

Beyond repositioning: Embracing a holistic approach to movement and activity in care

This article explores the “Keep on Moving” campaign – an initiative designed to enhance the well-being of individuals in care settings by promoting regular movement and activity. Traditionally, repositioning has been primarily associated with preventing pressure injuries, yet this campaign expands the narrative to include a broader spectrum of benefits. This article will outline the rationale behind the campaign, detail its key components and discuss the numerous positive outcomes anticipated for residents. The aim is to demonstrate that by fostering a culture of movement, we can achieve significantly improved resident health, happiness and independence.

Care settings strive to provide environments that promote the health, dignity and independence of their residents. A critical aspect of this involves supporting physical well-being, particularly for individuals with limited mobility (Gillespie et al, 2014). Prolonged inactivity also poses a significant risk of deconditioning syndrome, which manifests as muscle weakness, reduced mobility and an increased susceptibility to falls (Arora, 2023). Repositioning, the act of changing a person’s body position to relieve pressure, has long been a fundamental intervention for pressure ulcer prevention. We have found that simple repositioning is not the answer. We want to move away from the task-oriented view of movement. With our new campaign, “Keep on Moving,” we advocate for a more holistic approach to movement and activity. We recognise that its benefits extend far beyond pressure injury prevention.

Exploring the clinical risks of immobility.

Immobility in care settings presents a complex and multifaceted challenge for all. Immobility contributes to a range of adverse outcomes that impact both resident well-being and healthcare resources. From pressure injuries and deconditioning syndrome to respiratory and circulatory complications (Stonham, 2022). The consequences of reduced mobility are far-reaching. These physical effects are often compounded by mental health concerns and an increased risk of falls (Harris et al, 2023). According to NICE (2025), 30% of people aged 65 years and older and 50% of those aged 80 years and older fall at least once a year. Falls are a major cause of disability, loss of independence and death among older people. Residents in care homes are three times more likely to fall and ten times more likely to sustain

significant injury compared to those living independently.

These potential consequences highlight the importance of proactive strategies for residents to maintain movement and independence. Understanding these interconnected risks is essential for improving care quality and residents’ outcomes.

Providing care that supports independence and promotes physical activity is crucial in preventing and reversing deconditioning. Physical activity includes both daily movements (e.g., brushing teeth, getting out of bed) and extended movements (e.g., walking unassisted). Creating a supportive environment, such as installing ‘stopping stations’ for rest, helps residents feel safe and encouraged to stay active.

Traditional approach to repositioning

Repositioning has been the basis of pressure ulcer prevention for decades. It involves regularly changing a resident’s position in bed or a chair to relieve pressure on specific areas, especially bony prominences prone to skin breakdown such as the hips, sacrum and heels (Gillespie et al, 2014). Clinical guidelines, such as those from the National Institute for Health and Care Excellence (NICE), advocate for regular repositioning, typically every 2–4 hours for residents in bed and more frequently when seated (Yap et al, 2018). The aim is to redistribute pressure evenly and maintain tissue integrity.

While regular repositioning is a common solution, some have argued it can be very reductive for the resident’s care. It has been shown that equating ‘turning’ a resident to a standardised routine means care staff focus on the efficiency and completion of the task rather than the resident themselves (Bowes et al, 2021).

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This is cemented through praise of efficiency, for example, if a nurse gets all their resident tasks done, they are seen as a high performer and a hard worker. When care staff are under pressure, they will often prioritise and work based on getting the task done to move on to the next; therefore, timing can be prioritised over good caregiving (Gray et al, 2020). While residents are ultimately repositioned, it can mean that there is a lack of resident involvement, insufficient repositioning and an ultimate lack of holistic care.

