

An Introduction to the Nursing Home Support Service

Lead Officer: Paul Coles, Service Manager – Quality Assurance, Adult Social Care

Authors: Paul Coles and Michelle Bell (NHSS Registered Nurse, Somerset CCG)

Contact Details: PColes@somerset.gov.uk

Cabinet Member: David Huxtable, Cabinet Member for Adult Social Care

Division and Local Member: All

1. Summary

- 1.1. The purpose of this paper is to introduce the Scrutiny for Policies, Adults and Health Committee to the work, remit and impact of the joint-funded Nursing Home Support Service (NHSS), and to consider the vision for its future with a view to strengthening its role and function in order to better support the delivery of strategic ambitions, improved outcomes, and the achievement of demonstrable savings across key agencies.

2. Issues for consideration / Recommendations

- 2.1. For the Committee to note the work, scope and impact of the NHSS in Somerset.

3. Background

- 3.1. In 2015, a joint NHS Somerset Clinical Commissioning Group/Somerset County Council NHSS was established to support local nursing homes with improving quality, raising standards and reducing avoidable hospital admissions. This was in recognition of the fact that care home residents often become the medically marginalised in spite of having complex health care needs, which may contribute to avoidable ill-health and acute hospital admissions.
- 3.2. Access to community health services for nursing home residents can be variable and is often reliant on the knowledge of care home staff or visiting nurses/General Practitioners to refer for appropriate services. Monitoring of health-funded residents in nursing homes had also highlighted concerns in relation to the basic skills of staff, a lack of appropriate equipment and the inability of care home staff to identify residents at risk of a variety of problems, including pressure ulcers, nutrition, end of life care and an understanding of their responsibilities in respect of the Mental Capacity Act and safeguarding.
- 3.3. The service consists of a registered nurse and a registered social worker; the social work post is currently vacant, with a new appointee starting this month, January 2019). The service is a catalyst to supporting the enhanced communication between nursing homes, the acute sector and primary care support. Its main function is to support nursing homes to improve care quality by providing information, advice and support on a range of different aspects, from enhanced clinical skills to implementing safeguarding, mental capacity and Deprivation of Liberty Safeguards (DoLS) activity.
- 3.4. Nursing homes can self-refer and the NHSS is able to provide trouble shooting intervention or sign posting support over the phone, by email, or through direct visits. They provide 1:1 support to nursing home managers and can also deliver

awareness-raising workshops for entire staff teams.

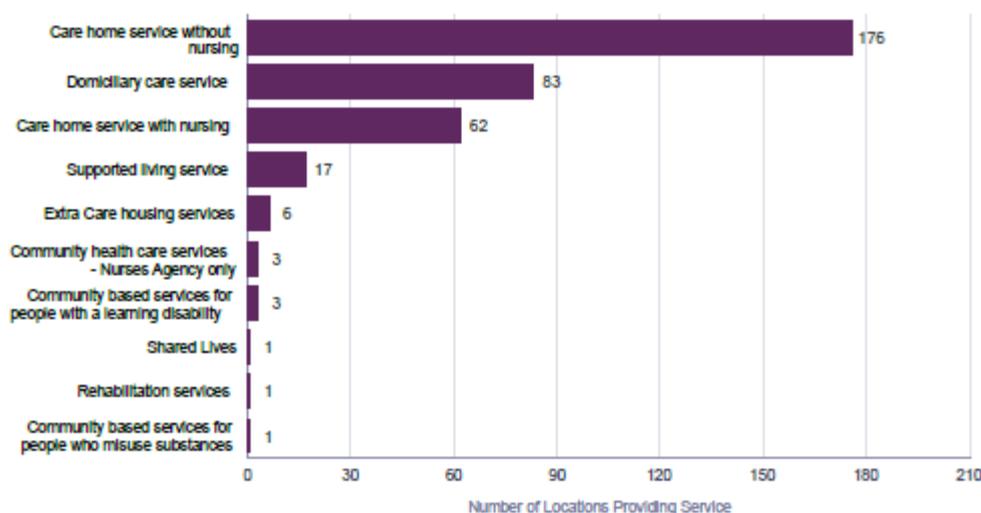
3.5. Facts, Figures and local performance

