Volunteering
Kingston Hospital
NHS Foundation Trust

Living our values every day

Community Exercise Training Days 1 & 2

Day 1

Time	Agenda Item	Who
12pm	Check in and questions	Service manager
12.10pm	Workbook – structure of programme, note making and when to send	Service manager
12.30pm	Lone Worker training	Security manager
1pm	BREAK	
1.15pm – 2pm	Basic Life Support Training	Resuscitation lead
2pm – 4pm	Exercise training	Physiotherapist lead

Welcome to Community Exercise Volunteering

December 2021

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Introductions & Ice Breaker

- Brief introduction: name, how long you've been volunteering at Kingston Hospital

- Your favourite exercise – what strengthens, balances and benefits your body most?

Useful Facts & Figures

- 12 million people >65
- In 50 years additional 8.6 million
- By 2030 1:5 people >65
- Fastest growing group >85
- 1.6 million people >85
- Set to double to 3.2 million in 20 years time
- Kingston 65% population >50

AGE UK

- *1 in 3 respondents (**4.2million)** or 34% reported feeling more anxious since the start of the pandemic,*
- *1 in 3 (**4.4million)** or 36% agreed they felt less motivated to do the things they enjoy,*
- *Over a quarter **(3.2 million)** or 26% can't walk as far as they used to,*
- *1 in 5 **(2.4 million)** or 20% are finding it harder to remember things,*
- *1 in 5* **(2.3 million)** or 18% *say they feel less steady on their feet,*
- *2 in 3 (7.9million) or 64% felt less confident taking public transport, 2 in 5 **(5.3 million)** or 43% felt less confident going to the shops or 1 in 4 **(3.3million)** or 26% felt less confident spending time with family.*

Consequences

- Social Service costs
- NHS costs
- Quality Of Life
- Dependency
- Co-morbidities
- Non communicable diseases

About Falls Prevention: Community Exercise

What are we measuring:

- Reduced the fear of falling
- Improved balance, strength and mobility
- Improved ability to perform daily life activities, e.g. sit to stand, reaching e.t.c
- Improved volunteer wellbeing and satisfaction

Who the programme is for

- **This service is open to residents of Kingston Borough and for any patient who:**
- Is 65 years old or over
- Had had a fall in the last 12 mths, at risk of falls, or is worried about falling
- Unable to access exercise classes or is housebound therefore at risk of loneliness and social isolation

- **Physical outcomes criteria:**
- Timed up and go – must be less than 40 sec with a walking aid or independently
- 180 Turn- 10 steps or less with a walking aid or independently
- STS 60 secs- no minimum criteria

- **Exclusion criteria:**
- Patients with serious pathologies or who are not medically stable
- Patients admitted with Covid
- Patients who need manual assistance walking
- Patients who have significant cognitive impairment and are unable to engage in assessment or follow instructions.

Statements

Declining strength is a natural part of aging

If people know what's good for them, e.g. exercise, they will follow a programme

The patient will not be in any pain if they follow their prescribed exercise programme

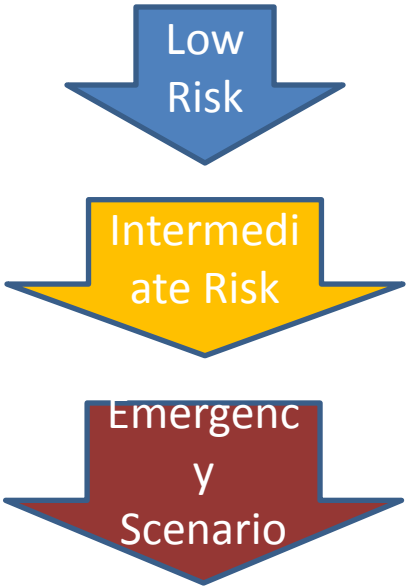
I've failed if the patient does not exercise in between sessions

