Prevention and *early intervention*

Guide

Silver Partner

Royal College of Occupational Therapists



A Foreword from RCOT

The Royal College of Occupational Therapists (RCOT) is clear that occupational therapy has its greatest impact when it enables people to continue doing the activities that matter most to them. Whether that's getting up in the morning, being in school or at work, or enjoying hobbies or leisure, participation is central to health, wellbeing, and quality of life.

Seating and bed provision are about much more than equipment. Appropriate seating and sleeping solutions support comfort, dignity, safety and enable people to participate in the occupations that give their lives meaning. This guide highlights the importance of early consideration of posture, positioning, seating, and sleep environments, recognising the difference these interventions can make to everyday life. It encourages practitioners to balance risk reduction with positive risk taking, using professional judgement to support informed choice, autonomy, and participation in everyday roles and routines. This approach means we both prevent avoidable harm and support people to live fulfilling lives.

We welcome the guide's focus on prevention and early intervention, and the positive impact this can have for individuals, families, and services. By keeping occupation at the forefront of practice, practitioners can ensure that seating and bed provision is guided by what people need as well as by what it enables them to do and be.

Gary Waltham, Chief Executive of the Royal College of Occupational Therapists, says 'Occupational therapy can reduce the need for crisis interventions and specialist seating can be key to achieving the goal of helping people to be at home, to manage their health and live their lives. We're pleased that Accora shares our focus on prevention and early intervention and are looking forward to working together.'

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Important information

The practical resources in this guide were developed by Accora's clinical team using their professional experience, skills and knowledge. Unless stated otherwise, they have not been independently validated or standardised as assessment tools. They are intended to support, rather than replace, individual clinical assessment and professional judgement. Practitioners should use them alongside relevant legislation, evidence-based guidance, professional standards and local policies and procedures.

Editorial transparency statement

AI-assisted tools were used as an editorial aid during the development of this guide, supporting aspects of drafting, research and refinement. They did not replace professional expertise or clinical judgement. All content was reviewed and verified by the authors, who retain responsibility for the final guide.

Acknowledgements

We would like to thank the Royal College of Occupational Therapists for their involvement in this guide and for sharing our commitment to prevention and early intervention.

Introduction



Prevention and early intervention are themes that run through everything we do at Accora.

Through our partnership with the Royal College of Occupational Therapists, we share a commitment to helping people remain independent, maintain their quality of life and continue doing the occupations that matter to them.

This guide brings together blogs, practical resources, clinical insights and case studies from our multidisciplinary clinical team. Inside, you'll find topics including falls prevention, 24-hour postural care, pressure care, dysphagia, bed safety, seating, skin integrity, independence at home and the role equipment can play in supporting positive outcomes. Putting this guide together has been a real team effort. Our occupational therapists, tissue viability nurses have shared their knowledge, experience and clinical insight to create something practical, evidence-led and hopefully useful for everyday practice.

While some articles focus on specific clinical challenges and others explore equipment and interventions, they all share the same aim: recognising risks early, understanding the whole person and taking proactive steps to prevent avoidable deterioration. I hope you find something in these pages that sparks an idea, starts a conversation or helps make a difference to the people you support.

Nicola Murphy

Consultant Occupational Therapist, Accora

Meet the *Clinical team*

Our clinical experts are available for training and education opportunities but also to provide individual advice on a case-by-case basis.

They can support clinicians with clinical reasoning and justification for solutions and product requests.



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Meet the *Clinical Product trainers*

Our clinical product trainers bring together clinical knowledge and hands-on product expertise.

They can support with everything from a first assessment to the practical details of setting equipment up safely and getting the most out of it.



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The importance of prevention and early intervention in care

Nicola Murphy, Consultant Occupational Therapist



Occupational therapists are often introduced after a crisis. Events such as a fall, being admitted to hospital, sustaining a pressure injury or losing confidence may already have reduced the person's independence.

But what if we could intervene earlier?

This question sits at the heart of prevention and early intervention. RCOT's 'Right Support, Right Time' campaign highlights how earlier access to occupational therapy can help people stay well and avoid crisis. Prevention means recognising risks and responding to changes before difficulties become more complex (RCOT, 2025).

Prevention is not limited to reducing falls, hospital admissions or pressure damage. Its wider purpose is to help people continue participating in the activities that give their lives meaning, purpose and identity.

Seeing the person, not just the problem

As an Occupational therapist, we are uniquely placed to take a holistic view of a person's situation. Rather than focusing solely on a diagnosis, we consider the person, their environment, their routines, support network and the activities that matter most to them.

When we ask questions such as:

- What is important to this person?
- Where would support make a difference?
- What might happen if nothing changes?
- What support could help this person right now?

we begin to identify opportunities for intervention before difficulties become crises.

Something to consider :

What is working well for this person and where could earlier support help them to continue doing what matters to them?

This person-centred practice aligns closely with the Care Act 2014, which promotes wellbeing, independence, choice and control. It recognises that people should be supported to live the lives that they choose, rather than having decisions made for them.

Prevention is therefore not just a healthcare priority; it is a legal and ethical responsibility.

Prevention is about quality of life

Prevention is often framed around avoiding negative outcomes, such as falls, pressure ulcers or hospital admissions. Occupational therapy also considers what early action enables, including:

- Continuing to live at home safely
- Maintaining valued roles and routines
- Staying connected with their family, friends and community
- Preserving confidence and independence
- Remaining engaged in meaningful activities
- Supporting dignity, choice and control

Clinical perspective / Continued

A well-timed intervention may be as simple as adjusting seating, providing equipment, improving lighting, supporting hydration, educating carers or identifying early postural changes. Small actions taken at the right time can prevent significant deterioration later.

Looking beyond the obvious risk

Falls are rarely isolated events and may be linked to:

- Deconditioning
- Poor nutrition or hydration
- Cognitive changes
- Pain
- Reduced confidence
- Poor postural support
- Environmental hazards
- Social isolation

Pressure damage may similarly relate to posture, mobility, nutrition, seating, equipment or reduced ability to reposition. By identifying these underlying factors, occupational therapists can intervene before risks escalate.

Working together prevents crisis

Effective early intervention depends on collaboration between occupational therapists, physiotherapists, nurses, speech and language therapists, dietitians, social workers, carers and families.
Working together early creates more opportunity to prevent avoidable deterioration and improve outcomes.

Final thoughts

Prevention and early intervention are central to occupational therapy. By recognising risks early, taking a holistic view and keeping the person's goals at the centre, we can help people remain safe, independent and engaged in the activities that matter to them.

For further reading, visit:

RCOT's 'Building Health into Homes'
Click here

The Care Act 2014 on the UK legislation website:
Click here

Safe Sleep Fall Prevention Checklist

This practical tool is designed to help identify potential risks early and support a safer night-time environment, before an unplanned bed fall leads to injury, fear or loss of confidence.

From an occupational therapy perspective, safer sleep can support occupation by helping people rest well, maintain their energy, confidence and mobility and continue with the daily routines that matter to them.

About the checklist

The Safe Sleep Fall Prevention Checklist was developed by Accora as a practical prompt to support consideration of the factors that may contribute to falls risk around the bed and the bedroom environment.

It is intended to support, rather than replace individual clinical assessment and professional judgement.

The checklist has not been independently validated as a falls risk assessment tool.

