South London Care Home Pioneer Programme – Cohort 5

Service Improvement Poster Booklet

2023

Health Innovation Network South London

My home life England

Contents

1. Southeast London

Caroline Mongan – Bromley
Charlotte Goodfellow – Bromley
Ciara Nolan – Lambeth
Clarissa Valeri – Lambeth
Gintare Titiene – Bromley
Harriett Kobusingye – Greenwich
John Makuwerere – Bexley
Lovelyn Evans – Bexley
Mohamed Maudoo – Southwark
Sarah Hearne - Bromley
Thembekile Maponga – Lambeth

2. Southwest London

Alberto De Matteis – Kingston
Antonina Gont – Sutton
Chloe Appleton – Croydon
Cindy Fok – Kingston
Crisanta Marasigan – Sutton
Cynthia Adeoba – Merton
Emina Hadzihasanovic – Kingston
Maya Ramrichia – Sutton
Nikko De Guzman – Wandsworth
Sunu Jerome – Croydon

This booklet only contains posters of Pioneers who provided their consent to publish.

Enhancing Resident Well-Being: The Sensory Room Initiative

South London Care Home Pioneer Programme 2023
Caroline Mongan; Jansondean Care Home, Bromley, London, UK

Aim: To develop a sensory room for adult residents, to increase the number of daily 1:1 person- centred sessions by the end of September 2023.

Background

I'm a Deputy Manager at Jansondean Care Home located in Beckenham with over 13 years of experience in the care sector. Our home is a 28 bedded unit providing care for residents who mainly have Alzheimers/Dementia. Throughout my experience within the care sector, I've had the privilege of actively participating in the day-to-day operations of care homes, overseeing a dynamic team of compassionate caregivers and collaborating with interdisciplinary professionals to develop and implement individualised care plans.

I'm participating in the South London Care Home Pioneer Programme to help further my expertise in the care industry. I believe that continuous learning and professional development are integral to provide the highest standard of care to residents.

Introduction

I'm excited to introduce my Service Improvement Project that will improve the quality of life for the residents at our care home. The project centres around the creation of a sensory room ensuring it is a serene and soothing space within our care home. Specifically designed to facilitate one-to-one sessions with the staff and residents.

This tranquil environment is specially designed to offer a sense of relaxation and comfort, ensuring that these interactions are conducted in an atmosphere conducive to open and meaningful communication. By providing and using this dedicated space, we aim to enhance the quality of care provided, improve relationships and a heightened sense of wellbeing for our residents. The sensory room also serves as a crucial retreat for residents who may become overstimulated during group activities and provides them a quiet space for them to find solace and recharge.

Method

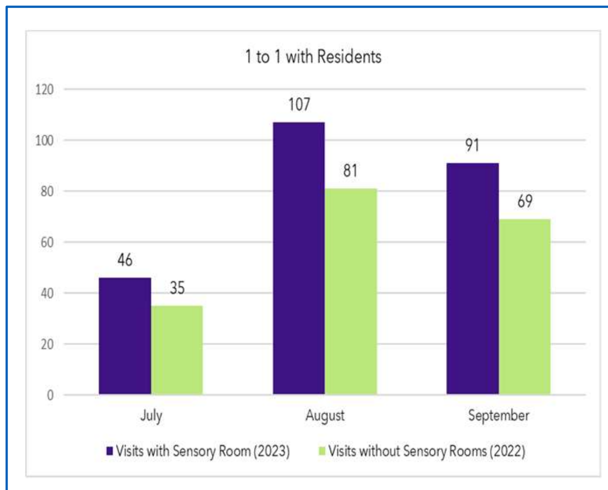
To measure the impact of our project, we conducted an assessment tracking the frequency of one-on-one meetings, residents' self-reported comfort levels, and incidents of overstimulation during group activities. The data collection process spanned three months. Following the implementation of the sensory room, we commenced the assessment by observing and recording the frequency of these individual sessions.

Additionally, we sought insights from both residents and caregivers through feedback sessions, providing valuable perspectives on the impact of the sensory room. Our project was a collaborative effort involving various individuals within our care home. Staff members, including activity coordinator and caregivers, played a vital role in the implementation and utilisation of the sensory room. Residents were actively engaged through feedback sessions, ensuring their preferences were prioritised.

Results

The results of our Service Improvement Project have been both illuminating and encouraging. Our measurements demonstrated a notable increase in the frequency of one-on-one meetings since the implementation of the sensory room. Residents, previously hesitant to engage in such interactions, now find solace and comfort in this dedicated space. This positive shift is reflected in the feedback received, with residents expressing a heightened sense of trust and satisfaction in their care experiences. Moreover, incidents of overstimulation during group activities have shown a marked decrease. The calming room provides a valuable retreat for residents when the communal environment becomes overwhelming, effectively addressing their individual comfort and well-being.

This success underscores the importance of providing tailored spaces for residents to recharge and engage in meaningful interactions. The impact of this change extends beyond our residents to our dedicated team of caregivers and staff. They have embraced the sensory room as an invaluable resource, enabling them to forge deeper connections with residents on a more personal level. The shift towards individualised care has invigorated our team, reaffirming their commitment to providing the highest standard of support and companionship. Moving forward, we are committed to the continued implementation and refinement of this service improvement idea. The success we've witnessed reinforces our belief in the transformative power of resident-centred initiatives. We aim to further integrate the principles of individualised care into our daily practices, ensuring that the unique preferences and needs of each resident remain at the forefront of our approach.



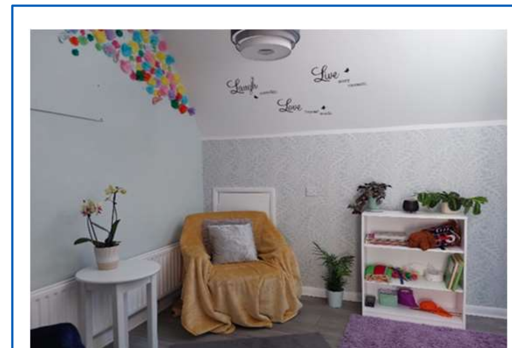
Graph above shows the number of 1:1 sessions with staff and residents before and after the Sensory Room was created. There were more 1:1s in July, Aug and Sept 2023 than in 2022.

Conclusion

Our Service Improvement Project focused on creating a sensory room for one-on-one sessions, significantly enhancing resident-staff interactions. This addition proved transformative, leading to increased meeting frequency, heightened resident satisfaction, and a notable reduction in overstimulation during group activities.

While successful, we encountered challenges, notably in coordinating individual preferences and addressing initial resistance. Despite its value, we acknowledge that the sensory room may not cater to every resident's needs, prompting us to explore additional strategies. For future projects, I would emphasise even greater resident and family involvement, recognizing their invaluable input in shaping our care approach.

As a leader, this programme has been pivotal in my development. It reinforced the importance of individualised care, effective teamwork, and communication. This experience not only enriched residents' lives but also refined my leadership skills in senior care.



The Sensory Room for adult residents.

hin Health Innovation Network South London

My home life®

SAGE CARE HOMES

Introducing a Dementia Café to Park Avenue Care Home

South London Care Home Pioneer Programme 2023
Charlotte Goodfellow; Park Avenue Care Home, Bromley, London, UK

Aim: To empower individuals living with dementia by providing them with opportunities to support the running of a Dementia Cafe to contribute to their community and regain a sense of purpose by the end of September 2023.

Background

I have been with Excelcare since 2019, transitioning through various roles, including nurse, deputy, Regional and Quality Development Manager, and now, as the Home Manager. At Park Avenue, a 51-bed nursing home with a significant emphasis on dementia care, my role is vital.

My participation in the South London Care Home Pioneer Programme is driven by my ambition to enhance my leadership skills and to connect with fellow professionals in the social care sector. This journey through different positions at Excelcare has provided me with a valuable perspective, equipping me to better understand the unique demands of the role I hold today.

Introduction

The advent of the COVID-19 pandemic had a profound impact on the sense of community among care homes, leading to a noticeable decline. In the pre-pandemic era, care homes used to enjoy regular visits from nurseries and local schools, fostering a vibrant sense of connection between residents and the broader community. Sadly, these interactions have become increasingly infrequent due to health and safety concerns. Recognising this loss of community engagement and the importance of empowering the residents at Park Avenue, the idea for a dementia-led café emerged. This innovative concept was aimed not only at instilling a sense of purpose and empowerment among the residents, but also to create an inclusive space where the local community could once again connect with the care home. The impact of the pandemic has also resulted in the closure of many dementia day centres, placing additional pressure on care providers to offer comprehensive support and engagement for individuals with dementia.

The Dementia Café, with its unique focus on this specific community, would serve as a vital resource to address this growing need. Park Avenue is home to a significant number of residents living with dementia, making it an ideal location to bridge the gap between the care home and the community. This endeavour would provide an opportunity for people in the local community, including those who once managed large projects in their former roles, to actively participate in the operation and management of the café, granting them a renewed sense of purpose and belonging. The primary goal of this initiative was to rekindle the sense of community within the care home, making it a place where residents and the local community can come together, connect, and support one another in these challenging times.

Method

We set up a Dementia Café within Park Avenue to provide a supportive and welcoming space where residents, their family members, and members of the local community (some who might be living with dementia) could come together in the home. Here they could share their experiences and enjoy meaningful activities whilst having a cup of tea. To plan for the Dementia Café we had active participation from both the residents and the lifestyle coordinator.

We hosted the Dementia Café twice running it for one hour in the early afternoon and this was based on the availability of the home. It was hosted in the tearoom of our wellness suite. The catering was provided in-house and residents helped choose what sweet treats to provide.

We promoted the Café via our Facebook page, our email list for family members and putting up posters in and outside our grounds.

Attendance was unfortunately limited to residents from within the care home only. One of the core objectives of the project had been to create a space where individuals from the local community could get involved and help plan the sessions, but this has not yet been successful.

The decision to undertake this project was prompted by feedback from relatives and new residents at Park Avenue, highlighting the need for such an initiative. However, it became evident that the timeline for the project, within the Pioneer Programme, was unlikely to be sufficient for achieving a fully successful and operational Dementia Café given the amount of community engagement that is required. I believe that given a few more months, we can make significant progress with this initiative.

See below the Dementia Café flyer on the left and to the right, a photograph of Afternoon Tea in the Dementia Café.

Results

The Dementia Café was attended by five care homes residents on both occasions when it was run. However, the uptake of the Dementia Café was not fully successful as it lacked attendance from the local community. We are re-launching our Dementia Café with our Head of Dementia Care on the 27th October 2023. We still believe that this can have a positive and successful outcome for the residents at Park Avenue.

Conclusion

In conclusion, the initial launch of the Dementia Café has not yielded the full desired outcome. However, we have taken into consideration that several external factors may have contributed to this, such as the summer holidays, the return of children to school, and the limited time available to fully engage the local community. While we utilised different promotional channels, including posters and social media, it is evident that these efforts did not generate a sufficiently large audience to support a successful launch and tailored promotions to specific community groups, charities and organisations will be required. We feel that establishing a Dementia Café will require several months of word-of-mouth recommendations and local support to gain momentum.

We are taking a fresh approach by relaunching the Dementia Café on October 27, 2023, with the presence of Excelcare's Head of Dementia Care. Despite the initial setback, I maintain my belief that there is a niche in the market for a Dementia Café at Park Avenue. However, it is clear that additional time is needed to fully develop and enhance this opportunity. In retrospect, I do not regret the initial approach, as it has provided valuable insights. This experience has also contributed to my growth as a leader, highlighting the importance of persistence, even when faced with challenges and the exhaustion that can result from not achieving immediate positive results. It serves as a reminder that success often requires patience and ongoing effort, even in the face of initial setbacks.

The Pioneer Programme has helped me become even more aware of my residents' needs by encouraging me to think outside the box and helped me to learn more about delivering service improvement projects.

hin Health Innovation Network South London

My home life®

Excelcare Belong with us

Review of efficiency and effectiveness of the Multidisciplinary Team (MDT) meetings within a care home setting

South London Care Home Pioneer Programme 2023

Ciara Nolan; Fairlie House, Lambeth, London, UK

Aim: To reduce time and increase efficiency of multidisciplinary team meetings over a 3-month period.

Background

Fairlie House is a specialist centre supporting up to 53 individuals with complex neurological conditions, such as motor neurone disease, spinal cord injury and traumatic brain injuries. We are based in the borough of Lambeth, south London.

I chose to participate in the South London Care Home Pioneer Programme because, as a new manager, I thought it would be a good way to network with other individuals who work in similar areas, to gain skills relating to management and leadership and to improve my overall confidence.

Introduction

My service improvement project was to review the way our current Multidisciplinary Team (MDT) meetings run, the importance of these meetings within a community setting, and find ways to improve the process.

Our MDT meetings were perceived as time-consuming and of little benefit to the wider team. Given that our home functions with an in-house therapy department consisting of occupational therapists, Physiotherapists and Speech & Language therapists, as well as our visiting MDT members, it was critical that we have an efficient system of communicating changes in our residents' status or care needs.

The aims of the project were to gain a perspective of the understanding of 'Multidisciplinary meetings' from team members and to look at our current processes, what works and what requires change or improvement.

Method

For the first stage, I developed a short questionnaire consisting of 5 open-ended questions. These were distributed to staff both at one MDT meeting, and throughout shifts over a period of 4 days. The paper questionnaire was given to ward managers, registered nurses, and therapy staff, to allow them to identify any discrepancies across the various teams. The results were discussed with the directors, and it was decided to review the MDT practices across all three sites . The questionnaires asked respondents:

1. To identify what MDT means to them,
2. If they knew where to find MDT meeting minutes,
3. How many MDT meetings have they attended in 6 months?
4. Did they find it beneficial?
5. What would they change?

