in which they live.
a) **Activities:** This Organisation ensures that opportunities for activity are available and that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in an activity that is meaningful to them and that promotes their health and mental wellbeing.

Activity is recognised as essential human existence, that supports health and wellbeing. Our individual personality, life interest, history, values and beliefs all contribute to and influence our choice of activities. It is essential that within our environment, there is mutual understanding, awareness and acceptance between all staff and residents about the importance of activities and the underlying principle that activity provision is vital to our resident’s health and wellbeing.

Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities. This will help to ensure that activity is meaningful and that relationships are developed and maintained.

**Meaningful Activity:** Meaningful activity includes physical, social and leisure activities that are tailored to the person’s needs and preferences. Activity can range from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts and crafts, conversation, and singing. It can be structured or spontaneous, for groups or individuals, and may involve family, friends and carers, or the wider community. Activity may provide emotional, creative, intellectual and spiritual stimulation. It should take place in an environment that is appropriate to the person's needs and preferences, which may include using outdoor spaces or making adaptations to the person's environment.

All activities should be available and reviewed regularly as part of the care plan, and individual choice should be paramount in the maintenance of those activities.

**Mental wellbeing:** Mental wellbeing includes areas that are key to optimum functioning and independence, such as life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support.

b) **Equality and diversity:** Staff working with older people in care homes should identify and address the specific needs of older people arising from diversity, including gender and gender identity, sexuality, ethnicity, age and religion.

When tailoring activities to the needs and preferences of older people, staff should be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, and cultural differences. Staff should have the necessary skills to include people with cognitive or communication difficulties in decision-making.

c) **Staff Training:** All staff are required to understand and implement the home’s policy on social activities and leisure, which is in line with our person-centred values and principles. Staff with specific responsibilities for providing leisure opportunities are encouraged to seek further training and qualifications in any activities that could benefit residents following Skills for Care guidance.

All staff are expected to be able to support service users in following up their interests and achieving their personal goals and will be offered specific training to ensure this happens. Staff will be trained to ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

d) **Social Activities outside the Home:** Activities are not restricted to inside the home. Outside Activities, Holidays and short breaks are encouraged as are regular outings to places of local interest and also the organising of small groups for lunch at the local pub.

e) **Dignity and Choice:** We must never assume that people will want to participate in activities. Residents will always be offered and encouraged to participate but there will be those residents who do not wish to participate, and their views must be respected and recorded.
However it is important to never assume that this will always be the case, residents who regularly refuse should still be offered the opportunity to participate.

Residents must never be coerced or forced against their will to participate in activities – this would be considered abuse and subject to our safeguarding procedures being implemented.

f) **Digital Technology**: Digital technology can enrich, in many ways, the activity choice within our residential setting. Technology is now part and parcel of our everyday lives and residents can be inspired, empowered and engaged by its use. Technology enabled care (TEC) is playing an increasing role in the development of services that support people and enrich their quality of life. As an organisation we are aware of the different technologies such as:

- The Magic Table – interactive, games, encourages movement and co-ordination, multiplayer.
- Memoride – a pedal exercise which takes the user down familiar or new paths or destinations they have wanted to visit.
- Music Mirrors – A digital compilation of sounds and music, linked to Youtube. Described as “memory toolkits”.
- Technology advances at such a rate that it is important that we assess and review its use and the availability of TEC will be embedded into the activities regime.
- The prevalence of digital platforms means that people can communicate face to face like never before. These platforms offer residents an opportunity to meet with family and friends from anywhere in the world from the comfort of their armchair.
- Residents and staff will be trained to use these platforms and there will be a small number of devices available for use in the home for this purpose.

g) Healthy ageing, where possible, is a core good for any activities organised for residents, this includes things such as improving physical fitness, improving access to a variety of equipment, foot care, oral health, continence care, low vision and hearing services, healthcare and health promotion services are all regarded as contributory drivers within the activities available to our residents.

h) Individual residents’ interests are recorded on their Assessment of Need having been encouraged to complete or are involved in the writing of “Nothing about me without me” and ‘Supporting socialising, quality of life, emotional and spiritual needs’, and they are given opportunities for stimulation through a variety of recreational and daily living activities that suit their needs, preferences and capacities.

i) Within the home, opportunities for activities are made available to all residents in formats suited to their capacities. Prescriptive list is avoided regarding the types of activities that are available as activities evolve and change to suit individuals needs and preferences.

4. **External Resources**

a) Where possible, the home will engage with their local communities to assist in the variety of activities that are available and accessible to residents’ e.g.

- Chess club
- Military associations
- Specialist charities e.g. RNIB
- Ethnic affiliations e.g. Irish, Scots

b) These are just a few but it is important to assist in keeping our residents linked to their community. As an organisation, we are aware of the isolation that age can bring and our activities strive to lessen, where possible, such isolation and contribute to everyone’s social inclusion.