For further information on falls assessment and prevention, see:

NICE NG249: Falls: assessment and prevention in older people and in people 50 and over at higher risk
Click here

NHS: Falls, including practical advice on reducing falls risk and staying safe at home
Click here

Download the full checklist here:

Bedroom environment

Adjust bed height appropriately

- ☐ Set the bed at an appropriate height for the person, balancing safe transfers with reducing the impact of a potential fall.
- ☐ Consider using a floor-level bed like Accora's FloorBed where clinically appropriate.

Use fall mats if needed

- ☐ Place fall mats around the bed to cushion any potential falls.
- ☐ Ensure mats are securely positioned and do not pose additional trip hazards.

Ensure proper lighting

- ☐ Install adequate lighting near the bed for safe night-time navigation.
- ☐ Use motion-activated night lights to reduce the need for reaching or adjusting switches.

Check for clutter

- ☐ Keep the area around the bed clear of obstacles and clutter to prevent tripping.
- ☐ Ensure all pathways to and from the bed are unobstructed.

The person and their routine

Understand why the person gets out of bed

- ☐ Explore night-time routines and needs (e.g. toileting, getting a drink, pain, repositioning or accessing personal items).
- ☐ Keep frequently used items within easy and safe reach, such as water, glasses, call bell, phone and mobility aids.
- ☐ Consider whether toileting arrangements and the route to the toilet contribute to falls risk.

Consider cognition, vision and perception

- ☐ Be aware of any changes in cognition, orientation, vision or perception that may affect how the person navigates the bedroom, particularly at night.
- ☐ Use familiar layouts, clear routes, appropriate lighting and visual cues where helpful.

Encourage proper posture

- ☐ Promote the use of supportive pillows and cushions to maintain good posture while lying in bed.
- ☐ Address any muscle imbalance or discomfort that could contribute to poor posture and falls.

Monitor and educate

Monitor medication side effects

- ☐ Regularly review medications for side effects like dizziness or drowsiness.
- ☐ Report concerns of dizziness, drowsiness or changes in function to the appropriate healthcare professional for medication review.

Educate caregivers and family members

- ☐ Train caregivers and family members on safe transfer techniques and fall prevention strategies.
- ☐ Ensure they are aware of the importance of maintaining a clutter-free, safe environment.

Footwear and mobility

- ☐ Ensure non-slip, well-fitting footwear is available and within easy reach.
- ☐ Keep mobility aids (e.g. walking frames, sticks) close to the bed and positioned safely for easy access.

Assess transfer and mobility

- ☐ Assess how the person gets into and out of the bed, including sitting balance, standing, turning and stepping away from the bed.
- ☐ Consider whether they need equipment, assistance or a different technique, particularly at night.

Please note: These are examples of factors to consider and are not an exhaustive list. Recommendations should be based on the person's individual needs, abilities and environment, alongside appropriate risk assessment

The FloorBed®:

turning bed falls into bed rolls



Building on from our 'Safe Sleep: Fall Prevention Checklist', the FloorBed® lowers safely to floor level, reducing the impact of a fall and turning it into a much gentler bed roll.

This is early intervention in practice. The FloorBed® puts the right support in place to reduce risks early on that could escalate into injury, crisis response or loss of confidence. For OTs, it is about more than bed safety. It is about protecting rest, transfers, personal care, mobility and the meaningful routines that support daily life.

By reducing avoidable falls and the need for reactive intervention, the FloorBed® supports a more sustainable approach to care. The person-centred practice protects independence, supports carers, reduces pressure on services and helps people to remain safely in their own environment for longer.

What sets Accora beds apart is their ability to lower to true floor-level and rise to full nursing height, a function supported by clinical evidence.

Studies have shown our beds reduce falls by up to 77% compared with low beds, and completely eliminate injurious falls. For families and carers, this means greater safety, fewer incidents, and peace of mind.

Standard bed



The impact when hitting the ground from this height can lead to severe injuries like fractures, head injuries and bruises.

Low bed



The impact from falling off a low bed is typically less severe but can result in minor injuries like bruises or sprains.

Floor height bed



Transforms a bed fall into a roll, reducing the impact and therefore risk of injury. Falls from this height often result in no harm.

A preventative approach to bed safety: introducing the high safety mat



When someone needs additional support around bed safety, the high safety mat can form part of a wider prevention and early intervention plan.

Designed for use with the Accora FloorBed® at its lowest height, the high safety mat extends the sleeping surface at mattress level

This helps turn an unexpected bed exit into a roll rather than a fall, reducing the potential impact. If the person rolls safely onto the mat, care teams may be able to support them back into bed using appropriate moving and handling techniques, including the built-in slide sheet option.

From an OT perspective, this is about more than reducing injury risk. It is about supporting safer routines, protecting rest and confidence helping the person continue with the occupations that matter to them.

For older people, including those living with dementia or reduced capacity, the high safety mat can also offer important reassurance for families and carers. When an unplanned bed exit happens, it supports a calmer, safer response and may reduce the need for crisis intervention.

Ultimately, the high safety mat is not just about managing a bed exit, it is about helping the person, family and care team feel more supported, prepared and confident when additional bed safety risks are present.

Discover our range of bed accessories, designed to adapt our profiling beds to individual care needs. These accessories prioritise safety and support bed mobility, promoting greater independence.

The FloorBed® : a case study

'I never knew you could have a bed rail and a bed lever on the same bed.'

Linda's Story

Linda is in her 50s and lives with multiple sclerosis. Following the recent bereavement of her husband, her mobility and functional independence had declined and she required daily carer support for personal care.

Linda sleeps in a FloorBed®, which was originally fitted with a bed lever to help her reposition independently. Carers attended each morning to support her transfer from bed, into a shower chair and then into her armchair.

Challenge

Linda experiences involuntary movements and spasms, particularly in her right leg. During the night, her leg would frequently move out of the bed, becoming cold and causing discomfort and pain, which disrupted her sleep.

Linda sometimes relied on her parents to help reposition her leg but reported that she would occasionally tolerate the discomfort rather than ask for help because she did not want to burden them.

A side rail was initially introduced to help address the problem. However, this meant removing the bed lever and reduced Linda's ability to reposition herself independently.

Goals

The intervention aimed to:

- support Linda to reposition herself more independently in bed
- improve night-time comfort and sleep
- reduce reliance on family members for repositioning
- maintain Linda's independence, dignity and choice

Solution

Following consultation with Accora, it was confirmed that an appropriate fabric side rail and bed lever could be used together on the FloorBed®. The bed lever was therefore refitted alongside the side rail.

This provided Linda with the support of the side rail while retaining access to the bed lever she used to reposition herself independently.

FloorBed / Case study / Continued

Outcomes

Following the intervention, Linda reported improved comfort and sleep quality. She was able to reposition herself more independently and was less reliant on her parents for assistance during the night.

*Linda reported that the change '**makes all the difference**', while the mesh side rail allowed visibility when lying on her side and reduced feelings of restriction.*

Importantly, the impact extended beyond the bed itself. Increased confidence contributed to Linda beginning to explore powered mobility, with the longer-term aim of accessing more of her environment and increasing participation in everyday life.

This relatively small adaptation therefore supported outcomes relating to sleep, comfort, independence, confidence and participation, rather than equipment provision alone.

The case was also shared within the clinical team to increase awareness of compatible FloorBed accessories and support future clinical decision-making.

