

FINAL REPORT: CARE ABOUT PHYSICAL ACTIVITY IMPROVEMENT PROGRAMME (CAPA)

Led by the Care Inspectorate, funded by
the Active Scotland division of the
Scottish Government

Phase 1: April 2017 - October 2018
Phase 2: November 2018 - May 2020



Contents

Brief overview	4
What was the challenge?	5
What changes did we make that resulted in improvement?	6
Resources developed	8
Connections made	9
Evidence of improvement	10
Key Outcomes	10
Impact on physical wellbeing during Phase 1	10
Impact on physical wellbeing during Phase 2	11
Impact on psychological wellbeing during Phase 1	11
Phase 1 Psychological impact	11
Impact on psychological wellbeing during Phase 2	11
Impact on people's risk of falling	12
Impact on number of falls in one care home	12
Improvements in healthcare settings	13
Number of falls within a hospital GP unit over time ¹	3
Stories of personal improvement and impact on quality of life	14
A Physical activity participation	15
1. Voice and choices	15
2. Promotion	15
3. Everyone's business	15
B Organisational care home culture and commitment	16

1. Leadership, management and support	16
2. Enabling environments	16
3. Staff training and support	16
C. Community connections and partnerships	16
1. Advice, skills and guidance	16
2. Access to places and spaces	17
3. Friends, family, volunteers and others	17
Critical Success Factors	17
Challenges and lessons learned	19
Programme legacy – sustaining improvement	19



Brief overview

CAPA aimed to positively influence older people's health and wellbeing, CAPA worked with care professionals to support them to promote more everyday movement for older people experiencing care. The evaluation of the programme demonstrated improvements in care professionals' confidence to promote movement and older people's physiological and psychological health.

Some key outcomes

- Older people improved their mobility, flexibility and ability to move independently.
- Older people felt healthier and demonstrated improved health-related quality of life.
- Older people did more of what mattered to them.
- Care professionals' confidence to enable older people to move more often increased.
- Greater numbers of older people felt that they belonged to their communities.
- Fewer older people felt lonely.
- Older people had a reduced likelihood of falls and rate of falls per person was reduced.
- There were fewer contacts with medical services as a result of falls.

"It's no mair pills we need, it's hope. This is what this does, gives us hope."
(Care home resident, Dundee city)

"I'm thrilled to be walking again."
(Aileen, Aberdeenshire)

"Everything is possible - don't feel that you don't have the power to change lives."
(Care assistant, Aberdeenshire)

"You brought my mum back."
(Anita, North Ayrshire)



What was the challenge?

There is significant personal and financial cost when inactivity contributes to a decline in people's health. For example, the National Institute for Health and Care Excellence (NICE) estimates physical inactivity costs the UK NHS around £1 billion per year. In 2017/18, 86 per cent or almost 50,000 of unintentional injuries among those aged 65 and over were due to falls. Falls are often related to a decline in activity.

As important, but less easy to quantify, is the impact of inactivity on a person's independence and quality of life. Significant risk is associated with moving less as we age. Inactivity not only contributes to poorer physical health, but also to cognitive decline, reduced emotional wellbeing and loneliness. Older people experiencing care generally have fewer opportunities for movement.

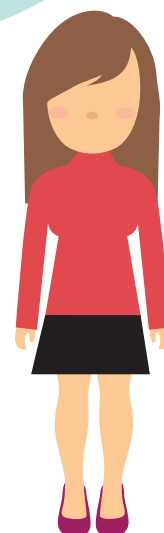
The CAPA programme showed that care professionals are well placed to encourage older people to increase activity levels. Social care professionals support older people regularly in care homes, their own homes or in day care, respite and other facilities across Scotland.

"Mavis used to be a school cook and now uses these skills in the care home where she lives. Each morning the cook instructs Mavis how he wants the vegetables prepared and she starts dicing, slicing and chopping. By taking a positive risk benefit approach, staff ensured that Mavis can use her skills and fulfil a valuable role."

Aberdeenshire

"I was initially apprehensive but I now realise the most significant thing that we have learned is the importance of enablement and empowering people to do more than they believe they can. Personally, I have seen a marked change in the way which staff approach tasks and how they now think more about what the person can do for themselves."

Aberdeen City



Social care professionals are trusted and valued by those they support. However, physical activity promotion has not always been part of their role and staff do not always feel qualified or equipped to support or encourage people to be active. We wanted to build their skills, knowledge, and confidence. We also wanted to promote specific principles including encouraging local connections, such as with leisure and third sector organisations that could help support and sustain improvements.



This was not a research project to prove that movement enhances health and wellbeing (which is well documented elsewhere) but a programme using a tried and tested improvement approach to improve the health and wellbeing of older people experiencing social care across Scotland.

We considered:

- what would assist social care professionals to reflect on research that movement is integral to older people's physical, emotional and social health?
- how could the theory be put into practice in the real world of social care?
- how could social care professionals evaluate the impact when they tried local improvements?

What changes did we make that resulted in improvement?

We used the [Institute of Healthcare Improvement \(IHI\) Breakthrough Improvement Series](#) as a framework.

A lead person from:

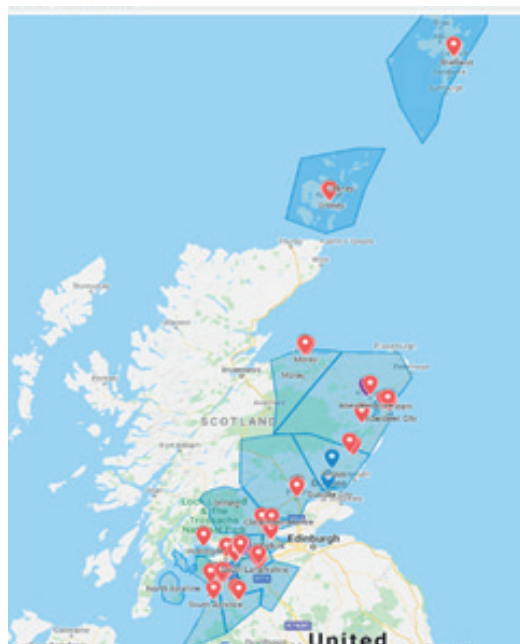
- Health and Social Care Partnerships
- Scottish Care local integration leads

worked with the CAPA team and kept the messages local and relevant.

