



# Supporting a person on the stairs.

Busting myths and how do to it safely!

## Supporting a person on the stairs

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### **Myth:**

Care and support staff are 'not allowed' to assist a person on the stairs, and care home staff should ensure people use the lifts rather than the stairs.

### **Rationale:**

*Why we need to do it!*



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## Supporting a person on the stairs

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A Prevention and Enabling Approach means the focus of care delivery should be on promoting and maintaining independence.

- **SCIE say:** “Prevention, as defined in the Care Act Statutory Guidance (2016), is about the care and support system actively promoting independence and wellbeing. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need, or delaying deterioration, wherever possible”.
- **The Care Act 2014** highlights ‘prevention’ as one of seven key responsibilities for local authorities, with an inextricable link to the fundamental principle of promoting wellbeing. It states that “**at every interaction with a person, a local authority should consider whether, or how, the person’s needs could be reduced, or other needs delayed from arising**” (Care Act, 2014).
- The benefits of movement and exercise on mental and physical health are widely documented, with clear guidance offered in the [Chief Medical Officers Physical Activity Guidelines \(2019\)](#).
- Maintaining strength requires using our muscles, and using the stairs requires a certain amount of strength (you may have noticed this the last time you went up a flight of stairs when you were tired, or if you went up 2 steps at a time!). It really is a question of ‘use it or lose it’ in terms of strength, and fitness in general, especially as we age.
- Not supporting a person on the stairs could suggest the use of blanket policies, which are considered by CQC to be a form of restrictive practice.

We therefore need to give people the opportunity to practise using the stairs, using a Risk Positive Approach, rather than simply avoiding it just because ‘we have always done it that way’, or because there are risks involved. However, positive risk taking does not mean ignoring the risks and going ahead anyway, and just hoping for the best, but rather understanding how to manage and minimise the risks, in order to do the task in the safest possible way.

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See the next page for information on a Risk Positive Approach →

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### A Risk Positive Approach involves the following:

**1. Weighing up the risks and benefits of doing the task:**

The benefits to the person must outweigh the risks of the task.

Remember that the benefits of movement and physical activity do almost always outweigh the risks, simply because of the health benefits they bring. Additionally, although a task may carry a physical risk for someone because they are not 100% stable on their feet when playing tennis, it may also have an emotional benefit because they are engaging positively in an activity they love.

**2. Working out how to mitigate (reduce) the risks:**

Write your risk assessment and ensure that you have implemented measures to reduce any risk identified to a more acceptable level. Using a risk matrix makes this much clearer.

This may involve asking other people's advice, or putting measures in place such as more staff, as well as removing obstacles, checking there is adequate lighting, banisters are safe, the stairs are free of clutter, there is no 'traffic' on the stairs, and so on. It may also involve training staff on how to safely support people on the stairs.



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### **Myth:**

It is safer for you to stand at the top of the stairs when a person is going down the stairs, or at the bottom of the stairs when they are going up the stairs so that you do not put yourself at risk in case, they fall on you.

### **Rationale:**

*How we need to do it!*



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**A Prevention and Enabling Approach means the focus of care delivery should be on promoting and maintaining independence.**

- **Imagine going down a flight of stairs** - especially if you have a visual impairment, or a condition, (such as dementia or Parkinson's Disease), which may affect your visual perception. Looking down a full flight of open stairs is extremely DAUNTING! This would make you more anxious about falling. It is well established that a fear of falling dramatically increases the risk of having a fall (Young and Williams,2022).
- The bigger the distance between the individual and the care professional, the greater the risk of the person gathering momentum as they fall, potentially causing more injury to the carer, as well as to themselves.
- Remaining as close as possible during the descent, with the care professional stepping down slowly helps control an individual's pace.
- Also, the individual is much more likely to be standing tall if they are looking at the person in front of them, as opposed to all the way to the bottom of the stairs.
- The larger the base of support, the more stable the procedure and with the care professional in this position, the base of support is greater than, for example, if the care professional stands on the step next to the person. Additionally, if the care professional stands on the step next to the person, there is a risk that the person could grab hold of the care professional, if they become unsteady, potentially causing the care professional to fall down the stairs as well.