**Names have been changed for confidentiality.*



*"Makes all the **difference**"*

- Linda

More than an upgrade: why the Configura® Comfort 2 matters



Jayne Brewer, Consultant Occupational Therapist

When I prescribe specialist seating, I am never simply looking at the chair. I am thinking about the person using it, whether it provides enough support and comfort, how well their posture and pressure care needs are managed and whether it enables them to remain independent and do what matters to them.

The original Configura® Comfort became a popular choice because it brought pressure care, postural support and ease of prescription together in one seating solution.

The Configura® Comfort 2 builds on these foundations. Following feedback from occupational therapists and service users, the design has been refined to improve adjustability, transfers and overall usability.

New features include sliding armrests, greater tilt-in-space, larger castors and tool-free adjustments. For me, these practical changes give clinicians greater flexibility to respond as a person's needs change. Check out the comparison chart below for all the new features.

Adaptability and sustainability

I think one of the most exciting aspects of the Configura® Comfort 2 is not just what it does clinically, but what it represents from a sustainability perspective. Too often, equipment is viewed as a one-user solution. Once needs change, products can be difficult to adapt, leading to unnecessary waste and replacement.

Watch our recent Configura® Comfort 2 webinar here:

The Configura® approach challenges this model by promoting reuse, refurbishment and reissue. Chairs can be adjusted, reconfigured, cleaned and prepared for future users rather than being discarded.

One of the things I value about the Configura® Comfort 2 is its potential for reuse. Too often, equipment is treated as suitable for one person only and replaced when their needs change.

The Configura® approach offers a more sustainable alternative. Chairs can be adjusted and reconfigured as needs change, then cleaned, refurbished and prepared for another person when appropriate.

This can help services make better use of existing equipment, reduce delays and limit unnecessary waste.

Prevention and early intervention

For me, prevention means recognising when a person's seating needs are changing and responding before discomfort, postural difficulties or pressure risks become harder to manage. The chair can be adjusted as those needs change, helping clinicians provide the right support at the right time.

Conclusion

The value of the Configura® Comfort 2 lies in this balance: of providing adaptable seating that supports the person while helping services make better use of equipment and reduce waste.

The Configura® Comfort 2 comparison chart

The Comfort 2 takes the trusted legacy of the original Comfort and elevates it with advanced adjustability and user-focused innovation, but what are the key differences and how do they benefit our service users from a clinical perspective?



Configura® Comfort	Configura® Comfort 2	Clinical benefits
Armrests remain in static position when chair tilts	True tilt in space- armrests tilt as chair tilts	Reduces shear forces on arms and elbows, particularly important for individuals with vulnerable skin. Minimises risk of skin integrity issues along the lateral thighs by ensuring armrests move in alignment with the chair. Improves comfort for service users.
29 degrees of tilt in space		Stabilises the pelvis and improves overall postural alignment. Provides enhanced support against gravitational forces. Prevents the service user from sliding down in the chair.
Armrests slide backwards	Armrests slide backwards and forwards	Enables closer access for a wide range of transfer aids, facilitating improved positioning in the chair. Enhances purchase and support when standing.
Static armrest height	Adjustable armrest height	Allows correct positioning and support of the forearms. Promotes appropriate shoulder alignment and reduces strain. Provides greater postural support through the armrests.
Housekeeping castors	Larger castors	Improved manoeuvrability allows the chair to be safely and effectively used in multiple environments following a risk assessment
Loose use of castors when height adjusted	Able to maintain use of castors when chair raised or lowered	Chair positioning can be adjusted to optimise transfer safety and efficiency.
Brakes only on rear castors	Brakes on all four castors	Provides greater stability during transfers across various floor surfaces.
Currently 4 widths chair (over 7 size configurations)	Greater width adjustment from just 2 chairs Small 14"-20" Medium16"-22"	Width-adjustable to accommodate service users with fluctuating body size, without requiring chair replacement. Correct width setting promotes optimal postural alignment.

Why prevention and early intervention matter in 24-hour postural care

By Occupational Therapist Mary Snow



Posture

Posture is something we often take for granted until it begins to affect health, function and quality of life. For occupational therapists and other health and care professionals, effective postural care depends on observation, early recognition of change and timely intervention.

Understanding posture

Posture can be described simply as the body's alignment and positioning. But behind this simplicity lies a complex interaction of:

- Gravity and centre of mass
- Muscles, joints and skeletal structure
- Movement and functional ability

Good posture allows for even weight distribution, stability and efficient movement, while poor alignment can quickly lead to fatigue, discomfort, reduced function and damage to body systems.

Why is prevention key?

Humans are designed to move while maintaining stability against gravity. Illness, ageing and frailty can reduce mobility and the ability to maintain body symmetry, stability and function when sitting, standing or lying. Recognising postural changes early helps to ensure that the right support is put in place early.

Key drivers of postural change include:

- Ageing and frailty
- Changes in muscle tone or body shape due to medical diagnosis
- Pain and discomfort
- Neurological conditions (e.g. Parkinson's)
- Sensory or perceptual difficulties
- Environmental factors such as unsuitable seating and more broadly inadequate support surfaces

Without intervention, small changes in body alignment can develop into fixed postural asymmetries, making them harder to manage later.

Spotting the early warning signs

watch for:

- Uneven weight distribution
- Leaning to one side or forward when sitting, standing or lying
- Reduced ability to reposition independently
- Limited range of movement
- Increased pressure areas and development of pressure ulcers
- Poorly fitted seating

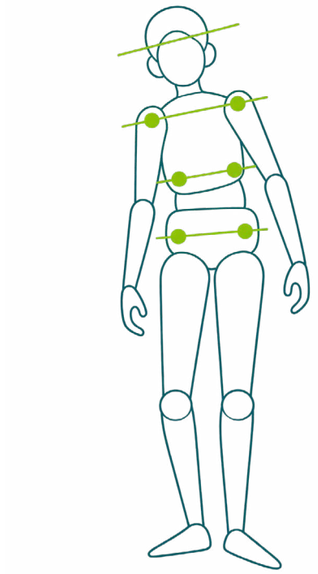
24-hour postural care / Continued

The link between posture and pressure

When posture is poor:

- Weight distribution is concentrated over smaller areas
- Pressure increases significantly
- The risk of tissue damage and development of pressure ulcers rise.

Maintaining good body alignment helps distribute load evenly and reduces the risks of skin damage.



The importance of 24-hour postural care

Postural care doesn't stop when someone leaves their chair. Many individuals spend significant time in bed without appropriate support:

- Body shape can deteriorate
- Muscle wasting and deconditioning occur
- Risk of contractures increases

At the same time, lying has benefits such as:

- Increased surface area for pressure redistribution
- Rest and recovery

The challenge is achieving the right balance between support, positioning and movement throughout a **24-hour period**

Postural care in practice

Effective postural care is:

- ✓ Person-centred
- ✓ Preventative
- ✓ Adaptable

It relies on:

1. Identifying who is at risk
2. Supporting movement and positioning
3. Providing appropriate equipment
4. Ongoing review and adaptability

24-hour postural care / Continued

Solutions may range from basic seating adjustments to specialist chairs with tilt-in-space and lateral supports, alongside appropriate support for lying.

What can you do as a clinician?

