



## Winter pressures care home pilot project - Staff engagement

### Background & how we did this

#### What is the winter pressures care home pilot?

‘The winter pressures care home pilot project’ was developed by extending and supporting the current care that was provided, it enabled a more cohesive and integrated service to be provided for the patient. **This project involved providing additional support to 27 care homes in North Norfolk, by focusing on continuity of care and regular contact with a GP or Nurse Practitioner, for an eight week period earlier this year (January to March 2018).**

#### Approached by Acle Medical Partnership:

Healthwatch Norfolk (HWN) was approached by Acle Medical Partnership (AMP) in March 2018 to undertake a small piece of independent staff engagement about the care home pilot. This resulted in AMP commissioning HWN to complete some staff engagement to understand the impact the project pilot has had on care home services locally.

#### Staff engagement

AMP wanted to **approach staff immediately** after the pilot ended in March 2018 whilst care homes would still recall the effect the project had on their working practices. To do this AMP and HWN had to react quickly to develop a suitable plan for engagement. **It was important to reach out to all 27 care homes involved** and, to do this effectively, a final survey was designed by amending a previous AMP survey used earlier in the pilot project. It was hoped that this would be utilised to gather feedback from 2-4 members of staff from each care home to capture open and honest views from staff experiences. **A paper survey with 14 short questions was designed to gather feedback anonymously.**

The survey was administered by Healthwatch Norfolk to **27 care homes via post**. Each care home received 5 paper copies of the survey (via the care home Manager) with free-post envelopes and received a link to the online survey, urging staff to share their feedback.

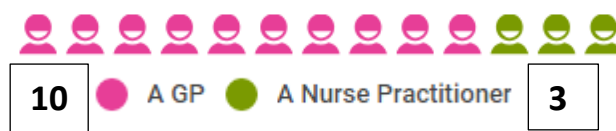
The survey remained open for 2 weeks and AMP actively supported this by calling the care homes to encourage them to share their feedback. After completion all surveys received were collated and securely stored at HWN office until needed for analysis.

### Our findings:

#### Respondents:

A total of **10 responses** were received from a range of staff working directly working in care homes involved in the winter pressures pilot in North Norfolk. This small sample represented staff views across **7 care homes** based in North Norfolk. The majority of staff were **managers, deputy managers and senior carers** who took the time to share their views and experiences of working within the new pilot scheme.

General Practice staff care homes worked with:



#### Clinicians visiting your care home - were they helpful?

All 9 staff spoke very highly of the clinicians involved in visiting their care home and residents during this pilot. 7 out of 10 rated them ‘very helpful’ and 2 rated them ‘helpful’ and 1 respondent chose not to detail their thoughts. The majority of respondents referenced their competencies and the valuable role they played in supporting the care home and its residents “...very pleasant, respectful and took their time with the residents”. For example respondents highlighted a good ‘bedside’ manner, with a **willingness to help through their use of “good communication”** and a good rapport with residents/patients. One respondent said “...*Excellent manner with residents, good communication*”. “*Clinicians are always very helpful*”.

Overall staff felt that having a clinician who knows the residents made a big difference to the care they received and reiterated the importance of this: *“They know our tenants had all the up-to-date information and didn't feel rushed they took their time with each person. They explained things thoroughly”*.

### ● How helpful was having a consistent clinician working alongside your care home?

It was evident that the consistency of general practice staff was important for care home residents staff and families. Our results indicate that this was achieved across many of the care homes throughout the duration of the pilot. Staff emphasised care homes were able to have *“...regular times and visits...”* which resulted in residents receiving *“Follow up from the same clinician”*. Staff felt that this in turn allowed for *“...continuity of discussion and familiarity”*. This has suggested that care home staff, families and residents all favoured having consistent clinicians working with them. Staff described that for their patients, high value was placed on ‘getting to know’ the individual patients and the GP or Nurse. This was seen to have benefited patients and helped to put them at ease when they recognised a familiar face and was particularly important in end of life care:

- ❖ *“This was always helpful as the GP can get to know the resident especially with recurrent illnesses or end of life care”*.
- ❖ *“They get to know the GP and feel safe with them.”*
- ❖ *“They like to know who they are seeing and feel more confident”. “Some of the tenants can get confused so having a familiar friendly face can help them relax and be at ease”*.
- ❖ *“Staff and tenants got to know them, very easy to talk to, felt they were part of the home”*.

*For families of loved ones living in a care home, staff suggested being able to directly speak to a clinician as well as the patient proved invaluable to ensuring their loved one was receiving the best care: These were two further comments that demonstrated the impact for care home:*

- ❖ *“Familiarity. Same clinician has a better understanding of each resident and staff member involved”*.
- ❖ *“Families generally visit at the weekends and the GP has been able to speak to them Face to face. As a home we have had many unwell/palliative patients this winter”*.

For staff working in care homes, they emphasised being able to access help and support quickly directly through the named clinicians if they had any concerns arise with one of their patients. This demonstrated the need of good working relationships between GP practices and care homes across Norfolk:

- ❖ *“We knew if we had a problem we could call them and they would come out and support us with the medical side of things if required or we could talk to them over the phone”*.
- ❖ *“Was good but the existing nurse who know our clients well, stopped visiting”*.

### ● Has the care home project helped reduce Admission to hospital?

Staff had mixed views surrounding the impact the care home project had on helping to actively reduce residents being admitted to hospital. Four out of 10 felt the care home project was ‘very helpful’ (2) or ‘helpful’ (2) in preventing admissions, whilst a further 6 were unsure ‘neutral’. This was further evidenced by one respondent highlighting that there were; *“...possible admissions avoided but still had a few admissions.”* Despite this, some staff were able to identify key examples of when a patient did not need admitting to hospital because they received the help and support quickly such as; *“...was able to provide antibiotics before conditions deteriorated”* and *“...have had chest infections treated quickly”*.

