What matters to people living and working in care homes

Peer support and multi-disciplinary teams' meetings

Residential and nursing care homes are independent businesses and can at times feel isolated from each other and the wider health and care system.

The primary care enhanced health in care homes direct enhanced service (DES) asks GP surgeries and community services providers to form multi-disciplinary teams (MDTs) to support care homes, giving an opportunity for clinicians and care staff to work together more and improve care.

A case study from Falmouth and Penryn Primary Care Network (PCN) shows how MDTs working in partnership with care homes and giving people a choice of how their care is planned and delivered based on what matters to them has improved the service based on personalised care approaches of what matters to you and incremental service transformation.

What has been set up within Falmouth and Penryn PCN

Weekly complex care MDT

An opportunity to review new and acute deterioration or unmanaged longer-term conditions.

Fortnightly peer support meeting

Highlights themes from the weekly clinical MDT, overview of the system and alongside and how things are working, exploring, pastoral issues and learning and development needs and offering peer support.

Biannual whole home reviews

A review of all residents in the homes from a MDT perspective. The team reviews medication, and ensures care plans are updated and personalised, including treatment escalation plans and advanced care planning. This is an extended multi-disciplinary team including physiotherapists, occupational therapists, speech and language therapists, but with care home staff at the centre of these reviews.

Getting started

When Louisa Forbes began her role as enhanced health in care homes programme manager at NHS Kernow Clinical Commissioning Group in 2018, she wanted to find out from the care home owners, staff and residents what stopped them delivering the best care. Working with 10 homes across Cornwall she asked the question "What does enhancing health mean to you?" She then developed a number of working groups and education programmes to address the challenges the care homes had raised.

The 10 care homes raised common themes, thoughts and and their views made a powerful case for an opportunity to make a change across the whole system which would improve things, this was welcomed and taken on by the care homes. However what it lacked was a way for the care homes to provide peer support and work together. A platform for networking, peer support and collaboration between the homes.

Louisa decided that with the growing need on PCNs, to focus on what support she could offer each care home that would improve the service the residents would receive in that care home. Every care home had its different needs which related to where it was located.

Falmouth and Penryn PCN was one such area. She worked with 4 GP practices and the care homes in Falmouth and Penryn to form a multi-disciplinary peer support group.

"Core clinical team members were involved from the start, including the PCN clinical director, pharmacists, a dementia liaison nurse and geriatrician," said Louisa. "Together with care home managers, we looked at what staff would like to learn more about from the topics within the enhanced health in care homes DES. We funded teaching days through the PCN development funds. Alongside some intensive upskilling, these sessions were great for networking and helping people get to know each other."

The sessions also helped care home staff see that they were not alone in struggling with specific issues and highlighted where changes could be made to provide care homes with more support. For example, homes discovered they were all struggling with a lack of end of life medication being in stock at local pharmacies, which led to inadequate care to residents and staff spending a significant amount of time driving around the county to try to locate the drugs. By working with the GPs and pharmacy leads this is no longer an issue.

Developing complex care MDTs

Alongside the fortnightly peer support group, weekly complex care MDT meetings have had a more clinical patient focus. It is attended by care home staff, geriatricians, dementia and end of life specialists, a GP, nurses, social workers,

voluntary services representatives and Cornwall Council as commissioners of care services.

Louisa said: “The MDTs empower care home staff to discuss residents who are acutely unwell or have longer term unmanaged conditions. I send a WhatsApp message to the care home managers the afternoon before the meeting asking if there is anyone concerned about or any issues to raise. It is confidential and clinical notes are taken. Each care home is allocated a slot and it is held virtually on MS Teams.”

Donna Mackinnon, head of care in a Falmouth care home has found the MDT meetings a useful means of supporting residents.

“Sometimes you feel like a very small voice in a big area and don’t always know who to go to for support. The MDT meetings have really helped and because they are held virtually, we can just jump onto the meetings and it takes less time than face to face.

“When a person had some mental health issues we were we had some mental health we were able to go immediately to the clinical practitioner network (CPN) in the meeting, rather than have to refer through a GP. Other times, we’ve raised a query about someone we’ve had niggling concerns about and wouldn’t usually feel that it is justifiable to call a GP specifically about, but they have actually turned out to be significant. Through discussion at the MDT we can together form a picture and take pre-emptive action to stop the person deteriorating further. The way that we work now means there is a community nurse and pharmacist in the room and if residents become unwell residents and require a multifactorial investigation or treatment such as they may need a blood test and a change in medication, they can sort our these issues immediately.”