Results

Thirty questionnaires were handed out and 14 were returned (47%) of which 9 were Registered nurses (64%) and 5 were therapy team members (36%). The questionnaire responses highlighted good understanding of MDT meetings which was consistent across teams. The majority (75%) of respondent's acknowledged that the meetings were 'important' and 'beneficial'. However, issues were also highlighted: Only a small cohort (29%) of staff were in regular attendance, with some staff not attending any meetings in a 6-month period. 36% of respondents were not aware of where to access MDT meeting notes/minutes. 25% of respondents acknowledged that the meeting should start 'on time' and not exceed the stated time limit. The responses were vague for the question "What would you change?," however, the most common response was related to punctuality of meeting (starting and finishing on time).

The results were discussed with the directors, and it was decided to review the MDT practices not only at Fairlie House but also at two other care homes which are part of the group. This created a delay in implementing significant changes to the current MDT meeting and processes as the review was originally planned for our site only. However, the process continued to be reviewed and discussed amongst team members to gather further information about how to improve our current MDT meetings. I also held a meeting with all clinical services managers across the three sites. This allowed us to discuss current practices including roles and responsibilities of registered staff members, preparation and execution of MDT meetings and following up actionable tasks. This meeting highlighted similar patterns across sites including lack of follow up of actions and the same members of staff attending the meetings.

Key learning so far includes starting and finishing meetings on time and appointing an appropriate person to "chair" each meeting. The format of the notes will be changed to make them clearer, and they will be properly stored going forwards. This project highlights the importance of reviewing MDT practices regularly to ensure we are providing the best service for our residents and staff.

Question	No. of responses	%
No. of staff that responded they regularly attended MDT meetings	4 out of 14	29%
No. of staff not aware about where to access MDT meeting notes/minutes	5 out of 14	36%
No. of staff that reported that the meeting did not start/end on time and exceeded stated time limit.	3 out of 14	25%

Response to a few of the survey questions

Conclusion

This project allowed me to identify current issues within our MDT meetings and to review their effectiveness and efficiency. I explored issues such as time keeping, staff rotation, attendance, communication and access to minutes. This impacted the overall effectiveness of MDT meetings and the outcomes for our residents. Throughout the process, time was a challenge and the scale of the project at hand. We will continue in the coming months to fully implement the project. It also highlighted the importance of assessing projects, project timelines, resources required and overall scale, to ensure successful outcomes.

This project has helped to improve my confidence as a leader by having conversations with various staff and team members. It has given me the opportunity to connect and brainstorm with colleagues and relay findings to senior staff which has been very insightful and helped me progress as a manager. It has also helped to improve my ability to innovate and how I proactively look at issues and situations with the staff. The Pioneer Programme, through the various workshops, has also given me the opportunity to reflect on my practices, and my own self-awareness and helped me to shape into a more compassionate, resilient leader.

hin Health Innovation Network South London

My home life®

fairlie healthcare group — Caring for people with neurological and respiratory conditions

Documenting End-of-Life Care

South London Care Home Pioneer Programme 2023
Clarissa Valeri; St. Mary's Care Home, Lambeth, London, UK

Aim: Implementing a system with appropriate documentation and recording, to ensure good end-of-life care helping residents achieve their preferred place of death with good symptom-control.

Background

I earned a degree in general nursing in Italy and have worked in both hospital and private care environments. I've been employed at St. Mary's Care Home for the past six years. I started as a nurse and worked my way up to unit manager and clinical lead. St. Mary's offers compassionate and high-quality care to its residents, who are mostly affected by mental health, dementia, challenging behaviour, high nursing requirements, and palliative care. I was honoured to be chosen and given the chance to participate in the South London Care Home Pioneer Programme because I wanted to expand my understanding of leadership and learn from other experienced professionals.

Introduction

End-of-life care documentation is a multidimensional process which involves attention to detail, compassion, and a dedication to respecting the patient's preferences and ensuring their comfort during this difficult time. It is a critical component of providing effective end-of-life care, assisting both the healthcare staff and the patient's family in navigating this journey with clarity and empathy. In end-of-life care, accurate and detailed documentation is critical not just for giving the best possible care to patients, but also for legal and ethical reasons. It assists healthcare workers in ensuring that the patient's preferences are honoured, and that their physical, emotional, and spiritual needs are satisfied. St. Mary's first objective is to give the highest quality of care at the end of life, making certain that the symptoms are effectively managed and that their requests are honoured and has recognised some areas for improvement in its end-of-life care practices, particularly related to advance care planning (ACP) and symptom monitoring.

This service improvement project was just one way of taking proactive steps to address these issues. As most residents at St. Mary's receive palliative care, this also seemed a good reason for focussing on this area. The aims of my service improvement project were to improve documentation for residents who are nearing the end of their lives and ensure that all residents receiving end-of-lifecare have a symptom control chart. The improvements should ensure that every resident nearing the end of their life would have the appropriate documentation including resuscitation decisions (DNAR) "Respect form," and Advance Care Plan (ACP). They should have good symptom control accurately documented in a specific chart.

Method

An internal audit was carried out of all the care plans of residents at St. Marys, focusing on those who were imminently dying. The data was collected through a manual review of individual care plans and folders. This approach ensured that the audit was based on comprehensive and detailed information. The study compared the internal audit's outcome with the medical records e.g. the Universal Care Plan (UCP) or advanced decisions made prior to their admission to the home, the GP records or the palliative team records. We were committed to ensure the accuracy and alignment of the documentation with the clinical records. Family members, the Home GP, St. Christopher's Hospice, a Geriatric consultant from St. Thomas' Hospital, the Home manager, RGN's, Senior Carers and HCA staff were all involved in the project. This demonstrates a multidisciplinary and collaborative approach to improving end-of-life care. The data was collected over four weeks at the start of the project. A new symptom monitoring chart was created and introduced to all staff over a six-week period. This chart should enhance the systematic tracking and management of symptoms in residents, ensuring they are pain free and comfortable.

Results

St. Mary's conducted an audit during a period when 82/86 beds were occupied. The audit revealed that only 55 residents had an ACP in place demonstrating the need for improvement in documenting residents' end-of-life preferences. The decision to discuss ACPs for the remaining 23 residents was a significant step towards ensuring that more residents have their preferences documented and respected. A decision was taken to discuss ACPs for new residents within 4-8 weeks of admission. Involving residents, and their families, in ACP discussions and giving them more say in their end-of-life care decisions, aligns closely to the principles of person-centred care. It ensures that the decisions made reflect the residents' preferences, values, and goals for their end-of-life care. The development of a symptom control chart involved the Home GP and the St. Christopher's team and was a valuable step. The chart has enabled healthcare providers to systematically monitor residents' symptoms and respond promptly to any signs of deterioration, ensuring timely interventions. Collaborating with the GP and hospice team demonstrates that St. Mary's is utilising the expertise of external healthcare professionals to improve the quality of care. This also helps to add expertise to the facility's care team which can further enhance quality of care. These proactive and positive practices collectively indicate a commitment to improving end-of-life care and documentation at St. Mary's. By the end of the project all residents receiving End of Life Care had an ACP and those in the last phase of life had a symptom control chart.

The symptoms control chart was developed at St. Mary's to systematically document, monitor, and analyse symptoms at a resident's end of life. The chart lists the common symptoms that may be relevant to the resident's condition such as pain, nausea, shortness of breath, anxiety, confusion, or any other symptoms specific to their illness.

Conclusion

In the sensitive context of end-of-life care, documentation is a profoundly important practice that ensures that residents' final wishes are respected, their symptoms well-managed, and their journey filled with dignity and compassion. Therefore, staff at St. Mary's will provide, facilitate, prioritise accurate and comprehensive documentation to offer the best care possible to those nearing the end of their lives. The service improvement was considered a success, and the aim is to continue with this good practice and deliver the best possible care for the residents. Furthermore, staff developed confidence in discussing ACPs with residents' and their families during their early stay. Families appear reassured in discussing the wishes of their family member and knowing that their symptoms will be monitored and controlled to ensure comfort throughout. Introducing symptom charts and ACPs into healthcare settings, especially in the context of end-of-life care, can lead to several challenges such as staff training, resident and family engagement, cultural and language barriers, time constraints etc. Addressing these requires careful planning, ongoing education, and a commitment to patient-centred care. It may involve developing strategies to overcome resistance, improving staff training, and providing additional support for residents and families. Ultimately, successfully introducing symptom charts and ACP can significantly enhance the quality of end-of-life care and resident outcomes. At the end of this project all the residents currently at St. Mary's have a full ACP in place and the symptoms control chart is in use for those who are imminently dying. Leading this project enhanced my ability to empathise with residents, their family and manage staff emotions. It helped me to improve my communication skills for such a delicate and sensitive topic, facilitating effective teamwork and collaboration across diverse roles. Taking part in this project helped me to learn from experiences and difficult situations, analyse outcomes and implement changes to support the resident, their family and the staff in a better way.

Health Innovation Network South London
My home life
ST MARY'S CARE HOMES

Improving relationships between people we support and staff by providing them with group activities

South London Care Home Pioneer Programme 2023
Gintare Titiene; Ambient Support Limited, Bromley, London, UK

Aim: To support and encourage each resident to attend one group activity per week from June to September, with the aim of improving relationships between residents and staff by providing them with opportunities to come together

Background

I manage two registered care homes for people with a mental health diagnosis. We offer a step-down service, and our aim is to support people to regain their independence and to move to less supported accommodation or their own property. The care homes are in the heart of Penge, close to the high street and various facilities. I have previously been a social worker and moved to the UK in 2009. I have worked in different care settings such as physical disabilities, learning disabilities, domiciliary care, forensic mental health, and mental health services. My UK journey began as a support worker and has led me to my multi-site manager role. I chose to join the South London Care Home Pioneer Programme because I believe that constant learning leads to better quality and improvements. I want to be open to my service needs, gain new ideas from others, and implement these in my services.

Introduction

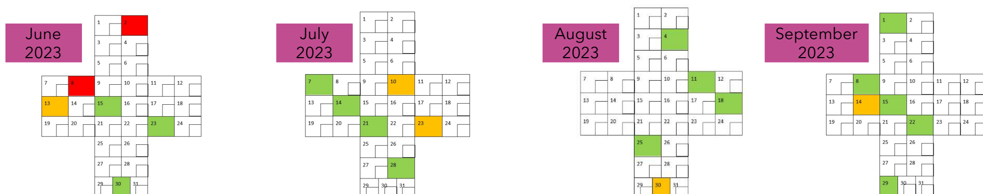
My service improvement project was aimed at increasing communication and building relationships. Both between people we support, by attending group activities and interacting with each other, and building better relationships with staff. When I joined as manager in January 2023, I observed that the people we support were not interacting with each other, and there were also communication issues between them and staff. The setting seemed more of an institution and there was not much engagement by the people we support, except the completion of regular daily tasks. The only group activity was house meetings and people were disinterested in attending other activities. Even though we are a registered care home, the care package we provide is more like that in supported living settings. For example, meals are not provided but staff provide support for food shopping based on a person's needs. I chose this project because I believe that communication is key to help maintain positive relationships and good mental health. I felt that if the people we support could trust staff, they may be able to share positive experiences together and have less worries. I also noticed that some people had similar likes and interests but were not getting together for these. It saddened me that people who live together in the same accommodation were not interacting with each other. I felt that succeeding in this project was very important because it could create a positive environment, the people we support may develop friendships or at the very least have peers that they can do activities with such as going out and playing games. My aim was to begin offering group activities where people we support and staff could spend time together without pressure.

Method

Before this project began, I collected data from January 2023 to June 2023. By auditing our Access Care system, I noticed that the people we support only attended house meetings, which took place once a month, and were not engaging in any other activities. Data is available from our records to monitor peoples' activities, health appointments, etc. The baseline was therefore 1 activity per month. As part of the project, I introduced weekly Friday coffee mornings and barbeques. During the project, I collected data from June 2023 to October 2023 using an Improvement Cross (shown below). I involved team members and people we support in this project. My ideas were introduced at both a staff meeting and a house meeting where I gathered feedback. I also approached senior managers to obtain technologies such a laptop and a projector in order to hold movie nights.

Results

At the beginning of the project, the group activities were not immediately successful. This was due to one of the people we supported, whose presence affected others and therefore they avoided spending time with them or being in the same area. Some people would prefer to observe the activity from a distance or come to collect coffee and leave again. My team continued with the plan of running coffee mornings every Friday. We believe this consistency helped, and gradually people we support started to engage in the activity. In August 2023, three new service users joined us, and this had a positive impact on the service. The new people were similar in age and had similar interests. During the project timeline we hosted four barbeques on top of the weekly coffee mornings. I have noticed how people are now seeking out these activities and asking when another event will occur. This project helped us to set a different tone in the service and everyone seems more at ease. The people we support are now more open with staff; they are happy to discuss various subjects while having coffee and a chat. The Occupational Therapy department noticed changes too and gave feedback: "We have observed an increase in activities, occupational goals and person-centred planning tools." I am planning to introduce more activities and opportunities for interaction. It is important for people to build relationships, to get to know each other, to communicate with staff and to enjoy their day as much as possible. It is already hard to live in a care setting where you cannot choose who you live with and considering that each person has their own diagnosis and challenges, my aim is to deliver a positive experience for all as much as possible.



Improvement Cross

- This shows the consistency with which we offered regular activities for the people we support.
- Red indicates the initial activities when attendance was poor.
- Amber indicates a day where a house meeting, or an additional activity like a barbeque, was held.
- Green indicates a day when a group activity was offered and attended by 75-100% of people. People missed activities due to conflicting appointments etc.

