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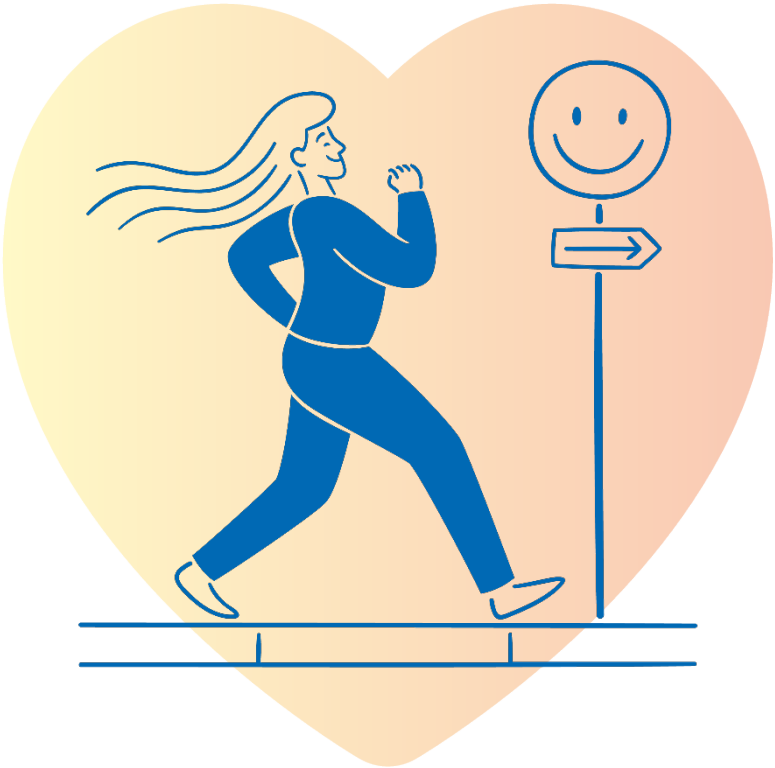
Maintaining independence and quality of life

Keeping care home residents active and involved

Tips for carers on helping residents stay active, keep their independence, and improve their quality of life.



Spending a long time in bed or sitting can lead to weak muscles, poor balance, increased frailty, and a higher risk of falling. This inactivity can also contribute to wider physical and mental health deterioration.

Supporting residents to stay active within their personal capabilities is essential. This helps them stay independent, maintain functional skills, and promote health and quality of life.

Loss of independence may result in withdrawal, frustration, and cognitive decline. Encouraging individuals to take part in daily tasks and engage in their own care, at any level they are able, fosters a sense of purpose, enhances well-being, and improves their quality of life

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Physical activity for adults and older adults

Any level of activity is linked to health benefits

Improves **Sleep**

Manages **Stress**

Maintains **Healthy weight**

Improves **Quality of life**

Reduces your chance of

- -40% Type II Diabetes
- -35% Cardiovascular disease
- -30% Falls, depression etc.
- -25% Joint and back pain
- -20% Cancers (colon and breast)

Be active everyday

Make a start today: it's never too late

Any activity is better than none, and more is better still

Every minute counts

Aim for

at least **150** minutes per week
Moderate intensity
increased breathing able to talk

OR

at least **75** minutes per week
Vigorous intensity
breathing fast difficulty talking

