Are two people always required for moving and handling?

HOW IMPLEMENTING SINGLE-HANDED CARE COULD BENEFIT YOUR SERVICE, STAFF, AND RESIDENTS' WELLBEING

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INTRODUCTION

Social care providers traditionally apply a standard policy that requires two professionals for all care activities involving moving and handling equipment. However, there are questions about whether the traditional approach is the most caring and effective person-centred approach. Instead, could Single-Handed Care (SHC) provide a solution to some of the challenges currently faced by service users, professionals and care providers?

Single-Handed Care represents a personalised approach to assessing an individual's moving and handling requirements, ensuring residents receive the right amount of care and support in the correct environment. Care should be proportionate, enabling, person centred, and not overprescribed. It should be designed to meet a person's needs at all times. By adopting SHC, the focus is on delivering precise care within the appropriate setting, all while optimising resource allocations within the system (Harrison, 2022).

SHC is not unlawful and is supported by the Care Act. It ensures a robust and holistic approach is used in the residents' best interests; is safe with the correct training, systems, equipment, processes and risk assessments in place; and can deliver efficiencies, both financial and time based, to the care provider, enabling resources to be better used to serve residents and the workforce alike.

Consider an old and frail care home resident who is cognitively well and has no complex physical conditions. This resident uses a standing hoist to transfer from the wheelchair to the toilet. When this resident wants to go to the toilet during the day, they press call bell and a carer arrives. When they understand the resident needs to use the toilet, another carer needs to be found. This second carer might be in the middle of caring for someone else and unable to come for the next 5-10 minutes, which means the resident may experience an increasing urge to use the toilet. This could increase the chance of having a toileting accident or a fall should they try to mobilise themselves.

Therefore, the question is, are we putting a health and safety standard procedure ahead of the well-being of a resident? Could SHC provide a timely and safe experience to the resident that would enhance their health and well-being?

Central to SHC is the concept of tailoring care to meet the unique needs of each individual, rather than adhering to a standardised caregiver-to-patient ratio. This flexibility underscores its adaptability across diverse care environments. It therefore signifies a potential reduction in the number of caregivers needed, whether from four to two, two to one, or even a transition to a solitary caregiver model, based on the complexity of tasks involved (Harrison, 2017; Mandelstam, 2020). Its applicability spans various healthcare and social care settings.

Considering the unprecedented workforce challenges confronting care homes and the broader Health and Social Care sector, SHC emerges as a timely and pragmatic solution (ADASS, 2022).

There are multifaceted benefits of SHC, and the following support offers guidance to independent care providers on effectively implementing an approach to enhance care delivery, where it is appropriate to do so recognising it will not be suitable in all situations.

BENEFITS TO THE INDIVIDUAL WHO IS BEING CARED FOR:

- **Enhanced well-being:** SHC supports individual well-being by promoting privacy, independence, and control, leading to improved quality of care (Phillips et al., 2014; Box & Agnew, 2019).
- **Improved dignity:** SHC reduces the invasiveness of care procedures, preserving the individual's dignity and autonomy.
- **Social connection:** With fewer caregivers, individuals have more meaningful opportunities to build relationships with their care team, fostering a sense of inclusivity and social connection.

BENEFITS FOR SERVICE PROVIDERS:

- **Efficiency:** SHC can save significant time, especially with proper training and support. It has been estimated to be suitable for 40-80% of individuals assessed, with trained staff achieving higher efficiency rates (Harrison, 2017).
- **Increased capacity and increased admissions**: Implementing SHC can potentially create additional hours within the community social care sector, offering flexibility in service provision and staffing. A care home embracing SHC would potentially be able to support an increase in admissions and residents to their home, where they would otherwise be restricted due to limited staffing.
- **Become a transition hub:** With the right training and support the care home could be a transition hub, for individuals being transferred from the acute setting. Care homes with these additional skills work with their local authorities and ensure the service users' care is converted from double-handed care into single-handed care, for example. The care home will be a centre of excellence by providing a person-centred experience for the service user with moving and handling needs. By enabling individuals to do as much for themselves as possible in the care home, we reduce the likelihood of individual deconditioning and readmission to a hospital setting.

EXAMPLES OF SINGLE-HANDED CARE IN PRACTICE

Dignified and timely toileting, leading to decreased distress:

A resident with a bladder condition needs to go to the toilet urgently and frequently. They may become quickly distressed if there is any delay and if they were initially receiving support from two health care assistants and a Sara Stedy transfer aid. This may have caused delays in waiting for the second carer to be free.

- **Solution:** Following assessment, the resident was supported by the Sara Stedy and the assistance of one carer.
- **Result:** Timely response, reducing distress and anxiety as well as supporting the care service team, allowing them to support other residents and tasks.

Reduction of pain leading to increased quality of life:

A terminally ill gentleman receiving care in bed was finding two carers turning him particularly painful due to his crumbling pelvis and therefore his pain medication dosage was high which rendered him less able to engage.

- **Solution:** Introduction of specialist bed sheet system and use of a mobile hoist to turn and reposition him with one carer.
- **Result:** As a result of SHC and different techniques, his pain was reduced, and his pain medication was also therefore reduced increasing his quality of life and his ability to engage with his family. This allowed the family to talk about his end-of-life wishes and support advanced care planning, with him as an active participant. He was awake and conscious for most of the day.

Greater independence following rehabilitation and reablement:

A resident was supported with a full body hoist and the assistance of two carers following a hospital stay. With appropriate rehabilitation, they were supported to transfer, initially with a standing hoist and the assistance of two carers. This was further reduced to the assistance of one carer. Positively, the resident was also able to participate in overseeing the carers with the positioning of the loops on the slings and actively put the top loops on himself. This gave him a sense of control and independence as well as being able to reach the toilet and maintain his continence and dignity.

