

NHS Board Meeting
15 December 2021

Lanarkshire NHS Board
Kirklands
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SUBJECT: CARE HOMES UPDATE

1. PURPOSE

The purpose of this paper is to provide Board Members with an update on the support being provided to Care Homes in NHS Lanarkshire.

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been prepared by Caroline Martin and Julie Burns, Senior Nurse, Care Home Assurance, on behalf of Eddie Docherty, Executive Director NMAHP's.

3. SUMMARY OF KEY ISSUES

Collaborative Support Visits (Cohort 3)

Cohort 3 of the scheduled collaborative visits involving Care Home Liaison, IPC and Social Work is in progress with 21 visits undertaken to date. Written reports including recommendations for improvement are provided to care home managers following each visit with request for an action plan to be completed and feedback regarding visit. Action plans are reviewed by visiting team to ensure robust and align with findings and recommendations.

IPC Support

All homes that have a declared COVID-19 outbreak receive a prompt visit from IPC to review practice and identify any issues in relation to outbreak management. Advice, guidance and ad hoc education is provided where required.

Feedback from visit is shared with the care home manager and HPT stating findings and advice given. Follow up visits are carried out if any issues or concerns are identified to provide further support. Any concerns are escalated at the safety huddle.

Visiting during Outbreaks – All homes with current outbreaks are discussed at the weekly outbreak oversight meeting and an agreement made regarding visiting as advised by Public Health Consultant. The decision is based on the home being in a stable or evolving outbreak situation. Risk assessments are reviewed by HPT with input from IPC and CI where required.

Monthly IPC care home champion sessions are currently underway with a specific focus each month i.e. Introductory session and Norovirus.

Vaccination Covid 19 booster and Flu Programme

The vaccination programme commenced on 20th September and this year has been a combination programme for Covid Booster and Flu injection at the same time. Some restrictions have inhibited blanket vaccination of a number of residents (and staff) due to outbreaks, lack of consent in place for some residents. The housebound vaccination team will take over the vaccinations from the 13th December, residents and staff can now receive a booster vaccination 12 weeks after their second dose, therefore, the team will concentrate on increasing compliance over the next few weeks. Care home managers are being encouraged to upload staff and resident compliance onto TURAS. The team are currently collating the staff vaccination compliance rates from the care home managers as many care home staff attended clinics to receive their vaccines, therefore the data has not been available to the assurance team.

Please note the current compliance as below.

Staff figures are those who were vaccinated within the care homes.

	Residents	Staff
Covid Booster	89.41%	53.21%
Flu Vaccination	93.32%	49.43%

Testing

The Care Home Assurance Team continue with oversight of testing and review of test results, including support for the development and implementation of a range of testing approaches for care homes. Sample surveillance in non-outbreak homes continues and care homes have access to weekly asymptomatic staff testing through the NHS Scotland regional laboratory. The Care Home Assurance Team contact all care homes which do not submit data or have inaccuracies to improve compliance

Lateral Flow Testing

The Care Home Assurance team continue to encourage staff to carry out LFD testing and the uploading of results. The team are supporting managers and staff to register their results on the portal. Unfortunately, the data has not been available on TURAS for several weeks, therefore we are unable to review recent compliance. This has been reported to the helpdesk.

Attendance Avoidance & Building a Better Journey

The Care Home Assurance team continue to review the weekly Milan data which highlights care home attendees to Emergency Department. The team follow up on any presentations that may be considered as avoidable, discussing concerns & cases with care homes.

Opportunities have been identified to reduce general attendances to the ED's across Lanarkshire by providing education and training in areas such as continence, catheter care, deteriorating patient, realistic medicine and anticipatory care planning.

The Care Home Assurance Team now interrogate the data with professional advice from colleagues in hospital at home, physiotherapy falls specialist and ICST. This will allow the team to review any developing trends which will enable a structured and planned education and training programme for the next 6-12 months. The aim is to avoid unreasonable and distressing ED attendances whilst enabling safe, effective, person centered care at home for the residents by upskilling staff in their practical and theoretical knowledge.

Task and Finish Winter Improvement Projects

The Care Home Assurance Team are involved in 3 key improvement projects over the winter to reduce ED presentations and ensure residents ACPs are considered when they become unwell. These projects are improving quality and use of anticipatory care plans, direct access to radiology and care home MDT approach.