Early intervention starts with awareness and action:

- Advocate for individuals' postural needs
- Recognise and record risks early
- Improve clinical knowledge and skills
- Work collaboratively with colleagues
- Educate carers and support networks
- Ensure access to appropriate equipment

Final thoughts

Postural care is about more than comfort. Early intervention can protect body shape, preserve function, prevent complications and support dignity and quality of life.

References:

Osborne, L.J., Gowran, R.J. and Casey, J. (2023) 'Evidence for 24-hour posture management: a scoping review', British Journal of Occupational Therapy, 86(3), pp. 176–187. doi: 10.1177/03080226221148414.

Pope, P.M. (2007) Severe and Complex Neurological Disability: Management of the Physical Condition. Edinburgh: Butterworth-Heinemann.

Stinson, M., Crawford, S. and Madden, E. (2021) 'Current clinical practice in 24-hour postural management and the impact on carers and service users with severe neurodisability', British Journal of Occupational Therapy, 84(6), pp. 355–365. doi: 10.1177/0308022620944739.

Further resources

Seating assessment form

Postural Care for Health Care professionals

Postural passport

Technology enabled care:



safety, prevention and independence at home through a TEC lens

Laura Lew, Senior Occupational Therapist and Nicola Murphy, Consultant Occupational Therapist



Ask most people what TEC means and the answers come back quickly: pendant alarms, falls detectors and panic buttons. In a recent Accora Academy webinar, Laura Lew, Senior Occupational Therapist at Livity Life, argued that this is where the thinking usually stops- and it shouldn't be.

Livity Life works in partnership with Essex County Council on what is now the largest technology enabled care programme in the UK, with more than 20,000 users and close to 800 installations every month.

Laura's case for doing things differently was blunt: adult social care in England is carrying around 111,000 vacancies, needs are becoming more complex and tomorrow's challenges will not be solved with yesterday's models.

Her central point was that TEC is not really about technology at all. It is about independence, confidence and dignity and it rarely involves only one person. Behind most service users sits a family member checking in several times a day, worried less about what has happened than about what might.

Historically, Laura noted, people enter services after a fall, admission to hospital or a loss of confidence. Services have become very good at responding to crisis, the opportunity now is to become equally good at preventing it.

For assessment, Laura offered a simple framework: risks, opportunities and challenges. This means considering what might go wrong, what a good outcome would look like for the person and what practical or behavioural barriers may stand in the way.

Two case examples showed why the order matters:

For a man with posterior cortical atrophy at risk of night-time falls, the question was not which falls device to issue, but what was causing the risk. The solution was automated lighting that removed the need for him to remember to turn the lights on.

For a woman experiencing autistic burnout, a device she already owned was not meeting her needs; a larger, more visual alternative transformed her ability to plan her week.

Laura also acknowledged the limitations. Falls detectors cannot detect every fall. Devices get removed, batteries run down, connectivity drops and stigma prevents people engaging. Each has a practical answer, but only if it is anticipated.

Looking ahead, Laura described a shift from reacting to events towards recognising patterns using data. For example, subtle changes in sleep or activity could flag a developing problem weeks before it becomes one.

Laura summarised this as 'goals, not gadgets'. We need to focus on what matters to people before considering how technology might meet their needs.

Watch the full webinar on demand to explore the TEC discussed in this article:

For further details, click here

More than management: why early recognition and intervention matters in adult dysphagia

Jenny Rolfe, Consultant Occupational Therapist and Jennifer Benson, Independent Speech and Language Therapist

For many healthcare professionals, dysphagia is something we assess and manage once swallowing difficulties have become established. Yet growing evidence suggests we should be intervening much earlier.

By recognising risk factors and subtle clinical changes before significant swallowing impairment develops, we have the opportunity to reduce complications, improve quality of life and support people in maintaining safe eating and drinking for longer (Rivelsrud et al., 2023).

Dysphagia affects adults across a wide range of healthcare settings, particularly older people and those living with neurological conditions such as stroke, Parkinson's disease, dementia and motoneuron disease.

It is associated with serious health consequences including aspiration pneumonia, malnutrition, dehydration, prolonged hospital admissions and increased mortality (Rivelsrud et al., 2023). However, many of these complications are not inevitable.

Early recognition, timely intervention and coordinated multidisciplinary care can make a significant difference.

Recognising risk before swallowing fails

Swallowing rarely deteriorates overnight. Early warning signs often appear weeks or months before dysphagia becomes obvious.

Persistent coughing during meals, changes in voice quality after swallowing, recurrent chest infections, prolonged mealtimes, unexplained weight loss, fatigue when eating or avoiding particular food textures should all prompt further assessment rather than being accepted as part of ageing or disease progression.





The European Society for Swallowing Disorders (ESSD) identifies dysphagia as a geriatric syndrome that requires proactive identification and management because of its far-reaching impact on health, function and independence (Baijens et al., 2016).

Early referral allows appropriate assessment and the introduction of preventative strategies before avoidable complications develop.

Prevention is everybody's business

While speech and language therapists lead specialist swallowing assessment, preventing dysphagia-related complications relies on effective multidisciplinary working.

Occupational therapists optimise positioning and seating to support safe eating and drinking. Physiotherapists contribute to respiratory health, mobility and airway clearance. Dietitians help maintain adequate nutrition and hydration, nurses play a key role in oral care and monitoring, and carers and families are often the first to recognise subtle changes in eating and drinking.

This collaborative approach aligns with current guidance from the Royal College of Speech and Language Therapists, which emphasises that safe swallowing is influenced by far more than the swallow itself (RCSLT, 2024).

Adult dysphagia / Continued

Positioning

Effective swallowing depends on postural stability. Poor pelvic positioning, reduced trunk control, asymmetrical sitting, inadequate head support or fatigue can all compromise the coordination of swallowing, breathing and airway protection.

Optimising posture before and during meals can improve comfort, reduce effort and support more efficient swallowing.

Although high-quality intervention studies specifically examining positioning remain limited, posture is consistently recognised within dysphagia guidance as an essential component of comprehensive management (RCSLT, 2024; IDDSI, 2019).

For occupational therapists and physiotherapists, this represents an important opportunity to contribute proactively to dysphagia prevention rather than becoming involved only after problems have emerged.

Small changes, significant outcomes

Preventative interventions do not always require specialist equipment or complex rehabilitation programmes. Often, small changes implemented consistently can have a substantial impact.

Good oral hygiene is one of the clearest examples. Poor oral health increases bacterial colonisation within the mouth, meaning that when aspiration occurs it is more likely to result in pneumonia. Recent evidence continues to support structured oral health programmes as an important component of dysphagia care, particularly for vulnerable adults (Chouet al., 2023).

Likewise, maintaining good nutrition and hydration helps preserve muscle strength, immune function and overall resilience. The European Society for Clinical Nutrition and Metabolism (ESPEN) highlights nutritional management as a fundamental aspect of preventing the adverse consequences of dysphagia (ESPEN, 2023).

Where appropriate, rehabilitation programmes aimed at maintaining or improving swallowing function should also be considered. Rather than relying solely on compensatory strategies, rehabilitation may help preserve function and delay deterioration in selected patient groups.

Looking beyond the swallow

Perhaps the most important message is that preventing dysphagia complications requires us to look beyond swallowing alone.

