Q Exchange – End of award report for:

Supporting domiciliary carers to identify deterioration using 'softer signs' tool.

Award Holders:

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Project overview

Our idea was to test the use of a tool to support domiciliary care staff in recognising and responding to the softer signs of deterioration to;

- reduce avoidable harm
- enhance clinical outcomes and improve resident experience
- to incorporate SBAR to communicate concerns to colleagues/health professionals to help elicit appropriate responses.

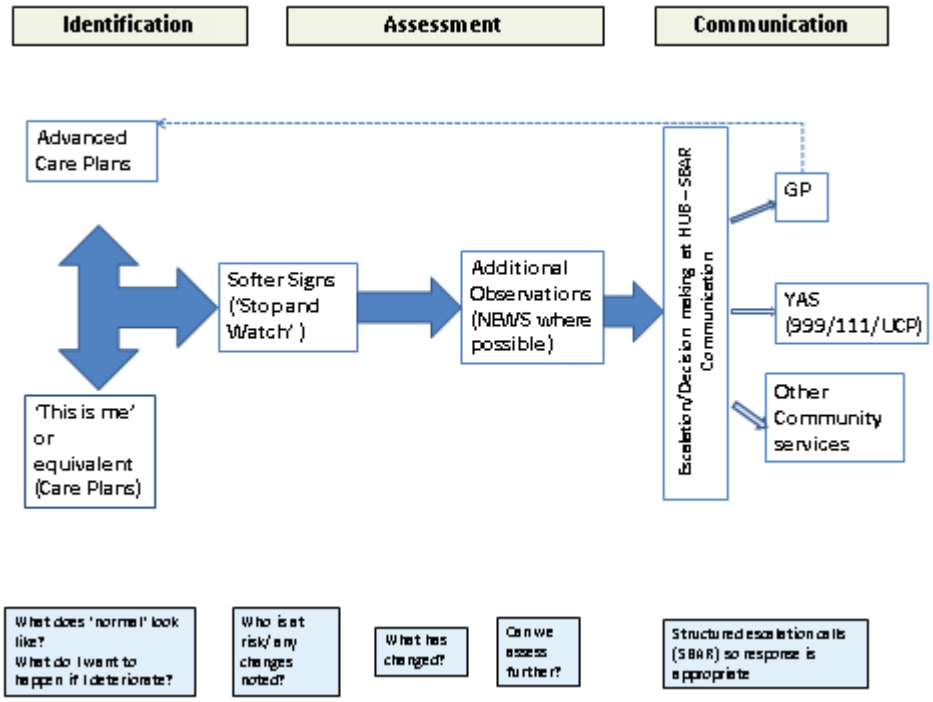
Focus was placed on improving recognition using a validated softer signs tool (based on Stop & Watch & Significant 7) then supporting an appropriate response and communication by domiciliary carers and hub staff. This approach built upon existing similar work in care homes and learning from the patient safety collaborative (PSC).

The domiciliary care sector was chosen as the area of focus due to several factors. Firstly scale; a significant number of individuals receive care at home, domiciliary care in the UK (2014/15) was provided to 873,500 people, delivered by 629,400 employed carers, equating to 318 million hours, costing 4.6 billion (United kingdom Homecare Association 2016). Secondly opportunity, as well as paid carers it is also estimated that 7 million people are informal carers, 1 in 10 people (Carers Trust, 2018) who also play a significant role in spotting deterioration. These carers (both formal and informal) are pivotal in early recognition of changes in an individual's condition. Our logic was some focussed work in this area could benefit people with complex needs and their carers, leading to better recognition and response across pathways of care improving quality, reducing harm and avoidable hospital admissions. Some research from as far back as 2000 strongly suggested that carers were very likely to spot early deterioration (Boockvar et al 2000).

Focus incorporated how to improve communication and promote a safety culture in the care team through tools such as virtual safety huddles and clear communication (SBAR) helping responders assess the situation and take appropriate timely action. Importance was also placed on working with key stakeholders (care home staff, YAS, GPs, Community Nursing staff, residents, carers, ED's and CCG's).

The model for improvement was used to test and implement the interventions.

The following is a model showing the elements of the project:



Progress

We achieved the original aim to implement into one domiciliary care agency. Training was completed by mid June 2019 and staff completed a baseline confidence survey which was repeated in August 2019.

