



Big Lottery: Non-Cancer Palliative Care Meeting

Date: 13th February 2007
Time: 13:00
Venue: Paisley Regional Office

Present

Gill Swapp	Regional Manager – Chair
Marcia Ramsay	Development Manager: Adult Services Regulation
Elaine MacLean	Professional Adviser: Palliative Care
Belinda Dewar	Nurse Consultant
John Womersley	Consultant in Public Health and Medicine
Sandra Sanderson	Nurse Specialist in Palliative Care

Minutes

Suzanne Barron

Item

Action

1.0 WELCOME

GS welcomed everyone to the meeting and introductions were made.

2.0 APOLOGIES

None

3.0 MAIN AGENDA ITEMS

JW gave a brief overview of the work the Big Lottery (Non Cancer Palliative Care) Funding for Glasgow has done in Care Homes in the Glasgow area.

The Big Lottery Funding team consists of:
A nurse specialist in palliative care
A physiotherapist
An occupational therapist
An 'activities' specialist / researcher and assistant

For the last 2.5 years, this team have been visiting 8 Care Homes in and around Glasgow, which were identified by the Care Home Medical Practice as good subjects for investigation into the improvement in the quality of life within Care Homes by access to Palliative care specialists. Four of these homes had Young Physically Disabled (YPD) users.

Each team member spends about half a day per week in each home, and 2-3 members of the team are in the same home at any time.

This has allowed a relationship to be built up between the Care Home staff and the members of the team – a relationship which is not usually formed when specialists come to treat specific service users, and so allowed the team a unique insight into the problems encountered by Care Home staff.

SS holds a lottery funded post which is finishing in August. This post would have to be funded by the Health Board after August. The key issues for this post are the Palliative Care Strategy for Glasgow 2007-2010, Issues with PCS, Linking in with the Gold Standard Framework and the Strategic Development for Palliative Care (available on the website)

JW has been, through the Lottery Project, involved in many different projects, involving many diseases and situations – including YPD in Care Homes.

Big Lottery Project is coming to an end in August / September. Main efforts now being made to ensure that people use the findings from this project in their organisations.

3.1 Assessments of younger “physically” disabled (YPD) adults prior to Care Home Admission

JW advised that Social Work in Glasgow had stated that they were not sending YPD persons to older persons care homes. However the team have come across such admissions on a fairly regular basis, with no arrangements made for continuing the rehabilitation received prior to admission.

3.2 The particular needs of YPD in Care Homes

The team had noticed a marked difference in palliative care measures between care homes, even those run by the same organisation. An example was given of a hospital in Irvine where the users were out and about and there were activities available. This was not so in the 3 care homes in Glasgow.

JW raised the issue of a lack of specialists, such as those for epilepsy, palliative care etc, visiting care homes and engaging with care home staff. If this occurred then the quality of care and life within the homes could be greatly improved.

3.3 Communication deficiencies

Care staff were seen to be treated as 2nd rate compared to hospital staff, with a whole range of issues resulting from this including a lack of information regarding medical requirements etc of service users being a major problem in the ongoing care of service users when moved from hospital to care home or vice versa. Hospital staff would argue the same issues arise when service users are brought into hospital from care services.

3.4 Paperwork and 'bureaucracy' due to levels of documentation required (see for example report of the Royal College of Nursing, Scotland)

There was a perception that senior staff are not able to get out and engage with staff and users due to levels of paperwork from the Royal College of Nursing, the CC etc.

3.5 Morale issues

Ties in with senior staff not being able to engage staff and users, to encourage good practice etc.

3.6 AHP Training Team

The AHP training team was seen to have little effect on the ongoing care of service users. The AHP team had not picked up on things that the Big Lottery team picked up on within hours of being in a service, and which this team have taken steps to resolve.

3.7 Care Home Learning Network

BD thanked JW for the overview and requested a précis of the information given to go on the Care Home Learning Network.

BD gave a brief overview of her job, which is based on improving quality of life and care throughout Care Homes in Scotland rather than regulation and inspections.

Dealing with the challenges of getting SVQ etc. Accessing training very difficult for Care Home staff. Stated that there was a lot to do at the Strategy and Policy levels to get things changed at Care home level.

BD has set up the Care Home Learning Network since starting in her position. This site enables communication and debate with and within the sector.

