

# INSIGHTS INTO SINGLE-HANDED CARE

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# What's in a name?

- Single-handed
- Reduced
- Enhanced
- Future-proofing
- Improved
- Right-sizing

# Why do we need single-handed care?

- People living longer
- Increasing complexity of care needs
- Lack of funding within Health and Social Care

# Equipment



# Successful Projects

## Somerset

£280,000

Projected to save £2.9 million over 8 years

## Suffolk

£554,546 in first 18 months

Ongoing saving of £7,000 per week

## Thurrock

£119,000 in first year

Ongoing saving of £9,000 per week



# The Service User

- Assessment to establish strengths and needs
- Communication
- Consent
- Intervention
- Remain supported at home
- Increased independence
- Reduced care needs

# Reablement Services

Provides personal care, help with daily living activities and other practical tasks, usually for up to six weeks, reablement encourages service users to develop the confidence and skills to carry out these activities themselves and continue to live at home.

Generally provided to people who have just been discharged from hospital or are otherwise entering the care system following a crisis.

A 2007 study for the Department of Health's care services efficiency delivery network found that up to 68% of people no longer needed a home care package after a period of reablement, and up to 48% continued not to need home care two years later.



## National Minimum standards regulation for domiciliary care (2003 p.240)

12.8 'Two people fully trained in current safe handling techniques and the equipment to be used are always involved in the provision of the care.....

when the need is identified'

# Fettering of discretion

Whilst authorities have to act consistently by following their own policies, they must, paradoxically, also ensure they do not behave too consistently. An authority should not take over-rigid decisions; if it does so it might be fettering its discretion; this is unlawful because an authority cannot 'slavishly follow a policy without regard to individual cases'. The concept of fettering discretion is used to prevent authorities from adopting blanket policies which they are not prepared to modify, even in exceptional circumstances.

(M.Mandelstam 1997)

## Loss aversion and risk aversion

‘a person would prefer to avoid a loss than to acquire an equivalent gain’

How would you feel if I gave you £10 now, and at the end of the day, take £5 away from you?

Would you feel that you had lost or gained?

Loss aversion leads to risk aversion - the avoidance of uncertainty or loss.

When they're  
heavier  
I just push  
harder !