Staff were spread across two defined geographies supporting around 350 clients. There were 114 care staff trained in total, this included 10 hub staff based in the office responsible for escalating using SBAR with 6 doing dual carer / senior hub roles. Trainers within the company, the Registered Managers and Director were also trained.

In addition a safety culture survey was conducted initially in January 2019; this is being repeated following implementation in September 2019 and we are planning to report back the results of this to the team in October 2019.

We always aimed to collect baseline data around unplanned admission to hospital (as a proxy negative outcome of missed early deterioration) however this was not possible as the data was not previously collected by the organisation. We looked for alternative data sources e.g. YAS, Acute Trust, but these sources do not recognise domiciliary care input.

Collection of data to show impact was arranged prospectively although we have learnt that capturing outcome data i.e. what happened after a deterioration was recognised and triggered is difficult due to the key role played by families (see later discussion). However once the system was in place we were able to collect data on the initial response and outcome data where it was available to the domiciliary care team.

Rather than having a paper form of the tool, the project coincided with the company's launch of an electronic care system, core elements from the softer signs tools were embedded into the system so if the carers were worried they could use the prompts and this information was then immediately communicated to the hub. This facilitated better communication and helped the carers receive the support they needed to take appropriate action.
We have also been working with relatives and informal carers to understand the role they play and the usefulness of the tool to them. An engagement event was held on the 16th July 2019 to understand the impact of the softer signs prompts from their perspective and explore what would be helpful. To aid this we used the Yorkshire Patient Experience Toolkit (PET) (https://www.improvementacademy.org/tools-and-resources/the-yorkshire-patient-experience-toolkit.html) as a framework for a focus group (see appendix 2 for outputs). This was more important than first thought as we discovered that families and informal carers are often the first point of contact rather than GP's and ambulance services. With this in mind we developed a leaflet to explain softer signs and how they could also use the tool to help them identify early deterioration (Appendix 3).

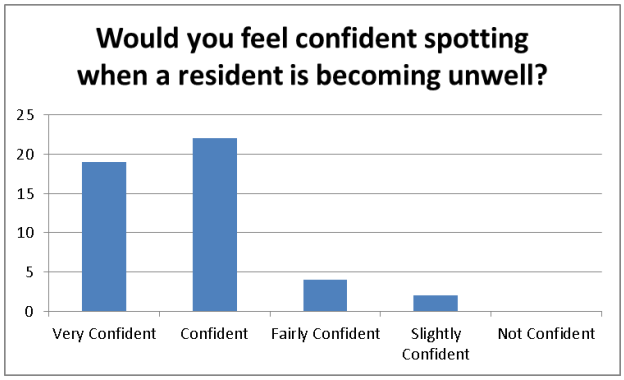
Finally we have spent some time capturing the opinions of the carers themselves both around the process of implementing the tools but also any impact they feel has occurred as a result (Appendix 4).

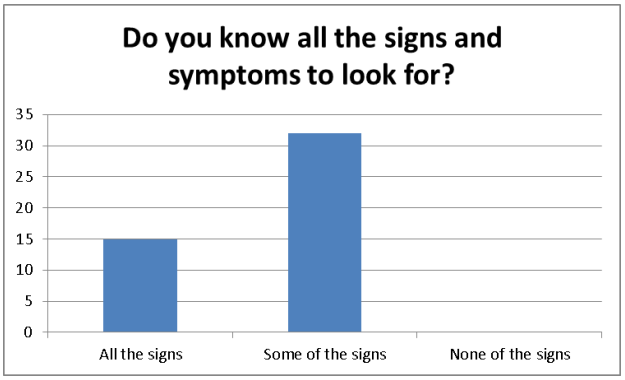
Impacts

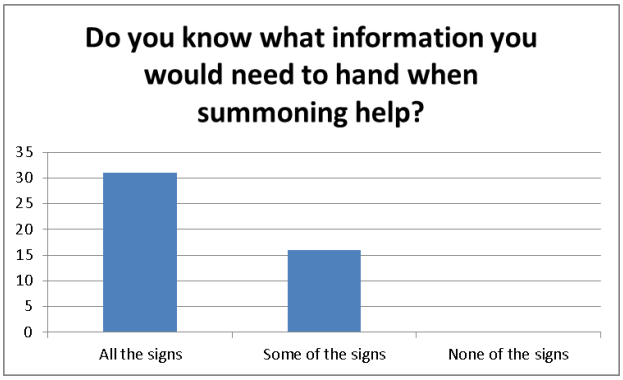
Confidence Survey

We trained 114 care staff including 10 Care support team (Hub) staff,
47 of these completed Initial confidence surveys (Appendix 1) and this survey was repeated after the tool was embedded with 45 staff.