Physiotherapists are experts at assessing and managing risk when it comes to mobility, including going up and down stairs. Where a person may be at risk of falling when on the stairs, for example because they are anxious, lack confidence, or tend to rush, a physiotherapist will usually recommend that a care or support worker uses the following techniques to increase the person's safety. Staff will also gain in confidence as this task will feel much safer to them than other techniques they have used to support a person on the stairs.

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**See next page for safer techniques →**

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### Risk Positive Approach

1. Use the following safer technique within this booklet for descending, or ascending, the stairs (unless a safer method for that individual has already been identified in the risk assessment/therapist's assessment - such as coming down the stairs on their bottom or going up/down sideways whilst holding the banister with both hands).

**Safer technique** - Supporting a person to come down the stairs

[Click here for the video on how to support a person to come down the stairs](#)

[Click here for the instructions on how to support a person to come down the stairs](#)

**Safer technique** - Supporting a person to go up the stairs

[Click here for the video on how to support a person to go up the stairs](#)

[Click here for the instructions on how to support a person to go up the stairs](#)

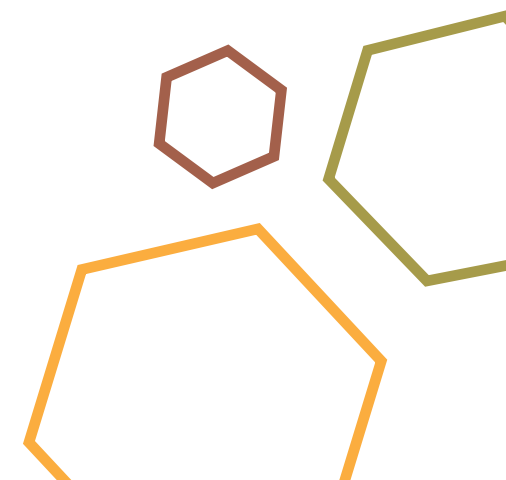
**Safer technique** - Supporting a person to shuffle down the stairs on their bottom

[Click here for the video on how to support a person to shuffle down the stairs on their bottom](#)

**Safer technique** - Supporting a person to sit down on the stairs

[Click here for the video on how to support a person to sit down on the stairs](#)

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## Supporting a person on the stairs

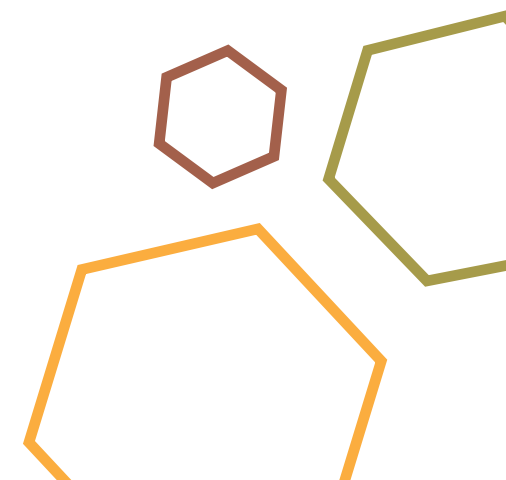
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### Risk Positive Approach

2. If a person is to be attempting the stairs for the first time in a while, or you are unsure whether a person will be able to manage the stairs e.g. after a short illness, or if you need help in any way, you should make a referral to a **Community Physiotherapy/Occupational** Therapist for an assessment before attempting this procedure.
- It is important that care professionals feel confident to support the person on the stairs and that they are competent to do so. Therefore, if they are not, a referral to a Community Physiotherapist or Occupational Therapist, that clearly states the need for a stairs assessment/re-assessment, should be made. For example, if there has been a change in mobility status, perhaps because they have had an illness or injury, always ask a Physiotherapist or Occupational Therapist to perform an assessment, to ensure that, in their opinion, the person has the potential to manage the stairs.
  - Remember, even a short delay in making the referral, may mean that the person deteriorates to the point that the window of opportunity to keep the person ascending/descending the stairs, is lost.
  - Also remember that a referral to a Community Physiotherapy/Occupational Therapist may involve the therapist showing you the best way to assist that person on the stairs, or it may even involve a piece of equipment that means that the stairs remain achievable for the person for as long as possible.

[Click here for examples of equipment that may be suggested](#)

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### References

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