Conclusion

The service improvement has been a success. I can see increased attendance and improved relationships between people we support, some of whom have started to spend more time together and ask about upcoming Friday group activities. People have also started to raise various topics when attending. The activities have been beneficial in helping people open up. Staff are also interacting with people we support more than before. They are spending less time in the office and 1:1 support has become more structured and focussed on the person's preferences. There were some challenges at the beginning. Staff were initially negative about the group activities due to previous experience and disengagement from the people we support. They were sceptical, and this was reinforced by the first weeks when there was low engagment. At first, some of the people we support just observed what was going on and only two attended. Even with limited attendance, staff were asked to consistently prepare the table, make tea/coffee and prepare snacks. Eventually more people began attending. The situation improved significantly after one person moved out and the vacancies were filled by people who were seeking activities and wanted to positively engage. Our service does not receive large amounts of funding for activities due to the type of services we provide and the people we support are often not keen to spend their own money on this. This project is only a small step to engage people in activities and to motivate them to improve how they use their time, build positive relationships with others, and express their needs and opinions with others in an appropriate way. The Pioneer Programme has strengthened me as a leader. The group exercises gave me an insight into how we can change a situation. I learnt that sometimes I need to step back and observe, speak less and listen more. The programme tools have helped me and my team during staff meetings and house meetings; this has been noticed and appreciated by the internal quality assurance department. I met many amazing people and will definitely keep in touch after the programme has ended.

Health Innovation Network South London
My home life®
ambient Passionate About People

Improving the quality and accuracy of documentation and record keeping

South London Care Home Pioneer Programme 2023
Harriet Kobusingye; Charlton Park Care Home, Greenwich, London, UK

Aim: Complete a review of current practices to identify areas for improvement and introduce changes aimed at improving accuracy and quality of documentation.

Background

I am passionate about caring and making a difference for those in my care, especially those who are less able to do things for themselves. This motivated me to study to become a nurse, which has now led to me working as a care home manager at Charlton Park. Charlton Park is a nursing home which accommodates 66 residents, 35 of which are on a dementia unit. We have 10 beds contracted for discharge to assess (D2A). During one of the Greenwich care home provider meetings, the Quality Assurance Manager promoted the South London Care Home Pioneer Programme and encouraged us to register. Another manager spoke of their experience of being on the programme last year, of meeting new people in the same sector, sharing experiences and learning from each other. This is when I became interested in joining the programme.

Introduction

Documentation is vital in a care setting where different types of staff work together. Poor documentation can be a risk to a resident. I chose to focus on improving documentation for my service improvement project as I had noticed room for improvement in my care home in this area and recognised that solutions and new ways of working could help. Charlton Park still uses paper records and there were instances where care was being delivered but not documented nor evidenced effectively. This had been identified in previous inspections by the Care Quality Commission, Quality Assurance reports and in-house audits and I recognised there was a gap in evidencing the quality of care provided to residents. Examples included not recording discussions with a resident or their family or that a family member had assisted their loved one with feeding. There were also gaps in information in documents such as bowel charts, observation charts and care plan reviews. Accurate documentation should begin with pre-assessment before the resident moves into the home, risk assessments, care planning, evaluating, daily activities and so forth. The aims of my project were to identify areas for improvement, introduce changes that make effective recording easier, eliminate duplication to ease the workload, and make changes that result in more accurate and higher quality documentation. My objectives were to increase staff training, support staff to understand the importance of good documentation, empower staff to create champions, provide opportunities for staff to practice completing accurate and clear documentation, and introduce regular audits to identify improvements and feedback the findings to the staff.

Method

Carers and nurses were involved in the service improvement project. I discovered during spot checks that the documenting of care was delayed e.g. it was taking place at the end of the shift, but it should be happening simultaneously while providing the care. I did checks on bedroom folders such as food and fluid charts and repositioning charts and discovered delays or lack of reporting e.g. breakfast for the resident had not been recorded at the point that lunch was already served and no recording of repositioning of residents with pressure ulcers at night. Feedback was sought from staff on what the causes of poor documentation and accuracy were. I also gained ideas from my fellow Pioneers. All are wonderful people and by sharing our challenges I learnt a lot from each person. After collecting information on what the problems were, care staff and heads of departments were included in discussions of how we could improve our documentation to be more comprehensive. Staff fed back that there was a lot of duplication, that they spent more time on documentation rather than time with residents and the forms were lengthy. This was chosen as one area for improvement and the feedback was shared with the company's Quality Assurance team. They are responsible for developing the records used in the care home. They reviewed the daily records that staff are required to complete and made some changes based on the feedback to reduce duplication e.g. shortening the forms. Another change that was introduced was the appointment of designated Champions to support this work. They were tasked with checking documentation within their teams and reminding colleagues about the importance of quality documentation. We also decided to give documentation a focus during new staff induction to emphasise its importance and it was included in staff personal development plans. We developed guidance on how best to complete documentation and introduced a range of spot checks by me, senior nurses and heads of department. Amongst the documents spot checked were 'resident of the day' care plans, bedroom folders, daily monitoring forms, bowel charts and food and fluid charts. The project ran from May to September 2023.

Results

The project is still ongoing, so I don't have final results to share however, I have noticed a big difference in the way documentation is being completed. During the daily spot-checks that the Heads of Department are carrying out and from the work of the Champions, we are all noticing that more care is being recorded after it is being delivered, for example food and fluid charts are all now completed with all information timely recorded. The project is moving in the right direction but there is more to be done. The project has had a positive impact on those involved. Staff who were assigned the responsibility of checking records felt empowered, despite finding it challenging to make the time to carry out the checks. We've also reduced the amount of paperwork required by shortening the documents to be completed and the amount of duplication. I also observed a rise in the number of incidents e.g. number of falls reported which suggests that staff are reporting these now. The aim is to continue with this project of improving the quality of our recording/documentation. We are also hoping that in time we can progress to a digital system for record keeping.

Charlton Park Care Home Champions

Conclusion

Staff have fed back that duplication and the length of daily reporting has reduced since we shortened the forms and introduced the Champion roles. Champions particularly have helped highlight the work as staff are aware that the checks are going to be completed and are getting more into the habit of recording care. Staff have benefitted from the 'reminder' that this provides. Spot checks after the project showed complete and timely reporting of information on resident's charts such as food and fluid, bowel and daily monitoring charts. The project has not yet collected any quantitative data and is based on observations and qualitative feedback from staff. There were several challenges while doing the project such as lack of ownership as some staff felt that the responsibility for record keeping should fall to the Champions, rather than accepting that all staff within the home are responsible for documenting the care they provide. We have also found that some agency staff were not completing their records fully. We are continuing to monitor these challenges and explore ways of addressing them. Another challenge has been protecting the time for the spot-checks. If I were to re-do this service improvement, I would set up regular meetings with senior staff to reinforce the key messages such as promoting the project in all meetings and conversations and encouraging them to lead by example. I would introduce a system more early on for keeping a record of the spot checks so that the checks are easier to manage and there is less risk of duplication. I would also communicate earlier with the staff responsible for developing the paperwork and encourage them to pilot documents before rolling them out and ensure they consult with staff. As a home manager, I will continue to promote Champions and complete regular audits, working with staff, and consider introducing a monthly staff award to increase motivation. I feel positive as there have been some improvements, but we have more work to do. The Pioneer Programme helped me to feel that I am not alone. The support from the team was great, discussing different challenges from different home managers made me learn lots of things. The main thing I have taken away from the programme is how to motivate my team.

Health Innovation Network South London · My home life · Four Seasons Health Care

Psychological Safety within the workplace

South London Care Home Pioneer Programme 2023
John Makuwerere; Parkhill Support Services, Bexley, London, UK

Aim: To improve psychological safety for staff within the workplace to encourage positive risk taking and promote staff participation by September 2023.

Background

I joined the health and social care sector in 2022, coming in from the accounting field. I started as a Support Worker, through my drive and initiatives to improve the lives of the people we support, I was then promoted to the role of a Team Leader. Parkhill Support Services is a supported living setting that provides care and support to vulnerable individuals with various conditions including, but not limited to, Acquired Brain Injury, mental health, learning disabilities and Autistic Spectrum Disorder. Some residents are semi-independent and others have complex and challenging needs. We have various services/units operating within London, Kent and Surrey. I chose to take part in the Pioneer Programme so that I can help improve our service delivery to the people we support, improving their lives and supporting staff to give them to have a sense of belonging within the organisation.

Introduction

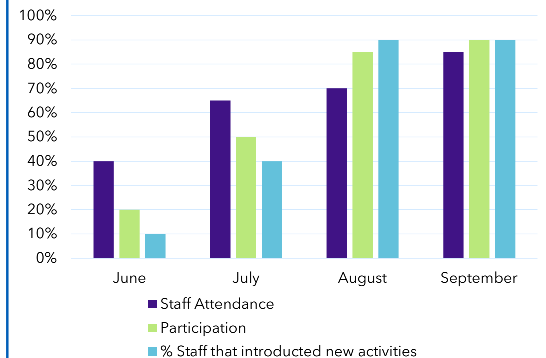
This project is aimed to improve the psychological safety within the workplace and therefore encourage positive risk taking and promote staff participation in the lives of people we support. It should be noted that we work in a highly regulated sector with some actions being punitive. Having acknowledged that, I also recognise that we have a "duty of care" to the people we support and need to try new things even if the process may not be as smooth as we would like. I also recognise leader's actions of the past in which some staff could have been penalised for trying new things. I am trying to change the staff attitude of coming in to do the bare minimal without exploring their full potential which tends to hinder the improvement or progress of the people we support. I chose this project as I have noticed that the staff morale has depleted; this project is important to the company as increased morale will then impact the lives of the people we support in a positive way. The aims are to understand the cause of the low morale as well as how we can improve psychological safety within the organisation.

Method

An online survey was conducted on Survey Monkey in which we asked various questions relating to staff participation and why most staff do not speak out during team meetings but are vocal in the absence of leadership or management. The initial survey was cascaded to all 300 staff members and 40% (n=120) of the staff participated. The initial survey included 5 key questions (see list of questions in the bottom left box) It mainly focused on what staff expect to be done and how they wish things to change. This was followed up by numerous face to face team meetings in which attendance and participation improved. The final online survey was sent on the 15th of September and 65% (n=195) of the staff participated with positive feedback. I also monitored staff attendance and participation/contribution in team meetings and introduction of new activities for service users as suggested by staff from June to September 2023.

Results

The baseline survey showed that there was poor participation of staff during the meetings and during the activities. This was attributed to four main issues – staff's suggestions not being taken into consideration, staff were not being given feedback on the suggestions or meeting decisions, staff have previously been blamed for things going wrong with management or leadership, and management were not open on the safeguarding lessons learnt process. After the results of the baseline survey, we held a couple of face-to-face team meetings in which the leadership team apologised for what had gone wrong in the past. This included acknowledging that actions had not been taken following past meetings and giving staff explanations. Safeguarding training was conducted by our internal trainers which all staff and management attended. This emphasised the importance of debrief meetings after every incident to discuss lessons learnt, and also gave a platform for staff involved to fully express themselves and for other staff to contribute what could have been best practice. As a result, teamwork amongst the staff improved as they were/are now willing and able to call on each other for support. This changed the perception of safeguarding within the team from "bad" to becoming a learning and improvement opportunity. With hindsight, we noticed an improvement in our record keeping as more details are now being captured on incidents as staff do not see them as a failure but as part of a learning curve. The relationship with the people we support have also improved and most of them are now participating in various activities which were previously deemed impossible for them. This has also improved our relationships with the relatives of the people we support Quote from a relative: *"Well done John, I am pleased: the gradual exposure in public-very simulating! Thanks a lot {to} your team with him"*



Graph shows month by month change in staff attendance, participation/contribution in team meetings and introduction of new activities for service users suggested by staff

<u>Baseline survey questions:</u>

1. How comfortable do you feel expressing your opinions and ideas in this organisation?
2. Do you think there is an open and transparent communication culture within the organisation?
3. Do you believe that your contributions and ideas are valued and respected by the organisation?
4. Have you ever felt afraid of being judged or criticized when sharing your thoughts or suggestions?
5. Do you feel comfortable asking for help or seeking guidance from your colleagues or superiors?)

Conclusion

There was a major improvement in the overall service operation after the we started paying attention to the psychological safety of the staff. We had not anticipated that improving psychological safety have a significant impact on the other aspects of the organisation. We have noted that our record keeping has improved and there is a much better atmosphere and culture within the service. The lives of the people we support changed, their health and wellbeing improved, and they all are now looking up to spending time out of their rooms in the community engaging with other community members. Before, we wouldn't receive many residents from our local authority but our relationship with them also changed positively as evidenced by having an increase in occupancy from 30% at the beginning of 2023 to 80% occupancy in October 2023. The South London Care Home Pioneer Programme has helped me to develop into a leader that can step out of their comfort zone for the benefit of the service and the people we support. It has empowered me to be an individual who "doesn't see problems, but opportunities". I have met some lovely managers and leaders through the program who have opened their professional hearts and enlightened me to what a privilege it is for me to be where I am and do what I do. The Action Learning sets taught me to think analytically and broaden my approach to different scenarios. It has also taught me to develop a "person-centred approach" with our staff in as much as we do with the people we support.

Health Innovation Network South London
My home life®
PARKHILL SUPPORT SERVICES Promoting Choice & Independence

Improving the induction process

South London Care Home Pioneer Programme 2023
Lovelyn Evans; Blossom Lodge, Bexley, London, UK

Aim: To improve the induction process for new staff by making sure everyone has a 1:1 by their supervisor every month. This will ensure new staff will have confidence to begin their role and that clients receive good quality care and support.

Background

I am a Director and CQC Registered Manager at Amazin Care Ltd in London Borough of Bexley. We support people with learning disabilities in a supported living accommodation, and in the community. Our clients have different levels of learning disabilities from mild, moderate to complex. My passion is in supporting people with learning disabilities to be actively participating in the community, to ensure inclusivity, and for equal opportunity for all. I chose to take part in the South London Care Home Pioneer Programme to acquire more knowledge to improve my personal development. Also, to meet other managers, networking and learn from each other's experience.

Method

We put in practice this new induction process from 03/07/2023, from this period to 17/10/2023 to the time of writing this project, we have recruited in three new staff. At the end of each new staff induction, I gave them a quality assurance questionnaire to get feedback on their experience. Also, during their 1:1 induction, the Supervisor asked new staff, how they feel, if the meeting has been helpful.

