Winter 2025

MANCHESTER CITY COUNCIL

Manchester Local Care Organisation

Reablement service guide

Information and frequently asked questions for acute hospital, community health and adult social care teams in Manchester.

To support with hospital referrals into Manchester Local Care Organisation's Reablement service, this guide has been designed to myth-bust and answer some of the frequently asked questions from hospital staff about accessing Manchester Reablement Services.

1.What is reablement?

Reablement is a community based adult social care service provided through the Local Care Organisation. It supports hospital discharge by providing support and assessment in an individual's own home for up to six weeks (12 weeks for the Building Independence Team).

The team provides person centred support through a strength-based approach, setting achievable goals around personal care, meals and medication through building confidence and the use of technology. 70% of reablement customers ended as independent with a further 9% reducing their ongoing care support.

There are two reablement teams. **Core Reablement** is provided for any adult in Manchester, while the new **Reablement Building Independence Team** provides a specialist service for adults with learning disability, autism, mental health, transition to adult services or substance misuse. See page 8 for further information on the two services.

2.Referrals and goals

What information should be included on the referral form/Greater Manchester Supported Discharge (GMSD) form?

Referrals to reablement for Manchester residents are made through the GMSD form. When referring for reablement, consider what have been the patient's care and support needs:

- Prior to hospital admission
- During their stay in hospital
- What is their potential following discharge from hospital if they access Reablement
- Details of the persons (reablement) goals.

What is a 'reablement goal'?

- Any functional activity that is important to the person often related to ADLs (activities of daily living).

- An activity that the person was independent with prior to going to hospital or has the motivation and potential to get back to being independent at - potentially with the support of adaptive techniques and/or low-level equipment.

Goals range from what a patient needs, want they want and what they like to do. They shape and give purpose. They can also change frequently. For example - "I want to be able to prepare a simple hot meal such as beans on toast or soup, independently, within the next four weeks." - is a good example of a SMART reablement goal (ie Specific, Measurable, Achievable, Relevant and Time-Bound).

Referrals/GMSD containing contradictory information

If the reablement referral contains contradictory information the reablement officer completing the triaging process will need to clarify the information provided before a referral can be accepted.

They will contact the referrer for clarity on the information and may require the form to be resubmitted with the correct information. Please ensure that referrals are reviewed prior to submission, to prevent any delays in processing requests.

Is reablement six weeks of free care?

There is no charge to the resident. Reablement is available for up to six weeks, up to 12 weeks for the Building Independence Team. All reablement referrals are triaged by an experienced officer to ensure that residents are appropriate for the service.

Can reablement be considered if a person already has a long-term care package - with reablement and a care agency supporting at the same time (shared care)?

Reablement may look into if it is appropriate for reablement take on the full package of care for a period, if that supports promoting independence.

Shared care is not something reablement are currently able to support with as this may result in different models of care being delivered and create challenges/concerns when supporting a resident.

Are there Occupational Therapists within the reablement team?

Yes, there are six Occupational Therapists that form part of the reablement service. The Occupational Therapists are based within the service and work across the city.

If a resident requires input from Physiotherapy, the reablement Occupational Therapists can refer to the home pathway for Physiotherapy input.

3.Types of patients that can and can't be supported

Mobility/ transfers: People reablement wouldn't generally support

Reablement cannot support:

- Individuals using a stand aid (eg molift) with one person - we may look at this in future, however currently our support workers don't have the specific training required to support this.
- Individuals requiring maximum assistance of one with transfers and mobility. This would usually justify the need for two support workers.
- People cared for in bed on a long-term basis.

Does reablement accept people with cognitive issues, or those that lack capacity?

There are a number of considerations before reablement are able to accept a referral. To support the triaging process, referrers should provide as much information as possible. If a resident has **advanced dementia**, they may not be suitable for a reablement intervention.

If the patient has **cognitive issues** and referrers feel they would benefit from reablement, please give details about whether the resident has carry-over between therapy sessions and if they have made functional gains whilst on the ward. Please give as much detail about the individual's cognitive abilities and difficulties in relation to memory, attention, sequencing, insight, safety awareness etc.

Part of the reablement triaging process will include gathering information to understand what this means for the resident and how this impacts on the resident, consideration will include if the resident is able to participate in a reablement intervention.