Oral health, posture, nutrition, hydration, respiratory function, cognition, fatigue and the eating environment all influence swallowing safety. By recognising risk factors early and addressing these wider contributors, healthcare professionals can reduce avoidable complications and support people to remain healthier and more independent for longer.
Moving from reactive management to proactive prevention represents an important shift in clinical practice. It requires healthcare professionals to work collaboratively, recognise early signs of deterioration and intervene before swallowing problems become crises.

Ultimately, dysphagia management is about much more than food and fluids. It is about protecting health, maintaining dignity and enabling people to continue participating in one of life's most important occupations- eating and drinking safely, comfortably and with enjoyment.

References:

Baijens, L.W.J., Clavé, P., Cras, P. et al. (2016) 'European Society for Swallowing Disorders–European Union Geriatric Medicine Society white paper: oropharyngeal dysphagia as a geriatric syndrome', Clinical Interventions in Aging, 11, pp. 1403–1428. doi: 10.2147/CIA.S107750.

Chou, R., Selph, S.S., Bougatsos, C. et al. (2023) 'Screening, referral, behavioral counseling, and preventive interventions for oral health in adults: a systematic review for the US Preventive Services Task Force', JAMA, 330(18), pp. 1780–1790. doi: 10.1001/jama.2023.20685.

International Dysphagia Diet Standardisation Initiative (2019) Complete IDDSI framework: detailed definitions 2.0. Available at: https://www.iddsi.org/standards/framework (Accessed: 28 October 2026).

Rivelsrud, M.C., Hartelius, L., Bergström, L., Løvstad, M. and Speyer, R. (2023) 'Prevalence of oropharyngeal dysphagia in adults in different healthcare settings: a systematic review and meta-analyses', Dysphagia, 38(1), pp. 76–121. doi: 10.1007/s00455-022-10465-x.

Royal College of Speech and Language Therapists (2025) Eating, drinking and swallowing guidance. Available at: https://www.rcslt.org/members/clinical-guidance/eating-drinking-and-swallowing/eating-drinking-and-swallowing-guidance/ (Accessed: 28 October 2026).

Volkert, D., Beck, A.M., Cederholm, T. et al. (2022) 'ESPEN practical guideline: clinical nutrition and hydration in geriatrics', Clinical Nutrition, 41(4), pp. 958–989. doi: 10.1016/j.clnu.2022.01.024.

Prevention and early intervention: improving safety at home and reducing hospital admissions

Written by Nicola Murphy



Dean Curson and I recently delivered an Accora Academy webinar exploring how earlier intervention can improve safety at home and reduce avoidable hospital admissions.



The wider principles of prevention, falls risk and multidisciplinary working are explored throughout this guide. Here, I want to focus on how those principles apply in practice through Margaret's story.

Watch our webinar on demand here

- Unsafe home environments
- Difficulty with transfers

Safety at home / Continued

Meet Margaret

Margaret is 82 years old and lives alone. She has early-stage dementia, diabetes and poor balance. She was losing confidence and increasingly using furniture for support when moving around her home.

Margaret wanted to remain independent and continue enjoying her arts and crafts. The key question was not simply, 'What equipment does Margaret need?' but, 'What support would help her remain safe while continuing to live the life she wants?'

Margaret's living room contained several potential barriers to safety and independence, including loose rugs, trailing cables, poorly positioned furniture, difficult access to everyday items and inadequate postural support.

None of these factors existed in isolation. Together, they affected how safely and confidently Margaret could move around her home, stand from her chair, reach essential items and continue her hobbies.

Margaret's story brings together several themes explored elsewhere in this guide. You can read more about identifying falls risk in Interventions to prevent falls, recognising changes in seating in Knowledge is power and using technology to support independence at home in Technology-enabled care.

Equipment should support function

For Margaret, equipment and environmental changes needed to support what she wanted to do. This included standing safely from her chair, accessing drinks and medication, continuing her hobbies and moving around her home more confidently.

Equipment should work for the person, not the other way around.

The importance of teamwork

Margaret's needs could not be addressed by occupational therapy alone. Input from the wider multidisciplinary team including her GP, nurses, physiotherapists, social care professionals, carers and family, helped build a fuller picture and connect her with the right support. For me, effective prevention often begins with recognising when another person or service needs to be involved.



*Equipment should **work for the person**, not the other way around.*

Safety at home / Continued

How can we balance safety with the person's right to make informed choices and retain control over their life?

Positive risk-taking matters

One of the discussions from the session was around Margaret's rug. Should it stay or should it go?

As clinicians, we often identify risks that seem obvious, but life isn't always black and white. Removing every potential risk can also restrict a person's independence, choice and ability to do the things that matter to them.

Positive risk-taking means working with the person to balance safety with independence and quality of life. This should include identifying and assessing the risks, considering ways to reduce them, discussing the potential benefits and consequences with the person and clearly documenting the assessment and agreed plan.

Margaret's dementia diagnosis does not automatically mean that she lacks capacity to make decisions about her home. Mental capacity is specific to the decision being made and should be considered at the time the decision is required. Where Margaret has capacity to make the decision and understands the relevant risks, her choice should be respected, even if others consider that choice to be unwise.

Where there are concerns about a person's ability to make a particular decision, clinicians should follow the Mental Capacity Act 2005 and relevant professional guidance.

Our role isn't to wrap people in cotton wool, but to support informed decision-making, manage risks proportionately and help people continue living the life they choose.

Final thoughts

For me, prevention starts with listening to the person and noticing when something is beginning to change. In Margaret's case, looking at the whole environment helped identify practical ways to support safety without losing sight of her independence, routines and interests.

Small changes, introduced early and agreed with the person, can help prevent a crisis while preserving the life they want to live.

References:

National Institute for Health and Care Excellence (2025) Falls: assessment and prevention in older people and in people 50 and over at higher risk. NICE guideline NG249. Available at: https://www.nice.org.uk/guidance/ng249 (Accessed: 28 October 2026).

For further information, please visit:

Mental Capacity Act 2005 Code of Practice

and

NICE NG108: Decision-making and mental capacity.

Diet and exercise as a prevention to protect skin

By Tissue Viability Nurse Philippa Clark



In clinical practice, skin health is often considered through the lens of risk assessment, repositioning, pressure redistribution, compression therapy and wound management.

These interventions remain essential; however, they are most effective when supported by the wider determinants of tissue viability, particularly adequate nutrition, hydration and physical activity. Diet, fluid balance and movement influence tissue tolerance, circulation, inflammation, immune function and the body's capacity for skin repair.

The NHS 10 Year Health Plan places prevention at the heart of healthcare delivery, recognising that supporting healthy lifestyles, nutrition, physical activity and self-care can improve outcomes and reduce avoidable illness[gov.uk], [england.nhs.uk]. These same principles can be applied to maintaining healthy skin, preserving tissue viability and reducing the risk of skin breakdown, particularly in older and vulnerable populations.

We all have a role in earlier identification of patients at risk, proactive support for lifestyle factors and collaborative care planning that helps people maintain skin integrity before problems arise.
With prevention as the overarching aim, it is helpful to first consider why the skin is so dependent on whole-body health.

Why skin health starts from within

The skin is the body's largest organ and a vital protective barrier. It accounts for around 10–15% of body weight and relies on an extensive vascular network to supply oxygen and nutrients, remove waste products and regulate temperature.