I used the quality assurance questionnaire to collect feedback from the new staff regarding their experience with our induction process, and their answers during the 1:1 meetings.

Introduction

Inductions are the first activity of a new staff member in the workplace. A good induction has a lot of benefits to the organisation and to new staff. For example, a good induction helps the organisation to have a good staff retention record and when staff receive a good induction, they feel valued, they have a sense of belonging and it gives them the confidence to carry out their duties properly. We believe our induction process is good, however, there is always room for improvement. It was identified that even after the three-month induction process, which includes reviewing all admin processes, completion of Care Certification Induction, completion of all the mandatory training, and shadowing, new staff are still not confident, and struggling to perform their duties. New staff don't feel like a member of the team.

I choose to embark on this project to help new staff understand the aims and purposes of the organisation. Also, to ensure that they would feel welcome, understand the expectations of their role, and can contact senior management for any concerns. The specific changes to the induction process that I want to implement are:

1. New staff to meet with the registered manager, who will welcome them and brief them about the service.
2. Be introduced to their line supervisor who will carry out a full day theory induction with new staff.
3. The new staff will have three days of shadowing.
4. Monthly meetings with supervisor for 1:1, for spot checks, for medication competency and supervision. This process will allow the Supervisor to identify areas of concern, strengths and weaknesses, and transferable skills of the new staff member.

This new process will create a forum for the new staff to ask questions, raise concerns, safeguarding and giving feedback. Moreover, this new process will give the supervisors and care coordinators an opportunity to develop leadership and mentoring skills, which will thus strengthen relationships within the team.

Results

Before this change was implemented, no staff had received 1:1 meetings on a monthly basis. No staff had received monthly spot checks and medication competency checks. These changes were introduced as part of the project. Since the introduction of this project from observation, there has been a significant reduction in out-of-hours calls from new staff who were not sure of their duties. From observation, we can see that new staff have good rapport with the clients, and colleagues. Our clients are happy to approach new staff for their care support. There has been improved communication in workplace, and a conducive atmosphere. The aims and purpose of the organisation have been embedded in the minds of new staff, thereby enabling them to work in agreed ways of working. Feedback from this work has been good and we have observed improvements in communication and care, and so we plan to build on the success of the project.

Feedback from staff regarding the new induction process:

"This is my first time in care job. I love it. I have gained a lot of experience with my training courses and from shadowing with other staff."

"The 1:1 support with the supervisor every month, is amazing. This enabled me to ask questions, learn more, and gain confidence."

Conclusion

The objective of the improvement of the induction process was achieved. We have a new induction process for new staff, and they are having monthly 1:1s with the supervisor. The new staff receive the help they need to make them feel welcome. New staff are more embedded in the aim and purpose of the Organisation, thereby working in agreed ways of working. The feedback received showed that new staff feel more comfortable at work, and they have better relationships between them and their clients and colleagues. In addition, it has increased job satisfaction and encouraged staff retention. The challenges that I faced included limited time for this as it took time to gather all the induction processes, plan and align them into our policies and procedure. Also, it took time to train the Supervisor and Care Coordinator on the project. The Pioneer Programme gave me the information and support I needed to conduct this project. The Action Learning sets were good, it provided the opportunity for the participants to talk to each other and learn from each other.

Person-Centred care plan recording through electronic devices

South London Care Home Pioneer Programme 2023
Mohamed Amanoollah Maudhoo; The Elms Residential Care Home, Southwark, London, UK

Aim: To review the accuracy of current handwritten care plans and implement electronic care plans by September 2023.

Background

In June of this year, I was assigned the role of Care Manager at the Elms. The home is a 25-bed facility that cares for residents aged 50 to over 65 and is supported by the Borough of Southwark. I enrolled in the South London Care Home Pioneer Programme to enhance my leadership skills in nursing, health and social care services. I wanted to strengthen my skills and find innovative ways to apply strategies to resolve ethical dilemmas with professionalism.

Introduction

My project was split into two phases. The first phase was to review a proportion of handwritten care plans for accuracy and the second phase was to introduce systematic, accurate and timely recording of service user interactions through electronic care plans. The motivation to achieve this project was to centralise information instead of scattered records of client care needs. Also, the electronic person-centred records will include details such as the service user's life history, mood, privacy, dignity, and choices in care. Electronic records will ensure good record keeping by the team, meeting legal requirements, and facilitating internal audits to inform quality improvement initiatives. The electronic system to be implemented is called Care Vision.

Method

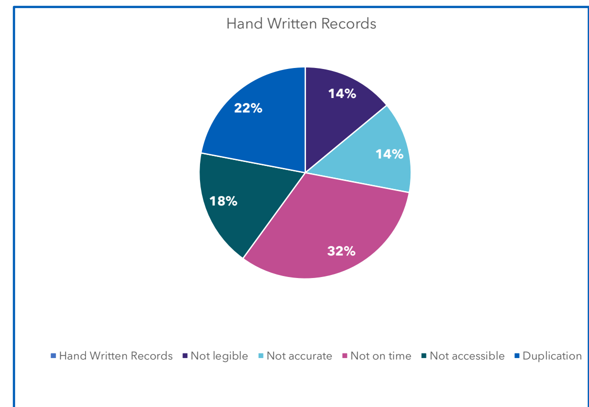
I first reviewed a proportion of handwritten records from residents' daily care notes and reviews, as well as external agencies such as Deprivation of Liberty Safeguards (DoLS), and Monthly Audits. I assessed the handwritten records against a checklist criteria which included legibility, timeliness, accuracy, accessibility and duplication. Following this audit of handwritten records, I then commenced the second phase of the project which was to implement an electronic record system. The system to be implemented was called Care Vision and this is the system that is used by our care home group (Mission Care). I ran several training sessions for staff on the new system. After the training, the staff tested the system with a few residents. I also conducted observations while the staff were using the system. I provided update training for staff when required and used team meetings and handovers to enable staff to ask questions and troubleshoot any issues. Through a survey and one-to-one conversations with staff and external healthcare professionals, I gathered information about their views on handwritten records and also collected feedback on the new electronic system. I engaged with staff, residents and their families throughout the project and provided information on the background to the project and the benefits of implementing an electronic care record system.

Results

I used several metrics to evaluate the quality of nursing records, including factors such as the availability and completeness of records, accuracy of information, prompt updates of records, and ease of access for retrieval and sharing. The results of the quality of the handwritten records are displayed in the pie-chart. It was found that 32% of the records were not done on time, 22% of records duplicated information, and 18% were not accessible.

From the survey, health care professionals fed back that they found retrieving information from electronic records easier and more accessible. It was also more practical for them to add and sign new entries to the records. Although staff did have lots of positive views about how the electronic system has helped to improve record keeping, the results from the one-to-one conversations show that the team were overwhelmed with information during the training on the new electronic system. This was in part due to a lack of confidence and knowledge around digital record systems and technology more generally. Some staff were therefore resistant to change as a result.

Moving forward
Organise ongoing training for the team to learn effective recording techniques. Regularly inform staff of changes or improvements to record-keeping protocols. Continually evaluate and improve recordkeeping procedures based on evolving needs. Solicit feedback from both staff and others to evaluate the impact of improved record-keeping on care delivery.



Results of the quality of handwritten records

Conclusion

The project looked at how accurate our current handwritten care records were and then we implemented a digital care record system. The first part of the project demonstrated that most handwritten records were not sufficiently accurate and there was duplication. These handwritten records were held locally in the care home and might not be easily accessible or portable. In contrast, it was found that electronic records can be accessed securely from multiple locations, allowing healthcare providers to retrieve resident information easily from different departments, clinics, or even remotely.

Despite some resistance from staff, electronic records are proving to be a success because they provide the team with quick and easy access to information and have made searching, retrieving, and sharing data faster and more efficient compared to manual methods (handwritten). Also, storing information on servers and in the cloud became more cost-effective than storing large amounts of papers and archiving them. This project of switching from handwritten records to Electronic records was possible thanks to the support from a great team. The care team required lots of practice but were keen to learn.

The switch to electronic records was met with resistance from the team, who were unfamiliar with the technology and feared losing their jobs. Furthermore, the company had to invest in Wi-Fi, hardware, software, and employee training. Regular updates to the system sometimes frustrated the team as timely recording was interrupted. Continued support and training for staff is required to further improve electronic record keeping, also training processes will be implemented for new staff.

The Pioneer Programme has provided me with a support system that encouraged personal growth and development. In addition, the programme emphasised personal reflection and self-awareness, which are critical aspects of effective leadership. Through activities such as self-assessment, goal setting, and feedback sessions, I was encouraged to reflect on my strengths, weaknesses, and areas for improvement. This introspection helps me identify my leadership style, values, and areas for self-improvement.

hin Health Innovation Network South London

My home life®

MISSIONCARE

To Improve the Manager Supervision Experience

South London Care Home Pioneer Programme 2023
Sarah Hearne; Ambient Support- Mental Health Portfolio , Bromley, London, UK

Aim: To improve the manager supervision by implementing a supervision contract by September 2023.

Background

I am a Locality manager working with Ambient Support for the last 20 years. I manage10 different types of care services which include CQC registered residential Care Homes, supported living services and a domiciliary care service. These services fall within the Mental Health portfolio of Ambient.

I chose to become involved and take part in the South London Care Homes Pioneer Programme as I wanted to take on a new challenge, enhance my skills and develop myself and in turn provide my managers with an enhanced quality supervision experience.

Introduction

My service improvement project is about enhancing supervision. I decided to create this project as I wanted to make positive changes to the way managers received supervision and thus in turn would filter down to the teams they manage. I decided to roll out a coaching model approach in the way managers received supervision. This is different to the usual supervision they received. I wanted to provide my managers with the opportunity to have this style of supervision so that they could truly use the time and space for themselves, an opportunity to develop and where challenges could be explored deeper than before.

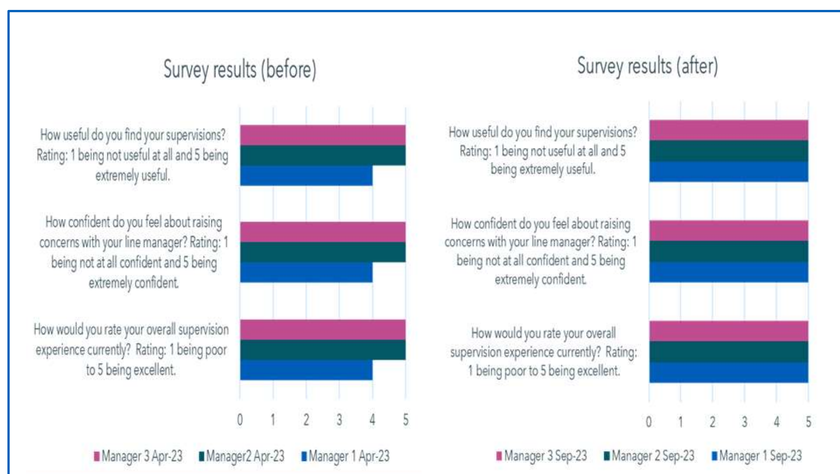
At the moment, my care company is going through several changes, particularly, the region in which I work. I therefore thought this would be a great timing to provide the managers with enhanced guidance, support and coaching during this time. The project aimed to provide managers with a coaching model approach during their supervisions. This in turn would assist managers in supervising their own staff.

Method

Prior to the programme, managers were receiving regular supervision. These meetings gave staff the opportunity with their line manager to discuss their role, their service, general training needs along with any other topics such as staff teams and clients. My aim was to improve the supervision experience and I decided to use a coaching model. The new format allowed managers to use the supervision time for themselves, it gave them an opportunity to develop and also discuss challenges that were explored deeper than before. To monitor and evaluate this project, I collected feedback from staff in the format of a survey. I therefore created a survey for each manager to complete at the start and end of the testing period. These were month 1 and month 3. Three managers whom I manage engaged in this project.

Results

The results from the data collection are displayed in a before and after graph. All the managers I supervise felt that supervisions were good, they felt confident in their line manager when raising concerns & found supervisions useful. The results over the two surveys taken at the 1st and 3rd month showed no deterioration and one manager felt the overall quality had improved. Additional feedback received was positive, managers stated that they felt they received good support & the supervision process is helpful. Now that the project has been concluded I will continue to utilise the coaching model with my managers to continue enhancing their supervision experience. They can then roll out this approach with their team members.



Results of survey before and after coaching model of supervision introduced

Conclusion

The project's aim was to improve the supervision experience through managers using a coaching approach. The results showed that the positive ratings of supervisions before the project were maintained after the coaching changes were introduced, which was in itself a success of the project. One manager felt even more positive, and all 3 managers reported the highest ratings possible in the survey for supervisions after the project. The project enabled me to develop my coaching skills, build enhanced professional relationships with my managers and build trust and understanding. I feel the Pioneer programme has made me a more effective leader who is able to see the strengths in my managers and support & guide these managers in their own roles. I have learnt a lot from other Pioneer managers which I am thankful of.

Implementing one-to-one supervisions and using a coaching/mentoring approach

South London Care Home Pioneer Programme 2023

Thembekile Maponga; Windmill Lodge , Lambeth, London, UK

Aim: To implement regular one-to-one supervisions with staff and for all staff to have had supervision by October 2023.

Background

I have been a Registered Nurse for over 25 years. I am currently the Care Manager in Windmill Lodge in Brixton. This is a 93-bedded home with nursing, nursing dementia and long-term residential dementia. Our home is purpose-built, bright and modern, it is a very friendly place to live where our team provide care with kindness to the people who live here. I chose to take part in the South London Care Home Pioneer Programme to help me become a more effective leader and manager by sharing best practice and solving current challenges. In turn, I hope by me attending this programme I will be able to support and help my colleagues better.