Managers and staff got involved with the programme from services for older people:



Figure 1: Partnership areas and learning event locations



A care home spotted an opportunity to increase the distance that residents walked between the lounge and dining room. By closing over an adjoining door, residents were supported to walk twice the usual distance which, over time, resulted in impressive outcomes, both physical and social. The number of residents who regularly required a stand aid throughout the day reduced from six to none over a period of eight months. Residents were more engaged in mealtimes which led to more independence, an increase in oral intake and overall improved mealtime experience.

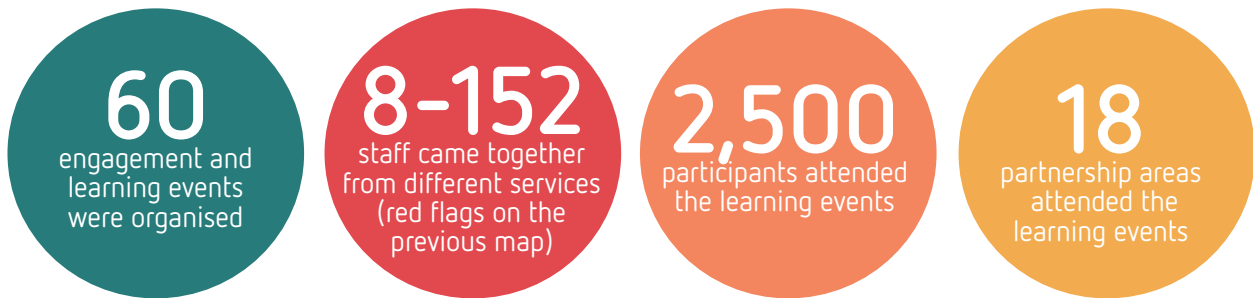
North Ayrshire

The project team [worked across 18 Health & Social Care Partnership areas](#) (shaded areas on the map – click to enlarge). The programme started with eight areas, then spread to nearby partnership areas in phase 2.

Services, care professionals, local care inspectors, designated partnership leads, integration leads, community groups and others attended learning events.



Learning events

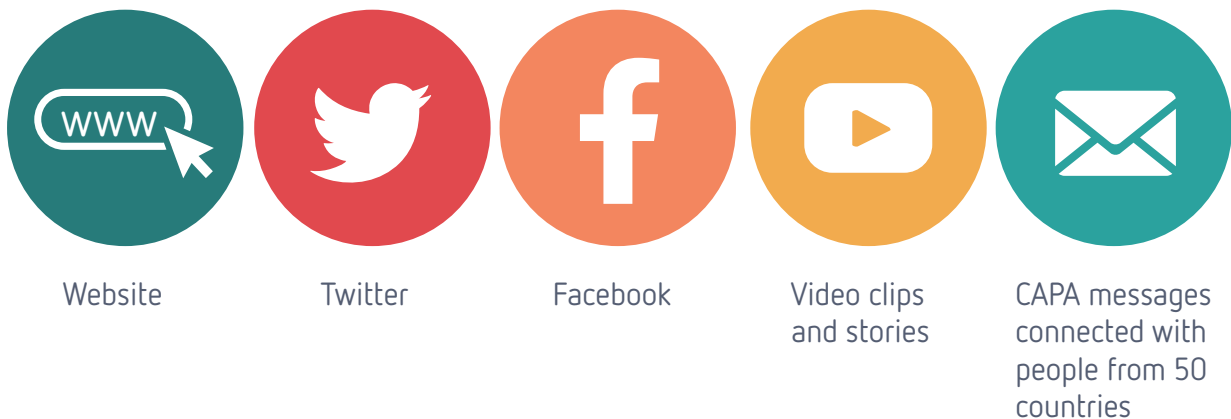


The events improved participants' understanding that movement is of crucial importance to people's health and is an essential part of a quality life. Movement was integral to the learning events to show that this can be integrated and does not need to be an added extra.

Participants had space and time to explore issues, connect with others and develop a clear action plan. The events were designed to reinforce care professionals' sense of personal expertise and to boost confidence in their own abilities.

Staff were introduced to quality improvement approaches and tools. They were helped to apply this learning to their work including how to start promoting movement ideas and to use improvement tools in their own settings.

Social media directly connected with care workers, who often did not have work computers



Care Inspectorate colleagues attended in-house events. This knowledge of the importance of movement complements the Care Inspectorate's scrutiny and improvement approach.

Glasgow Caledonian University

- Developed a complementary, on-line learning programme, accessed by 400 participants. Six standalone modules covering topics such as case studies in a range of settings, abilities and for those with dementia. To access this free on-line programme please click [here](#).
- Delivered an optional theory-based module for allied health professional students and practitioners. This aimed to develop the knowledge, skills and attitudes required to work with frail, older people and those transitioning to frailty to increase physical activity and provide evidence-based exercise interventions to improve their health and wellbeing.

Students and Allied Health Practitioners linked directly with care homes as part of the learning and assessment of this module.

Improvement clinics were introduced during the second phase which were hosted by local services and led by CAPA advisers. The clinics gave time to discuss the experiences, challenges, and successes of those present. A relaxed approach helped break down barriers and supported people to voice concerns and bolster confidence in their ability to overcome challenges.

CAPA advisers also supported individual services and staff to troubleshoot difficulties and sustain improvements at clinics, workshops, with individual visits, phone calls, via email and social media. CAPA advisers also ran the Paths for All 'Strength & Balance' training and developed and delivered 'Modified Walk Leader' training for care professionals

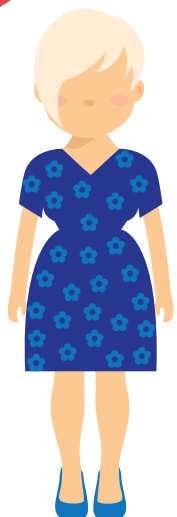
Resources developed

Many resources were developed including:

- videos of real people increasing their movement which made a significant difference to their lives. Hear what [Lynn](#) has to say about the impact on her life when she is asked if she would like to try something new in her own home
- [monthly newsletters](#)
- [Moving more often guide](#) for people living at home
- [factsheet for families and relatives](#)
- [My personal Moving More improvement record](#)
- [support materials for managers to use in supervision, meetings and staff development sessions](#)
- connections with the [Health and Social Care Standards](#)
- [movement sticks to prompt movement](#).