EXAMPLES OF SINGLE-HANDED CARE IN PRACTICE

Greater independence and reduced distress:

A lady with tetraplegia was receiving assistance of two for all personal care in the morning causing her significant distress. Following input, components of the daily life activities were identified where only assistance of one was needed e.g. two carers to transfer but one to shower. The resident was able to carry out some personal care washing tasks herself increasing her independence and sense of self-worth. This allowed the second carer to complete other tasks.

Reduced pain and increased well-being:

A gentleman came to the care home for palliative care. Due to his cancer diagnosis, he had bone metastasis and fractures causing extreme pain on movement and couldn't tolerate being rolled, as a result, he had to remain in bed. With intervention including alternative techniques for using sliding sheets without the need to roll, pain could be managed, and with specialist seating equipment, he was able to sit in a chair and engage in activities with his family. This was particularly important as a special and final birthday was celebrated.

Proportionate Care for an individual with variable ability:

A resident living with Parkinson's with fluctuating function, at times can stand unaided, but at other times requires the support of a full-body hoist. Following the assessment, a plan A, B and C was put in place covering the different mobility scenarios. The benefit of different plans enables carers to support the resident in choosing the correct plan with the optimised number of carers to match their fluctuating presentations. The resident also benefits from not being restricted by a plan that would otherwise be a full body hoist but can be independent, walk, transfer, and weight-bear when able, bringing other health benefits to the resident.

Determining Suitability for Single-Handed Care

Single-Handed Care caters to a diverse range of service users, prioritising individualised care and intervention alongside appropriate equipment. It is particularly suitable for:

- Individuals experiencing distress or agitation in the presence of multiple caregivers, such as those living with learning disabilities or dementia.
- People receiving care in bed can benefit from a specialist bed sheet system.
- Individuals requiring assistance with standing and transferring independently.

KEY STEPS IN IMPLEMENTATION

To streamline the implementation of SHC, services should consider the following steps:

- Establish a task and finish group to oversee implementation
- Conduct a pilot study to assess effectiveness, although previous successes may render this step unnecessary
- Utilise risk assessment tools to identify appropriate care strategies (Webb et al., 2023)
- Implement data collection and analysis tools to track outcomes effectively (Harrison and Webb, 2022)
- Facilitate an engagement day involving all stakeholders to foster collaboration and buy-in
- Evaluate equipment suitability with input from frontline staff
- Provide comprehensive training across the organisation to ensure competency in SHC practices
- Ensure ongoing sustainability and support mechanisms to maintain effectiveness over time.

Other Considerations

Types of Transfers: SHC facilitates various types of transfers, including:

- Standing transfers
- Application of slings
- Hoisting with appropriate equipment

Suitable Equipment

To support SHC effectively, suitable equipment includes:

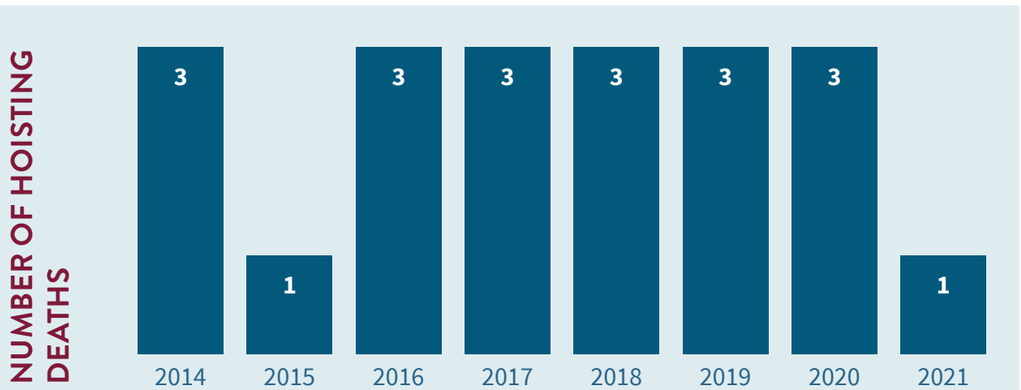
- Manual stand and transfer aids
- Standing hoists
- Gantry hoists
- Ceiling track hoists
- Mobile hoists for specific tasks
- Specialist bed system
- Wedges
- Slide sheets

Addressing Policies

Organisations may encounter restrictive policies or practices inhibiting the adoption of SHC. It is imperative to ensure that policies align with individualised risk assessments rather than imposing blanket restrictions. Legal precedents have underscored the unlawfulness of overly prescriptive policies in Moving and Handling (CASCAIDr, 2017).

Addressing safety concerns:

With the correct systems and processes in place, the right training, equipment and risk assessments, even the most complex cases may be safely carried out with one carer.
The evidence from the MHRA (2021) demonstrates the number of deaths related to hoists and slings. There is no evidence of hoisting deaths found using various sources where single-handed care has been risk assessed with a suitable care plan.



CONCLUSION

The evidence shows single-handed care is an option that must be considered for moving and handling practice.

When appropriate, single-handed care can improve the privacy and dignity of service users, reduce their waiting time to receive care, give more time to the care teams thereby enabling more meaningful contact with residents, and potentially generating savings to care organisations by improving productivity.

Many care provider policies still stipulate that two care staff are needed for moving and handling equipment, which is not evidence based, and does not reduce the risks both to residents and staff as a blanket rule.

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