With the increase in using metrics and data to form analysis, this is even more prevalent. When performance is reviewed, managers tend to initially look at the numbers. How many wounds we dressed, and were the residents turned within the time limits? While this is important for resident care, it also further fosters a task completion culture within our care services. Care staff have reported that while they can be seen as efficient, this can subsequently cause distress and loss of job satisfaction. While they are implementing the required care, they feel they cannot meet their professional values of providing person-centred care (Ludlow et al., 2020). Many nurses highlight that a change is needed in the status quo to support value-based practice rather than efficiency-based practice.

This is further supported by Jones et al (2024), stating that a large proportion of non-clinical managers do not understand the nurses' experience when reviewing performance. While pushing for organisation and government targets, this does not encompass the, at times, immeasurable analytics such as delivering good, holistic care. Overall, healthcare agrees that repositioning is important, but we need to change the way we look at it. By fostering a more person-centred view, we can turn this task into a way of working for healthcare staff. Benefiting not only the resident but also the staff who deliver the care.

What are we doing about it? The "Keep on Moving" campaign

The "Keep on Moving" campaign represents a shift from the traditional focus on repositioning as a reactive measure to a proactive approach that encourages and supports residents in engaging in regular movement and physical activity. The campaign's core philosophy is to empower residents to participate in their own care and promote a culture of activity within the care environment.

The campaign reframes "repositioning" into "Keep on Moving," emphasising the broader benefits beyond pressure injury prevention. It recognises that fostering a more active lifestyle

for residents can lead to numerous positive outcomes for their physical, mental and social well-being.

Our "Keep on Moving" campaign is inspired by existing initiatives in the UK. Within the clinical governance team, our Head of Clinical Governance was inspired by campaigns such as #EndPJPParalysis (Health Service 360, 2019) and Sit Up, Get Dressed, Keep Moving (British Geriatric Society and UHNM NHS Trust, 2020). She felt that we could use these campaigns and apply them in the care home setting. In care homes, when we admit residents, a high percentage are in a frail condition. If we can fuel a culture of getting the residents up and moving, it will have a cascade effect on pressure ulcer prevention and general health.

Key elements of the campaign

The "Keep on Moving" campaign encompasses a range of interventions and strategies, including:

- **Personalised mobility plans:** Assessing residents' needs and preferences to develop tailored plans that promote appropriate levels of movement and activity.
- **Regular repositioning schedules:** Maintaining established repositioning protocols to relieve pressure on vulnerable areas and prevent pressure ulcers.
- **Encouraging functional activities:** Promoting activities of daily living such as washing, dressing, and walking to the bathroom, with assistance as needed.
- **Utilising assistive devices:** Employing hoists, wheelchairs, walkers and other mobility aids to support residents in changing positions and moving safely.
- **Implementing simple exercises:** Incorporating gentle exercises, both in bed and out, to maintain muscle strength and flexibility. Our company has recently teamed with an Instagram influencer who campaigns for increased fitness among the elderly. They aim to bring inclusive exercise and wellness sessions to residents within our care homes.
- **Promoting social engagement through movement:** Encouraging residents to participate in group activities, walks or seated exercises to foster social interaction and reduce isolation.
- **Educating residents and carers:** Providing information and training on the importance of movement, repositioning techniques and recognising early signs of skin breakdown.
- **Optimising the environment:** Ensuring that the care environment supports movement and activity, for example, by providing accessible spaces and minimising clutter (Bowes et al, 2021)

The “Keep on Moving” campaign also highlights the importance of transitioning from a reactive approach to pressure injury prevention towards a proactive strategy that emphasises a holistic approach to movement and activity. This shift in perspective offers several potential benefits for residents in care settings:

- **Enhanced physical health:** Regular movement improves blood circulation, reducing the risk of blood clots and promoting overall cardiovascular health. It strengthens muscles and bones, minimising the risk of deconditioning syndrome and falls. Movement also facilitates better respiratory function, reducing the likelihood of pneumonia and other lung-related complications (Taylor et al, 2016).
- **Improved mental and emotional well-being:** Physical activity has been shown to have a positive impact on mental health, reducing the risk of depression, stress, and anxiety. Maintaining mobility contributes to a sense of purpose and fosters independence, which are crucial for maintaining self-esteem and dignity. Social activities involving movement can also reduce loneliness and promote a sense of community among residents. (Stonham, 2022).
- **Greater independence and quality of life:** By maintaining their physical abilities, residents can continue to perform daily tasks, such as washing, dressing and ambulating, for longer periods. This increased independence leads to an enhanced quality of life and reduces reliance on caregivers (Vogel et al, 2022).