A day service moved coat cupboards along the corridor so people walked a little further to hang their coat up. The dining room entrances were also moved further away and activities now happen in separate rooms. People have the opportunity to move more often between activities. They are becoming more mobile and independent as a result.

Glasgow



Connections made

One of main principles of the CAPA programme was that connecting with others helps strengthen the 'moving more' message. Care professionals were encouraged to help older people to make meaningful connections with others in their community. The programme team also made regional and national connections such as:

- Paths for All
- Active & Independent Living Programme
- Cycling Without Age
- Generations Working Together
- Sporting Memories.

Care services started to connect with local organisations. For example, several residents from a care home who previously rarely went outside joined a weekly Stride for Life walking group and a dementia café. (Perth & Kinross)

Figure 2: Conferences and workshops



The programme team spoke at conferences and events, spreading the message to a further 6,000 people. In addition to the scheduled programme, partnership learning events were also delivered in the Western Isles, Inverness and Fife.

Extra to the programme, the team worked with the Scottish Prison Service to develop and run a short improvement programme for staff from two prisons.

The good news of the benefits of movement spread beyond health and social care to nurseries and schools as seen in the resource [Bringing Generations Together](#).

Different colleges and universities became interested in CAPA work. The team spoke with students completing social work, nursing, occupational therapy and HNC qualifications. Following these learning events, students felt they could better advise an older person on movement. Presentations were also given to sports science degree students who were visiting Scotland from Ramon Llull University, Barcelona, Spain.

Allied Health Professionals and healthcare settings heard of the impact of the programme. This led to hospital wards taking on the CAPA principles and promoting more movement with their patients.

For example, East Ayrshire Community Hospital (EACH) worked collaboratively with the CAPA team to bring staff from four different clinical areas together at healthcare focused learning events and improvement clinics. Individual teams developed their own change ideas, measurement frameworks and action plans.

In Tayside's Ninewells Hospital, two support workers were funded to introduce the CAPA programme into two wards and to produce an improvement plan.

Evidence of improvement

The UKActive Research Institute evaluated the programme. UKActive contributes research about exercise and physical activity programmes in the improvement of quality of life, prevention and management of disease. They developed a dynamic, flexible and multi-tiered framework approach to understand and evidence the impact of the programme, using valid and reliable outcome measures.

Care professionals completed evaluation questionnaires at learning events. Some of them used a series of physical and psychological tests/questionnaires to track older peoples' improvements and contributed this data to the evaluation of the programme. Data were submitted anonymously. UKActive also held focus groups to hear directly from people experiencing care, and care professionals about their experiences of the programme.

As the second phase built on learning from the first, slightly different tests were used. The second phase also investigated the impact on falls rates and subsequent connections with medical services and investigated health related quality of life.

A summary of the first phase results are published in [Care About Physical Activity \(CAPA\) Programme Evaluation 2017-2018](#) and a summary of the second phase results are available [CAPA Programme Evaluation 2019-2020](#).

Key outcomes

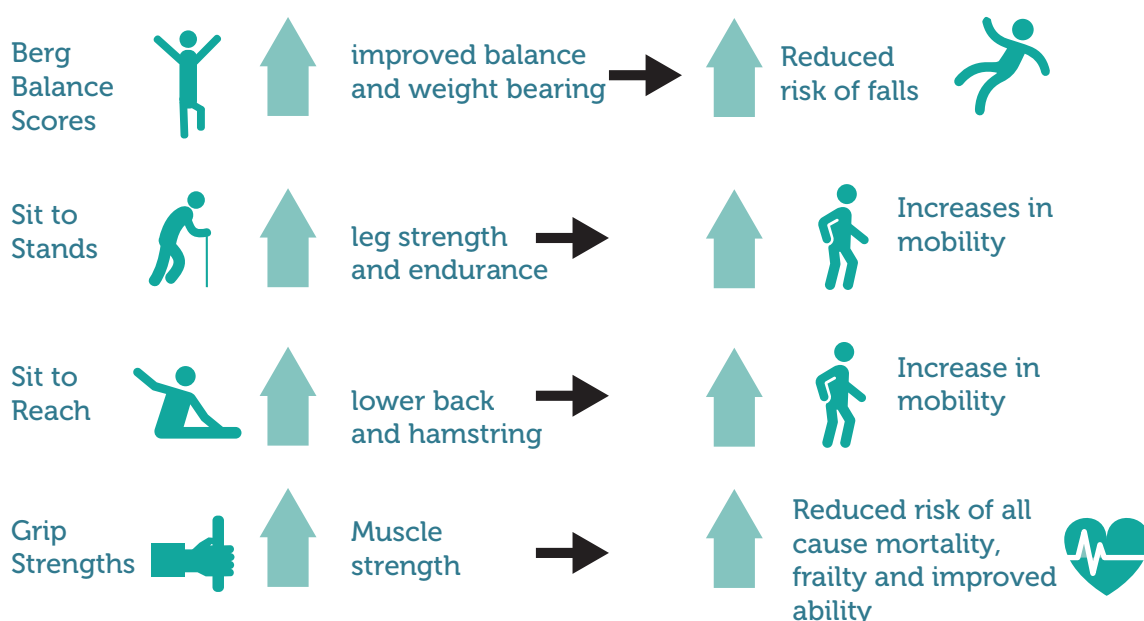
Care professionals reported improvements in feeling knowledgeable to promote movement, having confidence to support an older person to move more, and reported that promoting movement was now a greater priority in their role. These results demonstrate the positive influence of the CAPA programme on care services and care professionals to take on board messages about the importance of physical activity and to help older people they support to build more movement into their daily lives.

Up to 550 older people showed improvements in their physical and psychological wellbeing during the programme.

Impact on physical wellbeing during Phase 1

Some quantitative results from the Phase 1 evaluation of the programme can be seen below. Scores for leg strength, balance, grip strength and flexibility all significantly improved. These improvements show that when older people started moving more throughout the day, their mobility, flexibility and ability to move improved, they had a reduced likelihood of falls and frailty and all-cause mortality. Improvement stories also showed that people required less care from health and social care professionals.

