

ISSUE 5: Improving Health and Healthcare
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My Home Life

The bulletin for care home staff



Giving your residents the health support they need

FREE POSTER

SEE INSIDE



My Home Life

My Home Life is a UK initiative aimed at improving the quality of life of those who are living, dying, visiting and working in care homes for older people.

My Home Life celebrates existing best practice in care homes and promotes care homes as a positive option for older people.

My Home Life, led by Help the Aged, the National Care Forum and City University, is a collaborative programme bringing together organisations that reflect the interests of care home providers, health and social care commissioners, regulators, care home residents and relatives and those interested in education, research and practice development.

My Home Life, a bulletin for care home staff, is distributed to 18,000 care home contacts through *Care Management Matters*. Additional copies can be provided at a cost of £1 per issue (+ 50p towards p&p) from Help the Aged Publishing (tel. 020 7239 1946).

The next issue will be sent out in September 2008 with *Care Management Matters*.

The opinions expressed in this magazine are those of the authors and do not necessarily reflect the views of Help the Aged or its affiliates.

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Improving health and healthcare

Martin Bell, journalist and supporter of *My Home Life*



The level of care required by older people living in care homes has changed dramatically over the past 20 or so years. Many 'residential' care homes are now providing support to those who would have previously been cared for in nursing homes, while 'nursing' care homes are now catering for those with very high-level needs previously met in NHS continuing care units or in hospices.

Older people in care homes often have complex health needs: a single resident may experience dementia, depression, arthritic pain, heart disease, hearing and sight problems, which together can make management of care particularly challenging. For many residents, it is disability and medical conditions that have brought them to a care home and which will have a major effect on their quality of life.

As care practitioners, you are the advocates for these very frail individuals. Many of you will have developed considerable expertise in identifying the often very subtle changes in your residents' health and well-being. Ensuring that your residents are able to access external specialist healthcare, such as physiotherapy, pain management support or speech therapy, is a vital part of your work.

But getting support for your residents from primary or acute care services can be a real challenge. Care home staff need to be proactive in developing positive relationships with local health teams and to explore with them how they can best support your work. All older people have the right to such services. Let's ensure that they get them.

Need more copies? Download at www.myhomelife.org.uk or call Help the Aged on 020 7239 1946

Delivering better healthcare in the home

Care home residents often have increasingly complex health problems which are very difficult to manage. None the less, care home staff across the country are rising to the challenge, as Paula Edge from Risedale Care Homes describes.

Risedale is a small chain of residential and nursing care homes in Cumbria. A year or two ago we noticed that many of our residents were experiencing unplanned admissions into hospital. Rather than having their health needs supported in the home, they were subjected to what is often a traumatic and unsettling event that can adversely affect quality of life.

Following discussion with the local hospital and primary care team, I was employed as a clinical nurse manager for all of the homes, to help residents to remain in the care home where possible and, if residents did have to be admitted, to ensure proper co-ordination between hospital and home to minimise disruption to both residents and relatives. At that time, we had no idea what a success this initiative would turn out to be.

It was clear that within the residential homes staff were not always detecting early signs of infection among residents, which would result in unnecessary admission to hospital for intravenous antibiotics. The care staff are now trained to recognise signs of infection and dehydration, and to take pulse and temperature. This means residents can receive prompt treatment, from staff they know and trust, which reduces discomfort and helps them to return to health quickly. Relatives can help to support the resident whilst care is being given, helping them feel a part of the team.

Initially many of our staff did not feel confident about the training, but they have now developed beyond expectation. With supervision, some are involved in basic wound care, and are also gaining expertise in pressure care and nutrition. Such work not only makes their jobs more interesting



but brings people together as part of one team. At handover, we talk together about the healthcare needs of our residents, with some care assistants even contributing to diagnoses.

What is really exciting is that our care homes are now admitting residents whom we would never have been able to cater for before because of the complexity of their needs. For some residents this means being able to return to their home town, whereas previously their care needs could only be provided in another area in a specialist unit – often hundreds of miles away. Residents can now be visited regularly by friends and family and keep connected with their own community.

We supported one lady who suffered from myotonic dystrophy (a muscle disorder) and needed continual humidified oxygen therapy as well as the complex care and maintenance of a breathing tube. Our staff spent time on the ward being trained by the nurses on how to manage the lady's needs, which meant that care could be given in the homely environment of the care home, rather than the clinical environment of a hospital.

Our relationship with the local hospital and PCT is very positive, the integrated working has improved care standards, and our staff's skills and confidence have increased. Perhaps best of all, our residents know that we are more able to support their health needs without their having to face the trauma of going into hospital.

Finding the key to dementia care

Dementia is the major health problem affecting society today. The government is currently looking at ways to improve care for people with dementia. Corinne Goodson, from The Old Vicarage care home in Oxfordshire, argues that providing quality of life for people with dementia requires expert training.

Mrs Warren was a spinster who had worked for many years as a nanny in London. Before she moved to our home she had lived in a small care home which was unable to meet her needs. Her behaviour had become an issue: she shouted, hallucinated and was generally aggressive. The staff did not seem to understand her, so Mrs Warren was segregated from other residents, removed from the communal lounge and made to eat her meals in her room. Her exclusion increased her frustrations and made her behaviour worse.