A healthy skin microbiome also contributes to immune defence, inflammation control and protection against infection. Maintaining this barrier requires attention to the person's overall physiological status, not the wound or skin surface alone.

Skin vulnerability increases with age, acute or chronic illness, immobility, poor nutrition, dehydration and reduced functional reserve. These factors can increase the risk of infection, pain, pressure damage, skin tears and delayed wound healing.

As the skin is constantly renewing and protecting the body, nutrition becomes one of the most practical ways to support that barrier from within.

The role of nutrition in skin health

Nutrition is a core component of skin integrity and wound prevention. Because skin is continuously renewing, the body requires adequate energy, protein, fluids, vitamins and minerals to support cellular function, barrier maintenance, collagen formation and tissue repair.

Protein provides the building blocks for collagen formation-essential for skin strength and elasticity, immune function and tissue regeneration.
Protein intake of approximately 0.75 g-0.8 g per kilogram for a person of healthy body weight equating

Diet, exercise & skin integrity / Continued

to 45 g a day for a woman of 60 kg and 55 g a day for a 75 kg man.

Protein is also essential to maintain muscles and as we age, we need to try to reduce age-related muscle loss for example, sarcopenia, to keep active and strong (Parker, T , BHF 2026).

Energy intake matters too: without enough calories, the body may use protein for fuel rather than healing or maintenance.

Micronutrients such as vitamin C, zinc and iron contribute to collagen synthesis, oxygen transport and immune defence.

In practice, healthcare professionals can support skin integrity by encouraging a varied diet based on adequacy, balance, moderation and diversity. A “food first” approach should include protein at each meal, starchy carbohydrates for energy, fruit and vegetables for vitamins and minerals and suitable higher-energy options when appetite is poor or nutritional risk is identified (WHO, 2026).

Alongside the nutrients that build and repair tissue, fluid intake helps maintain the condition and resilience of the skin surface.

Hydration is equally important. When water loss through the skin barrier is too high, the skin can become dry, flaky, fragile and less elastic, reducing its ability to act as an effective protective barrier.
Nutrition and hydration provide the building blocks for skin health, but movement helps ensure those nutrients and oxygen reach the tissues that need them.

Exercise, movement and skin health

Physical activity and functional movement are clinically relevant to skin integrity. Movement supports circulation, tissue oxygenation and nutrient delivery, while prolonged immobility increases sustained pressure, reduces perfusion and contributes to the risk of skin breakdown.

For people with reduced mobility, the clinical priority is to limit prolonged pressure, maintain muscle activation, support circulation and enable safe repositioning wherever possible. Interventions may include scheduled position changes, short periods of walking, supported standing, ankle pumps and active or assisted range-of-motion exercises, depending on the individual’s condition and goals.

Movement is also particularly important for lower-limb skin health. Walking and calf muscle activation support venous return, while safe mobility and leg elevation can help reduce fluid pooling and oedema. This is especially relevant for people at risk of venous leg ulceration or lymphoedema and should be considered alongside vascular assessment, prescribed compression and individual clinical advice.
Strength, balance and functional mobility have direct implications for pressure ulcer prevention and skin integrity. People who can transfer, reposition and mobilise more safely are less exposed to prolonged pressure and may have reduced risk of falls, skin tears and deconditioning. Movement should therefore be considered part of tissue viability assessment and prevention planning.
In practice, exercise advice should be realistic, safe and tailored to the person’s clinical status. Pain, frailty, vascular status, wound location, falls risk, compression use and confidence with mobility all need to be considered. For some people, the goal may be walking regularly; for others, it may be sitting out of bed, changing position more frequently or completing simple ankle and leg exercises.
Hospital initiatives such as ‘End PJ Paralysis’ and ‘Eat, Drink, Dress, Move’ reinforce this prevention message by encouraging patients to get dressed, eat and drink well and move safely to reduce avoidable

Diet, exercise & skin integrity / Continued

complications such as deconditioning, falls, pressure ulcers, blood clots and urinary tract infections.

Klempel et al. (2021) provide relevant evidence for practice. Their systematic review and meta-analysis found that chair-based exercise programmes improved physical function in older adults, particularly upper-limb strength, handgrip strength and lower-limb function. The review included 25 studies and 1,388 participants and supports the use of seated, structured and progressive exercise as a practical intervention to help maintain strength, reduce deconditioning and support independence in frail, deconditioned or less mobile adults (Klempel et al., 2021).

This evidence is relevant to overall wellbeing as well as mobility. Maintaining physical function can support independence, confidence, comfort and participation in activities of daily living. In tissue viability practice, these outcomes are important because they can influence a person’s ability to reposition, engage in care, tolerate interventions and maintain quality of life.

By promoting regular repositioning, muscle activation and safe movement, exercise may help reduce sustained pressure, support local blood flow and tissue oxygenation and contribute to pressure ulcer prevention and the preservation of skin integrity (Klempel et al., 2021).

Diet, hydration and movement should therefore be addressed together within holistic assessment, care planning and multidisciplinary prevention strategies.

Practical take-home messages for clinicians

- Think prevention first: Diet, hydration and movement should be part of routine skin integrity conversations, not only considered once a wound has developed.
- Screen early and regularly: Identify malnutrition risk, unplanned weight loss, dehydration, reduced mobility and frailty as part of pressure ulcer risk assessment.
- Promote protein and energy adequacy: Encourage protein at each meal and adequate calorie intake to support collagen formation, immune function and tissue repair.
- Hydration matters: Poor hydration can affect skin turgor, comfort and resilience, so fluid intake should be reviewed alongside continence, swallowing ability and individual clinical needs.
- Movement is a tissue viability intervention: Repositioning, walking, ankle exercises, assisted movement and strength-based activity all help support circulation and reduce prolonged pressure.
- Support venous return: For people at risk of or living with, venous leg ulcers, encourage safe mobility, calf muscle activation and leg elevation where appropriate, alongside prescribed compression.
- Work as a multidisciplinary team: Tissue viability, nursing, dietetics, physiotherapy, occupational therapy, podiatry, carers and social care all contribute to prevention and healing.
- Make every contact count: Brief, consistent messages about eating well, drinking adequately and moving safely can reinforce prevention and empower patients, families and carers.

Diet, exercise & skin integrity / Continued

Conclusion

Skin integrity is not maintained by dressings, equipment or risk assessment tools alone. It is influenced by nutrition, hydration, mobility, circulation, tissue tolerance, immune function and the person's ability to participate in care. Early recognition of risks and timely intervention can help reduce avoidable skin damage and support improved outcomes for people at risk.

For clinicians, the key message is to assess the whole person. Routine conversations about nutrition, hydration and safe movement can strengthen prevention, support dignity and contribute to improved skin integrity before breakdown occurs.

Please find some further reading below:

https://movingmedicine.ac.uk

https://www.nhs.uk/live-well/exercise/strength-exercises/

https://www.nhs.uk/live-well/exercise/strength-and-resistance/

https://www.nhs.uk/live-well/exercise/

https://www.nhs.uk/live-well/exercise/sitting-exercises/

References

Gethin, G., Kottner, J., Lamza, A., Meaume, S., Megal, C., Conde Montero, E., Rawlinson, F., Ryan, H. and Probst, S. (2025) 'Palliative wound care: recommendations for the management of wound-related symptoms', °Journal of Wound Management°, 26(1 Suppl. 1), pp. S1–S40. doi: 10.35279/jowm2025.26.01.sup01

Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases (2003) °Diet, nutrition and the prevention of chronic diseases°. WHO Technical Report Series 916. Geneva: World Health Organization.