Has also implemented practise development projects;

- Nutrition in Care Homes in Scotland. 142 care home staff have volunteered to champion this project

- Meeting needs of people with dementia (Palliative Care needs) – staff and relatives training together

New community nursing model – Care Homes need to be involved in this model at pilot level to ensure they are adequately skilled and supported when it is rolled-out.

JW stated that in his experience, Care Home information is not shared, or if it is shared then the resulting improvement of sharing of information is not recognised.

There is the issue of a lack of understanding between NHS and Care Home staff so they know what the other have to deal with. JW raised the idea of secondment for student nurses to be seconded to Care Homes? BD stated that this already occurs and that she would like this to occur more, but Care Homes are not seen as a beneficial experience by many student nurses. However, students coming back from Care Homes are saying it is a good thing, as it is a completely different environment from a hospital environment, with more opportunity to make decisions etc.

3.8 Focus For Next Years Inspections Programme

GS – YPD persons admission to CHs for Older Persons – discussions were held around a future inspection focus to ensure that we highlight where YPD persons are in inappropriate environments and we can influence change.

MR – This was the first year of Focussed Inspection Areas (FIAs) for the CC.

The themes in Care Homes were Safer Recruitment of Staff, Nutrition, Fire Safety, Contracting with Care Home (Users and Providers) – exploring if there is a contract in place and whether the user has all required information.

This year the IFAs are:

Palliative Care

- Questions and Guidance for staff by MR and EM.
- In all Care Homes for adults depending on regulation Support Assessment and the nature of the service being provided.

Protecting People

- training plans for staff and SSSC codes of practice / registration
 - more than just the statutory requirements
- adult support and protection act / abuse policies etc
- Use of restraint within Care Home Services
- Child protection in adult services

Trying to get overall quality of care information to feed to public.

Last year we did a survey about things being found and what areas CC staff think should be focussed on – Meaningful activity came out strongly. Will probably be followed up next year.

GS – Not just inspection. Follow up on complaint activities allows time

to learn about services as it can focus on specific issues that cannot be covered so well during a normal inspection. I.e. communications / meaningful activities –often has a bigger impact on improvement of care in services.

JW stated that those who go to care homes regularly and are trusted by the care home staff and service users may be a valuable source of information on the day to day running issues of the care home, which are never seen by an inspector. He asked whether these people were ever contacted in the course of an inspection for this sort of information.

GS advised that although these people were not contacted regularly during/after inspection, if they were present during the inspection then they would be spoken to by the CCO.

MR stated that in the inspection guidance case tracking of individuals care required CCO's to obtain feedback from carers / family and other significant persons.

SS stated that multi-disciplinary working had a beneficial effect, as soon as the visitors and the care home staff started to engage they developed a trust of each other. Previously no NHS engagement with care home staff which lead to a lack of knowledge as to what services are available to Care Homes.

The issue of continuous care was raised, with reference to YPD persons who had specialist equipment at home, but when they were moved to Care Homes, the equipment did not follow. GS suggested that this should be something linked into Social Services re-assessment, a process which should be continuous rather than one off, to ensure that YPD persons are in appropriate accommodation. JW advised that they were developing self assessment processes which focus on what people can do, rather than what they cannot do.

A discussion was held over the reasons for lack of specialised care for YPD persons in comparison to the specialist care provided to those with learning difficulties. JW offered to provide information on those under the age of 65yrs in care homes.

4.0 COMMUNICATIONS BETWEEN CC AND OTHER ORGANISATIONS (MOUs)

GS advised that the CC is developing Memoranda of Understanding with Local Authorities and Health Authorities. The aim is to improve communication to allow all parties to keep each other informed of any concerns.

MR stated that the aim was also to allow a reduction in the duplication of paperwork etc for the Care Home across organisations as regulators and commissioning agencies would share knowledge and communicate more formally and effectively about issues.

5.0 AOB

BD reiterated that she would like to promote the work of the Big Lottery team on the Care Home Learning Network. JW provided information from the Occupational Therapist regarding what had been done in the Care Homes visited and a publications reference list.

JW agreed to share the reports that have been produced for the Lottery on evaluation / feedback / outcomes of the work done by the team.

JW stated that results of the exercise in nutrition had been fed back into the health system, and that this would be done with the other information as well.

MR asked what plans were in place for an evaluation of the Big Lottery Project and the added benefit it has brought. There was to be no independent evaluation but there were some reports on the work undertaken.