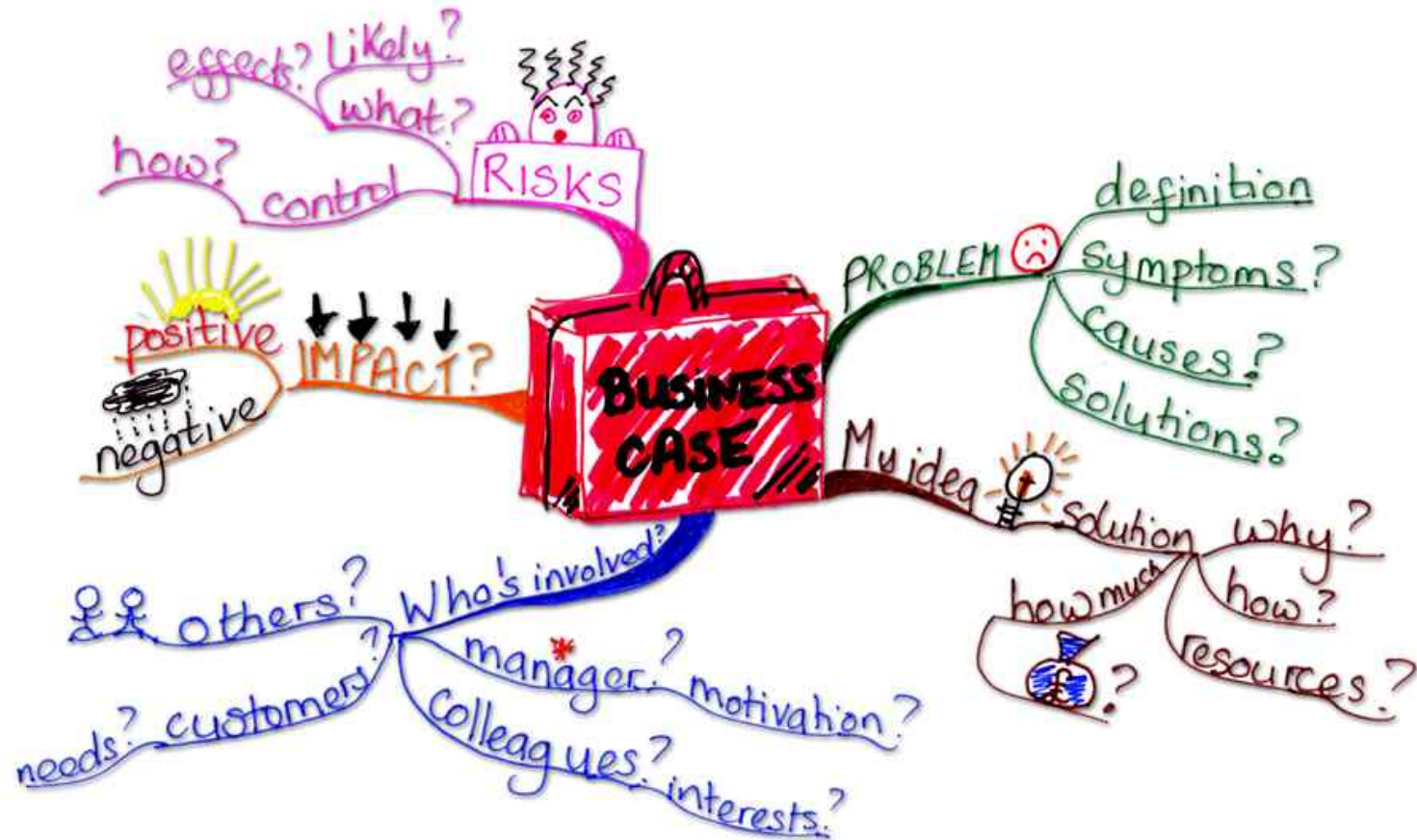
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# The Business Case