Participants were aged between 76 to 85 years of age and 67% were female.



Impact on physical wellbeing during Phase 2

Four physical wellbeing tests and how often people said they moved during the day were collected to find out more about older people's health during the second phase of CAPA. Participants were aged between 76 and 96.

No significant changes in hand grip strength across the CAPA programme



Changes in grip strength fluctuated throughout



A significant increase in the length of time people experiencing care could balance on one leg across the CAPA programme ($p < 0.001$)



Increases in leg balance



A significant increase in the number of sit to stand people experiencing care completed across the CAPA programme ($p < 0.001$)



Increase in leg strength



No significant changes in timed up and go scores across the CAPA programme



No changes in timed get up and go



Individuals spent the majority of their time sitting. 1/5 of their time is spent moving

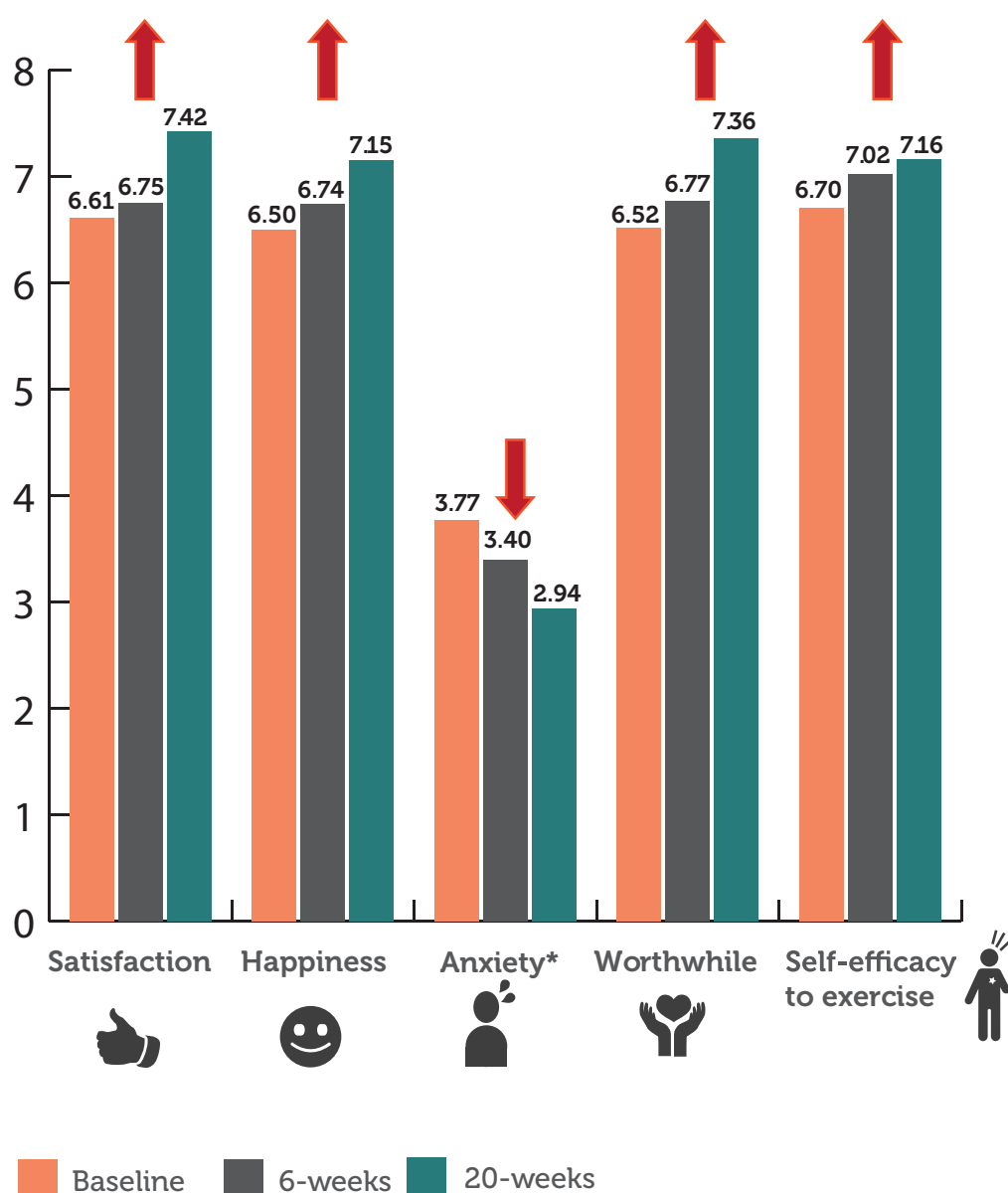


Moving time fluctuated throughout and was between 4-5 hours per day



Impact on psychological wellbeing during Phase 1

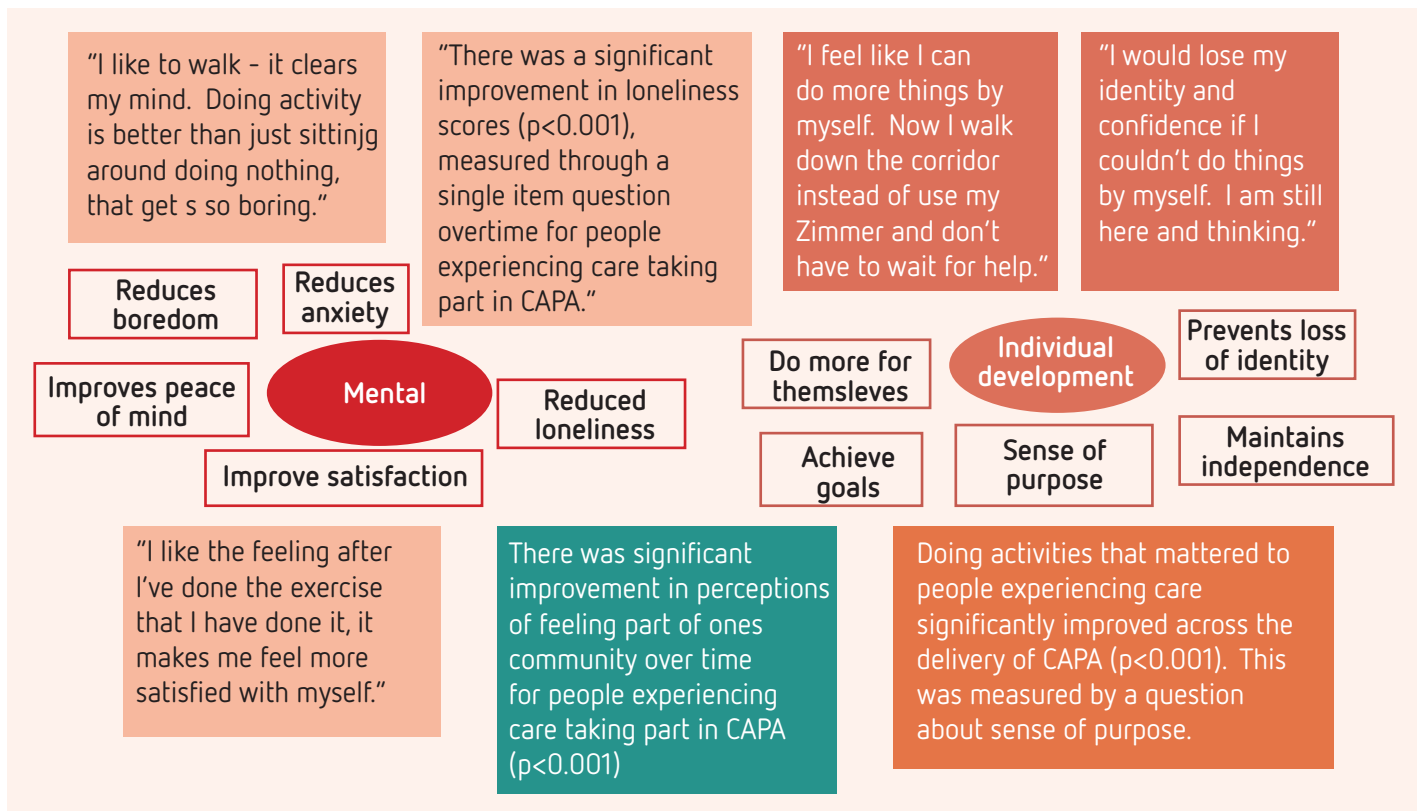
Results from Phase 1 on psychological impact can be seen below at the start, six weeks later and at 20 weeks. People reported significantly improved satisfaction, happiness, feelings of being worthwhile and being more likely to move in the future. At the same time, anxiety levels decreased.



*A lower anxiety score is a positive

Impact on psychological wellbeing during Phase 2

Results from the psychological impact of moving more often as measured by questionnaires and including comments at focus groups during Phase 2 can be seen below. As people were encouraged to move, they had improved satisfaction, peace of mind, sense of purpose and independence. They felt healthier. They also felt less anxious, bored and lonely.



Impact on people's risk of falling during Phase 2