- The radiology project aims to reduce hospital waiting times for residents requiring non-emergency radiology tests
- The MDT project will involve residents having monthly reviews and MDT discussions with key stakeholders for all new/ deteriorating residents in the identified care homes
- the ACP project will ensure an improvement in the number of ACP details uploaded onto the GP's Electronic Key Information Summary (EKIS).

The ACP and MDT projects will focus on care homes that have been identified as having a higher than average number of ED attendances over the past 6 months.

Planned Closure of Care Home

North Lanarkshire Council is aware that the care inspectorate has issued a S64 (Proposal to Cancel Registration) to a provider in North Lanarkshire. This is subject to an ongoing legal process. Whilst this legal process is underway daily support is being offered to the care home via care home liaison team and North Lanarkshire Council social work department. A large scale investigation has also been commenced as part of ongoing adult support and protection concerns and is due to conclude in February 2022.

Improving Healthcare for Adults and Older People Living in Care Homes in Lanarkshire.

Please see the attachment document. This report was compiled for the Scottish Government describing areas of good practice relating to care homes that Lanarkshire HSCP has been involved in.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

These are monitored on a weekly basis by the Support Team and issues escalated appropriately.

7. FINANCIAL IMPLICATIONS

Additional resources have already been committed to the support team until May 2023 and a new funding bid is being considered by CMT. These funds are included in the additional COVID costs being incurred by the Board.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There is a significant risk if care homes are not fully supported, and for any reason are unable to continue to look after residents appropriately.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Not Applicable.

11. CONSULTATION AND ENGAGEMENT

The team consult with care homes on an ongoing basis through weekly conference calls, weekly supportive calls and short life working groups.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Eddie Docherty
 Director of Nursing, Midwifery & Allied Health Professionals
 NHS Lanarkshire

Improving Healthcare for Adults and Older People Living in Care Homes in Lanarkshire. Examples of good practice – case studies

To support the development of a new Healthcare Framework for Adults and Older People Living in Care Homes in Scotland, the Scottish Government is interested in understanding what is already working well.

We are particularly interested in any examples of good practice, which support good healthcare for people in care homes within any of the following 5 key components of care: (i) **Prevention** (ii) **Anticipatory Care and Supported Self-Management** (iii) **Early Intervention to Prevent Deterioration** (iv) **Provision of Urgent and Emergency Care** and (v) **Holistic Palliative and End of Life Care**.

Examples can include a new innovative project or way of working, or an existing service.

Please consider the following questions, but if you already have an evaluation or a report that provides a summary of your work, then please forward that if it is easier.

1. What are you doing?

Please provide a brief high level, summary of what you and/or your team are doing to provide good healthcare for those living in care homes:

(i) PREVENTION

Infection Prevention and Control

IPC resources were increased to enable to meet the challenges and demands required of the service and provide appropriate support. This enables the team to provide ongoing advice, guidance and support to the homes and also carry out focused work for prevention of infection. Education and support has been provided to improve weekly PCR testing and to improve the uploading of LFD test results.

The testing team undertake a programme of resident surveillance testing.

Collaborative Support Visits

The Care Home Assurance Team have undertaken two cohorts of collaborative visits with the third structured care home visit currently underway involving Infection Prevention and Control (IPC), Care Home Liaison (CHL) and Social Work (SW).

This ensures a collaborative and consistent approach to monitoring, assurance and support as well as strengthening the partnership working relationship.

Covid & Flu Vaccines

The Care Home Assurance Team coordinated the COVID-19 and Flu vaccination programme for care home residents and staff. This ensured that residents and staff were prioritised as per the JVCI recommendations and that the team are able to monitor individual care home data, support and encourage uptake to ensure high levels of compliance.

Falls Prevention

Following review of data regarding known falls as referred to Emergency Department, some homes and residents present more frequently. This has given our Care Home Physio an evidenced avenue to explore preventative work with individual homes and residents.

Dedicated Care Home Physiotherapist has undertaken a pareto analysis of all care homes falls data and has prioritised her education and support in 4 care homes.

Care Home Provider Conference Calls

Weekly care home provider forums were established via online platforms to support care home providers and managers at the onset of the COVID-19 pandemic.