Services available in the community

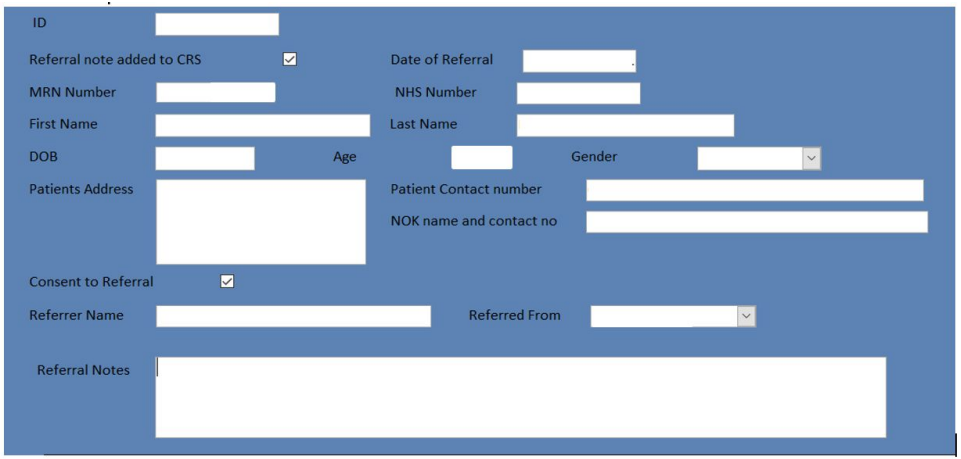
- Kingston Falls Prevention Service
- Better Bones Service
- Older & Vulnerable People's Support & Resettlement Service
- Walk Kingston
- Cleaning Services
- Care services
- Dementia services
- Social Services / SPA
- Day Centres
- Bereavement Services
- Food delivery services

Importance of Screening Questions

- Why screen patients before movement and exercise?
- What do you think you're looking out for:
  - Changes in medication
  - Hospital admission
  - Recent falls
  - Wellness and readiness for movement
  - New pain
  - Any safeguarding alerts
- What to ask and when
  - Pre-session screening questions
  - On the day screening questions
  - Escalation Procedure



- Introducing Your Workbook
- Including:
  - Screening questions
  - 1st Session Guide
  - Note making
  - When to send
  - Last Session Guide
  - When to discharge



Guidance for Note writing

Do	Don't
Keep it factual and to the point	Sit on an action point and wait for your next session to take it forwards or refer onwards
Use 'patient' rather than Name	Put subjective opinions, e.g. "the patient appeared drunk" / "the patient was slurring their speech and found balance exercises difficult today."
Record which exercises were completed and any effects – positive/negative which the patient experiences	
Record any actions you took / for the Volunteering Team to undertake	
Send your notes through the same day if you can	

Lone Worker Training

https://peoplesafe.zendesk.com/hc/en-gb/articles/360013799617-MicroSOS-Training-Videos

Note - this training included a live demo of the device and each volunteer practiced using it

Life support training

The resuscitation lead demonstrated CPR and volunteers practised using simulators.

Exercise Training

The Physiotherapy lead walked through the exercise booklet and demonstrated each exercise. Volunteers practised and explored various scenarios

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Day 2

Time	Agenda item	Who
12pm	Introductions	Service manager
12.20pm	About Community Exercise Volunteering – what you'll be doing. Outcomes and what we're measuring Boundaries and scenarios Services available in the community (end of service referrals)	Service manager
1pm	Screening for safety – questions you'll be asking before and during the programme Escalation procedure – how and when to get help Escalation scenarios	Service manager
1.45pm	BREAK	
2pm – 3.30pm	Safeguarding – for volunteers	Safeguarding Nurse and Senior Practitioner