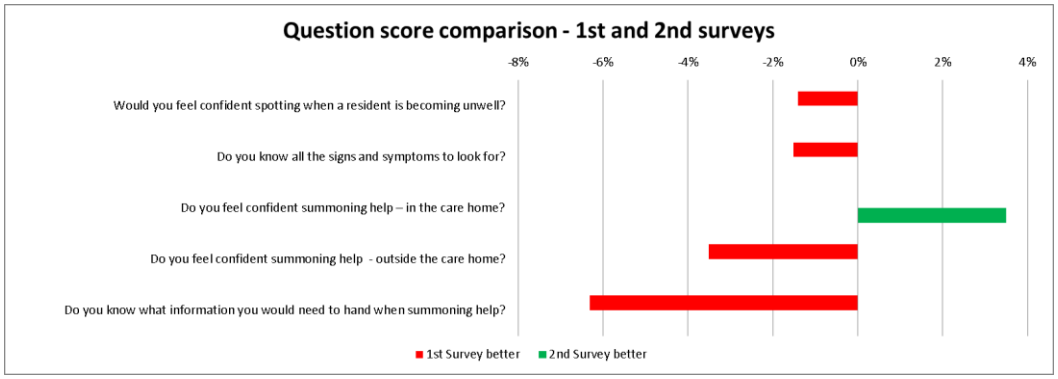
The initial survey showed a high level of confidence in spotting deterioration although carers recognised they didn't know all the signs they could look out for or the information that would be required when calling for help.





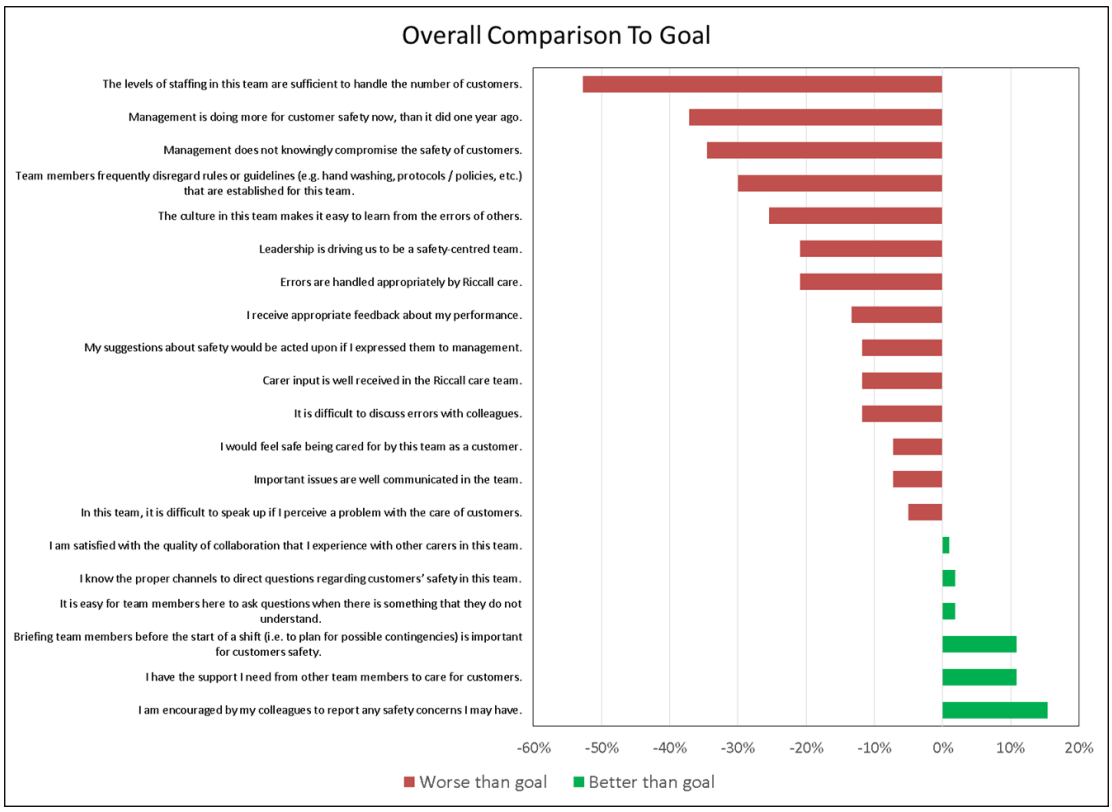


The following chart is a comparison between the first and repeat confidence surveys; although the scale is small we can see that for 4 of the 5 questions the staff felt slightly less confident although they reported improved confidence in summoning help from within the team, possibly reflecting the more immediate help available via the electronic system. This may also reflect that staff have more awareness and insight into possible gaps of knowledge.