When I first met her I became aware that she was partially blind and had hearing problems. Her mobility was poor, putting her at risk of recurrent falls. She had been diagnosed with Alzheimer's disease ten years previously, but her well-being had diminished largely over the past two years.

As the care staff at our home had all received dementia care certificate training, they were able to take note of Mrs Warren's life story to understand who she was as a person and why she behaved in such a way. This was our building block. Staff began to understand that when she cried out for her mother, it meant that she was feeling insecure, or in pain, or lonely, and they could then respond in a positive way. Through reminiscence and a process called 'validation', which is a technique to help staff communicate with residents



so that they feel understood and valued, we managed to transform Mrs Warren's quality of life. She is now properly supported to join in normal social activities in the home and has regained her choices, rights, dignity and the respect due to her.

This has been a real success story. A visiting community psychiatric nurse recently remarked: 'What have you done? She is a different person. It's quite remarkable!'



For more ideas, tips, resources and opportunities to talk to other care homes, check out the 'shared space' at our website: www.myhomelife.org.uk

Working with your local NHS teams

Many care homes are already providing expert healthcare support for their residents. Nurses in care homes have been developing specialist skills in, for example, tissue viability, wound care, bowel care, dementia care, continence and nutrition. Some primary care trusts are dependent upon these staff to meet the often complex health needs of the care home residents.

Care homes need to develop positive relationships with local NHS teams to ensure that residents get access to the support that they are entitled to. Here are just a few examples of such relationships:

- **Gloucestershire** A multidisciplinary team is working with over 40 care homes to identify and meet a range of training needs (nutrition, medication reviews, dementia, end of life) and is supporting homes to access the types of equipment they need to support their residents
- **Surrey** A nurse practitioner is holding regular open access clinics in care homes where residents can discuss health concerns. Advice on maintaining health and managing chronic disease has reduced the need for GP and district nurse visits
- **London** A community health support team comprising specialist nurses, pharmacists, psychiatrist and consultant geriatricians has drastically improved outcomes for older people in care homes by working closely with their staff
- **Dorset** Nurses, occupational therapists and physiotherapists are providing group training to staff in care homes on falls prevention.



NEXT ISSUE:

Supporting good end of life within a care home – send us your tips on how you provide support to residents, families and staff in helping them through a resident's last days.

What can you do?

- ✓ Find out what health support your residents are entitled to.
- ✓ Develop a directory of local health contacts.
- ✓ Get to know individuals in your local health teams.
- ✓ Explore how you and the healthcare team can work better together.
- ✓ Look at ways of sharing training and education or working on projects together.

More information on partnership-working at
www.myhomelife.org.uk

Did you know?

New studies suggest that:

- ✓ the vast majority of admissions to hospital from care homes are entirely appropriate given the complexity of health need
- ✓ investment by PCTs in dedicated support for care homes can lead to cost-savings, by reducing the use of NHS services.

How well are you doing? Rate your practice

1. How are your residents supported to make decisions about their own healthcare?
2. How do you assess whether you are adequately meeting the healthcare needs of residents?
3. Do residents approach you with personal worries and concerns about their health or mental well-being? If so, how do you respond?
4. What skills or expertise should you be developing to meet the health needs of your residents?
5. How well do you work with your local GP, nurse and specialist health services in meeting the needs of your residents?

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My Home Life

TIPS

on improving health and healthcare



1. Recognising health needs

Residents in care homes have highly complex health needs. Seventy-five per cent of care home residents are classified as being severely disabled.

2. Accessing healthcare support

Many care homes struggle to access primary and specialist support for their residents. Care staff need to work with their GPs and community nursing services to obtain the best healthcare services to support their residents' quality of life.

3. Promoting mental well-being

Three-quarters of older people living in care homes have dementia and 40 per cent depression. Many residents cannot cope with the trauma of moving into a care home. Staff may need expert advice to support these residents. Professional counselling may also be warranted.

4. Rehabilitation and health promotion

Many residents moving into care homes have conditions that can be improved. Access to physio, speech and occupational therapy is essential for reducing dependency and promoting general health.

5. Pain treatment

Pain can impair movement, sleep, appetite, bowel and bladder functioning and socialising, yet older people often do not receive adequate pain treatment. Access to multi-disciplinary input and staff education can considerably improve pain management.

6. Nutrition

Under-nutrition is reportedly widespread in care homes. It can lead to infection, poor wound-healing, pressure sores, depression and confusion. Small changes to make mealtimes a positive social experience can help.

7. Continence

About three-quarters of care home residents are incontinent, which can severely affect quality of life. Regular reviews with the local continence services to identify training and support needs can reap benefits.

8. Falls prevention

Many homes now provide balance and strength exercises for residents, to help maintain muscle strength and mobility, even in advanced age. Monitoring medication, good nutrition, removing environmental obstacles and appropriate use of walking aids can make all the difference.

9. Building partnerships with local NHS services

Care homes need to talk to primary care teams about how they can best support residents. Greater support from primary care can help to identify older people at risk, review the care that older people receive and additional services needed, as well as avoiding unnecessary hospital admissions.

10. Recognising your own expertise

Care staff need to better recognise and develop the skills that they have developed in supporting very frail older people. Your expertise should be valued and could potentially be a resource to the wider health system – for instance, in offering advice on dementia care to hospital staff.