or a combination of both

To keep muscles, bones and joints strong

Build strength

on at least **2** days a week

For older adults

Improve balance

2 days a week to reduce the chance of frailty and falls

Minimise sedentary time

Break up periods of inactivity

UK Chief Medical Officers' physical activity guidelines 2026

Deconditioning

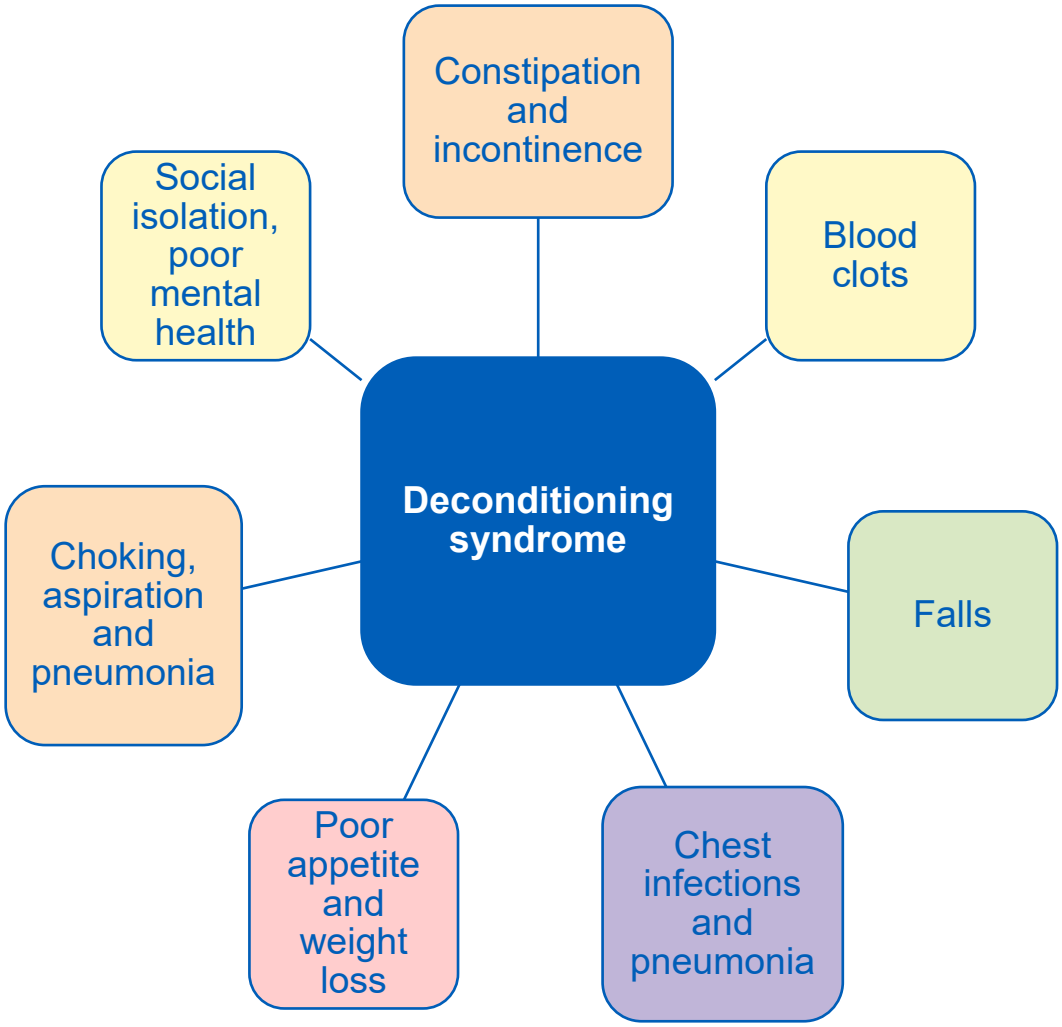
Public Health England (2021) describes deconditioning as 'the syndrome of physical, psychological, and functional decline that occurs as a result of prolonged inactivity and associated loss of muscle strength.'

Deconditioning can start as early as the first 24 hours of immobility, where individuals could lose up to 2-5% of their muscle mass. ‘It is often said that 10 days of bed rest can be equivalent to ten years of muscle ageing in individuals over 80 years’ (Dr Amit Arora, 2016).

Most common causes include:

- Sitting for long periods
- Being nursed in bed
- Reduced levels of activity throughout the day

The effects of deconditioning:

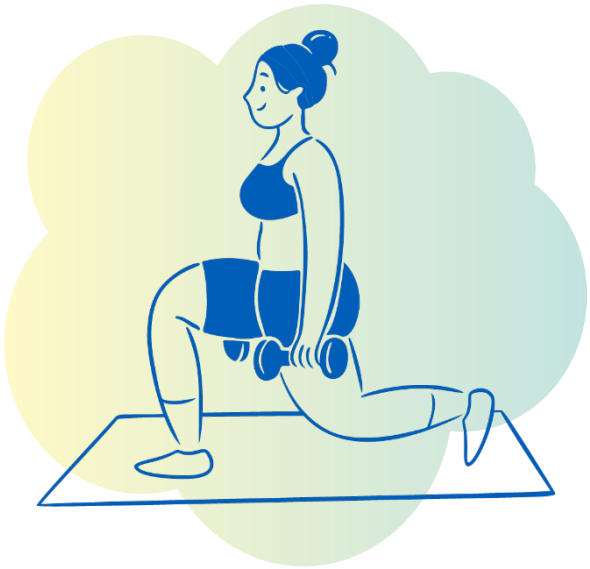


Get up, get dressed, keep moving!