People's risk of falling and the amount of contact they had with medical services as a result of falls was measured during Phase 2.

A significant decrease in fall risk and the total number of people falling over, the CAPA programme ($p < 0.001$)



Reduction in likelihood of falls and rate of falls per person



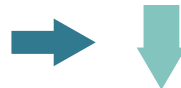
The total number of people experiencing care who has contact with medical services as a result of their falls reduced across the data collected from the CAPA programme



Reductions in contacts with medical services per person



The total number of medical service contacts reduced across the data collected from the CAPA programme

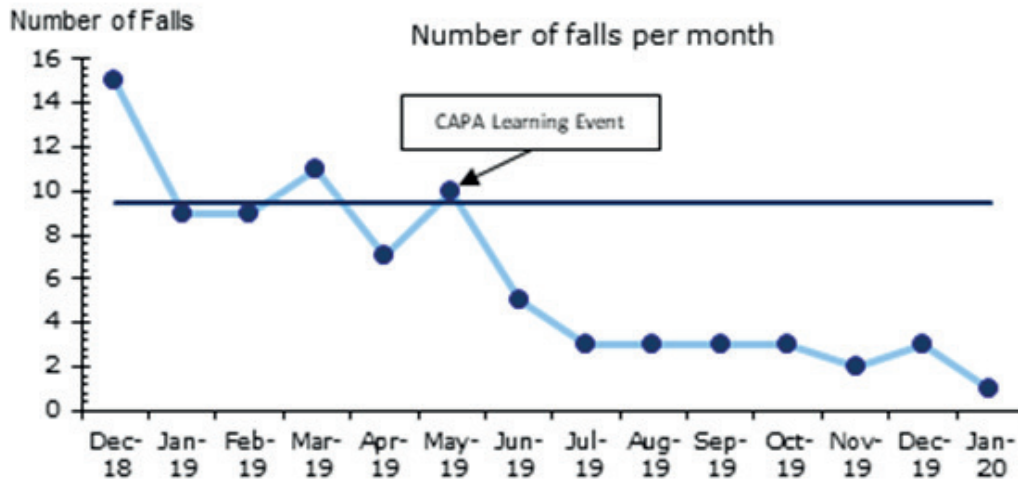


Reduction in total number of contacts with medical services



Impact on number of falls in one care home

Here is how one care home used data to manage falls. Falls gradually decreased, with a noticeable drop after staff attended the CAPA learning event in May 2019. The black line shows the mean for this data.



Staff believe that the reduction in falls is due to a combination of the care home's culture shift following the CAPA learning event and small changes they implemented over time.

Key steps that the care home staff took collectively to increase movement opportunities included:

- holding open discussions around the importance of movement, risks, and benefits in staff inductions and supervisory meetings
- working with all staff to develop ideas that everyone could use to support movement
- listening to the wants and needs of people experiencing care and developing movement ideas, physical activity and movement goals into care plans
- sharing and celebrating successes and making changes when things did not work using the Plan, Do, Study, Act (PDSA) improvement tool.

(South Ayrshire)

Improvements in healthcare settings

CAPA was developed and delivered in social care but also spread to the health sector. As the positive impact of CAPA was felt across Scotland, colleagues from health adopted the principles and ideas in Ayrshire and Tayside.