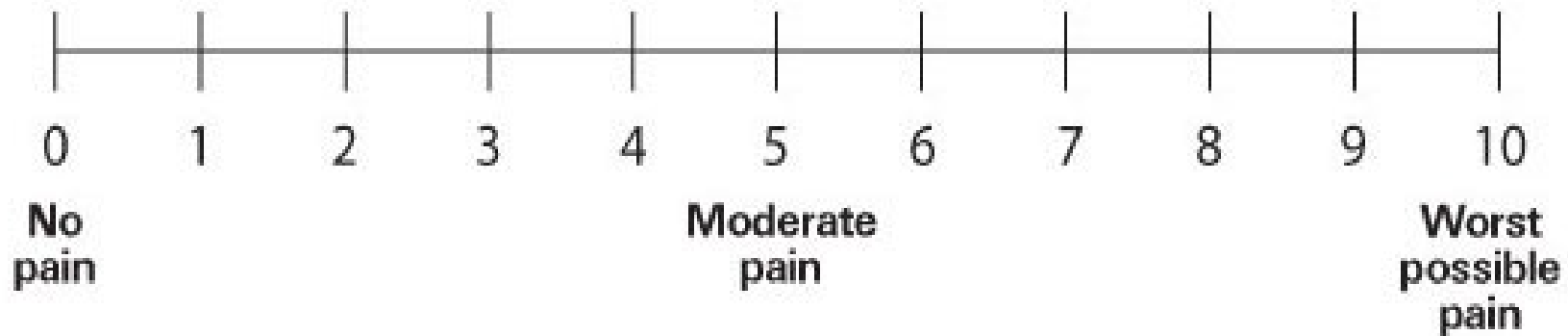


Doing It Right  
*means*  
Doing It Once

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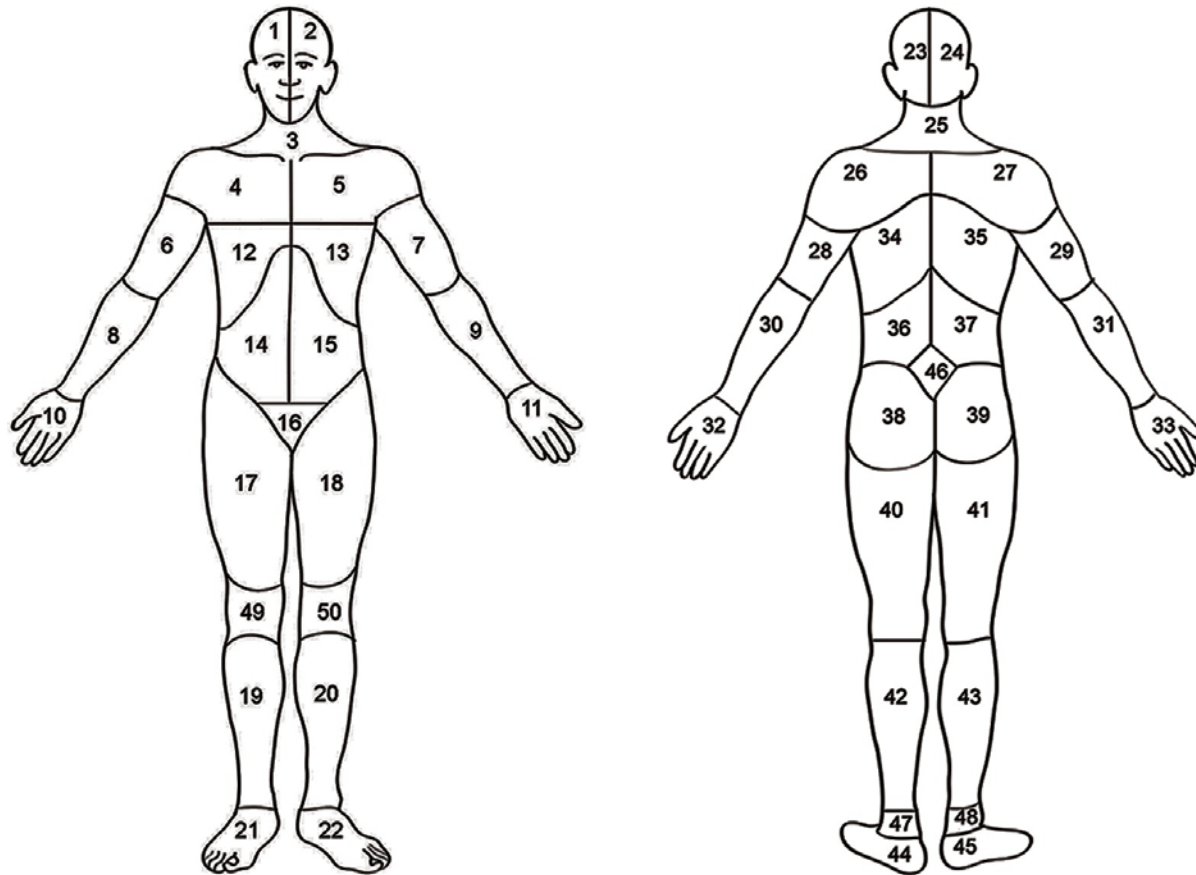
# Likert Scale

Pain rating on a scale of 1-10



# Body map

Indicates areas on the SUs or carers body that are at risk or experiencing problems, pain or injury



# Borg Scale

A rating of perceived exertion and can be used with both SU and carer

**Borg Scale of Rating of Perceived Exertion (RPE)**

6	
7	Very, very light
8	
9	Very light
10	
11	Fairly light
12	
13	Somewhat hard
14	
15	Hard
16	
17	Very hard
18	
19	Very, very hard
20	

# REBA – Rapid Entire Body Assessment

- Provide a postural analysis system sensitive to musculoskeletal risks in a variety of occupational tasks
- Divide the body into segments which are coded individually with reference to movement planes
- Provide a scoring system for muscle activity caused by static, dynamic, rapid changing or unstable postures
- Reflect that grip and hand holds are important in the handling of loads
- Gives an action level with an indication of urgency

# REBA – Rapid Entire Body Assessment

Uses a systematic process to evaluate posture and risk during tasks

ERGONOMICS PLUS REBA Employee Assessment Worksheet Task Name: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Neck, Trunk and Leg Analysis**