Promote independence: Encourage residents to use their skills to move in and out of beds, chairs, toilets, or wheelchairs. Offer help only when necessary.

Minimise sedentary behaviour: Break up periods of inactivity with light activity whenever possible, and encourage standing, as this provides health benefits for older people.

Encourage regular walking: Residents who can stand and walk should engage in this activity many times each day to improve mobility and social interaction. Encourage daily tasks like walking to and from the toilet, dining room, or communal areas.



Ensure residents have the correct walking aids: keep them easily accessible, check them regularly, and make sure they are at the correct height. Provide supervision or help as needed. Coloured walking aids may help those living with dementia remember to use them.

Don't restrict mobility out of fear of falls: provide help or consider a referral to physiotherapy. Utilise any prescribed pain medication, and if you feel the pain is not being managed effectively, request a review from their GP.

Manual handling equipment: Those less able may need to undergo a manual handling assessment to determine whether they need specialist equipment that enables them to sit out and socialise.

Encourage movement in bed: Promote residents' ability to reposition themselves for comfort, especially at night. If they cannot move independently, request a manual handling assessment or review to identify possible interventions that can assist, such as using a slide sheet.

Refer on when necessary: Residents with specific posture needs may need a referral to community physiotherapy or occupational therapy.

Be active

Activities of daily living: Encourage residents to take part in their own personal care, including dressing, washing, and brushing their teeth, assisting only when necessary.

Hydration: Encourage and support residents to make their own drinks where able. When you provide drinks, help as required, and if you leave a drink, ensure you place it within easy reach. Consider the most appropriate drinking vessel.

Mealtimes: Support residents to have meals in the dining area to improve socialisation. Where appropriate, transfer residents nursed in bed into their chair or wheelchair to eat meals, as this helps them swallow and reduces the risk of choking.

Seating: The introduction of appropriate seating will help engagement in everyday tasks such as eating and drinking, improving verbal and non-verbal communication, feelings of self-esteem, mental health and autonomy, thus reducing reliance on caregivers.

In an ageing body or those with a neurological condition, a more basic leaning posture can rapidly develop into a more complex postural need.

If the resident has difficulty sitting in a standard chair, they may need a seating assessment. Ask for a referral to a physiotherapist for advice.

Continence: If able, support residents to walk to the toilet rather than taking them in a wheelchair or providing a commode at their bedside. For those nursed in bed, request a manual handling assessment to assess if there is an appropriate transfer aid to support the use of the commode rather than bedpans.

Go outside: Support residents to spend time outdoors and encourage loved ones to do likewise. Even in cold weather, they can wrap up warm. Spending time in sunlight helps the body synthesise vitamin D, which is vital for healthy bones and immune function. Being outdoors also boosts mood and can promote better sleep.

Build strength and improve balance

If a physiotherapist has provided specific exercises, please prompt residents to practise these. Ensure the resident does not do any exercise that causes pain or that they are unable to do.

Keep any exercise sheets within reach and in a visible location. If needed, work on 1 or 2 exercises with the resident when you have time. Encourage their loved ones to do the same.

Remember, any level of activity or exercise can have a positive impact in the long term.

Provide leisure activities and groups that encourage socialisation and movement.

A programme of weekly activities can bring structure and meaning to residents' lives. A designated Activity Coordinator can explore the likes and dislikes of individual residents.

A suitably trained group leader can conduct exercise groups in-house or arrange for them to be outsourced. This could be anything from Tai Chi to the British Gymnastics Love to Move programme, which has a specific aim to support individuals with cognitive impairment and dementia. Residents may enjoy listening to music, singing, dancing, or helping with household chores.