Boundaries

Dos	Do Nots
Ask all of the screening questions – is it safe for this person to exercise today?	Progress with a session if the Screening Process flags any risks
Call the Lone Worker system with your location prior to entry	Enter a property without the Volunteering Team knowing your exact location
Note anything of a safeguarding nature, e.g. unsafe flooring, hoarding	Progress with a session if you feel the environment is not suitable for exercise, e.g. uneven flooring; unsuitable footwear
Give your name, role, wear your T-Shirt and ID	Give out any personal details or arrange to see the client outside of your agreed support plan (8 weeks)
Demonstrate exercises to show good practice and tips in action, e.g. knees directly over toes	Touch the patient or use touch to guide them into the correct position for exercise
Advise on correct conduct of the prescribed exercises for that person	Recommend the patient attempts any other exercise than those that have been prescribed for them
Encourage the older person to do their exercises if they feel safe and well in-between your visits	Gain consent before making any referrals to onward services

Sign-Posting & Referrals Scenarios:

1. A patient is afraid to let you into their home as they don't recall signing up for the FPCEV Service. However, you provide your ID and reassurance and slowly build up trust. You notice that their home is unclean and wonder how they can live in such circumstances. What would you report? How? What would you do? What would you say to the patient?

2. A patient is afraid of falling and as such, lives only in two rooms of their home, the front room and bathroom. They rarely go to the kitchen as there is a step leading down to the kitchen which they are afraid to use. They sleep on a low futon style bed in the front room. You are concerned that they are not coping well at home and unable to access their kitchen to store and make nutritious meals. What would you report? To whom? What would you do? What would you say to the patient?

3. The patient has a new diagnosis of Osteoporosis following a light fall which resulted in fracturing their ankle. They were diagnosed with early stage Dementia whilst in hospital. At the moment, they can't go out to collect food shopping as they can't carry it home. They were previously very active at 75, going to a regular Pilates class and would like to return. However, their fear of falling currently prevents them from walking to the bus stop and getting the bus to the local leisure centre. They enjoy light gardening and would love to return to the things they enjoyed

Screening Questions Scenarios

1. The patient has visited their GP since your last meeting (they met their GP 3 days ago) and has received a change in their medication. They have not experienced any ill-effects from this.

2. The patient reports feeling dizzy regularly after waking up in the morning or after a nap. They feel fine when you screen them. Their last incident of dizziness was this morning (5 hours ago).

3. The patient expresses that they feel joint pain in their right hip during the seated marches.

4. The patient has had a fall in the last 24hrs which did not require hospitalization. Patient has bruising to their right arm and right hip.

5. The patient has had a fall in the home in the last 24hrs which did require them to go to A&E. They have been discharged with a package of care (carers x3 per day to assist with meal preparation and personal care). They have a head injury which has a wound dressing on it.

1. (Contact Volunteering Team if unsure; patient OK to exercise)
2. (Contact the Volunteering Team. Not to exercise. Advise that they call their GP as soon as possible.)
3. (Stop the exercise and try a different one involving a different joint/muscle group).
4. Contact the Volunteering Team. Stop and advise them to call their GP.)
5. Advise that it is not safe to exercise. Contact the Volunteering Team and decline to progress with the exercise session.

Safeguarding for Volunteers

Definition of Adult Safeguarding

Safeguarding means:

'*Protecting an adult's right to live in safety, free from abuse and neglect'.*

It is about preventing and responding to concerns of abuse, harm or neglect of adults at risk.

It is about people and organisations working together to prevent and reduce both the risks and experience of abuse or neglect.

Care and Support Statutory Guidance, Chapter 14

Adult Safeguarding Duties

Adult Safeguarding Duties, under The Care Act 2014, apply to any adult who:

- Has care and support needs (whether or not the Local Authority is meeting any of those needs) and
- Is experiencing, or is at risk of, abuse or neglect and
- Is unable to protect themselves from either risk of, or the experience of abuse or neglect, because of those needs

Aims of Safeguarding

The aims of safeguarding adults are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adult's concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect

Making Safeguarding Personal

Making Safeguarding Personal (MSP) stresses the importance of keeping the adult at the centre. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where:

- Adults feel more in control
- Adults have ownership of the risk
- There is improved effectiveness and resilience
- There are better relationships with professionals
- Good information sharing to manage risk
- Key elements of the person's quality of life and well-being can be safeguarded.

