

My home life

Promoting quality of life in care homes for older people

Issue #20

FOR THE
STAFF
ROOM!



**BUILDING BETTER
RELATIONSHIPS
with NHS colleagues**

Enhanced health in care homes

Dear Friends,

Great news! A new piece of research - The Optimal Study - shows how the NHS and care homes can work better together to improve the lives of those who live in them. It recognises that care homes are playing an important role caring for older people with very complex needs, including high levels of dementia and suggests that, going forward, care homes need to be viewed by the NHS as equal partners. One of the most important findings is that it takes time and effort on all sides to improve relationships. You can now feel more confident in asking for this time from NHS colleagues, as there is evidence that this will benefit your residents and the shared care that you give.

Why not be courageous and share a short film of the

Optimal Study (find it on the Resources page of the My Home Life website) with your NHS colleagues to open up a dialogue about 'What is working well now in your relationship with each other and what helps this to happen?' and 'What could be done together to make it even better?'

This bulletin shares the findings from this important study. Whilst the findings will affirm much of what you already know, the study provides helpful evidence of how the NHS and the care home sector could work together in better partnership.

Thanks for reading and please keep sending in your great stories!

The Teams at My Home Life

Acknowledgements

Research: Goodman, C et al (2017) Optimal NHS service delivery to care homes: a realist evaluation of the features and mechanisms that support effective working for the continuing care of older people in residential settings, NIHR SDO programme report (For more details, please contact: c.goodman@herts.ac.uk)

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Disclaimer: The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR, NIHR, NHS or the Department of Health.



My Home Life is a collaborative initiative that promotes quality of life and delivers positive change in care homes for older people. We work with care homes, statutory bodies, community organisations and others to co-create new ways of working to better meet the needs of older people, their relatives and staff. Our vision is a world where care homes are

great places to live, die, visit and work; where care homes are:

- Supported to deliver to their potential
- Valued and trusted by those who work with them
- Cherished by their local communities

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What we know

Evidence for best practice

Key findings from the Optimal Study to share with your NHS partners are:



1. Agree shared aims between the care homes and the NHS

- ensure collaborative and equal relationships
- get the right mix of people in the room
- agree shared policies and procedures
- explore partnership working for mutual



3. A joined-up approach across the whole system can lead to:

- better outcomes for residents
- reduced demand on urgent and emergency services
- decreased hospital admissions and length of stay
- improved medicines management

This can lead to:

- improved satisfaction with health care provision, in a more cost-effective way
- better resident access to NHS services
- avoidance of crises



2. Importance of care homes and NHS working together

- takes time to achieve trust and mutual understanding
- valuing and respecting each other's views and expertise is key
- requires an on-going relationship, with regular meetings



4. ALL NHS and care home staff need to have understanding of and access to expertise in dementia

- to deliver good person-centred care
- to promote residents' well-being

Getting to know you!

People do not always understand the context of care homes. Why not share these facts with your NHS colleagues to help them appreciate the contribution care homes make?

More than **400,000** older people live in residential care in the UK, occupying **3X** the number of NHS hospital beds

More than **90%** of care homes are privately owned (for profit and not for profit) and **two in five residents** are now paying the full cost of their own care.

Only **one third** of care homes are **registered** for Nursing.

Care home residents are typically **over 85 years old**, frail, and in the last years of life. Many have complex needs, including dementia.

The majority of care homes rely on the **NHS for access** to medical and specialist health care, but the NHS services they receive vary greatly.



Because you look after the frailest older people in our society, the care they receive should be what they value, which can only be realised with the support from others outside of the care home.



LISTENING TO EACH OTHER

It's not always easy to work effectively with other professionals but it can work. Debbie Groom, Manager at Ashmore Nursing Home, gives her own perspective.

“One of the biggest issues that I face as a care home manager is feeling that I am being ‘spoken to’ by external health professionals, or told ‘We’ve decided you are going to do x, y and z’ rather than being asked my opinion because it is valued.

