HLP case study

# Significant 7 training – Barnet

*The London Borough of Barnet Enhanced Care Home Team conducted training across Care Homes in their area to help:*

* reduce inappropriate attendances to A&E,
* upskill care workers to observe and act on the early signs of residents becoming unwell
* engagement with all levels of staff within the Homes and support staff to improve communication between Homes and health professionals – e.g. GP, rapid response; district nurses, 111, LAS.
* target the top 20 Homes who use LAS both from local and Healthy London Partnership data.

## Rationale

Barnet has the second largest proportion of elderly residents of all the London boroughs. There are approximately 96 Care Quality Commission (CQC) registered Care Homes in Barnet, 19 of which are nursing Homes. In 2014, it was estimated that 4000 people live in Barnet with Dementia. The projected total is forecasted to increase by 24% over the next 8 years compared with just 19% across London. Also, the number of people aged 65 and over is projected to increase by 20% by the year 2020.

Data collected showed that more education was needed to directly support Care Home staff to enable them to spot the early signs of deterioration. This would prevent unnecessary hospital admissions and initiate care within the home. We have a small A&E department in Barnet Hospital related to the population in the borough and have a large number of nursing (19) and residential care Homes in comparison to other boroughs. By supporting our Home staff, we will be potentially reducing health care needs in secondary care by managing care within their homes. Presently most of the training offered in homes is more online based and less face to face, staff with limited English language struggle with this type of training. The quality of training including induction is very variable across this care section.

## Development

Funding for the project in Barnet included 2 trainers (nurses), 2 pharmacists and 1 administrator. However only 1 pharmacist was employed and we did not recruit an administrator due to reduced funding.

The project started in April 2018. We contacted the top 20 Homes, met with managers and reviewed available training rooms and looked for other suitable size venues we could use with which had parking/ transport links. Care Homes required a notice period to release staff for training in order to back fill their staff.

The time table was set for the year of training, however this did not always go to plan due to change in home’s management, for example, home managers or key staff leaving, homes closing, CQC inspections leading to inadequate rating, local authority monitoring, and homes being involved in other projects. We realised that flexibility was the key for success for the roll out of the project.

We trained groups of 5 homes that were geographically close, so staff could attend other training sessions if they were unable to join a session in their own Home. The intention was that managers could start to share knowledge and create communication channels between them for mutual benefit and collaboration.

We trained managers and senior staff separately so care staff would not feel intimidated amongst senior staff. We wanted to create a culture of openness with care staff so they felt comfortable asking any questions. If senior staff had been present this could have inhibited more junior staff to ask questions if they did not understand basic information.

Before training Care Home staff, a trainer would attend relative and resident meetings within the home to discuss the training and raise awareness. The residents and relatives were revisited after the training for feedback. Prior and during training Significant 7 posters would be displayed in the home.

We arranged multiple sessions at the Care Homes or alternative venues if the home was not suitable for training. We had groups of 8 to 20 staff attend a 3-hour training session from all staff areas including; care staff, activity workers, nurses, physios, reception staff, laundry, cleaners, chefs and maintenance staff. We had staff with varying competencies and time in the care sector. There was some resistance initially from long term staff who felt they could not improve their care knowledge, however we are confident that all staff left with new knowledge and renewed enthusiasm for their role.

In total we have trained over 400 Care Home staff in 13 Care Homes.

**Outcomes**

We are currently collecting data; early signs suggest that the homes we have trained in Significant 7 have had a reduction in use of LAS. However, we cannot prove this was Significant 7 alone but there was no other variant which it could be explained by.

Significant 7 training has increased awareness of hydration, resulting in homes setting up small hydration projects. These have made hydration fun for staff and residents and resulted in reductions in admissions to hospital from urine infections. Feedback from staff has shown that residents are more mobile/ active, a reduction in constipation and residents are more alert, this has made caring easier.

Senior staff report that more junior staff now have increased confidence in their knowledge base. This has resulted in a more competent workforce, who now report back with increased and relevant details and they have already put necessary steps in place before reporting to senior staff. We see that homes who have managers, nurses or senior carers encouraging staff to use the decision trees appear to imbed Significant 7 more successfully into the homes.

We are still reviewing the data; however, early signs suggest that homes that have been trained in Significant 7 are retaining their staff longer.

During the past 9 months, the team has taken every opportunity to promote the team’s role and Significant 7 to all professionals and the public. The team has a ‘we can do’ attitude and will always offer support even if this does not fit into the project plan; this has at times caused lots of extra work but has also reaped benefits. The team have become the first point of contact if people need clinical knowledge/information about the nursing and residential homes in Barnet. A presentation of our work so far in late January 2019 when we hope we will have more of the data to back up what we are seeing.

## Find out more contact…

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