Where can abuse happen? Who abuses and neglects adults?

Abuse can happen **ANYWHERE**.

It may happen:

- In the adult's own home
- In a care/nursing home
- In Hospital
- In a day centre
- In a public place
- On the phone
- On the internet

Anyone can abuse or neglect an adult, including:

spouses/partners, family members, neighbours, friends, acquaintances, local residents, paid staff/professionals, volunteers, strangers, people who deliberately exploit adults they perceive as vulnerable

Types of abuse?

Abuse can take many forms and may include:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological abuse
- financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect or acts of omission
- Self Neglect

If you would like more information on different types of abuse please visit:

https://www.scie.org.uk/safeguarding/adults/introductions/types-and-indicators-of-abuse

https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/

Possible reactions to abuse

An Adult at Risk may respond in a variety of ways to abuse, some of which may seem out of character or unusual. These may include:

- Marked change of behaviour
- Withdrawal
- Denial
- Anger
- Resignation
- Fear
- Mental Confusion
- Seeking attention/protection

Adult at Risk barriers to reporting?

These include:

- Fear that reporting will lead to the loss of care
- Fear of retaliation from the perpetrator
- A belief that nothing will be done if the crime or abuse is reported
- A belief that the police will be insensitive and/or dismissive of the report
- Embarrassment/feelings of shame
- Lacks capacity to take action themselves

Essential Actions

Recognise: be aware of the types of abuse and indicators

Respond: immediate actions in the situation

Report: Who to & how - be aware of your own agencies safeguarding policies/procedures

Record: Accurate, concise, factual, signed and dated

Your responsibilities

‘Safeguarding is everybody’s business’

Every professional that is working with a person that could be an ‘adult at risk’ as defined in The Care Act 2014 need to consider further actions if the person has appeared to have experienced harm or at risk of it, and is unable to protect themselves due to their needs.

A discussion with the adult as soon as possible regarding the concern should take place, advising them of the safeguarding process, gain their views and consent to raise a concern.

If there is doubt regarding their mental capacity to consent to a safeguarding concern, a mental capacity assessment should be undertaken and concern raised if thought to be in that person’s best interest

Your responsibilities continued

Your responsibility is to first and foremost safeguarding the adult at risk

- Have a conversation with the adult to obtain their views & tell them what action you will be taking
- Consent obtained from the adult at risk & mental capacity considered/best interest decision made & recorded, if the adult at risk is deemed to lack capacity to consent to the referral
- Assess immediate risk, ensure the adult is in no immediate danger
- Arrange any medical treatment (offences of a sexual nature will require police involvement)
- If a crime is in progress or life is at risk dial 999
- Preserve any physical evidence if in relation to a crime & preserve evidence through recording
- Encourage & support the adult to report the matter to the police, if a crime is suspected & not an emergency situation
- Ensure others are not in danger
- Inform your manager & follow your safeguarding adults policies/procedures
- Record all information

‘THINK FAMILY’

Concern Checklist

- Ensure the safety of the adult and others
- Initial conversation with the adult at risk (if appropriate if a criminal offence DO NOT 'interview the adult')
- Emergency services contacted and recorded
- Medical treatment sought
- Consent sought
- Mental Capacity considered
- Best Interests Decisions made and recorded (involved family/LPA)
- Public and vital interest considered and recorded

Concern Checklist

- Report to police if appropriate
- Evidence preserved
- Referrals made, eg AfC if there are children safeguarding matters
- Action taken to remove/reduce risks - suspension of staff if appropriate
- Record clear rationale for decision making
- Referral to Local Authority Safeguarding Adults