Klempel, N., Blackburn, N.E., McMullan, I.L., Wilson, J.J., Smith, L., Cunningham, C., O'Sullivan, R., Caserotti, P. and Tully, M.A. (2021) 'The effect of chair-based exercise on physical function in older adults: a systematic review and meta-analysis', °International Journal of Environmental Research and Public Health°, 18(4), article 1902. doi: 10.3390/ijerph18041902.

Parker, T. (2026) 'Protein: how much do you need?', British Heart Foundation, August. Available at: https://www.bhf.org.uk/informationsupport/heart-matters-magazine/nutrition/protein (Accessed: 28 October 2026).

World Health Organization (2026) 'Healthy diet', 26 January. Available at: https://www.who.int/news-room/fact-sheets/detail/healthy-diet (Accessed: 28 October 2026).

Verdier-Sévrain, S. and Bonté, F. (2007) 'Skin hydration: a review on its molecular mechanisms', Journal of Cosmetic Dermatology, 6(2), pp. 75–82. doi: 10.1111/j.1473-2165.2007.00300.x.

Wounds UK (2018) Best practice statement: Maintaining skin integrity. London: Wounds UK. Available at: https://www.wounds-uk.com (Accessed: 28 October 2026).

Enabling independence:

the Configura Comfort Joystick



Small changes to how equipment is controlled can affect a person's independence. The Configura® Comfort Joystick provides an alternative control option for people who may find a standard handset difficult to use.

The clinical challenge

Standard handsets require a degree of grip, dexterity and coordination. Pressing and holding smaller buttons may be difficult for people experiencing weakness, fatigue, reduced motor control or changes associated with a progressive neurological condition such as motor neurone disease.

This can result in someone relying on carers or family members to make routine chair adjustments. These may include changing position for comfort, pressure relief, rest, communication or mealtimes.

An alternative control option

The Configura® Comfort Joystick replaces multiple handset buttons with a single directional control. This may make chair functions easier to access for someone who has difficulty with precise button presses.
It is compatible with the Configura® Comfort and Configura® Comfort 2.

Assessment considerations

The Joystick will not be suitable for everyone. Its use should follow individual assessment and trial, considering:

- upper-limb movement and control
- grip, dexterity and coordination
- fatigue and changes in function over time
- cognition and ability to understand the control
- vision and perception
- positioning and access to the Joystick
- ability to operate the chair safely and consistently
- the person's goals and preferred activities

The Joystick needs to be positioned where the person can reach and use it comfortably, without compromising their posture. It may take some trial and adjustment to get this right, particularly if their abilities fluctuate or change over time.

Why independent chair control matters

From an occupational therapy perspective, chair control is not only about changing position. It can affect whether someone can sit upright to eat, communicate with others, watch television, read, rest or manage discomfort and pressure.

For someone living with a progressive condition, an alternative control may help maintain choice and autonomy as hand function or energy levels change. Even partial independence can be meaningful if it allows the person to make routine adjustments without always waiting for assistance.

Prioritising safety: the JuniorKit™ intervention

Nicola Murphy, Consultant Occupational Therapist



Safety in care is not only about responding to obvious risks, it is also about recognising the risks that may be easier to overlook.

For younger people and small adults, bed safety needs can be very different from those of the standard adult care population. This is where early identification, the right equipment and clear clinical reasoning matter

The challenge

Beds and platform mechanisms designed around adult proportions can create gaps, impact points or entrapment risks for smaller bodies. If these risks are not recognised early, the person may be placed in an environment that is not fully suited to their size, needs or safety requirements.

From an OT perspective, this is not just about the bed itself. The sleeping environment should support safety, comfort, rest, dignity and participation in everyday life. As explored in **The importance of prevention and early intervention in care**, safe sleep can affect a person's ability to participate in the occupations that matter to them.

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The intervention

The JuniorKit™ is an accessory kit that transforms the FloorBed® 1, FloorBed® 2 and CommunityBed™ into a safer sleeping space for younger people and small adults, helping these beds meet the children's bed safety standard, BS EN 50637:2017.

It brings together three key elements:

- Padded head and footboard bumpers to reduce impact and minimise the risk of injury
- A safety sleeve to encase the platform mechanism and help protect against entrapment risk
- Protector plates for FloorBed® 2, providing an additional layer of protection specific to that bed

Together, these provide a practical way to adapt existing equipment so it better matches the person's size and safety needs, rather than relying on a standard adult bed that may not be appropriate.

JuniorKit / Continued

Why it matters

Entrapment is one of the most serious and preventable risks in bed safety. The JuniorKit™ addresses this directly by reducing risk at the mechanism itself, rather than relying only on supervision, positioning or reactive responses after something has gone wrong.

This reflects the wider prevention and early intervention principles discussed earlier in the guide: recognising changing needs, introducing proportionate support before difficulties escalate and keeping the person's independence and everyday activities at the centre.

In short

The JuniorKit™ is about more than compliance. It demonstrates prevention in practice, recognising that younger people and small adults need equipment suited to their size, identifying risks early and putting proportionate measures in place before harm occurs. For occupational therapists and care teams, this means using clinical reasoning and environmental assessment while keeping comfort, dignity and participation at the centre.

Watch our webinar with Jayne Brewer on bed safety standards here:

Resources and links: MHRA: Bed rails – management and safe use:

https://assets.publishing.service.gov.uk/media/64ede752da84510014632343/Bed_rails_guidance.pdf

https://www.gov.uk/guidance/bed-rails-management-and-safe-use#full-publication-update-history

Choosing the right bed

Following these steps here will guide your choice of bed.

Is your service user someone who:
- is more than 1460 mm tall?
- weighs more than 40 kg?
- has a BMI of more than 17?

Yes

Consider standard Accora bed that meets BS EN 60601-2-52



CommunityBed

No

Is your service user less than 750 mm tall?

Yes

Consider a crib or alternative product

No

Does your service user require high side rails (over 450 mm high from mattress platform)?

Yes

Consider **FloorBed 1** or **CommunityBed** with higher side rails



FloorBed 1

No

Consider **CommunityBed** or **FloorBed** with **JuniorKit** to meet children's standard BS EN 50637:2017



FloorBed 2

Side rail options

Standard side rail

Also available in 220 cm length

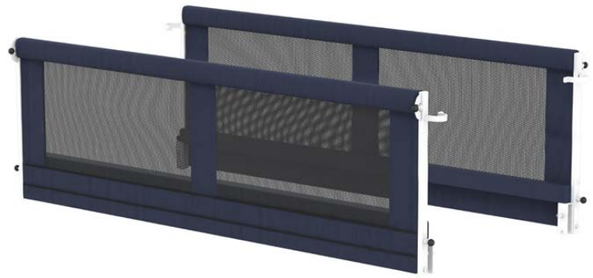


Side rail with integrated bolster

Also available in 220 cm length

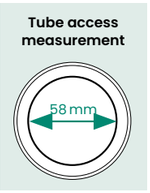


High side rail with integrated bolster

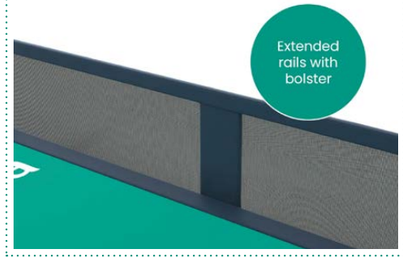


Fabric side rail with hole for tube access





Extended side rail with bolster



Knowledge is power: recognising risks early and taking proactive steps to prevent harm in care

Jayne Brewer, Consultant Occupational Therapist



We don't know what we don't know
- Donald Rumsfeld, Department of Defence News Briefing, 12 February 2002.