(ii) ANTICIPATORY CARE AND SUPPORTED SELF-MANAGEMENT**Local Enhanced Service**

Provision of enhanced primary medical cover includes twice weekly scheduled visits to reduce unscheduled visits – initial assessment undertaken within 4 weeks. An annual review is carried out which provides better continuity by linking 1 practice to 1 home/unit.

Anticipatory Care Planning

A project is currently underway to Improve the number of ACP details uploaded onto the GP's Electronic Key Information Summary (eKIS). NHSL are also progressing with a pilot for the introduction of the ReSPECT (recommended summary plan for emergency care and treatment) document. A PDSA to review frailty within 3 care homes has commenced.

Safety Huddle

The data is monitored on a daily basis and appropriate action taken to support the care home.

Continence Bundles

A project is underway to improve the management of resident's continence in care homes. This aims to promote continence, reduce use of containment aids and improve the comfort and dignity of residents.

Leadership

Developed a SLWG with an aim of developing a leadership network that supports the capability and capacity of all care home managers in Lanarkshire.

Protocol Group

Care homes protocols group is well established with roles and responsibilities for anticipatory care planning in care home setting this has also provided tailored guidance on the management of polypharmacy in care homes based on the national guidance. There is further guidance on other condition specific, e.g. management of head injury and process specific guidance, e.g. use of sub-cutaneous fluids.

(iii) EARLY INTERVENTION TO PREVENT DETERIORATION**Outbreaks**

An outbreak oversight group was established by PH and includes IPC and the Care Inspectorate (CI). The aim is to review and discuss all ongoing COVID-19 outbreaks and identify concerns and support that may be required to prevent further transmission of infection. IPC carry out visits to all homes with an outbreak to provide support in relation to outbreak management.

Lanarkshire Care Home Staff Wellbeing Group-

A group was formed to provide wellbeing supports for staff and improve the narrative surrounding care homes.

(iv) Provision of Urgent and Emergency Care

Weekly examination of Milan data from Care Home Attendees to Emergency Department have shown that there is an opportunity to reduce some attendances across Lanarkshire and to provide appropriate safe care at home for some residents whilst utilising out-patient Radiology services for non-urgent X-rays/reviews.

The aim of this project is to reduce long, unnecessary and distressing ED attendances for residents & relatives whilst reducing pressures on acute and primary services.

(v) HOLISTIC PALLIATIVE AND END OF LIFE CARE

Education & Training-

The Care Home Liaison Team have carried focused palliative and end of life care training including ACP, syringe driver and confirmation of death.

1. What was the driver for this change?

The drivers for change in all of the work detailed above are:

- Improve Infection Prevention Control knowledge to improve compliance.
- Provide assurance that residents health care needs are met.
- Collaborative working, recognising expertise of care home managers.
- Improved clinical outcomes for residents
- The primary driver for the development of the CHSWB was Covid-19 and the impact of changes the pandemic imposed on routine practice within Care Homes and across Health and Social Care Partnerships
- Improve residents' experiences.
- Improved staff experiences
- Develop a safety culture.
- Leadership
- Reduced attendances to Emergency Departments

3.How did you do this?

Please explain what you did and how including information on who was involved in the development and delivery of the project and any challenges you encountered.

(i)PREVENTION

Collaborative Visits

Initially, care home visits involving IPC and Care Home Liaison were carried out over a 3 month period to provide support and assurance of resident safety in relation to IPC practices and care planning. A further schedule of visits extended to include social work, and ensure a collaborative approach, was undertaken to monitor progress and carry out a detailed consistent review and provide further support. A collaborative programme of visits is currently in progress over a longer time scale period.

During each visit, an audit template is completed and each home is RAG rated. Verbal and electronic feedback is shared along with an action plan to be completed by the manager and reviewed by the visiting team following completion. All homes rated red are followed up regularly to provide support to improve standards and processes.

Issues or concerns raised from any visits are escalated and discussed at the care home assurance team safety huddle that the Care Inspectorate also attend. Common themes are identified in order to provide

focus for education and support.



Collaborative
Support Visit Comm

IPC Support

Identification of common themes from collaborative visits provided IPC with intelligence of gaps in staff knowledge and practice and where to focus prevention and improvements in support.

