Enabling residents to enjoy showering

Showering as a preferred method of cleansing in the UK is a fairly recent phenomenon. Many elderly people recall using a tin tub located in the kitchen filled with water that was heated on the coal fire or on a ‘black leaded’ stove. People aged in their 50s and 60s would have been brought up in households where having a bath was common.

Today, showers are more commonplace, whether sited over the bath or in a separate cubicle. Technology has expanded substantially, with easily controlled temperature settings for the water and lever handles for simple operation. Many modern power showers have multidirectional water sprays of different forces and are sited in environments with wall-to-wall, ceiling-to-floor tiling.

Using a modern shower is more hygienic and more economical than taking a bath, as the water is fresh and less water is used. Showering is also safer and quicker than bathing. But despite the obvious advantages to having a shower, within a care home there are particular issues to be considered, as with any personal care activity. Individual preferences need to be catered for and it is important to appreciate that showering is not a hazard-free activity. These issues will be explored further in this article.

Personal choice

For any personal care activity, it is essential to know an individual resident’s preferences, daily routines and capabilities. The assessment on admission should have revealed these, but obviously it is important to review and update assessments, as function can improve or deteriorate.

Several residents entering care homes may not have experienced showering and may prefer to either bathe or be strip washed, and this should be respected. Many care homes have baths and showering facilities; therefore, personal preferences can be met and individual routines maintained. Attempts at trying to persuade someone to shower, bathe or wash in the morning may be met with resistance if previously this was an evening activity.

Whatever individuals experienced before admission, opportunities should be given for both means of cleansing. Obviously, allowing residents the opportunity to have a shower may lead to them preferring this method of cleansing, but the point is that individual choice is allowed.

Safety aspects to consider

For residents wishing to shower, there are a number of issues to consider. These range from choosing the right equipment or shower type, controlling the environment and ensuring that staff are suitably trained and guided through good practice.

Types of showers

There are many different types of showers, but what is suitable for one home is not necessarily suitable for another home or group of residents. Level-access showers, however, cater for all mobility requirements as they avoid the need to negotiate a step.

Shower manufacturers have, over time, recognized access problems that wheelchair users or people with limited mobility encounter. Rather than having to sink a shower tray and put ‘duckboards’ over, level-access (wheeled-access) bases have evolved. Some examples of level-access showers are:

- The Neatdek 3 from Neaco (www.neaco.co.uk) (Figure 1)
- The Aquabeau range from Boundary Bathrooms (www.boundarybathrooms.co.uk).

Manufacturers have also developed shower cabinets, such as the Sandwell MK 3 from Chiltern Invadex Ltd (www.chilterninvadex.co.uk) (Figure 2) and the Synergy from Armitage Shanks (www.armitageshanks.co.uk). Some cabinets have integral seats or swing-out seats to facilitate transferring onto a wheelchair after the user is dried. Several can be fitted in place of a bath. Cabinets with a ‘stable’ door at the front or side enable carers to help without getting soaked in the process, and removable and portable screens can channel water.

A complete shower floor should have a gradient running away from the dry area to enable water drainage into a waste pipe.

Figure 1. The Neatdek 3 from Neaco.
or channel (Figure 3), with a half-wall by the shower area to protect care staff from water. Flooring is either slip-resistant tiling or specialized floor covering such as that by Impey UK (www.impey-uk.com).

Temperature control is a very important consideration. Standard 25.8 of the National Minimum Standards (Department of Health, 2003) states that: ‘To prevent risks from scalding, preset valves of a type unaffected by changes in water pressure and which have fail-safe devices are fitted locally to provide water close to 43°C.’

Shower units must therefore be thermostatically controlled to avoid a change in water temperature, for example when water pressure falls if water is diverted to another part of the home. Many showers, such as the Redring (Peterborough) Selectronic, have ‘temperature locks’ that ensure the temperature of the water is 40°C.