Complete safeguarding concern referral form

Information required on safeguarding referral

- Basic information - details of the adult at risk inc name, DOB, address, type of accommodation, telephone number (Is it safe to make contact on this number?), GP details, any care & support needs, health conditions/diagnosis/communication needs

- Details of who is raising the concern - inc name and contact details

- Details of family members/friends/advocates/others involved/LPA

- Factual details of what the concern is about - what, when, who, where, type of abuse

Information required on safeguarding referral

- Immediate risks and action taken
- If reported as a crime - crime reference number
- Any information on the person alleged to have caused harm - name, DOB, what is their relationship to the adult at risk. If a registered provider - provide details of the organisation. Are they the main carer? Are they aware of the referral?
- Wishes/views of the adult at risk or their representative - consent

Consent & Mental Capacity

Consent is giving permission for something to happen or agreement to do something.

Consent needs to be obtained from the adult at risk to raise a safeguarding concern. Therefore it is essential for you to discuss the concern with the adult, if safe to do so.

Consideration needs to be given to whether the adult has the mental capacity to consent to the safeguarding referral

Consent & Mental Capacity

Mental Capacity is: '*The ability to make a particular decision at the time the decision needs to be taken'.*

It should be assumed that a person has capacity to make their own decisions and be given practical help before people are treated as unable to do so. If the adult at risk appears to lack capacity, a mental capacity assessment should be undertaken.

REMEMBER

Someone cannot give CONSENT without having mental capacity

Referral Process

All safeguarding concerns are received, screened and triaged by The Access & Safeguarding Team.

Safeguarding Duties applies to:

- A person has care & support needs
- They may be experiencing or at risk of abuse & neglect
- They are unable to protect themselves from that abuse & neglect because of those support needs

Referral Process continued

What happens following a safeguarding concern will depend on the wishes of the person concerned and the seriousness of their situation. If they are in danger, ensuring their safety will be of utmost importance.

Information & advice will be offered so that the person can make an informed choice about any practical help they may need or action they wish to take. If they are unable to make an informed choice, care will be taken to support or protect them.

If the decision is to progress to a Section 42 enquiry, the safeguarding enquiry will be allocated to one of the Social Work Teams.

Referral Process continued

If you are concerned about an adult contact the:

Access & Safeguarding Team in Adult Social Care

Telephone Number: xxxxxxxxxx

Email: xxxxxxxxxxxxxxxx

Out of Hours: xxxxxxxxxxx

Please complete a safeguarding concern referral form, which can be found on the Kingston Website.

In an emergency situation, call 999

If you think there has been a crime but it is not an emergency call 101

Referral Process continued

If you are concerned about a child contact the:

Achieving for Children Safeguarding Team

Telephone Number: xxxxxxxxx

Email: xxxxxxxxxxxx

For further information please visit:

https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/

Do's and Don'ts

Do:

- Stay calm and listen
- Take what you are being told seriously
- Offer support to help them stop the abuse from happening
- Be aware that medical or other evidence might be needed
- Make a written note of what you have been told
- Contact the Access & Safeguarding Team without delay

Do Not:

- Press the person for more details
- Assume that someone else will take action
- Contact the alleged abuser
- Promise to keep it a secret

[Because you said something - YouTube]

Reporting your concerns

- Listen empathically and without interruption
- Create a confidential and safe space
- Tell a senior member of staff: Sister – Matron – Deputy Director of Nursing
- Use objective facts and observations to report concerns
- Seek support from Kingston Hospital's Volunteering Service.
- Don't ignore it – if not you, who?

- **An Overriding Principle**

It is vital that you do not leave the hospital with knowledge or concerns about the patients in our care that we may not be aware of.

MEET THE SAFEGUARDING ADULTS TEAM

- **XXXXXXXX** Safeguarding Adults Lead Nurse
- **XXXXXXXX** Safeguarding Adults Specialist Clinical nurse

There are a number of ways in which you can contact the team:

- Email: xxxxxxxxxxxx
- Bleep: xxxxxxx
- Tel: xxxxxxxx