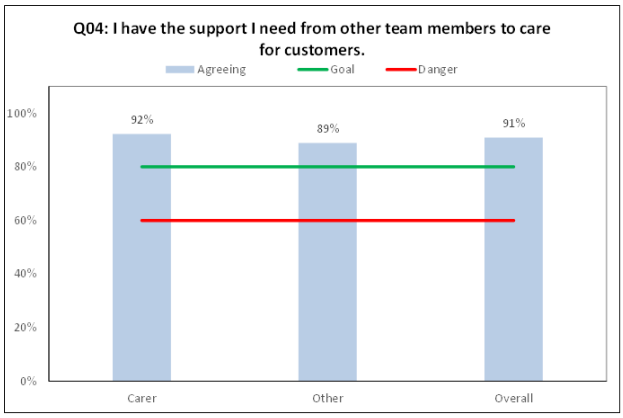


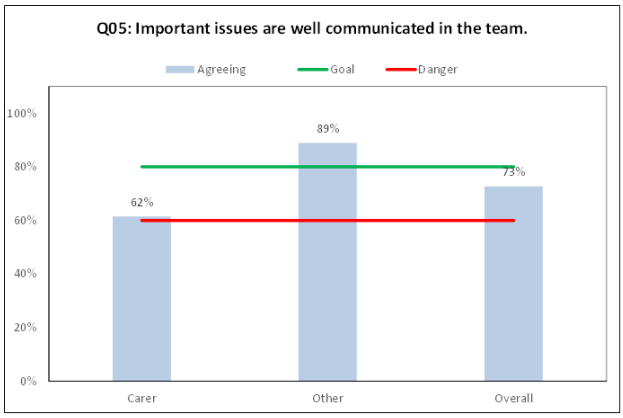
Culture Survey

As part of the evaluation we also conducted a Culture Survey (from the Safety Attitudes Questionnaire) 23 staff completed the initial survey from the initial participating team (we are in the process of repeating this). We used questions focussing on communication, team work and speaking out as these were the domains most closely aligned to the project.
A summary of the results is contained in the chart below:

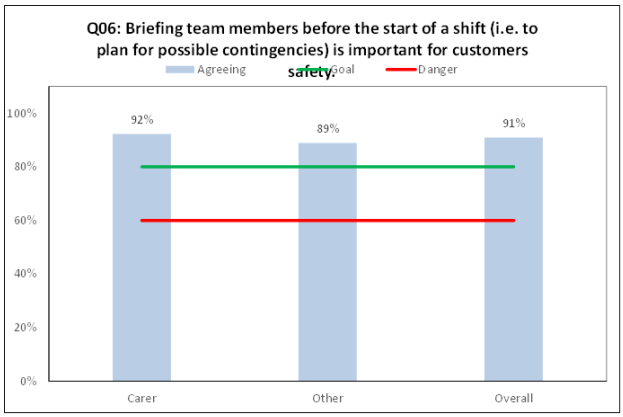


As you can see the majority of questions were answered negatively. Teamwork questions however were relatively positively answered:

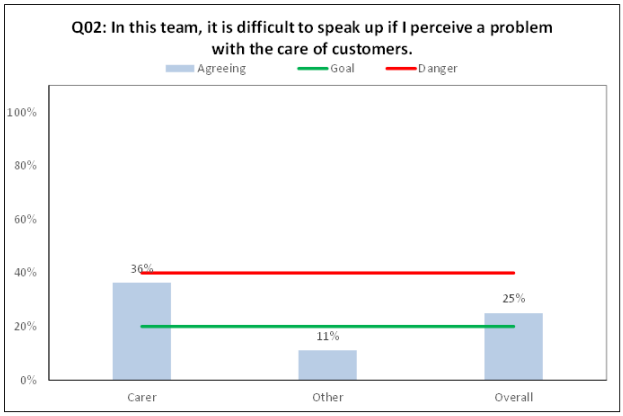


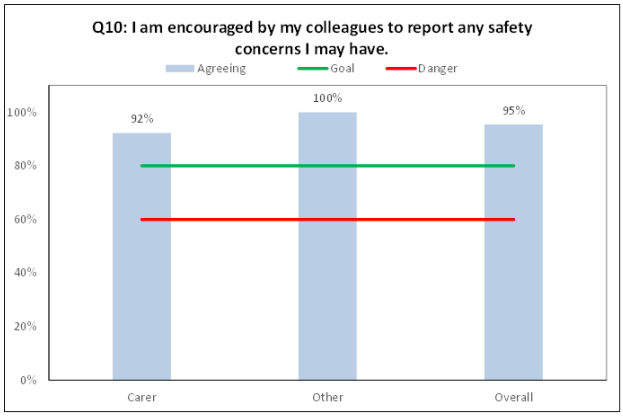


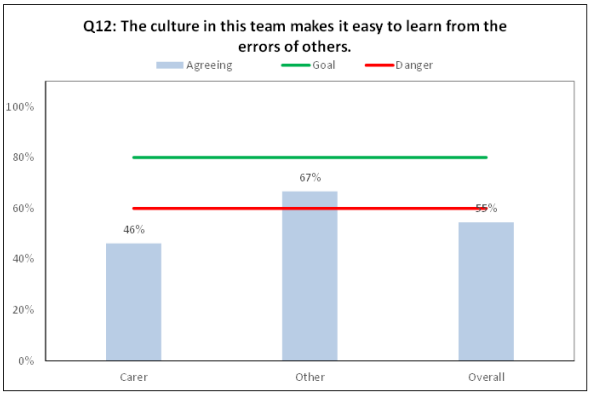
In contrast the questions focussing around communication garnered a mixed response, with the carers feeling this was an issue but all the team could see how important good communication is.



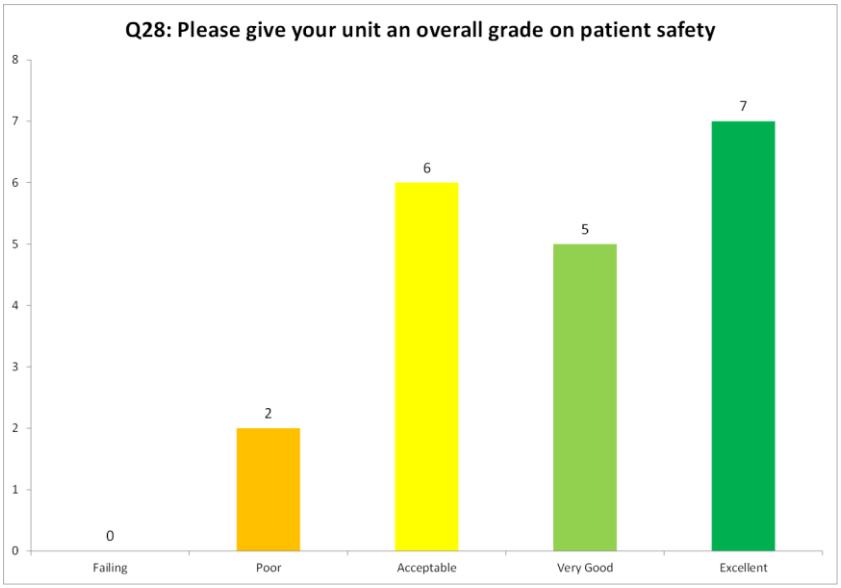
The culture questions had a mixed response; on the whole staff felt they could speak out however the third chart shows that the team felt they weren't learning effectively when things had gone wrong.







The final catch all question is shown below.