- Communication flyers were developed and distributed to all care homes including newsletter, key point bulletins to highlight the main issues identified from visits and share advice and learning.
- An IPC Working group was established. This involved care home managers, Scottish Care and practice development and provided a forum to discuss the needs of the care homes and how IPC could provide support to improve and sustain IPC standards. There have been several pieces of work commenced:-
 - The Scottish Infection and Control Education Pathway (SIPCEP) has been promoted to increase the knowledge of care home staff and align with training in healthcare.
 - A power point presentation was developed and sessions delivered to care homes regarding attention to detail of the care environment and care equipment and the expectation of standards within the homes.
 - A video was developed and shared with care homes as a visual aid to help staff understand the importance of doffing PPE appropriately
- An admission to care home pathway was developed to condense the national guidance and clarify measures required for admissions to care home due to the lengthy and comprehensive national document, making it easier for staff to follow. An SOP was also developed to support the pathway and share with acute hospital sites.
- All homes were visited throughout July/August to provide support with the implementation of the NIPCM and National Cleaning Specification and this is ongoing. Supportive flyers were distributed based on specified elements from the guidance
- IPC champions have been allocated for each care home and monthly meetings take place to share information and provide education to enable the champions to share within the care homes. A specific topic is highlighted to focus on each month and supported with information that is sent electronically to care homes
- Monthly IPC arranged/drop in visits are carried out. Each visit has a focus of support well as individualised to each home.
- A table top exercise has taken place to support the care home managers with winter planning. This was carried out in conjunction with PH colleagues and support from other agencies e.g. Care Inspectorate, Scottish Care, Social work

Outbreaks

All homes that have a declared COVID-19 outbreak receive a prompt visit from IPC to review practice and identify any issues in relation to outbreak management. Advice, guidance and ad hoc education is provided where required.

Feedback from visit is shared with the care home manager and HPT stating findings and advice given. Follow up visits are carried out if any issues or concerns are identified to provide further support. Any concerns are escalated at the safety huddle.

Visiting during Outbreaks – All homes with current outbreaks are discussed at the weekly outbreak oversight meeting and an agreement made regarding visiting as advised by Public Health Consultant.

The decision is based on the home being in a stable or evolving outbreak situation. Risk assessments are reviewed by HPT with input from IPC and CI where required.

Covid & Flu Vaccines

An operational group was formed to look at all aspects of vaccinations in care homes to ensure the health and safety of staff and residents. Microsoft Teams meetings were held for care home managers to discuss the programme, help the managers get ready for the visit and answer any questions. Communication department ensured care home staff were given links accurate information regarding COVID-19 vaccines to enable informed consent when the vaccines had just been approved and staff in particular had concerns regarding safety. The administration of dose 1 and 2 of the COVID-19 vaccines were completed by the Care Home Liaison Team supported by NHSL staff bank and staff doing overtime. The benefit of this was that staff coordinating the clinics had an awareness of the care home environment. It was however highly challenging to cover the shifts and the team had to put many aspects of their own work on hold to complete the programme. As a result, staff from the mass vaccine clinics and the housebound team supported the COVID-19 booster and Flu vaccine programme, vaccinating of 56 of the 92 care homes in 1 week. The Care Home Assurance Team continue to coordinate and monitor compliance and source staff to administer vaccines.

Falls Prevention

The CH physiotherapist focused the improvement work in 4 care homes, the importance of recognising the expertise of care home staff was a focal part of this work. There was good collaboration within each care home and a significant improvement in staff's understanding of falls prevention and the requirement to learn from any residents fall. There was good use of patient stories to support staff's awareness of falls prevention.

Milan ED attendance data from care homes has shown a volume of falls of mixed ages and locations. We have reviewed the previous 3 months of data to identify the priorities for further education and support.

The CH Physio and assistant plan to review these cases to ascertain where and what type of training is most pertinent to staff and residents based on a personalised and environmental review.

Care Home Provider Conference Calls

The membership developed over time to include all relevant agencies e.g. HSCP/CI/Scottish Care/staff side/NHS/IPC to maximise care home engagement and support with a care home partnership oversight and governance framework.

(ii) ANTICIPATORY CARE AND SUPPORTED SELF-MANAGEMENT

Anticipatory Care Planning

The aim of the ACP project is to Improve the resident journey, ensuring person centred care including emergency treatment plan, decision on DNACPR and preferred place of death and also reduce inappropriate Emergency Department presentations reducing pressure on SAS and secondary care. The improvement will be achieved by the Care Home Liaison Team providing support, training and coordinating the completion of a ACP template and by financial support being provided for GP administrative staff to upload/update the information onto the EKIS.