Recently I have been inviting student paramedics into our home to spend a day with staff, to get a feel for what we do, the expertise that we have, the challenges of time, how the culture is about this being the residents’ home (we cannot simply lock doors to restrict residents from going out) and how sometimes it’s not possible for us to respond as quickly as health professionals would like (we don’t always have medical support on stand-by, unlike hospitals!). They will come in and, after time in the home, we hope to sit down to hear feedback from what they have experienced and how we might improve the way we work together.

This is all part of our need to do things better with our

“Sometimes it’s simply not possible for us to respond as quickly as health professionals would like”

colleagues in health for the benefit of all, but mainly the residents.

A little more help from health services could make all the difference, particularly where one of our residents may need IV antibiotics rather than an admission to hospital. More opportunities to learn together would also be good, particularly in relation to how we support people with dementia. Mostly, it is so helpful to know that when you really need advice there is someone with common sense out there that you can trust will be available. This will help us feel less isolated and more able to deliver great care to our residents.”

SETTING UP A HEALTHY DIALOGUE HELPS BUILD TRUST, HONESTY AND REAL CHANGE.

Recently, a local commissioner, a paramedic and a care home manager came together to listen to each other's perspectives:

"I must admit I used to have negative attitudes towards care homes in the service, but this is typical throughout the sector."



Why should this be the case? You won't be aware, but from our point of view there is a huge variety of standards of care homes and what we're called out for. Some care homes make calls every day, which wears you down. We have to respond to every call, and they never stop. We rarely get a break. It works best when there's a good relationship with a care home."

PARAMEDIC

"The biggest challenges are at night when I feel alone with a serious medical problem with a resident."



If in doubt, most care home managers would call an ambulance. To us it's the responsible thing to do. Sometimes that may not be necessary but NHS support for us is so variable we feel at risk of being accused of wrong-doing and if we get it wrong, we often face a safeguarding investigation."

CARE HOME MANAGER

"So much has come out of this meeting that I wasn't aware of."



I can do something about many of these issues. I will take them back to base so we can work with the care homes that need more support, respecting them and not telling them what to do, but motivating them to change. We can set up a hotline for care home managers to call the ambulance service to address the communication problem; we can have further dialogue about safeguarding, DNRs and any other sensitive issues not just with paramedics but with any external service where misunderstandings occur. There's great potential with this group."

COMMISSIONER

"I would like to invite any care home manager present to spend a day with us to experience our world. Thank you for being so open with me and not giving me a catalogue of complaints!"



PARAMEDIC

Questions to discuss, when working with the NHS on developing practice



1. Does the proposed change align with your care home agenda? Can you share other priorities that are more pressing for your residents?
Once the agenda is agreed ...
2. Who will be able to take a leadership role in the care home to support the change?
3. Do staff have enough “slack and flexibility” to accommodate the change, in their current workload?
4. How will the change be introduced? Who needs to be involved and how will it be implemented?
5. What are the lessons learnt from previous health related projects in the care home?
6. Who has protected time to help facilitate this change, both in the care home and NHS?
7. What are the pre-existing working relationships like? (e.g. GPs, visiting specialists, links with local hospital)
8. How is the change viewed by all those involved?
9. What training programmes and new ways of working might help?
10. How will the change be evaluated? Who will collect the data?

MOVING IN THE RIGHT DIRECTION!

My Home Life has witnessed how powerful care home managers can be when they come together to share their perspectives with other professionals:

- ✓ Care home managers in Bedford took it upon themselves to set up their own event and invited OTs, physios, nurses and commissioners to join a discussion on improving hospital admission/ discharge
- ✓ Managers from Colchester, Essex met with hospital staff over monthly lunches to better understand each other which helped them in their day-to-day work to put a face to the name when they were communicating with one another
- ✓ Managers in Derry convened an event where health professionals, amongst others, heard about innovations that care homes had led on, helping to enhance the profile and professional status of local care homes



Creating a shared vision for quality in care homes

Traditionally, local commissioners in health and social care have often sought to define what they mean by quality in care homes rather than supporting care homes themselves to take a lead to identify what it means through talking to residents, relatives and staff. Here at My Home Life, we have worked with the care home sector to put together a framework for what quality means (our 8 Best Practice Themes) which comes directly from our insights into what older people in care homes want and what we know works well in care homes.