5. **Outings and Trips**

a) From time to time, residents are taken on outings or trips accompanied by family, friends, befrienders, volunteers from charities, or, as part of the care plan, our staff. It is important to note that residents with capacity are freely entitled to do so, though good practice and the duty to safeguard would mean that minimum checks should be in place to ensure their welfare. Residents who lack capacity, however, or where the issue of consent is variable, need to have a robust system of checks and balances which protects them and ensures their
well-being. As a minimum, the following should be in place:

✓ All trips or outings that are regularly undertaken should form part of the detailed care plan.
✓ Any person who accompanies the resident should follow the normal formalities of any visitor, checking in and out using the visitor’s book, giving an approximate time of return etc.
✓ External staff or volunteers from external schemes, charities or other agencies (not relatives, friends or carers) should undertake additional checks which include:
   - ID Badge
   - Authorisation letter from their organisation
   - Driving license and insurance (where applicable)
   - Mobile phone number for contact purposes
They should also be made aware of the following
   - A copy of the Missing Persons Policy which should be followed if an adverse situation arises
   - The need to advise staff of the approximate time of return
   - the need to communicate with the home in the event of 30 minutes or more delay in their return time

b) Outings and trips are beneficial and welcomed by residents but safeguards must be in place, in order for us to maintain the well-being and welfare of our residents without restricting or limiting their enjoyment and continued interaction with the wider community. Where necessary, risk assessments will be completed before such outings or trips.

6. Hate Crime
Any hate crime which is directed at someone on account of their colour, race, disability, nationality, ethnic or national origin, religion, gender identity or sexual orientation is forbidden. A hate crime law is intended to deter bias-motivated violence, this includes verbal or written incitement. It is important that in the course of any outings or trips any residents who are involved in any type of hate crime should be encouraged to report such instances. A record should be kept on file and action taken as required to safeguard the resident.

7. Consent
Where a resident has no wish to engage in activities, their wishes should be recorded, checked during reviews if it is still their wish, and if so, this should be respected. At no time, should a resident feel coerced to participate in any activity. For residents who may lack capacity as defined by the Mental Capacity Act 2005, care should be exercised in regard to the activities available, taking into account “Best Interest” decisions, where appropriate.

8. Resident Choice
No individual can be coerced into being a participating member of society, but often it is the obstacles they have to overcome (e.g. transport, access, escort) that are the reasons for exclusion, not their willingness to participate.

A full and comprehensive assessment of need is the first step in identifying the person’s social and emotional well-being and how these can be met. Respecting their right to not be included through their own choice is also important, but should be set in the context of everyone being able to change their mind. Timing is crucial; it would be natural to withdraw from activities and regular contracts during the first stages of bereavement, for instance, but it should always be possible to review choices at a later date.

Engagement can happen in different ways, and this too should be available as a method of slow inclusion into a social circle; e.g. pets can be a means of opening up communication. There is no “one size fits all”, rather a slow and gradual accumulation of trust, which allows participation and inclusion to become part of the relationship, at a pace chosen by the individual. It is important that equal access is afforded to everyone and that appropriate communication and assistance is available, particularly to those who may lack capacity.
Labelling of “traits” should be avoided, e.g. statements such as “that person is always difficult, grumpy” etc. only add to isolation due to perception and bias. Any “labelling” is inappropriate within a care setting and should be dealt with immediately. All activities should be available and reviewed regularly as part of the care plan, and individual choice should be paramount in the maintenance of those activities. On occasion there will be residents who do not wish to participate, and their views must be respected, recorded and revisited.

9. **Activities Organiser / Co-ordinator**

Our Activity organiser, our administrative assistant, works closely with our residents, attends residents’ meetings, talks to relevant persons to ensure full and varied groups and individual activities. We are registered with the “National Association of Providers of Activities for Older People (NAPA)”.

10. **Training Statement**

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes via e-mail and on our website at [www.bendigonursinghome.co.uk/resources](http://www.bendigonursinghome.co.uk/resources). Direct observations and spot checks are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, staff meetings, individual supervisions and external courses are sourced as required. Activities organiser is skilled and trained in the use of any TEC activities and keeps updated on the new technology coming on the market.

**Related Policy**

- Assessment of Need and Eligibility
- Autonomy and Independence
- Care and Support Planning
- Consent
- Dignity and Respect
- Meeting Needs
- Mental Capacity Act 2005
- Person Centred Planning
- Recruitment of Volunteers
- Relatives, Friends and Carers
- Safeguarding Adults
- Equality and Diversity

**Related Guidance**