*A further two examples were reported: “Yes, it has but it has also helped by getting a tenant admitted to a ward when it was required rather than calling 999 for an ambulance”. “During the flu outbreak GP provided support & advice. Medications sought quickly, if not the visit would be the next day and the patients may have deteriorated. Chest infections diagnosed and treated”*.

## How helpful was the care home pilot to your working practices?

On the whole staff were **positive about the impact** this project had on their working practices, 7 out of 10 stated the care home project was *'very helpful'*. Whilst 3 staff had a *'neutral'* view. One staff member emphasised that they couldn't fault the service they received: *"...very helpful, the support we received was brilliant, everything was so straight forward"*.

Most commonly staff described how clinicians had more time with patients than usual which led to more thorough reviews being undertaken: *"residents received more one to one time with their GP"*. *"A more thorough review took place for each resident - no time pressure involved"*. *"Time spent with GP allows more understanding for staff and residents"*. Consequently staff felt that both patients and families had a better understanding by being involved in their care; *"staff had more time with the GP. Families felt involved in care much more. Most importantly prevention to admit to hospital"*. In turn, staff felt this proved a positive outcome for all concerned including themselves working in the care home.

The importance of **continuity of care for patients** was also noted, some staff reported that they experienced changes to their 'usual GP' which proved problematic at times. Particularly, the usual visits from their GP stopped as a result of the pilot...*"It was helpful to have a GP visit, he was friendly, approachable and knowledgeable, however, due to him not being from our practice, there was a delay in getting medications he prescribed and our surgery stopped their weekly visits"*. *"Having access to GP's that know our tenants is better because we know we are going to get a better service and not have to wait 12 hours for an out of hours to come and then to be told on several occasions to call their own GP on Monday anyway"*. There were some concerns reported about the use of 'other GPs' unknown to residents: *"GP that visited was friendly and helpful. GP didn't always visit each week. GP did not know the service users history"*.

## What were the impact and differences this care home pilot made?

When asked about the impact the pilot had on staff working at the care homes there were a few topics that arose. **Diagnosis and treatment for residents seemed to have enhanced in the care homes** involved as staff described how patients could be seen quicker, often referring to less time to wait for services or resources, especially when the clinician can prescribe. *"GP visiting with good knowledge and ability to prescribe"*. *"GP able to prescribe and easier to diagnose, quicker diagnosis and treatment"*. This in turn may have led to possible time savings for GPs and General Practice, *"small non-urgent issues dealt with all at the same time saving time and resources for staff and GP."* Again it was noted that medication reviews were more thorough as there was **no time restriction benefiting patients**.

As a result staff highlighted that the care home pilot led to **patients receiving a better service**. Care homes reported saving time as a result because they were not calling GP practices to set up visits. *"Less time spent phoning through for visits and questions answered with no time pressures."* This indicates that there could be possible cost savings for services if this project were to be made a reality as many staff reported it saved them time on associated tasks. Another staff member also believed the pilot may have helped support General Practice with their rising demands and managing that effectively: *"may have helped surgery with their workload..."*

For some care homes the project brought **some complications by negatively affecting their current provision of health services coming in to complete visits** *"Our surgery no longer visited..."* and *"...reduced GP visits during the week."* For one respondent this did cause some delays in accessing medication in a timely manner *"...delay in getting medication"*.

## ➤ What improvements could be made to the care home project?

Generally the feedback HWN received from care home staff regarding the implementation of the care home project was quite positive yet this is a very small sample of staff (10). As such, the views and experiences of staff involved may not be a representative of all staff working in the care homes involved in the pilot in north Norfolk. However, it is very promising to hear that many care homes recognised it worked well. When asked about improvements staff would make to the pilot, one respondent felt that it was a great idea but improvements were required for the future...*“great idea, some improvements to be made”*.

In contrast, 6 respondents felt no improvements were needed based on their experiences...*“I think that what I have experienced from this does not need any improvement.”* Others called for the pilot to continue in the future...*“just that it continues”, “...to make it an on-going service”, “A great project, above all it works.” “Impressed with the way it works and would definitely work in the future”*.

*“It is a brilliant project and has worked well, it has taken pressures off of the staff and the GP service. The GP who visited has been very kind and helpful and so has the practitioner”*.

The suggested improvements for this pilot were:

- *“Continue the practice nurse visits alongside the GP”. “All staff to be involved”*.
- *“Medication prescribed available to us sooner. Nurse from our practice still to visit but a few days between, maybe a Thursday so prior to weekend?”*
- *“Maybe a time when GP will be coming to structure staff and mealtimes in order that senior can be available straight away”*.
- *“Only improvement from our point of view from the service we received is for the visits to be at the start of the week rather than the end”*.

## ➤ Should the care home project be implemented fulltime across North Norfolk?

Of those who completed the survey 7 out of 10 said they would want this project implemented full time across North Norfolk and 3 out of 10 said they didn't know.

## Conclusion:

HWN understands that there are strengths and limitations to this reports findings due to the low level of responses received; less than a third of the 27 care homes involved provided a response (7). Although this project was launched on a short timeline, staff have still engaged with it and captured their experiences with an independent approach and it has shown some promising findings.

The feedback demonstrated the importance of continuity of care for residents (patients), care homes and their families. Feedback from staff suggest that the pilot has helped to improve 'continuity of care' but further investigations may be warranted on this to develop it further.

Staff stated that the project seemed to work well but that some finer adjustments and improvements need to be made if this were to be implemented in the future. Despite the limited responses HWN received the results show that the pilot may have positively affected local services. 7 out of the 10 responses suggested that they would like to see this project in place in the future, therefore further investigation may be needed.