Supporting care home staff to manage residents’ care safely and avoid admissions

Susan Wills, Dena Ross

Abstract

The community matron care homes team (CHT) was set up in Sandwell, West Midlands in 2011 to support care home staff to manage residents’ care safely and reduce unplanned and/or avoidable use of acute health services. The service was reviewed in 2015 and attention focused on care homes with the highest levels of hospital use and emergency 999 services.

Working with these care home staff and health professionals, a training and education opportunity to aid staff to manage residents in crisis was sourced, organised and implemented. The outcome of this training was positive: it demonstrated a reduction in hospital attendances and admissions and an increase in the confidence and morale of care home staff.

The community matron CHT won the Nursing Older People category of the RCNi Nurse Awards in May 2017. This award has resulted in the team’s profile being raised, and the team being asked to participate in further initiatives to provide enhanced support for care homes.

Author details

Susan Wills, community matron, care homes team, iCares, Central Clinic, Tipton, England; Dena Ross, community matron, care homes team, iCares, Central Clinic, Tipton, England

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SANDWELL AND West Birmingham Hospitals (SWBH) NHS Trust provides services for 320,000 people in the six towns that make up the borough of Sandwell (SWBH NHS Trust 2013). The area is one of the 20% most deprived districts in England (Public Health England 2017), with a diverse, multicultural population and a proud industrial heritage.

Since the inception of the community matron role in 2005, the trust has had a well-established community matron service. Community matrons coordinate care, provide clinical interventions and educate patients and carers to self-manage their long-term conditions in the community, with the aim of improving quality of life (Department of Health 2005).

However, in 2011 it was identified that the community matron service was not equitable for the population of the borough, as older people with multiple long-term conditions living in care homes rarely received community matron services. Moreover, care home residents are the highest users of ambulance and acute hospital services for unplanned care in the over-75 age group (Smith et al 2015). In response, the community matron care homes team (CHT) was commissioned by Sandwell and West Birmingham Clinical Commissioning Group (CCG) in 2011. Its objectives were to:

» Reduce the unplanned and/or avoidable use of ambulance and acute hospital services.

» Support care home staff to manage residents’ care safely in the care homes by using the trust’s established community services provided by iCares, Sandwell’s nationally recognised integrated care service (Williams 2017), comprising community matrons, advanced clinical practitioners, clinical nurse specialists, district nursing and rehabilitation services (occupational therapy, speech and language therapy, physiotherapy and rehabilitation support workers).

The CHT, consisting of three advanced community practitioners, was given a blank canvas to design a service capable of delivering the team’s objectives. A mixture of 35 residential and nursing homes was selected for intervention, which provided care for residents with and without dementia.

Introduction of the CHT was not without its problems: initial reactions from many of the care home managers were suspicious and
Guarded because they thought the CHT was a new breed of inspector looking to add to their workload.

Over the next few years the CHT worked to establish empathetic, trusting and supportive relationships with care home staff and with residents and families during episodes of clinical care. Initially each of the care homes had a monthly support visit from the team. The CHT liaised with GPs and West Midlands Ambulance Service (WMAS) NHS Foundation Trust managers to explore ways of reducing the number of emergency 999 calls from care homes. The team also worked with the palliative care team and care home managers to enhance end of life provision in the homes.

Successes for the CHT included:

» Empowering care home staff to use available iCares community resources for residents, by provision of a resource reference folder and knowledge of referral processes.

» Encouraging care home staff to use safeguarding/incident reporting as a positive learning experience, where they could be proactive, rather than reactive, to improve quality of care.

» Supporting care home staff to facilitate advance care planning conversations with residents and families.

However, there was limited success in the reduction of 999 calls and avoidable hospital use. Anecdotal ‘soft’ intelligence gathered by the CHT indicated that this was often due to:

» GPs instructing carers to call an ambulance because they were unable to visit.

» Pressure from residents and/or relatives to go to hospital.

