



The Importance of good communication and the Impact this has on the outcomes

Hosted by:



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Learning outcomes

- We will discuss the importance of communication method and style and the impact this can have on our outcomes
- To become familiar with the legislation that is relevant when working with users and family members who may not wish to proceed with the recommendations
- What to consider when the user does not have capacity and the family are resistant to the recommendations

RCOT – Motivation and communication

(Living Well in Care Homes)

“Communication is the way that we express our thoughts, feelings, hopes, fears and aspirations. It’s the way that we show others who we are as an individual. So not being listened to can make us feel stressed, frustrated and undervalued.”

To communicate effectively, we use different skills and strategies:

- Non-verbal
- Listening
- Verbal
- Written

RCOT – Communication

Ten tips for effective communication

- Always believe that communication is possible.
- Show respect in your tone of voice and the language you use.
- Try to focus on the non-verbal signs as well as verbal.
- Avoid making assumptions: check things out with the person.
- Let your face be seen. Face the person squarely at eye level and make eye contact.
- Speak clearly. Avoid using jargon or complicated explanations.
- Be a good listener. Give the resident your full attention and resist the temptation to finish their sentences or talk at them.
- Be calm, unhurried and patient.
- Don't be afraid to try or say 'I don't understand'.
- Check hearing aids and glasses are in good working order.
- (Care Services Improvement Programme 2007)^[1]

RCOT – Communication

Communicating and connecting with relatives and close friends

- Know who regularly visits each resident.
- Be open and invite opportunities for visitors to talk in a private space about their relative and their life in the home. Remember relatives are making that transition too. They may be feeling guilty if they are no longer the main carer and need opportunities to talk.
- Remember relatives and close friends would like to hear about the life of the home and how their relative or friend is coping. Whenever possible discuss with the resident how they would like this to be done.
- The resident may not remember what they have been doing this week and cannot share this with their visitors.
- Relatives and friends can help contribute to their friend's/relative's life history.
- Relatives and friends may be able to help shape the resident's preferred daily routine.
- Visitors may have their own communication difficulties.

RCOT –

Professional standards
for occupational
therapy practice,
conduct and
ethics

5.6 Communication

5.6.1 Your language and communication style and manner are always professional, whether towards your colleagues or those who access the service.

5.6.2 You are able to articulate the purpose of occupational therapy and the reason for any intervention being undertaken, so enabling fully informed consent and promoting understanding of the profession.

5.6.3 You communicate clearly, openly and effectively.

5.6.4 You reflect on the potential significance and impact of verbal and non-verbal communication, remaining sensitive to the diversity of backgrounds, experiences and needs of your listeners.

5.6.5 Where possible and appropriate, you facilitate communication in the individual's preferred or first language.

RCOT –

Professional standards
for occupational
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conduct and
ethics (cont'd)

5.6.6 Discussions related to those who access the service are held in a way that maintains their dignity and privacy.

5.6.7 You clearly and accurately participate in formal and informal reporting.

5.6.8 You communicate effectively within your line management structure.

5.6.9 You document your communication where a record is needed.

Scenario

Observation	Risk	Recommendation
Standing hoist transfer observed and deemed unsafe	Risk of sling riding up under the arms and client bottoming out	Full hoist transfer recommended

Client is adamant they want to continue as they are as it's quicker and easier, especially for toileting

Scenario

Observation	Risk to service user	Risk to family/carer	Recommendation
Client has MND and is struggling with transfers and obtaining and retaining a safe seated position in the chair.	<ul style="list-style-type: none">• Increased fatigue• Impact on other ADLs• Risk of poor sitting balance which could result in falls• Risk of pressure areas developing• Risk of becoming unable to transfer	Risk: impact on carers physically and emotionally	Provision of a riser recliner with tilt in space function that can meet changing needs with adapted pressure care and postural supports.

Service user is refusing all equipment, he doesn't want his home to look like a hospital

What do we want the service user to know and understand?