A group has been formed with a project manager to introduce the ReSPECT document and look into possible digital solutions to ensure it is visible to key professionals throughout the patient journey.

The frailty MDT pilot will take place in 3 care homes which have been identified as having higher than average numbers of emergency department presentations over the past 6 months. It involves a patient

holistic assessment of the care home resident, medication review, anticipatory care and emergency treatment plan.

Safety Huddle.

Care home Assurance now meet twice weekly with Social Work, Public Health and Care Inspectorate to discuss any escalations and to collaboratively agree appropriate action, if required the huddle can be more frequent. The care home assurance team review the data daily to anticipate any concerns relating to staffing, dependency, any residents with covid symptoms, any concerns around open with care. This information is monitored for any trends and escalations and shared with Public Health, Care Inspectorate and Social Work.

Contenance Bundles-

A steering group for strategic direction and oversight was set up as well a North and South sub group which included staff who were leading the changes in their homes, Care Home Liaison, Contenance Team, Scottish Care and Social Work. The Care Home Liaison and Contenance Team provided new documentation, training and support. Training for staff has been tested recently via Microsoft Teams, on all aspects of continence management from continence assessments, skin care, containment assessment and fitting and the monitoring of individuals to promote continence.

(iii) EARLY INTERVENTION TO PREVENT DETERIORATION


Outbreak Management

An outbreak oversight group was established by PH and includes IPC and the Care Inspectorate (CI). The aim is to review and discuss all ongoing COVID-19 outbreaks and identify concerns and support that may be required to prevent further transmission of infection. IPC carry out visits to all homes with an outbreak to provide support in relation to outbreak management.

Lanarkshire Care Home Staff Wellbeing Group-

The CHSWB group is made up of representatives of from North and South Lanarkshire HSCPs, NHS Lanarkshire, Scottish Care and members of the front line care home workforce themselves. The group's purpose is to ensure the complex and diverse workforce in care homes feel supported, from simple wellbeing provision to those who require mental health assessment and intervention. Working from a trauma informed perspective, the group understands that supporting care home staff wellbeing crucially protects the workforce and leads to better quality/safer care which impacts resident wellbeing. The group provides a safe and reflective space for members of the Care Home workforce and those in roles supporting the Care Home sector to discuss the evolving wellbeing needs of Care Home staff and considers how best to respond. The group understands from experience that staff feel most supported by and within their own immediate teams, and much of the group's activity has been to promote and bolster these naturally occurring supports. It is important across the care home sector that space is created for these crucial conversations, with sharing of ideas, training and coaching. The group created a staff "everyone matters" survey to gauge the wellbeing amongst staff and identify the supports they found most beneficial. The results of the survey allowed us to focus our work on Tier 1 supports such as break out rooms and by providing training resources, videos and support for psychological first aiders in the homes.

We set up a dedicated helpline number for Lanarkshire's care home staff and launched it in February 2021 by giving all care home staff a card when they received their 2nd dose of the COVID-19 vaccine. Posters and cards were also left in homes.



NHS
Lanarkshire

Health & Social Care
North Lanarkshire

South Lanarkshire
Health and Social Care
Partnership

Feeling overwhelmed?

Local 1:1 wellbeing support is available for care home staff.
Call or text: 07971 794 065 to arrange support.

This dedicated line is staffed Monday to Friday, 9am - 5pm, or leave a voicemail 24/7.