Some areas of improvement from the East Ayrshire Community Hospital

Specialist Dementia Unit:

- People are less stressed and distressed, more patients are walking more often and further, one patient who never walked is now confident enough to dance.
- Patients are more alert, some are more confident and staff are also enjoying the benefits of physical activity

Outpatient Department:

- There is sustainable improvement in staff physical activity and wellbeing with a daily mile initiative and step count challenge

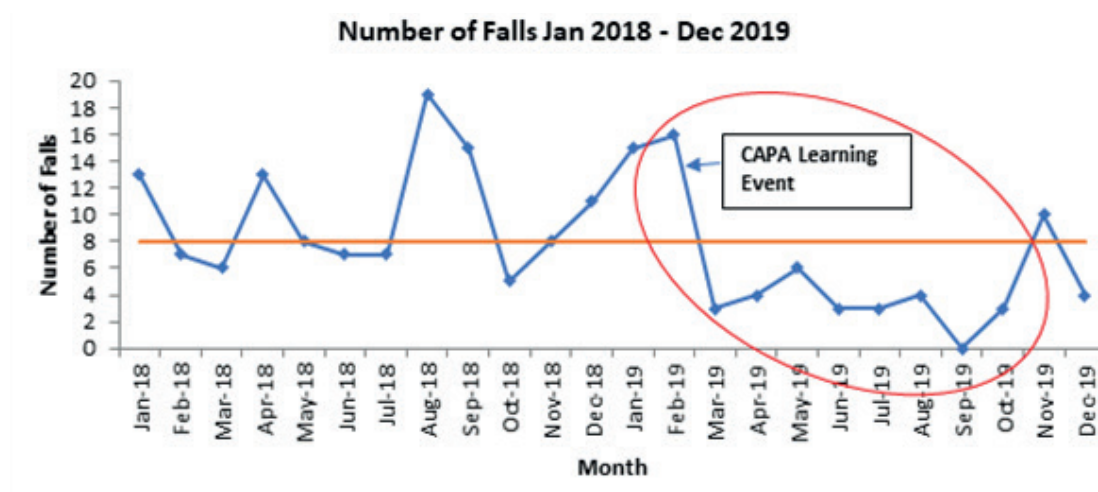
Health and Wellbeing Hub:

- Environmental changes to promote independence have been introduced including wall displays, moving to a different area for refreshments/meals, facilities for patients to help themselves to tea/coffee and a coat rail moved further away.

GP unit with rehab, sub-acute and palliative pathways:

- Improvements in this area include the introduction of an activity log completed during care and comfort rounds, CAPA priorities discussed at the daily safety brief, more 'sit to stand' opportunities during the day for every patient recorded on a laminated page in each room and decreased isolation with greater numbers eating meals together.
- The amount of sit to stands that patients complete from admission to discharge is improving – this is expected to have wider positive implications on longer term benefits and health.
- Visitors were provided with information about why bed rest is dangerous and suggesting ideas to support the patient to be active during a visit. To see a sample leaflet with this information visit the [CAPA website](#).
- The number of falls within the GP unit has significantly reduced over time which staff attributed to participation in the CAPA Programme alongside other initiatives. The red circle in the graph below shows the significant decrease in falls below the red line (the mean) after the CAPA learning event.

Number of falls within a hospital GP unit over time.



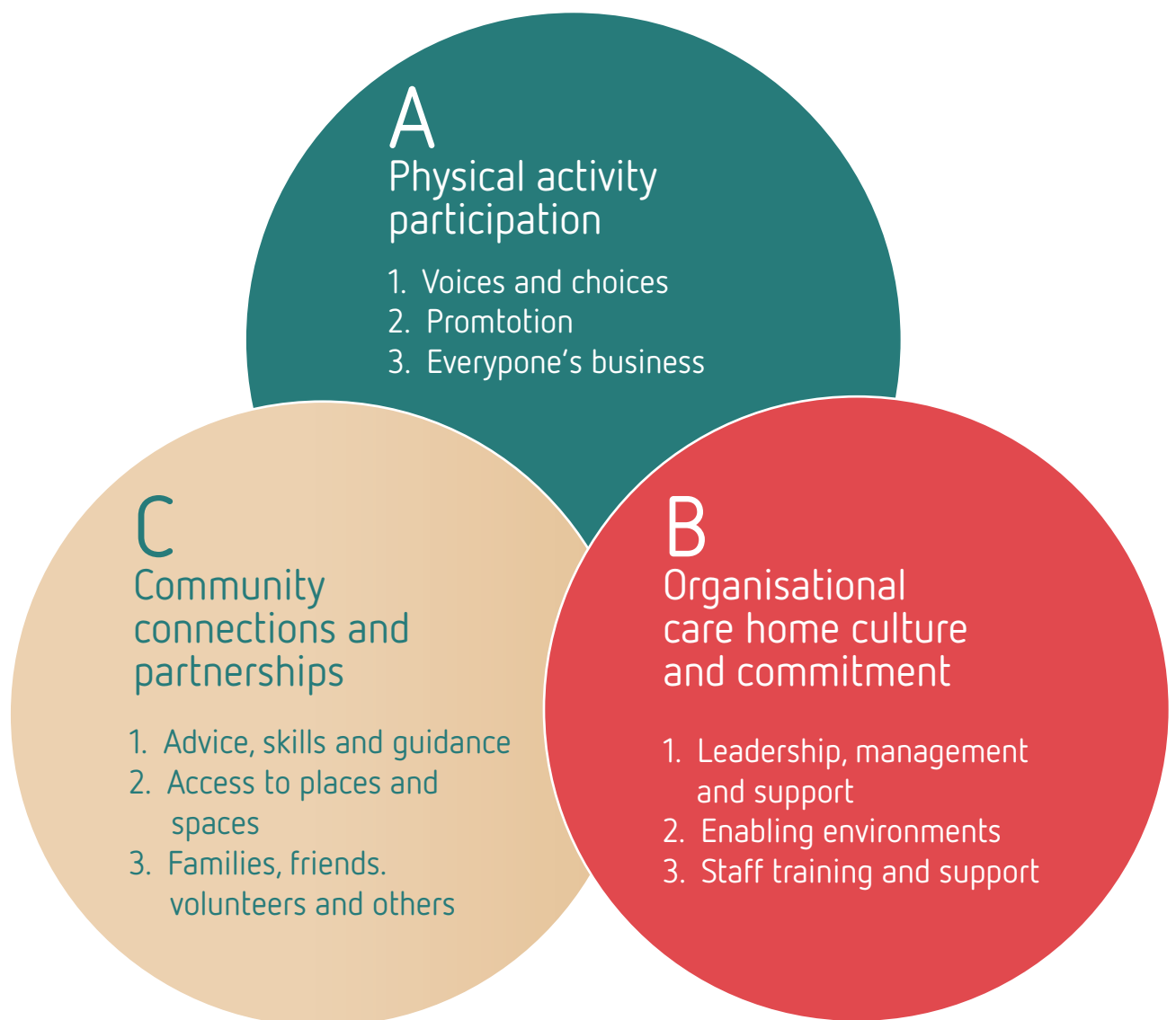
In Ninewells Hospital, early indicators show that staff were more confident in identifying areas for improvement and patients were moving more during their admission due to following CAPA principles and approaches. (Dundee City)