(based on Care Quality Commission (CQC) data through to 1st Nov 2018)

There are 312 active regulated social care organisations in Somerset; of these 172 are care homes without nursing offering 3,285 beds, and 62 are care homes with nursing offering 3,285 beds:

Active locations in Somerset providing the following services

N.B. Locations can provide more than one type of service



NB Care homes can register both as a care home service with nursing, and without nursing.

The NHSS supports 57 registered nursing homes (*NB. The CQC publication does not reflect three recent nursing home closures and two services that do not come under Somerset Clinical Commissioning Group's (CCG) domain*).

3.6. There are currently no nursing homes (or any other care provider in Somerset) with an 'Inadequate' CQC rating. 91% of Nursing Home providers in Somerset are judged to be either Good or Outstanding, representing an increase of 4% since November 2017. This compares positively to a national average of 74%.

3.7. Nursing Home Support Service Work Areas:

a) Learning and Engagement Meetings (LEMs)

The NHSS run quarterly Learning and Engagement Meetings with both acute hospital trusts, nursing and residential homes. The purpose is to reduce hospital admissions and enhance timely discharges for people who live in care homes. The meetings focus on best practice and are aided by guest speakers providing practice updates. The forums are a good opportunity for care home managers to share learning and feed into the wider health and social care network.

b) Enhanced Clinical Skills and Knowledge

The registered nurse within the service works with nursing homes to improve clinical skills. This includes syringe driver competency, focussing on training available to support nursing homes with the competency required for this procedure. There is currently a pilot taking place to support with the

dissemination of NEWS2, an early observation tool, that can be used to identify changes in an individual's clinical presentation. This tool has been implemented in other CCG areas and has proved successful in addressing avoidable hospital admissions.

c) St Margaret's Hospice Project

The Service also works in conjunction with St Margaret's Hospice to design and pilot nursing home end of life training. This has supported homes to enhance their knowledge in relation to end of life and palliative care. 41% of nursing homes in Somerset have attended the training since implementation at the end of 2016. The aim is for all nursing homes to participate in this training by the 2020. The project has made a significant difference to quality of the end of life care, confirmed by hospice community nurse specialists.

d) Training and Development

As part of the commitment to improving training and education within nursing homes, the NHSS in conjunction with Skills for Care has developed a portfolio of training resources that nursing homes can access. This includes enabling access to Learning Curve (NHS training). The service has also implemented quarterly tissue viability, deteriorating patient and observation training. Much of the training available is free of charge or available for a minimal fee. Along with LEMs, the service has supported the implementation of training events, including 'How to Achieve Outstanding' and 'Quality Improvement', involving guest speakers from Safeguarding, DOLs, the CQC and Skills for Care. The service has also offered bespoke training to provider staff on a range of different topics.

e) Somerset Treatment Escalation Plan (STEP)

The purpose of STEP is to respect individual's wishes to inform part of an advanced care plan to reduce unnecessary avoidable hospital admissions. The team are part of the scrutiny, implementation and reporting feedback on how the STEP is working in Somerset.

f) Red Bag Scheme

Due to the LEMs, the service was able to identify a need for better discharge arrangements and support with the implementation of the Red Bag Scheme in Somerset. This allowed for the acute sector to manage and roll out of the project to aid safer and collaborative discharge arrangements back into Nursing Homes.

g) Tissue Viability

The intelligence gathered by the NHSS assisted in evidencing the need for tissue viability support for residents in nursing homes. An enhanced tissue viability service providing advice and support to nursing homes is due to be implemented in January 2019.

h) Sundown Project

This is a CCG initiative that will provide them with a weekly real time bed state tracker, emergency admissions from nursing homes and quarterly quality assurance information that can be accessed to improve quality within nursing homes and assist with providing an overview of nursing provision in Somerset.