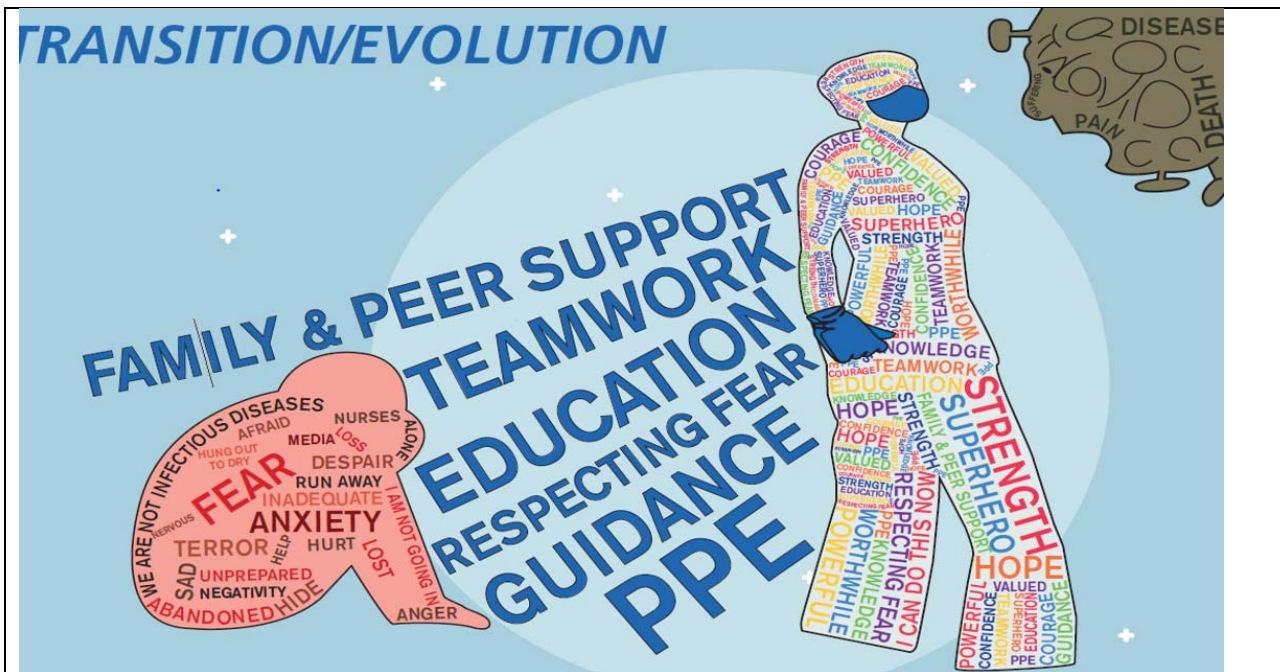
For immediate support 24/7:

- National Wellbeing Hub
www.promis.scot
0800 111 4191
- NHS Lan staff care
01698 752000

The group have worked closely with the coms department to promote positive good news stories of different styles of peer support by gaining press coverage. An example is a home where a nurse drew all staff in the home as superheroes which were framed and displayed along the corridors of the home as seen below.



Scottish Care and NHSL Healthy Working Life's have funded framed prints of a wordol created by a care home manager and member of staff describing their COVID-19 journey from fear and dismay to strength and hope. The prints will be given to all care homes with a note of thanks from the wellbeing group for their remarkable strength throughout the pandemic.



We have recently completed a series of 8 focused articles communicated via the NHSL online staff magazine, The Pulse, with handy hints, tips and resources in areas such as good sleep hygiene as seen below to support wellbeing.

Sleeping Better

Most of us have had nights where we can't get a good night's sleep, and given the current challenges it's possible that your sleep may be affected. When you're worried or stressed you might struggle to get to sleep, wake up in the night or have nightmares. This is because the survival parts of your brain are more active and reluctant to switch off. This is helpful at times when you need to stay awake to keep yourself safe, but not when you're exhausted!



"This storm is making me tired," said the boy.
"Storms get tired too," said the horse, "so hold on..."

Good Sleep Hygiene

Winding down is really important in preparing for bed. There are lots of ways to relax:

- a warm bath (not hot) will help your body reach a temperature that's ideal for rest
- writing "to do" lists for the next day can organise your thoughts and clear your mind of any distractions
- relaxation exercises, such as light yoga stretches, help to relax the muscles. Do not exercise vigorously, as it will have the opposite effect
- relaxation CDs work by using a carefully narrated script, gentle hypnotic music and sound effects to relax you
- reading a book or listening to the radio relaxes the mind by distracting it
- avoid using smartphones, tablets or other electronic devices for an hour or so before you go to bed as the light from the screen on these devices may have a negative effect on sleep.

Sleep can be affected by other things as well, such as caffeine, alcohol or changes in our daily routines. You might also find that you can't stop thinking about a difficult experience you've had recently. If sleep disturbances are prolonged, this can affect physical and mental wellbeing, for example it can affect concentration and make us irritable.

Where possible, try to have a bedtime routine and do things before bed that help you to feel calm and relaxed. There are lots of resources available to help you sleep better.