That phrase is certainly true for many occupational therapists when it comes to seating. As an occupational therapist who trained 30 years ago, my training around posture and seating was minimal.

My knowledge and experience only really developed as I began working with people who required seating assessments.

Looking back, if I had known then what I know now, I would have approached some of those cases very differently.

Many of us will have seen a person leaning to one side in their chair, using pillows and cushions in the short term in an attempt to keep them upright. At first glance, this may appear to solve the positioning issue. However, with greater knowledge, we begin to recognise that there may be several reasons why someone is leaning.

We might ask:

- How does the person transfer into the chair?
- Is the chair too wide?
- What is the position of the pelvis?
- Do they have a pelvic obliquity?
- Do they have independent sitting balance / core stability?
- Is the person able to redistribute their weight or change position?
- Are they leaning to reach something, relieve discomfort or compensate for reduced postural support?

Completing a holistic assessment and developing our understanding of posture and chair set-up, can help us to spot early warning signs sooner. This knowledge allows us to look beyond what we can immediately see and begin to understand what the person's posture may be telling us.

This also links to Mary Snow's article, Why prevention and early intervention matter in 24-hour postural care, which explores how early changes in posture, pressure distribution and function can be identified and addressed across sitting and lying.

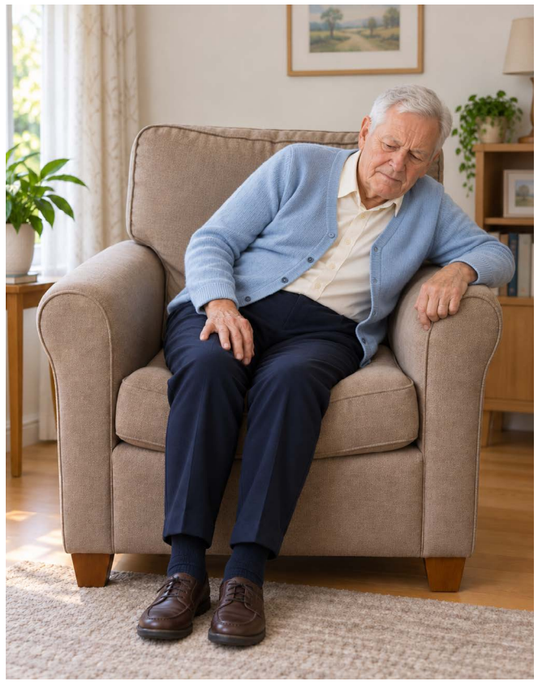
The table below offers common observations, possible seating considerations and preventative actions. It is not intended to replace a full holistic assessment but may help clinicians recognise early warning signs.

Knowledge is power / Continued

Early warning sign	What it may suggest	Why early action matters / prevention
The person is struggling to transfer out of the chair.	The chair may be too low or too deep, so the person cannot move forward to the edge of the seat.	Transfers may become more difficult, less safe, or increasingly reliant on carers. Reviewing chair height and seat depth early can support safer transfers and help maintain independence.
The person is leaning to one side.	The chair may be too wide, the transfer technique may be affecting their position, or there may be pelvic instability, asymmetrical posture, pain, weakness or fatigue.	If not reviewed, this may contribute to discomfort, pressure damage, contractures, and reduced function. Early assessment can help identify whether the person needs improved postural support or a better-fitting chair.
The person presents with a posterior pelvic tilt or kyphosed posture.	The chair may be too deep, the pelvis may not be positioned well or the person may not have enough postural support.	This can increase sliding, shear and friction forces, which may affect skin integrity. It may also impact breathing, digestion, communication, and social interaction. Early review can help improve pelvic position and enable immersion into the backrest.
The person is sliding down in the chair.	The chair may be too deep, the back angle may be too reclined, or the person may have reduced core stability or insufficient postural support.	Sliding can increase pressure and shear forces, reduce comfort and affect skin integrity. Early intervention and tilt in space can support better positioning, improve comfort and reduce the risk of pressure damage.
Red areas	Depending on where the red areas are, the chair may be too narrow, there may be uneven weight distribution or the chair may be too low. The person may be unable to reposition or have poor hydration and nutrition.	Early attention will reduce the risk of pressure damage and not being able to sit out. Strategies to aid offloading, movement, use of the chair functions and ensuring the surface meets the person's needs can reduce further damage and discomfort.
The person is constantly being repositioned with cushions or pillows.	The chair may not be providing adequate postural support or the person may be compensating for poor fit, discomfort or instability.	Cushions and pillows may help in the short term, but they can mask the underlying seating issue and delay appropriate assessment or intervention. Reviewing the chair set-up can help address the reason the person needs ongoing repositioning.

Knowledge is power / Continued





Chair set up is important

Chair set-up is important because it influences posture, pressure distribution, comfort, transfers and function. The right chair dimensions help support the pelvis in a more neutral position and allow weight to be distributed more evenly, giving the person the best opportunity to achieve their goals when seated.

For one person, this may mean being able to transfer more safely; for another, it may mean sitting comfortably to watch television, communicate with others, eat, rest or take part in everyday activities. Ensuring that we gather the correct measurements and choose a chair that can be set up to match those dimensions, while also adapting as changes occur, can help prevent postural deformities from developing.

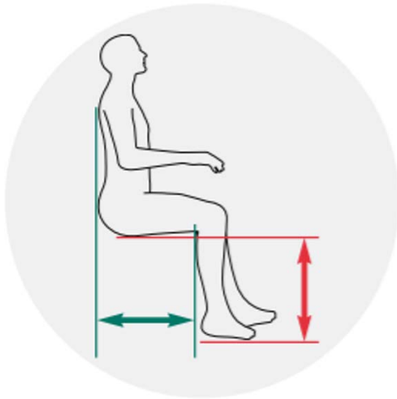


Knowledge is power / Continued

The power of knowledge

Knowledge becomes powerful when it changes what we notice and what we do next. Once clinicians understand how chair dimensions, pelvic position, support, pressure and function interact, they can begin to ask better questions.

Is the person supported or are they compensating? Are they sliding, leaning or struggling to reposition? Has their function changed? Is the current chair still meeting their needs or does it need review and adjustment?



Accora's partnership with the Royal College of Occupational Therapists reflects a shared commitment to prevention and early intervention. Both organisations recognise the importance of seeing people earlier, identifying seating needs before problems escalate and supporting individuals with the right chair set-up to help maintain independence, manage postural needs and reduce pressure care risks.

Through Accora's face-to-face and online training, we aim to help clinicians recognise early warning signs and respond before seating problems become harder to manage. For me, this knowledge supports earlier review and adjustment, helping to protect posture, manage pressure risks and maintain independence and participation in everyday life.

Scan the QR code below to discover what **Accora Academy** *has to offer.*

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Silver Partner

Royal College of Occupational Therapists