i) Quality Concerns

The service supports with information sharing and gathering where quality concerns have been identified in provider settings. This feeds into the wider quality assurance and safeguarding function of both organisations (SCC and the CCG). The service supported with a significant recent care home closure and has gone into nursing homes to support where concerns have been identified. This approach has enabled a reduction in the number of services being supported through the formal Quality Improvement process as well as supporting the reduction in the number of whole service concern safeguarding events.

j) Newsletter

The NHSS issues a bimonthly newsletter, providing updates on clinical skills, sector changes, and aiding communication with provider services.

k) Mapping of Community Services

The NHSS is currently looking to map all health-related services that nursing homes can access to enable a greater understanding of the services available in Somerset and any areas where there is a gap in provision.

l) Proud to Care Somerset

The NHSS has been part of the implementation of Proud to Care Somerset. This is a South west initiative to actively promote care as a career option and assist to bridging the current gap in the recruitment and retention of care staff into the industry.

3.8. System-wide benefits of having a Nursing Home Support Service

- Supports early intervention and prevention, delivering benefits to a range of agencies
- Supports the requirements of the Care Act (2014) in terms of market shaping by supporting independent providers in particular to improve and sustain the quality of care through the delivery of early intervention
- Supports all commissioners in providing assurance of the quality of care and the maintenance of quality standards
- Supports reductions in the number of emergency admissions to hospital from care homes
- Reduces delayed transfers of care from hospitals to care homes by support with individual cases
- Improves transfer of care processes through the implementation of combined acute trust and nursing home provider Learning and Engagement meetings
- Supports reductions in the number of care home residents experiencing pressure ulcers, health care acquired infection and falls resulting in significant harm
- Improved safety and wellbeing for residents of care homes
- Improved outcomes for people at end of life
- A number of homes that were unable to give end of life medication through a syringe driver have purchased or made arrangement to hire a syringe driver and have trained and assessed staff in the competencies required to manage this equipment. This promotes choice for people who are at the end of their life and reduces the call on other services to support with this area of care
- Follow up on the wellbeing of residents who are particularly vulnerable or complex when they have moved to another home following home closure
- Quality and financial benefits
- Offers a tailored / bespoke approach to supporting providers of care

- Delivers targeted training and engagement opportunities
- Supports reductions in calls to Out of Hours services
- Supports reductions in emergency calls to ambulance services
- Supports reductions in health inequalities
- Ensures appropriate DNAR (Do Not Attempt Resuscitation) /STEP are in place, access to syringe drivers, ability to verify expected deaths.

3.9. Future developments

It is evident from the improved CQC ratings in Somerset over recent years that the NHSS, though small, is having a positive impact on the quality of care being delivered within nursing homes in Somerset. To enable the service to meet its full remit, further developments are being considered to maximise the service and enable future developments:

a) Care Home Task and Finish Group

There are several different initiatives across health and social care that focusses on improvements within the care sector. To enable a more joined up approach, it would be beneficial for a longer standing joint board to be established that enables a strategic oversight and direct in relation to nursing and residential care provision.

b) Residential and Domiciliary Care

Due to the focus on nursing home provision, the service, if enhanced, could have a wider systems impact by reaching out to also include residential and domiciliary care providers. This will support with a whole system approach and ensure an enhanced health and social care standard across all sectors of care within Somerset.

c) Occupational Therapy Support

The nursing and residential home sector in Somerset have not embraced improvements in relation to provision of equipment and assisted technology. Occupational Therapy input into the service could realise significant financial and resource savings.

d) Behavioural Management Support

With the increase in people living with dementia and subsequently exhibiting behaviours that challenge, the team would benefit from having access to specialist support to advice nursing homes on behavioural management plans, reducing the need for costly one to one support and restrictive practices.

e) IT systems

An area that needs further consideration is in relation to IT systems. The service currently works across two different systems resulting in duplication in the information that is being stored and the information that health can access and vice versa.