**Step 1: Locate Neck Position**

Neck Score:

Step 1a: Adjust...  
If neck is twisted: +1  
If neck is side bending: +1

**Step 2: Locate Trunk Position**

Trunk Score:

Step 2a: Adjust...  
If trunk is twisted: +1  
If trunk is side bending: +1

**Step 3: Legs**

Leg Score:

Step 3a: Adjust...  
If load < 11 lbs.: +0  
If load 11 to 22 lbs.: +1  
If load > 22 lbs.: +2  
Adjust: If shock or rapid build-up of force: add +1

**Step 4: Look-up Posture Score in Table A**

Using values from steps 1-3 above, locate score in Table A.

**Step 5: Add Force/Load Score**

Force/Load Score:

**Step 6: Score A, Find Row in Table C**

Add values from steps 4 & 5 to obtain Score A. Find Row in Table C.

**Scoring:**  
1 = Negligible Risk  
2-3 = Low Risk. Change may be needed.  
4-7 = Medium Risk. Further investigation. Change task.  
8-10 = High Risk. Investigate and implement change.  
11+ = Very High Risk. Implement change.

**B. Arm and Wrist Analysis**

**Step 7: Locate Upper Arm Position**

Upper Arm Score:

Step 7a: Adjust...  
If shoulder is raised: +1  
If upper arm is abducted: +1  
If arm is supported or person is leaning: -1

**Step 8: Locate Lower Arm Position**

Lower Arm Score:

**Step 9: Locate Wrist Position**

Wrist Score:

Step 9a: Adjust...  
If wrist is bent from midline or twisted: Add +1

**Step 10: Look-up Posture Score in Table B**

Using values from steps 7-9 above, locate score in Table B.

**Step 11: Add Coupling Score**

Coupling Score:

Well fitting handle and good hand power grip: **good**: +0  
Acceptable but not ideal hand hold or coupling acceptable with another body part: **fair**: +1  
Hand hold not acceptable but possible: **poor**: +2  
No handles, awkward, unsafe with any body part: **unacceptable**: +3

**Step 12: Score B, Find Column in Table C**

Add values from steps 10 & 11 to obtain Score B. Find column in Table C and match with Score A in row from step 6 to obtain Table C Score.

**Step 13: Activity Score**

+1 1 or more body parts are held for longer than 1 minute (static)  
+1 Repeated small range actions (more than 4x per minute)  
+1 Action causes rapid large range changes in postures or unstable base

**Table A: Neck, Trunk and Leg Scores**

Score	Neck	Trunk	Leg
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12

**Table B: Arm and Wrist Scores**

Score	Upper Arm	Lower Arm	Wrist
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12

**Table C: Final Scores**

Score A	Score B	Table C Score
1	1	1
2	1	2
3	1	3
4	1	4
5	1	5
6	1	6
7	1	7
8	1	8
9	1	9
10	1	10
11	1	11
12	1	12

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Based on Technical note: Rapid Entire Body Assessment (REBA), Hignett, McAtamney, Applied Ergonomics 31 (2000) 201-208

# Points to remember

- Resistance to change
- Communication
- Training
- Planning
- Understanding of legislation

# Questions?





# References

- CDC (2015) Perceived Exertion (Borg Rating of Perceived Exertion Scale)  
Available from: <https://www.cdc.gov/physicalactivity/basics/measuring/exertion.html>
- HSE (2016) Work-related Musculoskeletal Disorder (WRMSDs) Statistics, Great Britain Available from: [www.hse.gov.uk/statistics/index](http://www.hse.gov.uk/statistics/index)
- Middlesworth M (1989) A Step-by-Step Guide Rapid Entire Body Assessment (REBA)  
Available from: <http://ergo-plus.com/wp-content/uploads/REBA-A-Step-by-Step-Guide.pdf>
- Mickel A. (2010) 'A ticking time bomb.' Occupational Therapy News.18 (5) pp. 38-39.
- Samuel M (2010) What is Reablement  
Available from: <http://www.communitycare.co.uk/2010/09/20/what-is-reablement/>