Introduction

Having regular one-to-one supervisions with the team is very important for good resident care, and so the team feel comfortable and confident in their roles. Supervisions also enable the team to understand the vision, ethos and expectations of the organisation and can be used to discuss how to communicate with the residents, other colleagues and relatives. During the Pioneer Programme, I identified that regular one-to-one supervision was lacking, resulting in team members feeling unsupported. This project was chosen to address this.

Method

At the beginning of the project, a survey was sent out in July 2023 for the whole team to complete. The major areas covered in the open and closed end questionnaire are as follows: 1) Is the senior management team in Excel Care holdings approachable?, 2) Have you had a formal supervision within the last 12 months?, and 3) Have you been set clear aims and objectives?

The gathered data from the staff was collated and the outcome evidenced that the majority of the team felt less supported than we would hope and were not very confident in their allocated tasks and responsibilities. Following the outcome of the survey, an action plan was drawn up which was used to support the one-to-one supervisions with the staff. I also adopted a coaching/mentoring approach that is person-centred for each individual staff member. At the end of the project another survey was sent in mid-September 2023, and the outcome showed a massive improvement on how the team felt. Staff that engaged in this project have been nurses and health care assistants.

Results

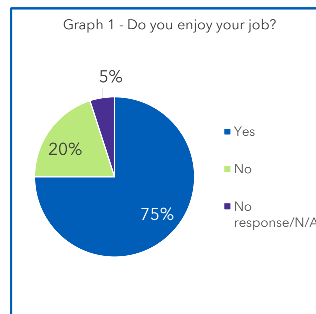
The questionnaire was given to 30 staff members in July 2023, and all staff completed it.

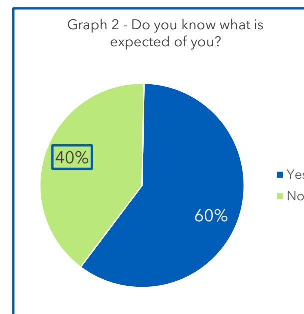
The data from this baseline survey showed:

- 75% of staff said they enjoy their job. Some staff said that there was negativity, and they did not feel appreciated while others felt that everything is fine and they know their responsibilities.
- 60% said they know what is expected of them. Comments were made that more could be done to improve the induction programme in the home, obtain adequate support from management etc.
- 70% said they felt there was teamwork in the home.
- 65% of staff said they did not feel supported sufficiently to do their job.
- 75% said they did not feel they were a valued member of the team
- 80% said the senior management team were not approachable
- 40% said they had had a formal supervision within the last 12 months
- 50% said they had been set clear aims and objectives

The staff engagement survey gave invaluable insight into company culture, staff satisfaction, team well-being and much more. After analysing the result, the planned action was to commence one-to-one supervisions with staff to discuss the result of the survey and to create a positive and well-constructed way to tackle the issues raised during the survey.

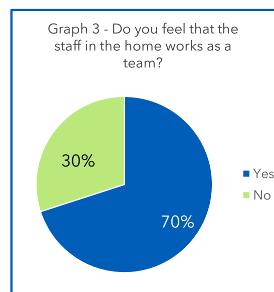
Another survey was conducted in September 2023. Our latest survey shows that compared to July, the number of staff who stated they enjoy their job increased by 20%, taking the total to 95% staff saying yes. Since the regular one-to-one supervisions and coaching/mentoring was implemented, the team is taking more responsibility, mostly feeling more supported and comfortable in their role, and understanding the day-to-day expectations. Communication is continuously improving and given tasks are completed on time. This has been a positive outcome and as such we will continue to implement this approach.

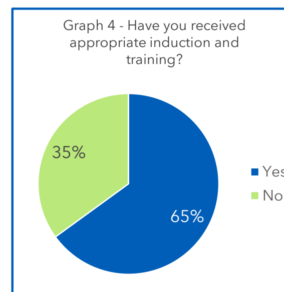


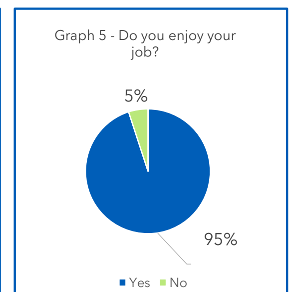


Graphs 1-4 Results of baseline survey (July 2023)

Graph 5 Results of post change survey (September 2023)







Conclusion

One-to-one supervision presented a safe place for reflecting on challenging practice and providing support in exploring better practice. The one-to-one supervision process provided accountability for practice and improved quality of service. The staff involved understood how to manage resources, delegate duties to care staff and manage their workload. We also covered areas of performance review, support and development. Clinical training needs were identified and the need for ongoing professional development was addressed.

One of the major successes was developing staff with a specific focus on achieving better outcomes for residents who use services and including carers. The biggest challenge included some initial resistance to change, time constraints to make sure one-to-one supervision were implemented and changing of the culture and mindset.

The result has shown an improvement in relationships between the team and management and hopefully this will have a positive impact on staff retention. The Pioneer Programme has helped me improve my listening skills and to learn how to get the team involved.

Creating a more inclusive workplace

South London Care Home Pioneer Programme 2023
Alberto De Matteis; Kingston Neuro Rehabilitation Centre, Kingston, London, UK

Aim: To improve inclusivity at my care home for staff by engaging in a game to learn about staff's heritage and backgrounds. To be assessed by surveys done before and after the introduction of the game over three months.

Background

My name is Alberto De Matteis and I am a nurse working at Kingston Neuro Rehabilitation Centre located in Kingston Upon Thames. Our care home has 36 bedrooms catering for people with acute brain injury and various other conditions, including care for those with tracheostomy, long-term management of complex neuro-disability, and rehabilitation for a variety of neurological conditions. This is all supported by the care of on-site health professionals, who offer rehabilitation medicine, clinical psychology and dietary support. I was born in Puglia (southern Italy) and completed my nursing degree in Modena (northern Italy). I moved to the U.K. in 2017 to take advantage of the better opportunities available. I have worked in the healthcare field since 2017, initially as a healthcare assistant. I then progressed to a senior healthcare assistant, care practitioner and finally a nurse. I have specialised in spinal cord injuries, brain injuries and strokes since 2018. I am grateful to participate in the South London Care Home Pioneer Programme as I wanted to develop my skills and open up further career opportunities.

Introduction

I chose this project because my facility is fully committed to the principles of diversity and inclusion and the majority of the workforce come from different countries around the world. The healthcare sector in the U.K. is extremely diverse and it is important to encourage staff to be able to relate to one another based on equality and respect for individual differences. I am trying to encourage all staff to develop an understanding of cultures and languages to enable them to communicate effectively with our residents, many of whom are from different countries. I planned to introduce a card game that I learnt about during the first workshop I attended with the Pioneer Programme. This involves a selection of cards placed face up on a table. The images on the cards represent different scenes, objects or animals for example grass with flowers, a clock, a lion, seaside scene, people sitting together on a bench and a kite. Each member of staff has to pick one card and describe the reason they have chosen that particular card. I thought this was a very good idea and could help each of us to express our feelings and personalities in front of other colleagues creating a comfortable and relaxed environment. The conversations tended to be about personal and social experiences and family background. I also plan to create a wallboard where everybody writes their name, their countries and region where they come from and put a picture of something significant representing that particular region. Each member of staff then explains the significance of their chosen picture to their culture/region/country. The wallboard will be visible to residents and relatives to so they can also appreciate the diversity of the care staff.

Method

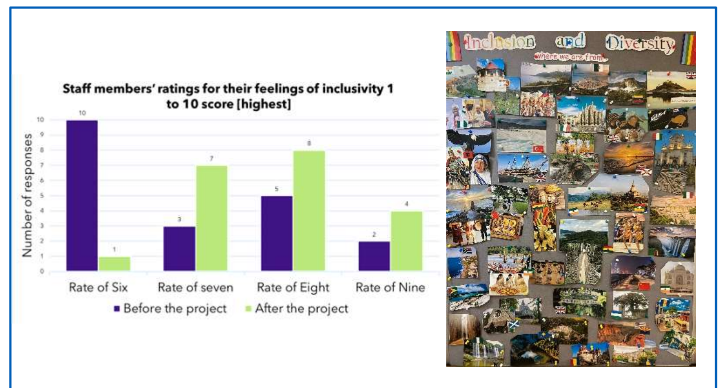
Because of the difficulty of measuring improvement quantitatively, I decided to conduct interviews with staff members prior and after undertaking the project. The data was collected approximately two weeks after the card game and the inclusivity and diversity board was put up on the wall. I asked 21 members of staff questions regarding how included they feel in the team and if not, why not. The questions were:

1. Where they come from and their knowledge of other staff members' origins.
2. Did staff members think or expect to be involved in a diversity and inclusion project.
3. How staff members felt about the level of inclusion currently in their teams (scored from 1 to 10 with 10 being most inclusive)
4. Areas where staff currently feel excluded.

I attempted to interview as many staff as possible from all levels and all areas of the business. I spent around three months collecting data on different days and shift times.

Results

When asked to rate their feeling of inclusivity, ratings for all staff improved after the project (see graph). Notably, 10 staff members rated their feelings as **six** (out of 10) before the project; this reduced to 1 person rating this score after the project. The number of staff that rated feelings of inclusivity at **nine** went up from 2 to 4 people. Before the project, 10 staff members reported knowing each other's countries and after the project this increased to 14. When staff were asked closed questions, the responses tended to be more favourable however, when asked open questions, a variety of issues were highlighted such as staff's daily allocations and decision-making processes around patients' care planning. A number of situations where staff were not feeling comfortable were identified. Getting staff to open up is difficult due to fear of causing trouble for themselves and others. The card game helped staff members to open up in a fun way. It enabled people to get to know each other in a more personal way especially across different departments and areas within the service. I felt it was all very positive because staff didn't expect to be involved in such a project, where they would get to know each other in this way.



Graph showing staff's feelings of inclusivity on a scale of 1-10 before and after the project. Photo showing inclusion and diversity board.

Conclusions

We achieved significant success with the card game and the diversity and inclusion board. It really helped people to be more open, to relate to each other and discuss issues and ideas more freely. I will continue to develop the diversity and inclusivity themes at my workplace, for example I plan to create a "country day" based on the countries on the inclusion and diversity board. The kitchen staff will create dishes based on the country chosen for the day, encouraging discussion about that culture. The diversity board will be kept up to date by the diversity champion and I have also encouraged staff members to reach out to me with any issues or suggestions for improvement. We are also considering creating a resident's diversity board which will complement the staff board so we can also understand the background and diversity of our residents and make them, and their family, feel part our community. Choosing a project that can have huge impact was difficult. Moreover, getting many staff involved was particularly difficult in a care facility which relies on shift work where often staff do not really meet each other. The biggest limitation was staff were so busy that it was difficult to set aside dedicated time. For the future, I would directly involve my colleagues in suggesting the theme of my project as this would give them a feeling of ownership. I have had to develop myself quickly as I needed to generate and encourage enthusiasm for the project within all team members. I learned that leadership is all about creating a vision and then trying the bring people with you on a journey that they feel part of. I hope that staff can see me as someone who wants to make our working lives better.

hin Health Innovation Network South London

My home life®

chd living
Kingston Rehabilitation Centre
Kingston-Upon-Thames

Walk alongside my loved one

South London Care Home Pioneer Programme 2023
Antonina Gont; Grasmere Rest Home, Sutton, London, UK

Aim: To build confidence and knowledge through practical training to relatives and friends on assisting the residents while they are outside Grasmere.

Background

I am the registered care home manager for Grasmere Rest Home in Sutton since February 2021. I have worked in the care sector since 2015 and started as a care assistant. Working in care has always felt like the right thing for me and I couldn't see myself doing anything else. Grasmere is a residential care home, where we all act as a family, and our main goal is to offer the best quality of care to our residents. We are rated Outstanding for the care we provide, and we are working towards an Outstanding rating for all the CQC inspection areas. Our residents are encouraged to be as independent as possible. The team members are always assisting with all the needs and wishes in a person-centred way. I wanted to join the South London Care Home Pioneer Programme as I am always looking for a ways to improve myself, my team and my residents to enjoy the workplace and the home that they are living in. I have chosen this project to support the residents to enjoy the special time with their loved ones and to create beautiful memories not only in the care home but outside of it too.

Introduction

We have noticed that the relatives and friends have reduced the times when they are taking their loved ones for walks or to different activities outside Grasmere. I believe that my service users are going to be happier spending quality time with their loved ones and having opportunities to go out.

With this project, I am aiming to increase the outings with their friends and families, increasing the level of contact with their loved ones. I aim to ensure relatives have a better understanding of the best practice when assisting their loved ones on their walks, or other activities out of Grasmere premises.

Method

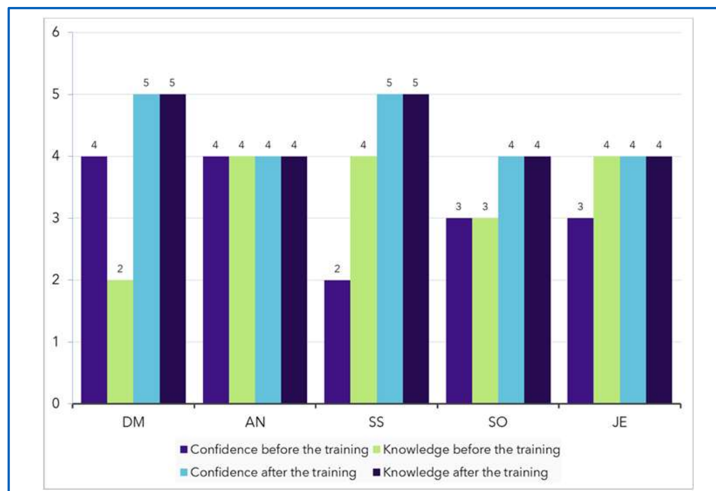
Prior to the training provided, I spoke to relatives and friends about the project. The service users' relatives and friends expressed their concern when they need to support their loved ones on trips, outings, or activities outside Grasmere Rest Home. Training was delivered to a group of six which included relatives and non-clinical staff. The training was a half day event and was delivered by the Care Home Support team (an occupational therapist and a physiotherapist). To monitor the project, I compared the number of relative visits scheduled before the training and the visits after the training. Also, I collected feedback using two feedback forms, before and after the training that gave the relatives and friends the opportunity to select a rating on their confidence and knowledge.