The triaging officer will gather information as they will need to understand what this means, how the resident is able to engage with the service and may need to refer to the Reablement Registered Manager. Referrals will be looked at on a case-by-case basis.

Do reablement support with catheters? Stoma? PEG? Nephrostomy, convenes etc? Patients on oxygen?

- **Catheters:** Yes, reablement staff support with emptying catheters and attaching night bags, however, will not be able to change the catheter.
- **Stoma:** Reablement support residents with a stoma, however reablement staff would not be involved in the management or care of the stoma including emptying of the bag or reattaching a new bag.
- **PEG:** Reablement would support residents with a PEG, however reablement staff would not be involved in the management or care of the PEG.
- **Nephrostomy:** Reablement would support residents with a nephrostomy bag including emptying of a nephrostomy bag, however staff would not change the nephrostomy bag.
- **Convenes:** Yes, reablement staff would provide support with all aspects related to convene care.
- **Oxygen:** Yes, reablement support people on oxygen. The resident will need to be able to put on their oxygen mask and turn the oxygen on and off independently.

Do reablement support people with back braces or other braces?

A risk assessment would need to be completed. Reablement are part of an integrated team and if required can request advice/guidance from reablement Occupational Therapists, and Discharge to Assess health colleagues.

Does patient medication need to be in a blister pack for people accessing reablement?

No, blister packs are not required. Reablement staff are able to administer medication from bottled and boxed medication.

Do reablement support people requiring assistance of one with tasks?

This is possible, however reablement will need as much detail as possible to understand the level of assistance required. Please specify the assistance required i.e. supervision, physical prompts, verbal prompts, set up of the environment, minimal, moderate etc.

Consider what assistance of one looks like for the individual, including physical (light touch, positioning walking aids, sit to stand), verbal prompts, reassurance/confidence building and what happens with the resident in between care visits.

For example: John uses a walking frame and lived independently prior to his hospital admission. John had a fall prior to admission and currently requires close supervision when mobilising with his frame. He needs minimal assistance with sit to stand transfers from his chair. John requires moderate assistance with personal care including setting up the environment ready for a wash. He can wash his face and chest, however, requires assistance with washing all other areas'. It is likely that following a period of reablement John will be build confidence and likely be independent or require minimum support with activities of daily leaving. **John should be referred for a period of reablement.**

Do reablement support people that need assistance of two for health and support needs?

Sometimes. Reablement may provide two support workers in certain cases. This may be where this is required due to concerns about the patient or the environment, to ensure the service protects the support workers and/ or the resident. For example if the patient lives in a location that there have been incidents/ concerns raised, or if concerns have been raised about the patient's behaviour.

Reablement currently would not usually accept residents that require assistance of two people with mobility and transfers, or those who use equipment aids (ie stand aids, stand hoists, full hoists) or those who are cared for in bed.

We may look at expanding our offer in future for those patients requiring assistance of two for transfers and mobility, once reablement staff are suitably trained and the service is able to accommodate.

Can reablement support people with broken skin?

Reablement staff do not provide clinical or medical care, including the treatment of broken skin. If an individual has broken skin—such as wounds, ulcers, or pressure sores—this would usually require assessment and management by healthcare professionals, such as district nurses or other clinical staff.

Reablement teams focus on supporting individuals to regain independence with daily living tasks. While they may work alongside health professionals, they are not responsible for delivering wound care or managing infections. Any concerns about broken skin should be referred to the appropriate medical service before or alongside reablement support.

4. What reablement staff can and can't do in the home

Will support workers support completing upper limb or lower limb exercises with a person?

Yes, reablement staff can support a patient to work through a prescribed exercise or strengthening programme, however, would not provide hands on assistance to undertake this (such as a stretching program). This would be built into the reablement support plan and would need to consider other goals and tasks within each visit.

Will support workers take individuals out, to appointments etc?

If accessing the community is one of the resident's goals, then this can be looked at as part of the reablement support plan. The resident must arrange their own transport i.e. taxi, public transport and cannot travel in a Reablement Support Worker's private vehicle.

Do reablement support diabetes - blood pressure, monitoring blood sugar, administering insulin etc?