Some Useful Links:

- Sleepio: an evidence based sleep improvement programme: <https://onboarding.sleepio.com/sleepio/healthandcare-scot/77#1/1>
- A Guide to Good Sleep for Health and Social Care Providers: <https://www.nationalwellbeinghub.scot/wp-content/uploads/2020/05/Guide-to-Good-Sleep-for-Health-and-Social-Care-Professionals.pdf>
- Feeling Good: an evidence based audio programme containing a module aimed at helping you sleep better: <https://www.feelinggood.app/onboarding/promis/>

Used with permission of National Wellbeing Hub: www.promis.scot

Local 1-1 wellbeing support is available for care home staff. Call or text 07977 794965 to arrange support. (This is a dedicated line staffed Mon-Fri, 9am-5pm, or leave a voicemail 24/7). For immediate support 24/7: National Wellbeing Hub - <http://wellbeinghub.scot> - 0800 111 4191 NHS Livedirect Staff Care and Wellbeing 24h helpline - 01696 752000

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The logo elements have been created using the National Wellbeing Hub logo. The logo is the property of NHS Forth Valley and is used here with permission.

The group have organised Moral Injury and Suicide Awareness and Assessment training, Window of Tolerance sessions for care home providers and numerous other activities to support care home staff. the National Trauma Training Programme (NHS Education Scotland, 2019). A trauma lens has been applied to the engagement, needs assessment and responses/activity of the group, with all actions being trauma informed, aiming to promote trust, choice, collaboration, safety, and empowerment and being offered in the context of validation of the prevalence and impact of traumatic experiences.

Leadership

Established a SLWG, membership included experienced care home managers and recently appointed managers, Care Home Assurance, Social Work, Scottish Care, Care Inspectorate and NHSL Practice Development Practitioner. The group agreed the main aims which included:

- Identify the leadership requirements across all care homes and develop a leadership toolkit that can be accessed by all care home managers.
- Support learning and thinking of leadership roles
- Develop and enhance self-awareness relating to leadership styles of all Care Home Managers
- Create a platform where care home managers can share their leadership learning and development of their teams.
- Create a buddy system for care home managers who have identified a need for additional support

(iv) PROVISION OF URGENT AND EMERGENCY CARE

The Care Home Liaison Team (CHLT) have historically reviewed attendances to ED and undertaken follow up calls to individual homes if concerns were noted.

To reduce pressures on acute sites following falls & events in care homes we are using a Multidisciplinary team approach of services. We are reviewing processes with radiology & MDT including GP colleagues to facilitate access to non-emergency radiology tests for care home residents over weekdays and within hours.

It was observed that a number of residents were sent to ED following falls where no visible sign of injury was noted however a 'check' X-ray was required due to symptoms displayed, usually ongoing discomfort.

Some referrals were made several days post fall and deemed non-urgent by the referring source, this could be from GP, self/relatives, NHS24 and care home staff.

Although a small number of residents were found to have an injury which required intervention, many did not have fractures and were discharged home with follow up advice alone.

This process includes the development of a specific Standard Operating Procedure for safe, effective and person centred pathway of X ray testing for residents.

A pathway is being developed to ensure safe clinical governance for care home residents who will fit the criteria for 'fast track' through radiology.

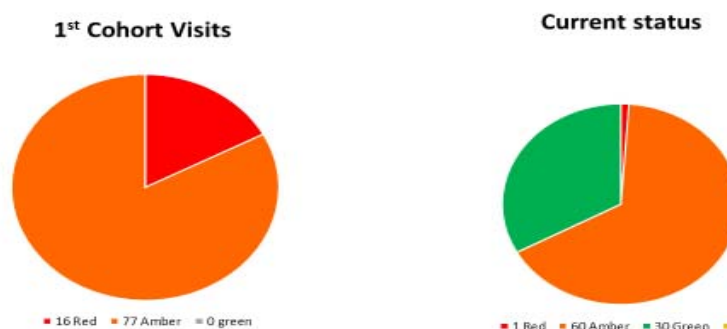
4. What has been the impact of your work and if relevant, how has impact been measured? Were there any unintended consequences? How has the change been sustained?

Please include outcomes for those living in care homes, their families and carers, health and social care professionals and any other professional groups. What were the wider impacts on other teams services and/or your local community?