This vision of best practice is supported by the care home sector. In a number of local areas, care homes have worked positively with other agencies to use this vision to explore what is currently working well in achieving quality, what quality could look like at its best and how we can collectively come together to achieve it.



PUTTING RESIDENTS AT THE CENTRE

Good partnership is about looking for common-ground. Ultimately, we are all here to support the quality of life of living and dying in care homes. Managers in care homes in Southwest England 'interviewed' 3 residents about their experience of recent hospital discharge and admission and shared what residents felt 'worked well' and 'what could have been even better' with health colleagues at a meeting. This then created a focus for further discussions.

Supporting your conversations: My Home Life Tools and materials

Why not visit the My Home Life Scotland website (search 'My Home Life Scotland Resources') which offers a range of useful tools (i.e. Caring Conversations) that can help you open up a positive dialogue within your care home and with outside professionals:

A screenshot of the My Home Life Scotland website. The top navigation bar includes links for Home, Briefing Papers, Good Practice, About Us, Leadership Programme, Resources for Practice, Research & Policy, Get Involved, and Making a Difference. Below the navigation bar is a section titled 'The My Home Life movement' with a sub-heading 'My Home Life began as a project initiated in 2006 by the National Care Forum and Help the Aged. It has become a high profile social movement to promote quality of life in care homes.' and a 'Learn more >' link. To the right of the text is a photograph of a young woman smiling and talking to an elderly woman. Below the photograph are two small black dots. At the bottom of the screenshot is a paragraph of text: 'My Home Life is a UK-wide initiative to promote quality of life for those living, dying, visiting and working in care homes for older people through relationship-centred and evidence based practice. The national MHL programme is led by City University (Research Group on Quality of Care for Older People) in collaboration with Age UK. It has the support of the Relatives and Residents Association and all national provider organisations that represent care homes across the UK. In Scotland the programme is led by'.



TOP TIPS

Building better relationships with health colleagues

- 1. Park your gripes and avoid the temptation to blame, even if you feel blamed yourself.** Don't take out your frustrations on an individual when the issue might be a problem within the system. Your frustrations may be the same as others'!
- 2. Keep connected with initiatives** that might be relevant to your home or that are attended by people who have influence. Perhaps speak to a health practitioner with whom you have a good relationship to see who they might put you in touch with
- 3. Promote your home.** Help external practitioners understand the great work you are doing, share stories or invite them into parties or events in the home
- 4. Ask health practitioners what you might be able to do to make life easier for them.** They might reciprocate and ask the same of you.
- 5. Spend time getting to know visiting practitioners on a more individual level,** perhaps listening to their perspective on care homes, teasing out their assumptions or value judgements and offering some ideas for how you could work together positively in the future
- 6. Consider offering a practitioner the opportunity to shadow** your home for a return experience with another. Just one day observing, hearing and feeling what it's like in another's 'shoes' can be transformative
- 7. Communicate to external health colleagues when things are working well,** (however small the example might be). This can often be received more positively than a continual focus on 'what's going wrong!' and helps people feel valued
- 8. Notch up your own and your staff's knowledge on 'supporting people living with dementia'** or find ways to organise joint training with colleagues in the health service so that you can work effectively together to promote quality of life for these individuals
- 9. We all use 'jargon'.** Encourage each other to ask what it means, when in doubt.
- 10. Finally, do as you would be done by.** Treat your fellow professionals as fellow humans first. Don't forget that ultimately most of us are working towards the same goal of delivering quality to older people living in care homes

For more resources to support your conversations with external professionals, go to the My Home Life Website (www.myhomelife.org.uk)