Reframing the Role of Caregiver

Another key part of our campaign is reframing how we view and use the staff in the caregiver role. We encourage carers to view themselves not just as facilitators of repositioning but as encouragers of activity and movement. Using their pre-existing skills, they are aided by nurses to educate residents and contribute to care plans for individualised movement goals. This can further support residents’ autonomy and motivation to mobilise. Instead of simply turning when they are told to turn, they understand its importance and how they can work with staff for the better of their health.

However, implementing the “Keep on Moving” campaign effectively presents certain challenges. Staff training is crucial to ensure that caregivers possess the necessary skills and knowledge to implement person-centred mobility plans safely and effectively. Adequate resources, including staffing levels and

appropriate assistive equipment, are essential. Furthermore, overcoming residents’ existing fears of falling or their potential perception that movement is unnecessary may require tailored interventions and consistent encouragement.

What does our data say?

The rise in reported pressure injuries over the observed period merits further investigation. In 2024, digital systems for care planning were introduced, providing new data insights. Initially, the quality of information was limited as staff were learning to use the systems, but as staff confidence grew, reporting improved. This enabled the development of Power BI dashboards, giving early visibility of incidents and allowing services to act proactively rather than reactively.

Previously, the Waterlow risk assessment was often completed from a desk without direct contact with residents. Since 2024, the Purpose T assessment has been adopted, returning to the basics of good care: seeing residents in person, assessing their skin and needs, acting on findings, and reporting issues promptly. This more hands-on, practical approach may initially highlight more incidents, but it reflects greater accuracy and better understanding.

By making full use of the data, resources can now be directed to the right places at the right time, ensuring that support is targeted where it is most needed. As the quality of data continues to improve, services will also be able to demonstrate clear evidence of progress, strengthening preventative care and minimising pressure injuries through early action and consistent, attentive practice.

While the data may initially suggest a decline in care quality, contextual factors, including an increase in the number of residents, a higher proportion of individuals receiving palliative care, enhanced monitoring and improved reporting systems, indicate that the increase may reflect better detection rather than a true rise in cases.

Another significant factor in the increased reporting of pressure injuries was the release of new training modules developed by the clinical education team in 2024. We have developed new training with separate modules aimed at carers and nurses. These targeted training modules have enhanced role-specific learning. This has resulted in increased confidence and improved early identification. In turn, this may have contributed to the increased incidents between the 2024-2025 data.

In parallel, the Keep on Moving campaign has played a key role in raising awareness about pressure injury prevention. By promoting regular movement, skin integrity checks and

hydration, the campaign has empowered both staff and residents to engage proactively in preventative care. The 2025 progress of the campaign placed particular emphasis on person-centred approaches and the inclusion of resident voices, further strengthening engagement and vigilance.

Conclusion

The “Keep on Moving” campaign represents a proactive and holistic approach to promoting the health and well-being of individuals in care settings, by expanding the focus beyond pressure ulcer prevention to encompass a wider range of physical, mental and social benefits. The campaign aims to enhance residents’ quality of life, extend their independence and foster a more positive care environment. While challenges exist in implementation, the potential benefits for residents and the broader care system are substantial. Further research is needed to evaluate the long-term effectiveness of the “Keep on Moving” campaign and to identify best practices for its widespread adoption within care settings. It is hoped that this shift in perspective will empower both residents and caregivers to embrace the profound importance of movement in achieving longer, healthier and happier lives in care. ●

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