### Table I. Pre- and post-training outcomes

<table>
<thead>
<tr>
<th>Time span</th>
<th>Total attendances at emergency department</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2014-January 2015</td>
<td>258 (pre-training)</td>
</tr>
<tr>
<td>November 2015-January 2016</td>
<td>212 (post-training)</td>
</tr>
<tr>
<td>November 2014-January 2015</td>
<td>Total admissions to Sandwell and West Birmingham Hospitals NHS Trust</td>
</tr>
<tr>
<td>November 2015-January 2016</td>
<td>93 (post-training)</td>
</tr>
</tbody>
</table>

» Policy and procedures meaning care home staff adopted the default position of calling 999.

### The initiative

By March 2015, the CHT workload had become increasingly demanding, resulting in reactive, rather than proactive, interventions. For example, the CHT only being able to respond after the event when notified that residents had been admitted to hospital and following up post-discharge, instead of trying to pre-empt admission. The small size of the CHT meant it was not possible to give all care homes the intensive input this type of proactive intervention requires.

Data provided by SWBH NHS Trust’s informatics department and the CHT suggested its effectiveness was questionable. The team needed to work differently and, after a service review, devised a new care home support schedule. The focus was now on the ten care homes with the highest levels of unplanned or avoidable hospital attendances and use of 999 services.

In-depth analysis of SWBH NHS Trust data revealed that about 60% of this unplanned activity occurred ‘out of hours’, that is, late evening, overnight, early morning and weekends, when staffing levels and support mechanisms in the care homes are reduced.

The CHT thought that empowering care home staff through education and training would have the most significant effect, by delivering ‘right person, right time, right environment’ care to residents.

Care home staff were asked what they needed to support residents with management of long-term conditions. The consensus was training, skills and knowledge, being aware of how to call for additional support, whom to call and when.

Carers told the CHT that their in-house training was predominantly computer based, basic and did not empower support of a resident in crisis.

Further investigations through meetings with WMAS personnel, attending GP multidisciplinary meetings, discussions with care home staff and witnessing their treatment by other health professionals, and telephone conversations with hospital staff revealed that:

» Care home staff often felt intimidated, criticised and unsupported by health professionals and pressurised by relatives.

» GPs thought that care home staff often requested frequent and/or inappropriate visits for residents and were unable to give valid, relevant information to...
support the requests.

» District nurses and allied health professionals were often critical of the standard of care provided in care homes.

» WMAS thought that 999 was used inappropriately by care home staff as the easy option.

» Hospital staff had a poor understanding of the care home sector.

The CHT thought that using the skills of the above professionals could foster integration and respect between the services. Researching available training opportunities led to discussions with WMAS, and their first person on scene (FPOS) training programme was identified as suitable for care home staff.

It was decided that this training should be for carers rather than nurses or home managers as they are usually first on the scene when a resident is in crisis, and it would give them the skills to manage the situation in a residential setting or be a valuable support to nursing staff in a nursing home.

**Implementation**

The CHT met with the trust’s chief executive officer (CEO) on several occasions, pitching the concept of service revision and training plans, and then organising a joint visit to some of the care homes. After this, the CEO secured funding to enable commencement of WMAS FPOS training for 50 senior carers, five per care home, specifically those who worked out of hours.

The CHT promoted the training to the care homes and received a positive response, with all places being filled. Training venues were provided, free of charge, by the trust and one of the care homes. FPOS, a two-day Business and Technology Education Council course with a nationally recognised qualification, was delivered by WMAS trainers in five sessions over a period of two months between October and December 2015. Feedback from delegates was positive, for example:

» ‘I now feel more confident to deal with an emergency and give more information to paramedics.’

» ‘The course was very enjoyable, I learned a lot from it. Good knowledge and understanding gained.’

» ‘It gave me very useful information and good practice to take back with me.’

Criticisms of the course were that some of the content was inappropriate for care home staff, they thought there was too much pressure having a formal exam at the end and they would have liked the course to be longer. This led to the CHT working with WMAS education department to create a bespoke training course for care home carers. The format for the bespoke course was continuous assessment rather than formal examination.