Stories of personal improvement and impact on quality of life

There were many positive stories gathered throughout the CAPA programme.

The figure below illustrates the principles that were focused on throughout CAPA. We encouraged care professionals to consider the three overlapping circles. Each is a complementary and necessary part of building services that support active and healthy lives. The stories illustrate how these principles were brought to life across Scotland.

Figure 6: CAPA principles



A

Physical activity participation

1. Voice and choices

Staff took the 'can do' message to heart and worked with residents to find out what was important to people in terms of moving more. One man said he wanted to be able to shave himself again. As a result, instead of relying on staff doing a wet shave, he now uses an electric razor by himself, allowing staff to do other tasks. Falkirk

2. Promotion

Care at home staff were worried about a lack of time. However, they found that promoting independence and supporting each person to be active as possible when they provided care, even if it was very small, had a positive knock-on effect. Some clients now manage more of their personal care, meal prep and do more for themselves outwith visits. This focus on what people can do for themselves is shared with everyone, including relatives. Pan Ayrshire

B

Organisational care home culture and commitment

1. Leadership, management and support

A care manager, supports the staff team to encourage movement at every opportunity using their own interests, skills and experience. Staff are regularly given the opportunity to try new things, creating an environment where they are even more confident to bring new ideas to the table. Her leadership style is very hands-on, she's often seen on the floor encouraging movement and this supports staff to prioritise movement. Glasgow

2. Enabling environments

Before CAPA, staff in a reablement setting would take a tea and coffee trolley to residents' rooms at 11am and 3pm. Staff noted a significant difference when they introduced a new communal tea and coffee station. People are moving more and are more independent and sociable. One of the residents now monitors the tea station and keeps an eye out for anything that's running low. She says that this has helped her confidence and will help

C

Community connections and partnerships

1. Advice, skills and guidance

Physiotherapists and nurses from a care home liaison team regularly attended CAPA clinics and learning events, providing support and guidance to social care workers. This gave staff the opportunity to learn new skills, share experiences, ask questions and seek advice in an informal and confidential environment. The care home liaison service also benefits by being able to access several services in one place and build relationships with homes they hadn't previously worked with. South Lanarkshire

2. Access to places and spaces

A care at home company helped Jack tell his history and learned of his links to the local fishing harbour. On a number of home visits every week he is now encouraged and supported to get outside for the short walk to the sea, where he can continue to be connected to something important to him. (Moray)

3. Everyone's business

A whole staff approach helped Annie to return to independent living following a hip fracture and a significant time in hospital. This tremendous life change led to Annie struggling to adjust, feeling low and deciding to stay in her room alone. Annie and the staff team set weekly goals together with each staff member encouraging movement during personal care, mealtimes, one-to-one activities or while the domestic staff were cleaning her room. This consistent, positive movement message across the team helped her physical abilities, confidence and mood. In time, Annie independently managed her personal care, was independently mobile with a zimmer and returned to independent living in a sheltered housing complex. East Ayrshire

for her return home. The feedback from everyone was so positive that the area has expanded to include a toaster to encourage people to come and prepare their own breakfast. Stirling and Clackmannanshire.

3. Staff training and support

Staff now discuss at the end of the day's work ways in which they supported someone to do as much as they can for themselves and when they held back from 'over caring'. (Dundee City)

3. Friends, family, volunteers and others

Two residents at a care home now attend a local community dementia gym. The residents' daughters meet their mothers there and enjoy watching and encouraging. Dundee City



Critical success factors

Communication

Our use of ordinary language relevant to social care helped demystify theory.

Highlighting good practice helped build confidence. Staff are now more confident to speak out and come up with ideas or to discuss problems with a solution-focused approach.

We supported managers to get every member of staff involved.

Using social media helped to spread ideas and good practice throughout those involved and beyond. This example of using 'hands' reached almost 11,000 people. (Shetland)



Sharing videos and stories that feature the older person's voice or experience brought the theory to life and helped people to understand how movement connects directly with quality of life.

Ensuring that our message isn't about 'them' but about all of us influenced care staff to take the messages on board and become more active. For example, a warden at a sheltered housing complex made a huge difference to her health and mobility. She said: "I have started being much more active. I've noticed I am stronger and not so out of breath. This year my lung health (part of occupational work assessments) has improved to nearer a 21-year-old and I'm 41! I've begun to push myself out of my comfort zone. What I really like is that I am a role model for my 12-year-old daughter who is now doing more. CAPA is about moving more - not just for the older adults, it's for us too".

(Inverclyde)



Building capability and capacity for improvement

Bringing people together in informal local 'clinics' supported staff from different services to come together, learn, be open about challenges and leave invigorated and with clear next steps.

Encouraging care professionals to start with one person/mealtimes/task or day and then to review prevented people feeling overwhelmed.

CAPA helped staff understand that encouraging people to do more for themselves is what caring people do.

Teaching short items of improvement approaches and connecting the theory with the reality of day-to-day care helped people to connect theory with practice

Reassuring staff that challenges are a normal part of improvement and talking about failure and difficulties openly helped participants to expect the unexpected and to feel confident to take an improvement approach.

Systematically working to get people, processes, documents, systems etc to support movement helped embed learning.

"Care staff can inadvertently disable older people. We worked with staff to show how positive, helpful and kind talents could be used in a different way to promote independence and improve physical, social and emotional health".