(i) PREVENTION**Collaborative Visits**

All homes were RAG rated following each collaborative visit. It is noted that there has been a significant improvement in standards particularly in relation to IPC as noted below:

IPC RAG rating status



Feedback was sought by care home managers via a questionnaire as well as an arranged meeting with care home managers to explore views and benefits of the collaborative visits and plan approach for further visits. The feedback was mainly positive with suggestions and learning that has been taken on board for current visits. A feedback questionnaire is now sent to the manager following each visit to gain real-time feedback.

Covid & Flu Vaccines

The Booster and Flu vaccine programme commenced on the 20th of September and we have successfully vaccinated 84% of residents with COVID-19 boosters and 90% for Flu so far. Whilst many residents were vaccinated within the first week of the programme, the change in delivery has led to lower number of staff being vaccinated than with the first 2 doses and accurate data on staff vaccine compliance not being available to the Care Home Assurance Team.

The vaccine programme has given care home staff, residents and their families hope for the future.

Falls Prevention

This work is commencing with an overview to establish most relevant homes and cases to begin with, the service lead has only been in post for a few weeks but has commenced plans to cascade train home staff. Resources are limited both with regards to physio staffing available and access to homes. Although a blended approach of virtual and face to face training is underway.

Care Home Provider Conference Calls

Care homes have engaged well with the meetings. This has given the providers and managers a forum to gain essential information, highlight concerns and share examples of good practice. It has enabled peer support for the members and has been a vehicle for the HSCP to form relationships with the care home sector. The care home providers identify themes and areas of focus for the meetings which has involved for example, inviting Scottish Government representatives to hear and acknowledge Lanarkshire concerns and have their voices heard.

(II) ANTICIPATORY CARE AND SUPPORTED SELF-MANAGEMENT

Anticipatory Care Plans

The work on improving the information on eKIS, ReSPECT and frailty monthly MDT pilot will improve the residents care experience ensuring it is person centred and they are fully involved in decisions made about their treatment and care.

Continence Bundles

The continence bundle project has improved the care of residents with continence issues. Patient and relative's stories had been used pre COVID to measure the positive impact of the project. Whilst progress of the roll out was initially halted due to the pandemic and staffing issues the team have developed online solutions and are looking at refocusing on this important piece of work.

(iii) EARLY INTERVENTION TO PREVENT DETERIORATION**Outbreaks**

An outbreak oversight group was established by PH and includes IPC and the Care Inspectorate (CI). The aim is to review and discuss all ongoing COVID-19 outbreaks and identify concerns and support that may be required to prevent further transmission of infection. IPC carry out visits to all homes with an outbreak to provide support in relation to outbreak management.

Lanarkshire Care Home Staff Wellbeing Group

One year later the group are about to rerun the staff survey to compare findings with last year and to inform our next steps for the following year. It is hoped that by supporting the wellbeing of staff and improving the narrative surrounding care homes it will also impact on recruitment and retention of staff and ultimately improve the care received by residents.

(iv) Provision of Urgent and Emergency Care

This work is in its infancy with the test of change just starting. The expected outcome will include the reduction of Stress/Distress for care home residents who require non-emergency radiology tests and a reduction in unnecessary Emergency Department attendances & keep residents in their preferred home environment follow an out-patient service visit.

It is expected the work will help identify educational and training opportunities with a focus on falls prevention & management with CHL physiotherapy team, CHL and care home managers.

Any trending learning will be shared with all homes/H&SCP and training packages set up to meet needs of the residents and homes over the next 12 months.

The care home assurance team will continue to monitor ED attendances weekly and review of falls data with feedback on effects of project over the coming months.

5. Is there anything else you'd like to share? Please consider what it would take for this model/project/way of working to be adopted in other parts

There is a requirement for a strong, consistent core leadership group that promotes an open, honest, transparent culture to share learning, knowledge and experience.

6. Is there anything you would like to share/highlight that would support the development of a healthcare framework for care homes?

It would be helpful if clarity could be provided around the governance and accountability arrangements - i.e., what is the relationship between Boards and care home providers; and who would regulate/assure care home's application of the framework?

7. Where can we learn more?

Where there is explicit consent, please add contact details of the person / people who can tell us more about what you are doing.

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Thank you for taking the time to support the development of this work.

Please return this completed form to CareHomesCovidSupport@gov.scot by **17 November 2021**