Health and healthcare in care homes

This briefing sets out the key findings of a research review on 'creating community' undertaken by Hazel Heath, in 2006, as part of the *My* Home Life programme[1]. The briefing also provides examples of promising approaches for improving practice within this area.

The full review providing further tools and examples of 'best practice' can be accessed at the *My* Home Life website (www.myhomelife.org.uk). This review is currently being updated.

Accessing healthcare services for older people in care homes

Older people living in care homes have substantial and highly complex healthcare needs. Staff in care homes are normally very able to respond to such needs on a day-to-day basis. However, it remains the case that extra support from professionals outside the home, such as doctors, pharmacists, therapists and specialist nurses will be required. Being able to access appropriate health and care support is crucial to the quality of life of older people living in care homes.

The research highlights how many older people in care homes do not receive the healthcare services they need. Care home staff can struggle to secure a full range of healthcare services for older people in their care. It is an area of confusion and erratic service provision with some care homes having real problems in accessing basic services and sometimes being charged for healthcare services. If the costs are passed onto residents, this in effect means that older people are paying for services that are provided free under the NHS to patients in other settings.

Accessing medical services

Medical services are usually provided to care homes by local GPs but, because of the complex healthcare needs of most care home residents, the level of service required from GPs is much higher than the average in general practice. Many GPs consider this work is deemed to be outside the general medical services'of their NHS contract and many now charge care homes for services to residents.

Research suggests that…..

- If residents are able to keep the link with the GP they had before moving into the care home, this can provide valuable continuity in the care of a frail person.
- In some areas there may be no option but to register all new residents with a GP contracted to the home, but there can be advantages in homes building close working relationships with one or two GPs who are committed to the home and its residents and may offer a wider variety of services.
- Correctly prescribed, administered and monitored medicines can make a huge difference to quality of life. Homes are being advised to review their policies and practices in relation to medicines and some Primary Care Trusts have initiated schemes to support care homes through staff training.

Accessing nursing services

District nurses may have regular contact with residential homes for discrete nursing tasks, but published research suggests that referrals are not always appropriate. There is limited research in this area but some district nurses

[1]NCHR&D Forum (2007) 'My Home Life: Quality of life in care homes. A review of the literature', Help the Aged, London, available at: www.myhomelife.org.uk.

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claim that some of the work they undertake could be prevented if staff were more skilled in anticipating health problems in residents or delivering care, for example where nurses have needed to dress superficial wounds caused by poor moving and handling practices.

Examples of nurse-led services to care homes

- A London PCT introduced a specialist nurse support service for care homes to prevent and monitor avoidable accident and emergency attendances and acute care admissions. The nurse works directly with staff in care planning and learning new skills.
- A nurse practitioner based in Surrey who had advanced patient assessment skills, held regular open access clinics in care homes where residents could discuss health concerns and the nurse could advise on maintaining health, managing chronic disease. The nurse's work resulted in a significantly lower number of GP contacts, significantly reduced GP costs, reduced contacts with district nurses and, overall, the cost of the nurse was offset by lower costs in other services.
- Some larger homes and care home groups encourage their nurses to develop specialist expertise, for example in moving and handling, tissue viability, wound care, bowel care, continence and nutrition. This means that there is always a nurse in the home or group who can advise and teach on these aspects.

Therapeutic support

Therapies such as physiotherapy or occupational therapy can make an enormous difference to older people's daily living and functioning.

Research suggests that in practice the NHS provides no regular 'hands on' therapy services to care homes. There is a national shortage of all types of therapists and therapy services in care homes: speech and language therapy support is non-existent in most homes. Physiotherapy and chiropody/podiatry is commonly not provided under the NHS. Many older people who have had strokes are less likely to receive physiotherapy or occupational therapy if they live in a care home than if they live in their own homes.

Some homes employ physiotherapists, often part-time or on a sessional basis, but the cost may be charged to residents.

Mental health support

It is estimated that three quarters of people living in care homes have dementia and that their needs are substantial. Depression is thought to affect around 40 per cent of care home residents but, as depression often goes unrecognised, this is likely to be an under-estimate. People with dementia and a range of physical health problems often need specialist assessment and support that care homes find difficult to access.