- Level of risk involved and to who
- Any long term impact of their decision.
- The stress, pain, anxiety for any others involved
- The current and future benefits of the recommendations
- Elaborate on how the recommendations can significantly improve quality of life for the service user and their family/carers
- The way the product/adaptation works – Show videos/photos etc

Confidence

- Support from manager
- Able to understand the full context
- Written outline of need, recommend,
- RCOT and forums

How to approach

- Take your time
- Have a gentle, understanding approach
- Show empathy
- Don't patronize
- Don't be dominant
- Ensure the service user is given the opportunity to express themselves and explain.
- Encourage them to elaborate on their reasoning so as you can fully understand their thought process.

Actions

- Ensure they feel listened to, not rushed, that they have choice
- Write to the service user to outline the risks, recommendations and benefits
- Include photos and links to videos if feasible
- If possible provide an opportunity to trial without pressure
- Offer to revisit and discuss further soon after they have had time to digest all the info

Has the person got capacity?

- Always assume the person has capacity
- Some people may make unwise decisions

If there is concern regarding their capacity:

- Has a capacity assessment been carried out?
- Does the family/decision maker have power of attorney
- All of the communication tips discussed still stand, we communicate the exact same way with those supporting them with decision making.
- If we feel that the family are not making a decision in the best interest of the person after all great discussion, options have been offered etc then a safeguarding referral will be required.

Communication



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Care Act 2014

- Care Act duty to involve adult in need in assessment (section 9)
- Appropriate and proportionate assessment (section 9)
- Assessor being skilled, knowledgeable, competent, trained (regulations under s.9)
- Duty to take reasonable steps to reach agreement about care and support plan (s.26)
- All underpinned by well-being – and informed by wishes, beliefs, feeling (s.1)

Mental Capacity Act 2005

- **Establishing lack of capacity (s.1)** – taking all practicable steps to assist a person to take a capacitated decision (s.1)
- **Understanding, retaining, using/weighting relevant information**, communicating decision (ss.2–3)
- **Best interests:** permit and encourage the person to participate, or to improve ability to participate, as fully as possible in any act done for them and any decision affecting them.
- **Protection from liability** for decisions/actions – if all reasonable steps taken to establish whether lack of capacity, and reasonable belief in lack of capacity and best interests (s.5)

A few cases

- **LGSO, Knowsley MDC (21 001 821) 2022;** stand aid or full hoist, daughter concerned about mother (lack of capacity) maintaining weight bearing, repeat visits by OTs, trials of equipment, drag lift (causing pain), advice from continence service, full hoisting agreed finally
- **LGSCO, Luton Borough Council, 07/B/07665, 2008,** parents lifting son from sofa bed in living room, hoist/hospital bed, all or nothing approach, police informed without parents knowing
- **LGSCO, Lancashire County Council (19 019 811), 2020,** telephone assessment for person with autism after LA had been informed he could not manage more than 20 minutes on phone and had requested face to face assessment.

A few cases

- **Local Authority v A&B [2010] EWHC 978 (Fam)**
“‘Working together’ involves something more – much more – than merely requiring carers to agree with a local authority’s ‘decision’ even if, let alone just because, it may be backed by professional opinion”
- **London Local Authority v JH [2011] EWHC 2420;**
husband single-handedly hoisting wife (lacking capacity), leaving her in sling; had LA taken account of benefits, not just risk? Was OT assessment up to date; had a balanced view been taken (his success, his requests, refused, for more suitable equipment? Husband prepared to compromise on solution, LA resolutely refused to do so...

Musings and implications

- “How can we make the person/family accept the equipment? They just won’t do what we say. What law can we use?”
- “They are not complying”.
- “If the daughter goes on manually handling her father in this way, we should explain that we will refer it to safeguarding and her father might be removed from the family home and deprived of his liberty”.

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Thank you for your time today