Results

Following the training our records showed that outings/visiting increased from 2/3 per week to 4/5 per week. The data collected is shown in the chart on the right. Supporting relatives with the appropriate training and equipment has increased the booked visits to take their loved ones out following the training. The family members have expressed their thoughts regarding the importance of having a professional giving important guidance that they can follow and ensure the outings are enjoyed by everyone in a safe way.

The written feedback after the training included:

- "I feel more confident after the training" SS
- "I feel we learned some really helpful tips to make transferring into/out of chairs and cars. I will certainly put into practice some things I've learned today" DM
- "I've learned about rollators and other items to help with mobility" JE



Graph shows level of confidence and knowledge before and after the training for 5 people with a score 5 being the highest.

Conclusion

The project was received well by the service users' relatives and friends, they have reported that they feel more confident in supporting their loved ones outside the care setting. Colleagues from the Care Home Support Team have provided training that was concentrated on the support that the relatives and friends need to provide to their loved ones when they are out or participating in activities independently from the care team. We have gathered information from 5 persons before and after the training. The number of outings and visits has increased, and the relatives and friends feel more confident in supporting their loved ones.

Health Innovation Network South London

My home life®

Grasmere Care Home for the Elderly

Improving wellbeing of mental health service users by increasing community engagement activities

South London Care Home Pioneer Programme 2023
Chloe Appleton; Aahana House, Croydon, London, UK

Aim: Organise regular community activities to increase community engagement for service users and enhance their well-being by end of September 2023.

Background

I have worked within the mental health care field for some time now and have worked in various roles ranging from support worker to registered manager. I feel that looking after people and trying to improve their daily lives is an extremely important task, and one that can always be enhanced even in small ways. I joined the South London Care Home Pioneer Programme to improve my skills and knowledge with the aim of improving the lives of those I support.

Introduction

The residents in my care home all live with mental health conditions. Often, the symptoms of these conditions such as low mood, low motivation, and anxiety mean that the residents don't go out into the community very much. I felt that if the residents were to go out into the community more often, it would improve their feelings of connection, self-esteem, self-efficacy, and generally boost their mood and well-being. In the past, community activities organised by our home have been thoroughly enjoyed by those residents who agreed to attend. I therefore decided to focus my project on this idea of organising more community outings and activities. The aim for this project was to gather evidence, through surveys and feedback, to track whether more community connection would improve the well-being of the residents. This evidence would then be analysed to plan more activities based on the preferences of the residents, to improve their overall well-being based on the outcomes of the project. The objective was to ascertain whether engaging with the community more, through activities and outings, will improve the overall well-being of our residents. This information can then be used to plan our strategies for the future.

Method

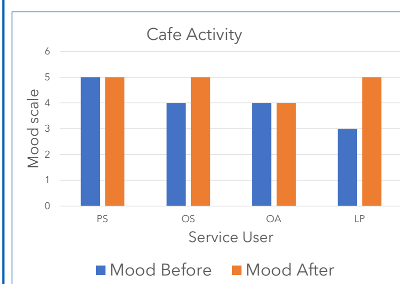
We collected self-reported data from the residents regarding how often they attended a community activity, their general well-being, and if they felt attending community activities more would improve their well-being. We collected data about their current mood (on a scale of 1-5 with 1 being very unhappy and 5 being very happy), in order to see any specific improvements following the activity before and after each activity. Finally, we collected data about their general well-being following the project, and whether the residents would like to continue with the community activities. Service users were supported to fill in these surveys where necessary. The deputy manager, care staff, service users and I were involved in this project. We collected data over 3 months.

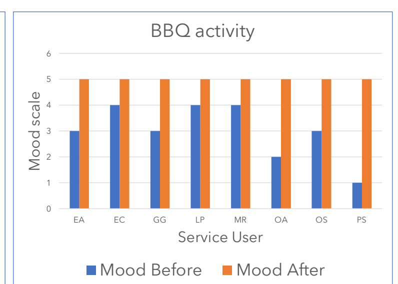
Results

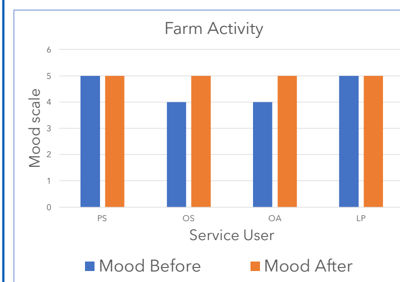
The results of the project reflected my expectation that spending more time engaging with the community would improve the general well-being of the service users, as reported by them. We measured their mood before and after each activity (outing to café, visit to a lavender farm and a summer BBQ) on a scale of 1-5 (1 being very unhappy and 5 being very happy) for eight residents. After every activity, either the mood improved or stayed the same. Except one resident, all residents rated their mood as five after every activity. The most significant change was for resident PS whose score went from 1 to 5 after the summer BBQ. Three out of six residents expected their wellbeing to improve after the activity and three expected it to remain the same. All four of the residents who answered the question mentioned their wellbeing improved after the activity.

However, there were challenges in implementing the project, the most significant being a lack of consistent data. This was due to some residents taking part in some but not all activities, or not responding to all the surveys. I found that some residents were very hesitant to make a change in their routine and preferred to remain in the home. Also, in order to manage risk, each activity required a lot of advance planning and extra staff, which sometimes hindered our ability to organise as many activities as we initially hoped. We found that those residents who could normally access the community without staff support were less motivated to attend the activities than those residents who required more support and adaptations to safely engage with the community. However, overall, the data shows that almost all who answered the survey found that engaging more often with the community improved their well-being and mood.

While some residents were already going to the community regularly, for a few, the project facilitated them to go out, ultimately providing them with an enjoyable experience. We will continue to implement these community activities because of the positive response we had from some of the residents, and the enjoyment they experienced. We have learned from the project and now can adjust our expectations and plans to best support the residents in the home.







Graphs show mood rating for each service user before and after community activity (1 = very unhappy; 2= A bit unhappy; 3=neither happy or unhappy; 4 = happy; 5= very happy.

Conclusion

The project's aim was to increase community engagement for the residents and as a result enhance their well-being. In order to measure this, we took survey data from the residents, before and after each community activity. In order to increase engagement, we organised some interesting community activities such as a visit to a lavender farm, a café trip, and a summer BBQ. There were some challenges however in getting the residents involved. Often, the majority of the residents declined, either due to personal choice, mobility issues, or their mental state. In the future when planning community activities, I will take into account the learning and expect fewer people to engage. I will organise several small outings rather than expecting many people to attend together.

The Pioneer Programme has helped me develop as a leader by challenging me to implement a change while still balancing other priorities and giving me an opportunity to learn about effective ways to gain feedback.

Health Innovation Network South London
My home life®
SUNRISE REHABILITATION CENTRE

Implementation of colourful crockery to encourage independent feeding

South London Care Home Pioneer Programme 2023
Cindy Fok; Milverton Nursing Home, Kingston, London

Aim: Introducing colourful crockery to residents with dementia and sight impairment in order for them to recognise and see the food on their plates and to encourage independent feeding.

Background

My professional background is in Finance, and I had the opportunity within the care home to change career paths and manage the nursing home. This is why I decided to join the South London Care Home Pioneer Programme, to meet other managers and leaders within the industry. One way to learn more is speaking to those that are facing the same issues or achievements within social care. Milverton, owned by Surbiton Care Homes Limited, is a private nursing home, that has been around for over 25 years and is run by Dr Gilbert Andrews. The nursing home is a converted house with all its nooks and crannies and a very homely feeling. Our slogan is – Care with Dignity. We uphold this and give the best care we can by taking on the residential needs.

Introduction

One of the residential needs we take care of is providing residents with delicious home cooked meals and a variety of dishes. Many of the residents enjoy their food and in order to encourage independence with eating, this has led me to this service improvement project. The service improvement is to improve independent feeding which is person-centred to the individual resident. There is research that serving residents food on coloured plates helps them to identify their food better as many foods like rice and mashed potato are hard to identify on a white plate. We chose to implement blue crockery for residents. There is also research that this helps those with dementia and sight impairments, both of which are relevant to us. We encourage independence where we can with our residents encouraging them to 'feed yourself ;'many residents are able to do this, including some with dementia, Parkinson's and partial visual impairments. Even if some residents are not fully capable of feeding themselves, the conversations during lunch about what is on their plate and discussing the food, is a great way to talk about the dish and reminisce about when they used to cook. It creates more than just feeding but a conversation. Our aim was to encourage independence and allow residents to feed themselves to keep up their motor skills and enjoy their lunch, in their own time, and at their own pace.

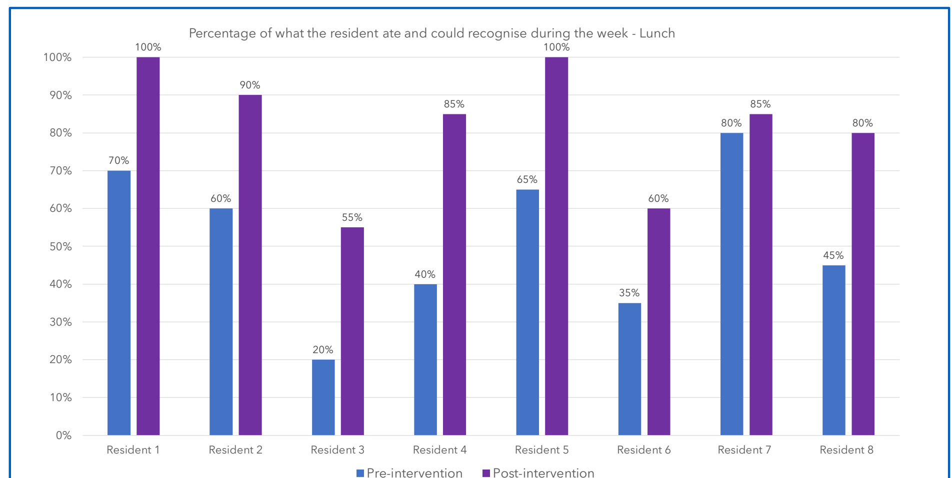
Method

We identified eight residents who were capable of feeding themselves. We created a spreadsheet of their names and documented their lunch and dinner for one week using the white plates. We recorded how they ate and how much assistance they required. We then took those same residents the following week and introduced the blue plates for lunch and dinner. We documented how they ate, whether they were more forthcoming to eating on their own as they could more easily identify the food, or if they required assistance. Our three lead carers documented the food intake as they know the residents and their capabilities well, and were able to encourage them through the process. The lead nurse oversaw the project and commented on the outcome. The data was documented over two weeks.

Results

In the first week we found that many residents struggled to see the beige food on their plates, especially their sandwiches which we offer at dinner time. In the second week we found that the independence of the residents' eating had increased as they could identify the food better on the new blue plates. The lead carers were very supportive of the change as they could see the improvements and were aware of the issues residents had faced eating beige food off white plates.

We have now bought additional blue plates for all residents to increase their independent eating and continue to see great results including from residents who were not part of the pilot.



Percentage of what the resident ate during the week - Lunch

Conclusion

The improvement has been of great benefit to the residents at Milverton as not only those selected for this project, but all residents, are now able to enjoy their meals more as they seem to be more able to see what is on their plate. A culture of independence and person-centred care is practised during mealtimes and the change has been implemented in full across the home. This improvement is a great success for our nursing home and in time we hope this will be implemented into many other nursing homes. This change was easy to implement and has appeared to yield benefits quickly without creating major challenges. The residents did not question the colour of the plates as their focus was on the food in front of them and identifying what they were about to eat. As a leader, this service improvement was rewarding as even though it was a slight change to the service, it has increased the amount residents are eating. This project taught me that improving a service does not have to be overwhelming and that if one has the right processes and documentation created to carry out the improvement, all will fall into place rather nicely.

Creating a new weekly activities timetable for residents

South London Care Home Pioneer Programme 2023
Santa Marasigan; Jesmund Nursing Home, Sutton, London, UK

Aim: Enhance the activities we offer to the residents and create new weekly activities timetable to improve their quality of life and participation in activities by the end of September 2023.

Background

My name is Santa and my background is in Physiotherapy. I have managed various care homes from small to large sized, independent to charitable institutions. I am currently managing Jesmund Nursing Home which is located in Sutton and has been designed to be a home-away-from-home for 25 individuals where medical, wellbeing and holistic care are topped by a team of care experts. We create a loving and supportive environment where residents can live a meaningful and enjoyable life. I joined the South London Care Home Pioneer Programme to improve my management skills, increase my network and share experiences, good practices and techniques to achieve OUTSTANDING service in my home.

Introduction

My project was about creating a new weekly (before it was monthly) activities timetable which would serve as a daily guide of interesting events that our residents can enjoy. I observed that some of the residents did not participate in our planned activities even though we were posting a monthly list of events and informing them daily about the activity. I decided to ask the residents and their families the reasons why they were not attending the activities, learn more of their interests, life stories and activities they enjoy the most. I involved their loved ones in developing meaningful and stimulating activities which would help build a sense of community within our home. This visual timetable of activities is tailored and reflects our residents' interests and needs, and should encourage families to join in with our regular events such as BBQ / summer garden party, trips to the seaside, theatre, shopping mall, etc. My aim was to increase the residents' engagement, keep them entertained, improve their health and wellbeing and strengthen the emotional connection with the people around them and the staff who are looking after them. If I am able to achieve this, then our residents will be happier and more alert, feel a sense of purpose, have improved physical strength and will be able to maintain their independence. This should also help reduce their confusion, agitation, low mood and any form of aggression.

