

My home life

Issue 20

Delivering quality of life for your residents through improved relationships with health colleagues



BUILDING BETTER RELATIONSHIPS

with health colleagues

INSIDE: Research findings, Stories from the care home sector & Top Tips

Dear Friends,

Many of us working in care homes have huge expertise in supporting very vulnerable individuals with highly complex needs, yet often this goes unrecognised by those professionals who surround us. We have dreamed of a time when care home staff and NHS colleagues are treated as equals. A major new research study called the Optimal Project proves that our dream can now become a reality.

The study tells the NHS that care homes need to be an integral part of the 'landscape of care' and that care homes should be seen as their partners, not as problems. It shows how care homes and the NHS can work better together to improve the lives of those who live in them. For instance, by avoiding

unnecessary hospital admissions or, where admissions are needed, by ensuring that residents return at the right time with paperwork, medication and belongings intact!

This bulletin translates the research messages into Top Tips, useful tools and key ways of forging new positive relationships with health colleagues.

Why not be courageous and take the first steps in forging new positive relationships with your health colleagues? Invite these colleagues to a meeting to engage with a short Optimal Project key findings video <https://youtu.be/aGY3-0QCMf8>

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

The Teams at My Home Life

Acknowledgements

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My Home Life is a UK-wide 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

KNOWLEDGE IS POWER

THE HARD EVIDENCE

Key findings from the Optimal Project 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 benefit



3. A joined-up approach across the whole system is needed

- results in better outcomes for residents
- reduces demand on urgent and emergency services
- decreases hospital admissions and length of stay
- improves medicines management



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!

One of the barriers to good partnership may simply be that some of your NHS colleagues might not properly understand the contribution that care homes make. Here are some fast facts that might be worth sharing with them!

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 we all want for ourselves which can only be realised with the support from others outside of the care home.



GETTING OUR VOICES HEARD

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 paramedics into our home to spend a day with staff, to get a feel for what we do, the challenges of time, how the culture is about this being the residents’ home (we cannot simply lock 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 the day in the home, we hope to sit down to hear feedback from what they have experienced and how we might improve the

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

way we work together. This is all part of our need to do things better with our 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:



PARAMEDIC

"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."



COMMISSIONER

"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 dialogues 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."



CARE HOME MANAGER

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

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 wrongdoing and if we get it wrong, we often face a safeguarding investigation."



PARAMEDIC

"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!"

MYTHS AND DRAGONS

“They are wasteful and over hierarchical”

“They are only interested in making a profit”

“So unfocused – they lack business skills or clear strategy”

“Completely chaotic”

The stereotypes and judgements that we carry can reduce trust and inhibit positive relationships. Here are some of the ‘beliefs’ that we might hold about other sectors or that others might hold about care homes. How might we help each other understand that these might not be true?

“They are impossible to contact in an emergency”

“All they do is complain about fees”

“Focused on ‘professional need’ not ‘consumer need’”

“They are poorly staffed and lack expertise”

“They are always calling to demand things from us that they should be able to do themselves!”

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 Best Practice vision is owned 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:





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. Remind health professionals that jargon can be a barrier.** And when you don't understand, always ask. There's no such thing as a silly question!
- 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)