Controlling the environment

Wet, slippery bodies are difficult to handle and control. Staff should avoid lifting and handling, particularly as there are many assistive devices on the market specifically designed for enabling bathing and showering. Several of these have dual uses for bathing and showering.

For a shower over a bath

To facilitate transfers, several points should be considered:

- A bath or shower board placed at the shower end of a bath enables users to sit and shower and be dried without transferring out of the bath.
- Bathlifters transfer a user into and out of the bath and provide a seat to shower and dry from.
- Strategically placed wall-fixed hand rails within reach and bathmats or non-slip shapes can help the user into a standing position and can aid stability. A textured rail is easier to grip with wet hands. A contrasting rail is easier to see against a background. Plastic rails are quicker to install than metal.
- Fixed shower screens on a bath rim can impede transfers and a shower curtain is preferable.

Many baths are designed to allow either end-on or side access by a portable hoist, but a dripping hoist sling can be a safety hazard on flooring. A hazard warning should be put in place if the floor is wet, to alert other users.

For shower cabinets

Hand rails will help residents to step into a shower cabinet and to maintain balance. Some cabinets have solid plastic sides and wall fixing is not possible, but a floor-to-ceiling pole may assist. Often, shower cabinets have a high step and a shower step with a slip-resistant surface will help access.

Shower seats can be fixed to a solid wall, but a ‘spreading plate’ (load-bearing plate) may be required. If shower seats cannot be wall-fixed, a free-standing shower stool or chair may be required.

Many seats can be folded when not in use and some have integral armrests. Several are adjustable in height for individual residents. Shower controls should be easily reachable from the resident’s seated position and for the carer. Wheeled shower chairs reduce the need for transferring into the shower area. Porcelain and modern acrylic bases will support most shower chairs; however, if bariatric equipment is used, check that the shower base will take the weight of a chair and resident.

High shower bases can be replaced with a lower height tray or a level-access
tray. If drainage is a problem, waste pumps can be fitted externally.

**For wet rooms or large shower areas**

‘Wet rooms’ have the advantage of space. Some may accommodate a fixed shower seat, a shower chair, a shower stool or a shower trolley. Shower trolleys, which have drainage holes, are very useful for frail or severely disabled people and bending is avoided.

For residents who are virtually immobile, there is a wide range of hoisting devices, from portable lifters to ones operated on a ceiling track.

**Assistive equipment for washing**

If residents need help to access the shower but want to wash themselves, this should be facilitated. Several long-handed wash aids can be obtained from retailers such as Homecraft ([www.homecraftabilityone.com](http://www.homecraftabilityone.com)) and Nottingham Rehab ([www.nrs.uk.co.uk](http://www.nrs.uk.co.uk)), or from local chemists and supermarkets. The local ICES (Integrating Community Equipment Services) will also supply aids, depending on budget constraints. These items must be placed within reach and should not be used communally.

**Care staff**

Obviously, showering is a personal activity. If individuals require help, there may be an initial sense of embarrassment, a feeling of disempowerment and loss of independence. It is really important that assistance is provided in a respectful and enabling way to minimize any potential distress.

A positive care staff approach to this task transforms this from a mere task to a pleasurable pursuit. Residents may dislike water on their face, in which case sham- pleasurable pursuit. Residents may dislike washing. A junior carer pipes up, ‘I don’t have any trouble. I ask her to turn on the water, which I adjust, and give her the soap, while I use another cake.’

**KEY POINTS**

- **Showering is safer, quicker and more hygienic than bathing.**
- **Make sure you minimize the environmental hazards.**
- **Moving and handling risks can be minimized by using suitable equipment.**
- **Ensure that correct moving and handling procedures are followed.**
- **Level-access showers cater for all mobility requirements.**

**Box 1.**

A CASE STUDY (BONNER, 2005)

At changeover, the carers are complaining about how aggressive Mrs J is when she is being showered. A junior carer pipes up, ‘I don’t have any trouble. I ask her to turn on the water, which I adjust, and give her the soap, while I use another cake.’