The MDT meetings also offer the opportunity to regularly review the learning and development needs of staff based on real examples that have happened in their care homes and themes, which helps to target resources where useful. For example, several very complex cases of patients living with dementia were discussed, highlighting the need for extra training in this area. The subsequent session organised by the clinical commissioning group and made easier by expert clinicians from the integrated care system was directly based on the needs of the local staff and their core values, rather than only high level strategy’. It received good feedback and will be used as a model further afield to promote networking of staff across smaller geographical areas.

Dr Mark Morris, clinical director of Falmouth and Penryn PCN, is enthusiastic about the value of the MDT approach for those working in care homes, the wider team and, in particular, the residents.

He said: “The care home clinical MDT is an extension of our PCN complex care MDT. “We are encouraging care home representatives, when they are able, to stay and join discussions about residents from other homes. This allows care home staff to share what they have learned with each other and has been of great benefit.

Louisa has also promoted the use of the SBAR tool, which bolsters staff confidence in presenting to a clinical meeting.

“In holding the discussion, I have placed emphasis on B-background, knowing that the care-team will be the most expert in this area-understanding the psychosocial context and baseline function of the resident. I have developed the habit of asking care staff “talk us through a normal day for X…before they developed this issue.

“Encouraging elaboration helps to develop an understanding of the interests, strengths (internal and external) and vulnerabilities of the person. It has also been important to identify the ideas, concerns and expectations (ICE) of the resident, family and care home team.”

The outcome

Donna said: “It’s been a lifesaver while we’ve been locked away during the COVID-19 pandemic.

“From the peer groups, we’ve set up a WhatsApp group with managers and been able to bounce ideas off each other, concerns and build friendship and trust. We’ve had contact with people we didn’t know previously, which breaks down the preconception that we are alone and not part of the wider system.”

Louisa added: “Through getting people in the room together, listening to them and asking them what is going to help, we are achieving the requirements of the enhanced health in care home framework and delivered the directed enhanced service, but in a much more organic way.

“We have been able to make systems more efficient, improve communication, help people feel more supported, and ultimately improve the overall quality of care and experience of people living in Cornwall.”

Dr Mark Morris echoes Louisa’s words. He said: “I am grateful to my community health and social care colleagues for their support in this evolving work. Their expertise and sharing has enabled more creative, efficient and tailored care for residents.”

And from a secondary care perspective, Dr Debbie Renwick, consultant geriatrician at Royal Cornwall Hospitals NHS Trust reflected that, “It has never been more important for us to provide joined up and responsive care for older people living at home and in care homes. It is all too easy to be preoccupied with hospital inpatients, but the Falmouth Penryn MDT meetings have allowed me to make a meaningful contribution to the care of people who are not in a hospital bed or outpatient clinic.

“Being able to discuss care home residents is a particular benefit, as these are often the people with the most complex medical problems and medication regimes, but they may be less likely to be referred to, to be able to attend, an outpatient appointment.”

Top tips

- Keep the people that live in care homes and staff that work in them at the centre of everything.
- Keep returning to your values and ask basic questions. What will make a difference and improve the way we work.
- Communication and relationship building is absolutely vital.
- WhatsApp, NHS Mail and Google docs and MS Teams have allowed for ideas to be shared and for colleagues across the PCN and further afield to keep in touch in a timely and easy way.
- When people feel valued and supported the foundations are there to build quality and transform communities and process.
- Start small, grow from there and do not let big strategic stumbling blocks get in the way of starting simple conversations.
- Be agile and let the group evolve including continuous reviews of how people are finding the groups and ways of communicating.
- Terms of reference are regularly updated.
- Add value by talking and use a flexible approach.

Finally, do not be put off by the fear these group will take huge amounts of time. Sometimes our MDT can have 4 residents to discuss over the whole patch and sometimes no-one. We allow an hour and it has never run over.

Looking to the future in Falmouth

As an example of the ambition and energy to continue to improve and grow the team are considering future developments.

Alongside the established weekly complex care clinical MDT and a fortnightly peer support group they are looking into beginning a 6 monthly review of all residents in the homes from an MDT perspective with the possibility to:

- review meds and ensure care plans and were update and personalised
- touch upon TEPS and advanced care planning

Louisa sees that allied health professional colleagues, such as physiotherapists, occupational therapists and speech and language therapist have an important role to play in this area to make sure everyone is reviewed twice a year. Care home staff are central to this but with all MDT members offering expert support to improve outcomes for residents and support care home staff.

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