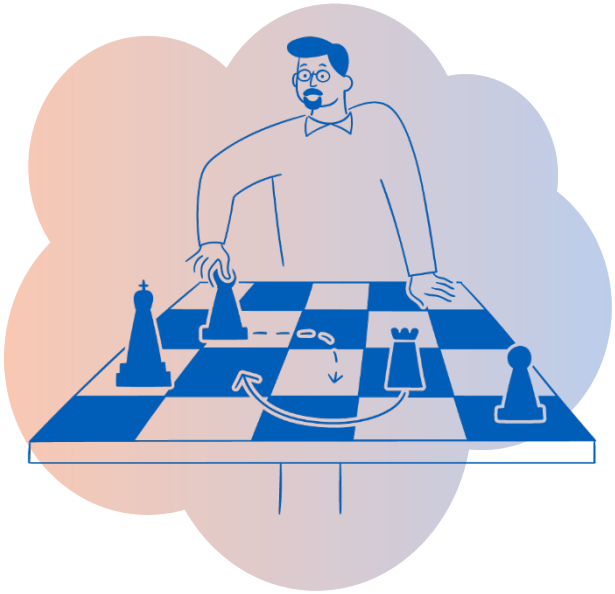
Residents may enjoy visits to local garden centres, cafés, or concerts. Group outings—such as trips to the seaside—can enhance social engagement and provide meaningful activities.

Provide attendant-assisted wheelchairs for those who need support with mobility. For residents with complex seating or posture needs, refer them to the local wheelchair service for a specialist assessment.

Ways to engage residents in activity and movement

Residents may not always be able to engage in traditional groups and activities, especially those living with dementia.

Behaviours that challenge often arise when residents cannot communicate their needs, particularly in those with dementia, delirium, cognitive impairment, or communication difficulties



Understanding a resident's background, preferred activities, likes, and dislikes helps to engage that person in activities that are meaningful to them and that stimulate memories

Encourage engagement in activities that stimulate cognitive function, such as puzzles, word searches, colouring, arts and crafts, knitting, or games like chess and cards

Use memory boxes. Create photo collages. Also, try shared reading or picture-based books for residents who find reading difficult.

Make sure clocks and calendars are easy to see. This helps with orientation and encourages independence in planning daily activities

Always consider untreated pain as a potential cause of distress, especially in residents who cannot verbalise discomfort. Check if the resident has any prescribed pain relief and consider whether to provide these before encouraging engagement in movement and activity

Consider foot health and mechanical foot pain. If not managed, it will make residents reluctant to stand and walk. They may benefit from a referral to podiatry or chiropody services

Eyesight changes can lead to a fear of falling. Support the resident to attend annual eyesight tests

If distress persists, request a GP review to investigate underlying medical causes. Where appropriate, GPs can refer residents to the Older Persons' Community Mental Health Team for further specialist support.

Useful resources

- Deconditioning Syndrome, Dr Arora Amit, British Geriatric Conference Autumn Conference, 8 November 2019
  - https://www.bgs.org.uk/sites/default/files/content/attachment/2020-05-04/9.00_Theatre_Amit_Arora.pdf

- Recondition the nation, Dr Arora Amit, Public Health England. 10 March 2023.
  - https://www.england.nhs.uk/blog/recondition-the-nation/

- 'Safe or sedentary': Promoting physical activity in older people, Roisin Fallen-Bailey, 26 April 2022.
  - https://frailtyicare.org.uk/wp-content/uploads/2022/05/ENCOP-Learning-Session-Six-26.4.22.pdf

- Sit up, Get Dressed, Keep Moving, University Hospitals of North Midlands
  - https://www.uhnm.nhs.uk/our-services/older-adults/sit-up-get-dressed-keep-moving/

- Supporting residents in care homes with dementia: Alzheimer's Society
  - https://www.alzheimers.org.uk/sites/default/files/2024-04/691-Supporting-a-person-with-dementia-in-a-care-home.pdf

- The British Gymnastics - Love to Move programme
  - https://britishgymnasticsfoundation.org/lovetomove/

- UK Chief Medical Officers' Physical Activity Guidelines. 2026. Department of Health and Social Care
  - https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report/uk-chief-medical-officers-physical-activity-guidelines

- Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults. Public Health England 2021
  - https://assets.publishing.service.gov.uk/media/6114f852d3bf7f63b45df099/HEMT_Wider_Impacts_Falls.pdf