Reablement provide input to residents with diabetes. However, they would not become involved in the medical management of the condition such as monitoring blood pressure and blood sugar levels, and administering insulin.

Do reablement support with cleaning houses?

Reablement Support Workers can support residents to clean up after themselves (e.g. washing up after engaging in meal tasks, putting a bowl away after personal care), however reablement do not provide a cleaning service. Referrals can be made to the Crisis Clean Service in the council if this service is required as part of the discharge process.

Will reablement see a person who needs a crisis clean, or has bed bugs, fleas, carpet beetles?

In cases of infestation, such as bed bugs, fleas, or carpet beetles, the issue must be fully treated and resolved before the reablement team can safely attend the property. This ensures the health and safety of both the resident receiving support and reablement staff.

If a person requires a crisis clean, this may be arranged prior to the start of support from reablement services, depending on the outcome of an initial assessment. The decision will be based on the individual's circumstances and the level of risk or need identified.

Referrers need to consider if a crisis clean is essential to take place prior to a resident being discharged from hospital. Consideration should be given to if a crisis clean is required before it is appropriate for staff to safely enter a property.

Will reablement staff cut/crush tablets?

No, reablement staff must not cut or crush medication unless this has been explicitly authorised by a qualified healthcare professional and documented in the individual's support plan.

Altering medication—such as cutting, crushing, or mixing with food or drink—can change how the medication works, affect its safety, and may even be harmful. These actions should only be carried out under clear guidance from a pharmacist or prescriber, especially if the person has difficulty swallowing or managing their medication.

If a situation arises where medication needs to be altered for safe administration, it should be referred to the appropriate clinical team for review, assessment and instruction.

Reablement staff can support medication administration as part of a support plan, but they will always follow professional guidance and never make changes independently.

Can reablement staff covertly administer medication?

No, reablement staff cannot covertly administer medication under any circumstances.

Covert medication—where medicine is given without the individual's knowledge, often hidden in food or drink—is a highly regulated practice that can only be considered in very specific situations. It requires a formal best interest decision under the Mental Capacity Act, a multidisciplinary team assessment, and a clear care plan that includes input from healthcare professionals, legal representatives, and family or advocates. Reablement staff are not authorised or trained to carry out covert medication administration.

If medication concerns arise during reablement, these should immediately be referred to the appropriate clinical team, such as district nurses, GPs, or social care professionals, to ensure safe and lawful handling.

Can reablement carry out risk feeding?

Reablement may request further information when supporting a resident as part of the triaging process, this could include:

- Full SALT guidance
- Copy of capacity assessment
- GP letter re Feeding Risk/ Diet recommendations

The Registered Manager may then need to take an MDT approach and agree a clear escalation process. Reablement will not deviate from the medical guidance whilst supporting a resident, any concerns will be escalated.

Can reablement support if someone only requires support with meal preparation?

This will be looked at on a case-by-case basis, at the point of triage. If an individual has a goal to be independent with meal preparation and this is their only assessed goal, reablement can offer support alongside Reablement Occupational Therapists to look at equipment and Technology Enabled Care to enable the person to be as independent as possible.

5.Difference between the reablement team offers

What is the difference between Core Reablement and the Building Independence Team (BIT)?

Core Reablement and the Building Independence Team (BIT) both aim to support adults in regaining or developing independence, but they differ in scope and duration.

Core Reablement:

- Focuses on short-term, intensive support for individuals over the age of 18 who require assistance to become as independent as possible within their own homes.
- This service typically lasts up to six weeks and may be following a hospital discharge, illness, or a decline in physical ability.
- The emphasis is on practical, day-to-day tasks such as personal care, meals, and medication, helping individuals regain confidence and reduce, prevent or delay reliance on long-term care services.

The **Building Independence Team** (BIT):

- Offers a broader and more tailored approach, supporting individuals over the age of 18 from a wide range of backgrounds and may include people with mental health, learning disabilities, substance misuse, autism and transitions.
- BIT provides support for up to 12 weeks, allowing more time to address complex or multifaceted needs.
- The team works collaboratively with individuals to build life skills, access community resources, and develop sustainable routines that promote long-term independence.
- This holistic model is designed to empower people to take control of their lives and reduce, prevent, delay dependency on formal support systems.