*(Louise Kelly,
CAPA Programme Lead)*

Relationships

Providers and inspectors worked together at learning events that strengthened relationships. Care professionals were more relaxed outside the inspection process and inspectors heard and contributed to different stories and viewpoints. Inspectors used their expertise and helped participants connect scrutiny with improvement.

Encouraging staff to focus movement towards interests helped staff make a breakthrough. For example, Matt had poor health and used a wheelchair to get around the care home. Staff chatted with Matt about what mattered to him and then worked to help him to reach personal goals by moving more. Activity staff, a maintenance worker and care staff worked together so that Matt went to a leisure centre twice a week. After he improved his strength and reduced weight, Matt decided he no longer needed staff help. He now uses public transport independently three times a week to visit the gym. He no longer requires a wheelchair, has reduced pain, has a purpose to his day and sleeps better. An inspector noted: **"I'm in the middle of inspecting here and can I just say wow! The individualised experiences for people living here are fantastic."** (South Lanarkshire)

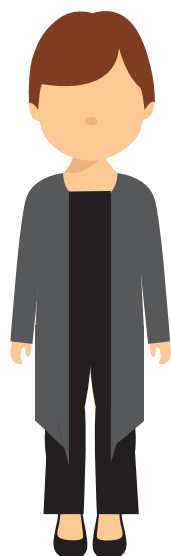
Partnership and independent providers' care professionals had the unusual opportunity of working together which helped spread learning and ideas across partnership areas.



Challenges and lessons learned

CAPA was a national programme with key principles and approaches which made adaptations to suit the different local contexts. Learning from this approach can be applied to other national programmes within the health and social care sector.

- Anything new takes time to embed and will not happen following one discussion or one meeting.
- Involving everyone rather than it being the responsibility of one person is a key to success. Passionate yet isolated staff can be frustrated at being unable to change the culture and practice by themselves.
- Manager involvement will amplify and spread good practice.
- Lasting change happens when the care provider integrates a new approach into core practice.
- It requires consistent management input and an understanding of how measurements support improvement to keep staff focused on the improvement approach.
- Data is valuable especially when connected with practice and lived experience.
- Ensuring rigour in carrying out tests and gathering data is complex, particularly when measurements are monitored from a distance.
- There are many pressures on care services to assimilate and use new materials, best practice approaches and resources from different bodies. Any improvement programme needs to become embedded and 'how we do things' within a service. Otherwise, gains made will be lost when the next 'new' approach takes precedence.



Jamie, a long-term prisoner, started Work Placement with a Day Service. He built raised beds, a chicken coop and increased accessibility to the small garden space. This required much planning and positive risk-assessing by the manager and the prison staff, and discussion with day service staff and families of service users. Jamie developed a rapport with a service user and the husband of another, supporting them both to spend more time being active outdoors.

Inverclyde

Programme legacy – sustaining improvement

CAPA was both an improvement programme and a cultural change programme which has contributed positively to shaping current and future care for the people of Scotland. This formal programme may be at an end, however wider efforts to promote movement will continue, extend gains made to date and assist with COVID-19 recovery. For example, a provider in Inverclyde is developing post-pandemic physiotherapy department plans based on the principles of CAPA to rehabilitate residents back to an optimum level of mobility and wellbeing.

New networks have been established or connected to existing groups in different partnership areas to continue this work, for example within revamped health promoting care homes' networks. Materials and resources developed throughout the programme are available via the Care Inspectorate HUB. These include access to the [free online learning programme](#) covering such topics as keeping people safe and mobile and successful case studies in a range of settings, abilities and for those with dementia.

The Care Inspectorate's Improvement Support Team continue to improve understanding of and use of improvement approaches via workshops and improvement programmes for the sector across Scotland.

Care inspectors will continue to consider:

- how well do we support people's wellbeing?
- how good is our leadership?
- how good is our staff team?
- how good is our setting?
- how well is our care planned?
- how good is our care and support during the COVID-19 pandemic?



An inspector tells the story of re-visiting care homes. She noticed how moving more often had positively impacted on residents, families and staff. The grades for all three services also improved (for example, improving from a grade of 3 to 5 for 'How well do we support people's wellbeing'). The inspector confirmed that managers felt that being part of the CAPA programme supported them to improve. It helped by giving them more confidence and validating the potential outcomes of making changes as part of an improvement cycle.

Dundee City

Inspectors will signpost services to suitable resources/good practice examples designed to help develop in each of these categories, many of which benefit from promoting movement.

Services we worked with let us know that they continue to promote movement and community connections as part of their work. There is an enthusiasm and vigour towards promoting movement as part of everyday practice in many of these services who were involved with CAPA. This will contribute to a continuation of the development of new ideas, connections and applications relevant to the local area.

The CAPA programme is part of a developing worldwide understanding of the importance of movement and activity as part of a positive life. There is strong evidence that regular physical activity can help to reverse some of the age-related decline in physical and psychological function and help to maintain independent living and mobility.

As the COVID-19 pandemic moves into another phase for many people experiencing care, there is beginning to be a focus on rehabilitation. The application of CAPA principles will be invaluable for services when people are less restricted by isolation measures. Importantly, CAPA was referenced in version 3 of the Coronavirus (COVID-19): clinical and practice guidance for adult care homes in Scotland as an approach to support people's health and wellbeing.

Over the three years of CAPA, the programme team connected with many services who have made changes that positively impacted in the lives of older people experiencing care. Care professionals have experienced the value that taking an improvement approach adds to their work. CAPA helped add more movement to the lives of both older people experiencing care, who reaped the benefits in being able to do the things they wanted to do and in improved physical and psychological wellbeing.

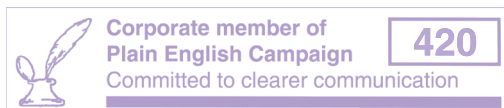
It has been a privilege for the Care Inspectorate to work in this way with dedicated and skilled staff across health and social care who are continuing to support people to have positive lives. CAPA has demonstrated that it doesn't matter where we live, what our health condition is or how old we are, we can all benefit from moving more often.



Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com
Email: enquiries@careinspectorate.gov.scot
Care Inspectorate Enquiries: 0345 600 9527



© Care Inspectorate 2020 | Published by: Communications | COMMS-1020-323



@careinspect



careinspectorate