Method

For this project, I involved each resident, their family, staff including nurses, carers, activities coordinator, administrator, chefs, maintenance and housekeeping staff as each role has an important responsibility for this task to be successful. All of the staff have one-to-one moments with the residents and as a result have developed a good relationship with them. I consulted them to ask about resident's interests when making the timetable. I collected the following data: the number of residents regularly attending the activities, the activities, hobbies and residents' interests and what's important to them, if the individual is able and open to learn and enjoy new tasks, staff ability and knowledge of the meaningful activity that the residents choose to do. I collected this qualitative data over 4-6 weeks. It took longer as I had to pause few times due to external audits and inspections. The data was collected through a combination of methods including questionnaires, interviews and observations with 25 residents and relatives for those who couldn't verbalise their answers. For residents that did not have a next of kin and were unable to verbalise their interest, I obtained data from their previous assessment. I also consulted with 4 nurses, 15 carers and 10 support staff.

Results

I found that most of the residents had similar interests e.g. playing games, doing gentle exercises, listening to music, dancing, having fur baby animals, going out to places like shops, parks, garden. They were passionate about activities that stimulated their intelligence such as cross word puzzles, word search, jigsaw, quizzes, etc. I learned that arts and crafts relaxed them even when their hands were shaky and affected by arthritis. I tried to incorporate these activities in the new timetable. I also discovered their frustrations as due to physical limitations, some residents were unable to participate in the activities, but I did not want this to be a barrier and still encouraged the staff to take them out of their room in time for these activities even if just for few minutes. Some residents preferred their own company; their relatives mentioned they were not very sociable when they were younger and were satisfied with listening to the radio or watching TV in their room.

16 out of 25 residents started regularly attending the live entertainment which was 8 more compared to before. I observed an increase in at least 5 additional individuals participating in playing games of skittles, bingo and ring toss. We were able to take at least 4-5 residents for outings every Saturday. The activities provided physical, mental, emotional, creative, intellectual and spiritual stimulation to all. For example, 4 residents mentioned that they were Roman Catholic and would like to get holy communion. So, I liaised with the local Catholic Church and representatives now come for a visit every Wednesday and administer holy communion to these residents. In the 4th week of my project, I could already observe a lot of changes in the residents' wellbeing, they were happier, there was less sundowning, aggression, restlessness and they seemed to sleep better after participating in activities. There appeared to be a decrease in the number of UTIs and chest infections. I observed these changes through the weekly clinical and behavioural report - I noticed a decrease in sundowning by at least 2-3 residents in a week. The number of people with sleep disturbances went from 4 people to only 1 or 2 in a week. I will be implementing more projects like this because I feel I have made a big difference in the residents' quality of life.

WEEKLY ACTIVITIES TIMETABLE

DAYS OF THE WEEK	MORNING	AFTERNOON
MONDAY	Play Skittles with Annet	Storytelling with David & Students
TUESDAY	Chair Exercise with Megha	Painting with David
WEDNESDAY	Wordsearch with Jolanta	Play Bingo with Greenshaw Students
THURSDAY	Ring Toss Game with Jasmin	13:30pm With Denny / Steve
FRIDAY	Coffee Morning with Relatives	Pet Therapy with Charlie the Golden Retriever
SATURDAY	Outing with Rushit	Baking with Syeda
SUNDAY	Watch TV BBC Songs of Praise	Music Therapy with Parvathi

This is the photo of the 'Weekly Activities Timetable' board displayed at the main lounge of Jesmund Nursing Home. It was printed on a glossy photo paper, 60cm x 40cm in size, laminated, framed and securely put up on the wall.

Conclusion

The project has increased the participation of residents in the day-to-day planned activities. Many were very eager and could not wait to join the next day. They would go to the lounge where the board of activities was displayed and would tell staff to remind them and not to start the activity without them. Residents' health and wellbeing improved; there was a noticeable decrease in sundowning, restlessness and disturbance of sleep at night. I was able to know learn more about the residents and was able to increase the involvement of relatives and develop more harmonious relationship with them. This also proliferated the connection of staff with the residents. I experienced some challenges while implementing the project such as: 1) Space – Jesmund is a small nursing home, we only have 1 lounge where we carry out all activities. We do have a medium sized garden but at this time of the year we are unable to use it, 2) Time constraint – pressures of work post-holiday has meant that I felt like I could have done parts of the project better, 3) Some residents chose not to participate, and 4) Funding and resources - especially for the outings which may need extra staff to be able to escort the residents. Overall, the Care Home Pioneer Programme has made me stronger and a more considerate leader.

Health Innovation Network South London

My home life®

JESMUND NURSING HOME

Improving outdoor activities for care home residents

South London Care Home Pioneer Programme 2023
Cynthia Kanayo; South Park Residential Home, Merton, London, UK

Aim: To ensure each resident engages in at least one outdoor activity each fortnight.

Background

My background is in health and social care management and I have worked in the care sector for 15 years. Currently I am the registered manager at South Park residential home in Merton, South-West London. The home has 11 beds, and we care for residents over the age of 60 who are living with cognitive impairment, dementia and/or frailty. I chose to take part in the South London Care Home Pioneer Programme because I need to make improvements to my home, following a CQC inspection in 2022 which had a 'requires improvement' rating.

Introduction

My service improvement project was addressing the quality of residents' outdoor activities and to facilitate better socialisation with the care home residents in the community. The change I was aiming at was to ensure that each resident engaged in at least one outdoor activity each fortnight. For those residents who like to socialise, I also tried to facilitate making new friends in the home or community and organise activities. This work is very important to our care home because most of the residents who join the home are very friendly and enjoy socialising; this was an important aspect of their wellbeing before moving into the home and therefore we want to ensure this continues when living in our care home even though we do not have a lot of resources for this aspect of care. This project also aimed to improve collaboration between the home and the wider community.

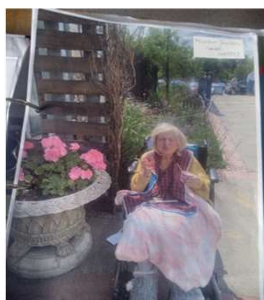
Method

The data sought feedback from residents and their relatives on our activities provision in June 2023. Responses included that residents were either sleeping, getting agitated, wandering about, or feeling bored. I organised a meeting with the activity coordinator, the residents, the residents' relatives and the local council. An idea was born to ask the borough for budget to support our ideas to travel with residents, and escort them to venues, with transportation and assistance. As a result of the feedback from residents and relatives, and approaching the council, we were able to take some residents out of the care home on visits, as well as holding more activities in our outdoor space.

Results

The project has had good outcomes. For example, relatives of Miss B fed back at the initial stage 'it will be a fantastic if Miss B can engage in more activities as she used to love going out, but lost interest since she lost her husband of 53 years prior to moving into care home.' Miss B attended Kew Garden on 20th June, 20th July, and 2nd August and was blown away by the outcome of it all. She had never been out of her room, but since the first outdoor activity in June, Miss B has attended 7 more outdoor sessions and enjoys socialising with people and she invited them to her 94th birthday in July. She is happy to go out whenever there is any outdoor activity that may be of interest. Miss J was offered the choice of accessing the community for a trip to garden centre because she loved flowers. Miss J was not so keen about going out initially, but with a little convincing and one-to-one activities to show her in pictures all she can find in the garden centre, she was ok to visit for a short while. Miss J was very excited and stayed in the garden centre all day the first time, took a lot of pictures and was reluctant to go back home. Miss J's feedback was that she would like to go there again. She attended again on 20th June, 20th July, and 2nd August. When asked what she would like to do on her birthday, she said she wanted to go to the garden centre with her friend. Miss J's next of kin said that Miss J now has lots to talk about whenever she visits her, and she even goes as far as showing her the person who took her and the pictures that were taken on the visit.

Residents socialising and participating in an activity together



Care home residents enjoying outdoor activities

Conclusion

The idea of involving the residents, their relatives, other health care professionals and the neighbouring community was challenging due to the limited time of the project. However, involving residents in the discussion and decision-making was important to meet the goal of the project.

Some of the challenges included trying to convince some residents to take part in the process. Next time, I will think about time scales more carefully, giving myself enough time to gather all resources needed to execute the plan. This programme has helped to boost my confidence.

hin Health Innovation Network South London

My home life®

SOUTHPARK RESIDENTIAL HOME
QUALITY CARE FOR THE ELDERLY

Enhancing Person-Centred Care in Kingston Rehabilitation Centre

South London Care Home Pioneer Programme 2023
Emina Hadzihasanovic; Kingston Rehabilitation Centre, Kingston, London, UK

Aim: Improving care by delivering patient-centred training and using games to enhance relationships between colleagues and with patients by September 2023.

Background

Kingston Rehabilitation Centre (KRC) provides care and rehabilitation for adults over 65 living with complex neurological conditions as well as orthopaedic and residential care needs. I have been with KRC for one and half years and my most recent job has been a Senior Nurse. KRC has just over 30 residents and our numbers fluctuate due to residents staying with our programme for approximately 12 weeks. KRC has a very special atmosphere with a culture of caring and mutual respect. I love my work and I sometimes even come to KRC on my days off! My reasons to take part in the South London Care Home Pioneer Programme and service improvement project are because I want to use the many tools that I have learned in this programme to bring improvements across our care home.

Introduction

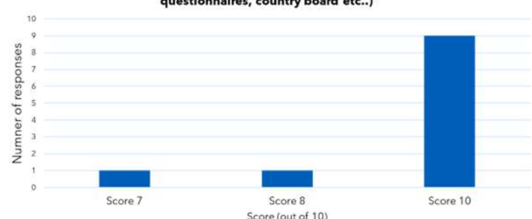
The project introduced in KRC was Patient Centred Care training for new staff. The aim of this project was to introduce a specific way for our staff to get to know residents and as a result have a better understanding of their needs. I used resources from the My Home Life Leadership Support Resource Pack on "Creating Community: Optimising relationships between and across staff, residents, family, friends, and the wider local community. Encouraging a sense of security, continuity, belonging, purpose, achievement, and significance for all." If the initial work is successful, I want to introduce the second theme of "Improving Health and Healthcare: Ensuring equitable and appropriate access to healthcare services and promoting health to optimise quality of life." I chose this project as it aligned with my own values of the importance of person-centred care and offering the highest quality of life for residents.

Method

The project consisted of 3 elements: delivering patient centred training to staff, playing a card game and a bingo game with staff and residents. The training was delivered by me and one of our assistant psychologists who specialises in managing behaviours. This covers how to get to know the reasons behind the behaviours (whether it is a trigger from traumatic brain injury or being bored or learning disability or any other history). Three training sessions were delivered in total. The first and second sessions were attended by five staff members and the third session by four staff members. We then played a card game, where staff and residents were supposed to pick a card displaying different images/objects and describe what it meant for them. We shared this with each other taking account of everyone's comfort level, psychological safety and responsibility for confidentiality. The final part was voluntary participation by staff and residents in as a "getting to know you" bingo game designed to improve relationships of staff with each other and with residents. It was set up in the form of cards that had questions such as: "This person's favourite food is lasagna" and the participants had to guess who it was. I carried out a survey before (July 2023) and after (September 2023) the training and games. The questions focused on how well the staff and residents knew each other. Examples of questions asked in the baseline survey: Which resident has been here the longest? On a scale of one to ten (one being not at all and ten being extremely well) how well do you know your colleagues? Example of questions asked in the survey after the training and games: On a scale of "one to ten how well do you know your colleagues? On a scale of one to ten, how well did you get to know the residents through these activities such as (bingo game, questionnaires, country board etc..).

Results

The card game was played by five staff members and bingo game was played by ten people (mix of staff and residents). Both surveys were answered by 11 staff members. The relationship between staff improved as after the project, 8 out of 10 rated 10 when answering "On a scale of one to ten (one being not at all and ten being extremely well) how well do you know your colleagues?" compared to none before. The games and questions helped us get to know each other better and it was definitely a positive and successful change. In the second survey, 9 out of 11 staff rated 10 for "On a scale of one to ten, how well did you get to know the residents through these activities such as (bingo game, questionnaires, country board etc..)," highlighting importance of these activities. When we played the picture card game, staff and residents felt more at ease with each other and were able to elaborate on why the person chose the specific card and what it meant to them. Everyone who participated in the exercises commented on how nice it has been to get to know each other better. In this kind of working environment where we are not only together for 12 to 13 hours a day, but we also work closely together taking care of other's lives, it is extremely important to know and trust each other. Moving forward it is important to continue to build on our team. We will continue to use the exercises and make new ones with similar effort towards getting to know each other better.



Graphs showing survey results. '1' is the lowest scoring option, and '10' is the highest. Top graph shows scores rated by staff about how well they felt they knew colleagues *before* (purple) and *after* (green) the games and training. Bottom graph shows staff scores of how well they felt they knew their residents, measured *after* the activities.

Photos showing card game

Conclusion

The main point of these activities and exercises was to encourage staff to get to know each other and the residents better. By knowing more about our residents - their history, their lives, their struggles and the kind of lives they had before their injuries - staff were able to have a better understanding of some of their behaviours. I chose to use picture cards and a game format to achieve this as a lot of our staff were from different countries with different cultures and languages. Having an enjoyable activity which was easily accessible made it easier for staff to learn about the residents and each other and to improve the personalisation of care we deliver.

Health Innovation Network South London

My home life®

CHD LIVING
Care Since 1984

Improving activities to increase wellbeing

South London Care Home Pioneer Programme 2023
Maya Ramrichia, Cranleigh Gardens, Sutton, London, UK

Aim: To introduce new activities outside of the home over an 8 week period to improve service users' experience and wellbeing

Background

I have been working in health and social care for 18 years. I joined the Curado Group in 2014 as a support worker and was appointed as a deputy manager in January 2023. Curado is a specialist mental health provider delivering residential care services for adults aged 18 – 65 in the London Borough of Sutton. We help our clients to achieve better health and greater independence, through tailored care plans, encouraging healthy eating, supporting them to keep medical appointments and building their confidence. I am based at one of Curado's three residential care homes. Cranleigh Gardens has five service users with a range of mental health issues such as drug and alcohol misuse. We work with the local council, GP surgery and CQC. I decided to take part in the south London Care Home Pioneer Programme to improve the standard of care in our service and to learn new skills and practices to enhance our service user's lifestyles.