Research suggests that external support from old age psychiatry in terms of early recognition, diagnosis and treatment of mental health problems along with improving the individual's physical health – which can often be ignored when the focus is on mental health problems – can considerably improve overall health and functioning.

Pain management

Research suggests that a significant proportion of older people do not receive adequate pain treatment, including effective interventions for chronic pain. Pain can impair movement, sleep, appetite, bowel and bladder functioning, grooming and socialising. Support is needed for care homes in establishing written pain management policies and in making use of pain assessment tools, along with access to multi-disciplinary input and staff education, which together can considerably improve pain management.

Nutrition

Under-nutrition is reportedly widespread in care homes. This is partly attributable to

age-related changes, coupled with impaired vision and hearing, dementia, confusion, depression, and loss of taste and/or smell. Specific illnesses or disabilities, such as stroke, Parkinson's disease and swallowing disorders complicate nutrition.

Under-nutrition contributes towards many problems, including infection, poor wound healing, skin problems, pressure sores, depression and mental confusion.

Often it is the little things that can improve nutrition among older people in care homes. For instance, a Liverpool care home is ensuring residents with dementia can focus on enjoying their meals by removing distractions such as leaving the television on and allowing mealtime visitors. Protected mealtimes have made an 'unbelievable difference. Best practice statements on nutrition and oral health, advice on dental care for people in care homes and information on improving the delivery of meals are now all widely available.

Continence

The Royal College of Physicians estimates that about three quarters of care home residents are categorised'as incontinent, but also recognises that a great deal could be done to improve the experience for older people through access to local continence services. The College notes that improved routine assessment, clear policies and documentation, along with appropriate staff training and greater emphasis on seeking to cure incontinences, rather than simply managing the problems, would make considerable difference to the quality of life of older people living in care homes.

Falls prevention

It is estimated that care home residents are three times more likely to sustain a hip fracture than older people living in their own homes.

Effective falls prevention includes medication, nutritional reviews, environmental modification and appropriate walking aids. Most homes now provide balance and strength exercises for residents and there is strong evidence that this maintains muscle strength and mobility, even in advanced age.

Rehabilitation and health promotion

The would appear to be considerable potential for re-enablement of residents in care homes and research has identified that many residents moving into care homes have conditions that could benefit from rehabilitation. Much can be achieved if homes adopt a re-enablement approach to care. This helps to reduce dependency, reduce the risk of falls and promote general health.

Especially because they have more chronic illnesses, older people can benefit enormously from health promotion. Many care homes aim to promote health but external support is largely absent. The annual health check for people over 75 offers an opportunity for early identification of changes or concerns. Older people living in care homes should have the same opportunities for health screening as those living at home.

Moving forward

There is no doubt that the quality of life of older people in care homes can be improved through improved access to NHS services. Better interdisciplinary working and greater sharing across the care homes sector on promising approaches to care practice will undoubtedly make a difference in improving wellbeing of people in their care.

There is a real need to get greater support to care homes from the NHS. However, there are also good examples of inter-disciplinary work from which to build, for instance:

- One Community Health Support Team in London, comprising older people's specialist nurses, a mental health nurse, pharmacist, old age psychiatrist, two consultant geriatrician sessions, and sessions from a consultant nurse, worked with care home staff and was found to drastically improve outcomes for older people in care homes.

- Local falls champions in Dorset, including nurses, occupational therapists and physiotherapists, are providing on-site group training to staff in care homes. This includes information on current guidelines and evidence with experiential falls assessment.
- Group activities to promote physical wellbeing, address cognitive deficits and encourage social interaction through activity.

There would appear to be enormous potential for developing new ways of working in order to offer a range of multi-professional healthcare services to care homes. Such services could prove to be cost-effective and would contribute significantly to helping older people to maintain their health, functioning, potentials for enjoyment and ultimately their quality of life.

This summary is drawn from the original literature review and the findings do not necessarily reflect the personal perspective of the author.

The ***My* Home Life programme** is a UK-wide programme of work aimed at promoting the quality of life for those who are living, dying, visiting or working in care homes for older people.

More information can be found on www.myhomelife.org.uk