Analysis of SWBH statistics over a three-month period, pre- and post-FPOS training, demonstrated an 18% reduction in emergency department (ED) attendances and a 29% reduction in hospital admissions (Table 1).

The CHT presented these results to Sandwell and West Birmingham CCG and secured funding to enable the bespoke course – Hospital avoidance: an integrated approach to long-term care – to be delivered to a second cohort of carers in 2016.

Delivering the training for both cohorts was not without its challenges – some of the carers were reluctant to complete the formal training as they had undertaken no study since school and were concerned that they would not be able to cope. However, after completion of the training, feedback was positive:

» ‘My carers were buzzing afterwards, they rang me at home on the evening of completion to tell me how excellent and relevant the training was’ (nursing home manager).

» ‘My staff said that all our carers would benefit from the training’ (residential home manager).

**Evaluation**

The bespoke course included basic instruction in taking, recording, monitoring and understanding baseline observations. The case study below is an example of how improved carer knowledge and skills benefited a resident and was instrumental in fostering respect and collaboration between carers and health professionals.

After completion of the bespoke course, SWBH statistics demonstrated a 10% reduction in hospital admissions (Table 1).

### Case study

A GP visit had been booked for a resident in a residential home who had become unwell with an exacerbation of chronic obstructive pulmonary disease. However, the resident continued to deteriorate and an ambulance was called. The GP and paramedics arrived at the same time, and the initial decision was to transfer to hospital due to low oxygen saturation levels. However, the carers had the confidence to question this decision by producing baseline observations done when the resident was well, and her oxygen levels were within normal parameters. The carers felt able to present the evidence and advocate for the resident. Subsequently, her treatment was successfully managed in the care home, preventing an unnecessary hospital transfer.

### Implications for practice

- Continuing to enhance the skills and knowledge of care home staff through education, training and support results in better outcomes for residents; better care experiences for residents, families and staff; and better use of available resources.
reduction in ED attendances from 1,000 between January and December 2014 to 900 between January and December 2016. Over the same period, hospital admissions decreased by 26% from 527 to 388 ($p=139$). The daily cost for a SWBH bed is £215, which multiplied by 139 = £29,885. The average length of hospital stay for a care home resident is 14 days, which multiplied by £29,885 gives a minimum annual saving of £418,390.

**Local and national policy**

Delivery of the bespoke course reflects the requirements of local and national strategies, for example:

- The chief nursing officer’s framework for nursing, midwifery and care staff (NHS England 2016) emphasises better outcomes, better experience and better use of resources.
- SWBH NHS Trust (2013) strategic priorities of safe, high-quality care and care closer to home.
- The enhanced health in care homes new care model outlined in the NHS Five Year Forward View (NHS England 2014).

**The future**

The CHT continues to promote and be involved in initiatives and training opportunities specifically for care home staff, provided free of charge by NHS professionals: for example, tissue viability, palliative care, speech and language therapists (SLTs) and dietitians. The aim is to continue to enhance carers’ skills and knowledge, and enable the delivery of high-quality care.

There are now allied health professionals aligned specifically to the CHT: for example, assistant therapy practitioners to support resident mobility, home accident prevention officers to ensure walking equipment is in good working order and designated SLTs for care homes. This wider CHT has a monthly meeting to discuss how best to support care homes and each other to continue to improve the quality of care for residents.

The CHT now has a band six case manager in post who provides all the residents in the care homes covered by the team with a health passport, a document containing information about a person’s health conditions, medications, support needs and wishes. It can be given to health professionals as a useful communication tool to aid with care management (Inclusion Europe 2014).

Health passports have their roots in decision-making for care management of people with disabilities and special needs, but easily lend themselves to care management for older people in care homes. The case manager also provides specialised support to residents who have Parkinson’s disease (PD) and delivers PD training sessions to care home staff.

The CHT initiative won the Nursing Older People category of the RCNi Nurse Awards 2017. Since then, the CHT has been invited to contribute to major new initiatives for care homes in the borough, involving the local authority, CCG and hospital trust. Furthermore, the CHT is cited as one of the drivers to secure funding for these initiatives for quality improvement in care homes.

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**References**