Introduction

I chose to focus on improving activities available to service users to enhance their wellbeing and quality of life, and improve the standard of care we provide. I wanted to support service users to get out into the community more, be more active, develop their social skills and improve their social lives. Providing a schedule of activities aimed to encourage service users to get out more, be more active and live healthier lives. I worked with clients and staff to develop planned activity schedules for each individual which matched their needs and preferences. My team and I made suggestions of possible activities to match peoples' interests and needs and service users chose ones they were interested in. The activities that were introduced included: allotment visits to plant vegetables, walks in a local park, day trips to Epsom Down Racecourse, trips to London (they especially enjoyed Tower Bridge and travelling by tube) and Brighton (over the summer), barbeque nights and Friday evening meals at a local restaurant. My overall aim was to keep service users active and give them opportunities to interact in the community. I felt that providing a broad selection of activities that suited our residents needs would improve our overall care offer.

Method

Before beginning the project I discussed ideas with my team members, managers and Service Users. I shared the suggested schedule plan and delegated responsibilities to those who were involved. A number of staff were involved in arranging and delivering the activities. The project was delivered over 8 weeks. I conducted monthly reviews on the activities. This was done by collecting feedback to measure how service users felt about the different activities. Services users were asked the following:

- Were you happy with the activity you participated in?
- Do you want to do it again?

Service users fed back that they had had a good time, had felt excited and delighted to have new experiences, had enjoyed the views, the food, enjoyed the different modes of transport that were used etc. Feedback was gathered over four consecutive weeks via Service User meetings, conversations with relatives, discussions with staff and student intern interviews.

Allotment Harvest

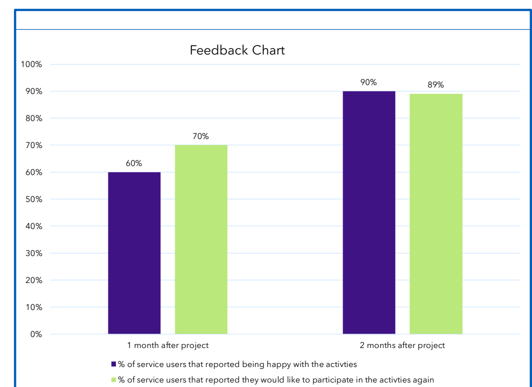
Home Gardening

Day Trip to London

Day Trip to Epsom

Results

Implementing this service improvement - a structured activity plan - has made a positive impact on the wellbeing of our Service Users. For example, enjoyment of the activities went from 60% in month 1 to 88% in month 2. It's also helping to keep them more physically active than before when they were remaining in the home. Service users seem willing to take part in their scheduled activities and I noticed mid-way through the project that Service Users were motivated to get ready to go out for the scheduled activity with little prompting and needing less support from staff. Once back in the home afterwards, we noticed a more settled atmosphere. In terms of future plans, my aim is to review the different activities to ensure they are suitable for each Service User. I also want to develop a set of activities that are adaptable to the weather over the Winter season such as gym visits, trips to the cinema, train trips to the countryside. I will also raise with my manager the idea of introducing this programme to our other care settings with the collaboration and help of my team members.



This graph demonstrates the relative satisfaction rate of service users.

Conclusion

I feel my service improvement project has been a success. I feel there has been a significant improvement in the number of times residents have exhibited challenging behaviours and less incidents have occurred in the service as shown from data I have collected from Accident/Incident forms and our day record books. The project did experience challenges. Not all staff felt confident to accompany residents out for the activities mentioned above. Staff needed more support, guidance and encouragement in order to do this. One way of approaching this was to encourage staff to become more familiar with the care plans of our Service Users so they could get to know them better before taking them out for an activity. All staff and Service Users got involved. My aim is to continue offering a schedule of activities but adapting the offer so that there are new activities available to our Service Users.

Delivering this service improvement project helped me to understand the needs of the Service Users better and to design better care plans because we had got to know them better. The Pioneer Programme helped me to meet staff from other services and collaborate and exchange ideas. It also helped me to develop my leadership skills to motivate staff and manage Service Users in community.

Emergency Evacuation Awareness

South London Care Home Pioneer Programme 2023
Nikko De Guzman; Nightingale Hammerson, Wandsworth, London, UK

Aim: To improve the evacuation of residents in emergency situations by training staff to respond more rapidly and instinctively so that within 3 months of training delivery safe evacuation begins prior to the arrival of emergency services.

Background

I am a Nurse Lead working in a "household" for residents living with advanced dementia. Most of our residents are unable to perform activities of daily living due to cognitive impairment thus relying on staff for assistance in all daily needs. Nightingale Hammerson is a Jewish care home located in Southwest London in Wandsworth borough. I chose this project to ensure that skills and awareness of every staff member about fire safety and evacuation would always be instinctive and "second nature" to them. Safe evacuation skills are something that can be easily overlooked as they are not often needed but are essential in rare emergency situations when quick decisions can save lives.

Introduction

The aim for this project is to ensure that the residents who lack capacity are surrounded by staff skilled in safe evacuation as the time and effort needed for each of them to evacuated is higher compared to other households. Emergency Evacuation Awareness is weekly training that starts with information dissemination using different scenarios and giving the basic information needed during the drills. Actual use of emergency equipment will help all staff to become familiar with evacuation processes. This also helps the fire warden to be aware and always have the protocol at the back of their mind through frequent drills using mock scenarios. The training started with the basic response and knowledge (see bottom left box below to see what was included). Weekly face to face sessions started on July 2023 and ran for 3 months. I facilitated most of the sessions, however three sessions were facilitated by a trained fire warden. This would ensure the continuity of these trainings and the fire warden would have the protocol at the back of their mind through frequent drills which varied with the mock situations.

Method

Before the project, staff were used to having 2 fire drill days every month (attended by 6 to 10 staff; sometimes same staff attended the 1st and 2nd training) in a form of discussion of the basic protocol. These 2 sessions did not include all staff as rota varied daily. Most staff were unaware of Personal Emergency Evacuation Plan (PEEP,) the location of the evacuation equipment, and how to use it. The project started with a simple question and answer about the basic knowledge (such as identifying two types of alarm, where to find fire panel, what are the different roles etc) to determine the level of knowledge of the staff around the subject. The plan was to do double the training offered (4-5 fire drills every month) initially and slowly add more situations and in-depth training and response once the level of knowledge was satisfactory together with actual use of the evacuation equipment. These were all assessed with a question and answer every after session. Staff participation still varied but the schedule of these trainings was made to ensure that most staff will get to participate in a month as this ran for 13 sessions. Oral recitation is always being observed every drill but 2 written exams consisting of basic evacuation knowledge were done in 2 separate occasions to measure the initial knowledge and with training knowledge. These trainings were catered for staff for 3 months.

Results

Data shows improvement on staff knowledge as shown in the graph. 2 quizzes were done where the first one was at the initial stage before the project and the second one was 2 months after the training. The final result still shows that not everyone had thoroughly mastered the basic evacuation policy completely. Initial test shows 7 staff members where 6 did not get a perfect score. Of those 6, 4 were able to complete the follow up test as the rest opted out. Different set of test was handed out where one staff member remained on 66% and the rest including the one with the previous score of 33% got every question right. Training being performed frequently and regularly will help every staff to retain information and help turn safe evacuation as a second nature with time. Data shows improvement on staff knowledge but a lot to improve on. Majority of staff appeared to be engaged in the training and most were happy to use an actual evacuation equipment at trainings. These drills will be continued and will be treated as a regular weekly activity.

Graph shows test scores of staff before and after new training. Note: Staff 1, 3 and 4 opted out of the 2nd test

Emergency Evacuation Awareness Training: Photo showing staff training. The training included: identifying 2 types of alarm, roles and responsibilities of staff in an event emergency evacuation, identifying the location of fire, communicating with the fire incident manager, identifying all the emergency exits, locating the 3 evacuation points, locating the PEEP of each resident, location and utilization of evacuation devices, safe evacuation using the horizontal evacuation strategy, and safe way of checking fire doors before opening for safe evacuation.

Conclusion

Frequent and regular participation in the training programme helped staff, including the person in the fire warden role, retain and remember the necessary information. The Fire warden's ability to delegate, convey information, and communicate with the Fire Incident Manager improved compared to the start of the programme. Care staff are now more confident to operate the evacuation equipment and safely evacuate residents. They are now also aware on where to get the PEEP and how to access it. This will be helpful for CQC inspections as well. Staff availability at the training was a challenge as the needs of the residents needed to be prioritised and impacted attendance. This was rectified through increasing the frequency of training and recapping information in each session for both day and night staff. Fortunately, the likelihood of an actual fire is slim, and this has made it difficult to assess the true performance of staff in an emergency situation. Leadership and communications skills learned on the South London Care Home Pioneer programme were helpful in initiating the project and working together on service improvement helped the team realise the importance of collaboration and resulted in a sense of accomplishment.

Health Innovation Network South London
My home life®
nightingale hammerson

Designing an improved activities programme with our residents

South London Care Home Pioneer Programme 2023
Sunu Jerome; Rose Manor 1 Residential Care Home, Lambeth, London, UK

Aim: To work with staff and residents to identify, agree and deliver an improved programme of activities to enrich the quality of life for residents. This will be monitored through activity logs and delivered over 3 months starting in June 2023.

Background

I am the team manager of Rose Manor residential care home in Lambeth for almost two years. Our care home mainly specialises in managing people living with serious mental health conditions. There are currently 7 residents each living with different mental health conditions including personality disorder, mild learning disability or illnesses such as schizophrenia. I participated in the South London Care Home Pioneer Programme to improve my knowledge of working in the care sector, to learn from colleagues working in different settings and improve my performance in my role as team manager. I chose this project as I recognised the need to improve activities available to residents and how this could affect the quality of their lives and the efficient running of the home.

Introduction

Before the project started, the activities we offered to our residents included listening to music, reading books, coffee and news reading, news watching etc. I aimed to change this schedule to include more meaningful activities to engage the residents and improve their physical, social, and psychological wellbeing. I planned to involve staff and service users in the project so they could help to make the project successful and be able to influence the activities included. It is important that service users have the opportunity to take part in activities, including activities of daily living to leisure activities and that they are encouraged to take an active role in choosing and defining activities that are meaningful to them. This may help them stay well and feel more fulfilled. The activities chosen aimed to provide emotional, creative, intellectual, and spiritual stimulation. I aimed to offer different activities to involve all residents taking into consideration their likes and preferences. I plan to make a video of residents participating in these activities in December 2023.

Method

I met with 7 residents 1:1 to ask what their interests were and what they would like to be included in the activity schedule. I also liaised with the staff and residents' family members to plan individual and group charts for the residents. The group chart consisted of activities that residents could do together. If any material was required for the activity, the registered manager bought this. I monitored the uptake of activities by updating the activity log of each resident on our online system. I marked either 'engaged' or 'refused' for every activity depending on their participation. The staff at our home were involved and gave me full support throughout this project and also helped me to conduct various activities. They did not receive any further training. I also requested family members to participate in activities at least once in a month if possible to further build relationships.

Results

Feedback from residents and staff collected for 3 months from July to September 2023 suggested including flower arranging, beauty treatments, arts and craft, quizzes, card games and cultural activities such as visiting church and cooking food from different cultures. I used this feedback to create new individual and group activity chart for everyone and introduced these all together. Our home has 7 residents in total. Before the new activity timetable was introduced, 6 residents engaged and 1 refused, however after the new timetable all 7 engaged in both group and personal activities. In card playing sessions, our residents loved to recall stories, people, places and emotions. It was really great to reminisce and was a wonderful social interaction activity. Singing was a very popular activity, and we plan to set up a choir which the residents were all very excited about. Other activities included cookery club and tasting sessions, gardening club as our care home has a lovely garden situated in the back side. Residents loved gardening and each resident had their own area for gardening and the names of plants they cared for. See below quotes from our residents:

- "I enjoyed cooking club it allowed me to make my favourite foods"
- "Thanks for including sitting activities because of mobility I can't dance and I don't know to sing so I am really enjoying these as they refresh my mind."
- "Upon reaching 15.00 hours, I let go of my discomfort and nervousness"

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (10:00 – 11:30)	Walking exercise in the garden with staff	Breathing Exercise	Listening Radio	Seated Yoga	Meditation	Key working Sessions	Hair Dressing
Afternoon (1:30 – 3:30)	Board Games	Quiz Time	Hand stretching exercise	Gardening	Movie Time	Drawing	Singing
Evening	Watch Tv in lounge	News Watching	Picture card playing game	Colouring	Riddles	Cooking Time	Visiting church

New group activity chart displaying group activities for the residents.

Conclusion

The project aimed to enrich the quality of life for all the residents of Rose Manor 1care home. Since introducing the various new activities, staff observed positive changes in behaviour of the residents. One resident had made a significant reduction in the number of cigarettes smoked. I found running one-to-one personal pampering sessions helped residents understand the importance of activities in day-to-day life which also resulted in better engagement in other activities. Much of the success of the project goes to my colleagues for their cooperation and dedication during the activity time and for taking initiative to take residents out according to their chosen places. There were challenges while implementing my project such as persuading some of the residents to participate in activities. The residents cannot be forced to participant in activities that they are not interested in. In future, I would like to refresh the activity chart every 3 months according to the residents' interests so they can try new things and not get bored. This project has helped me to improve as a professional as I have been able to develop my management skills and have improved my capability and capacity for providing the smooth and high quality services to the residents in our care home. It has also given me a lot more confidence in my career.

Health Innovation Network South London

My home life®

For further information about the Pioneer Programme, visit our website or contact us via email hin.pioneerprogramme@nhs.net

Health Innovation Network South London

My home life England