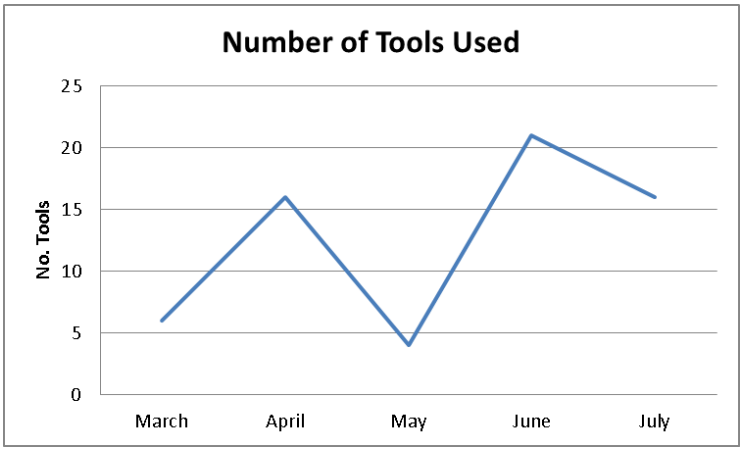


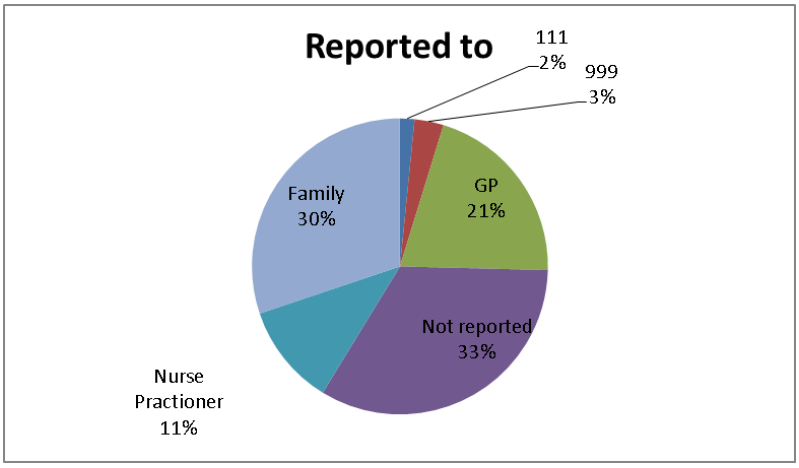
The survey is in the process of being repeated with the same staff sample so we will be able to compare if there has been a shift in any of the responses.

Use of Stop & Watch

We have recorded 63 episodes of the softer signs tool being used by staff between the 19th March 2019 and the end of July 2019.

There were some data capture issues in May due to the electronic system.

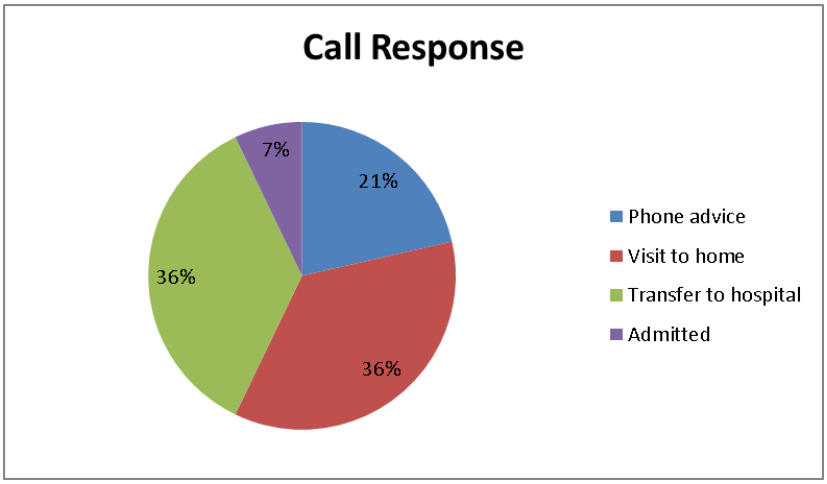




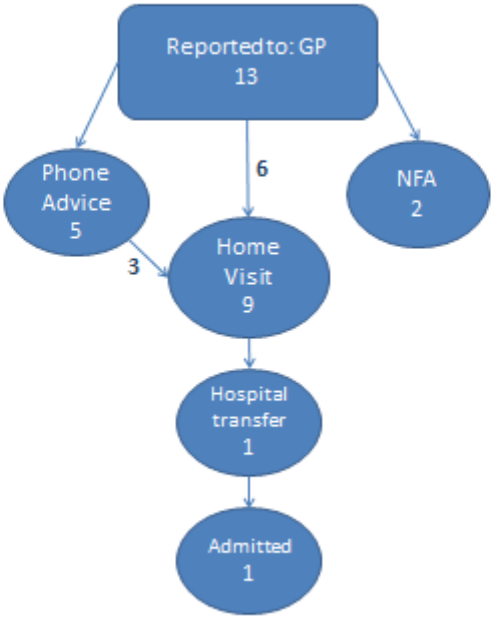
The first question asked who the concern is initially reported to: in this case 33% are captured as 'not reported'. The process at Riccall is that any trigger will be picked up by the Hub in the first instance, however these cases were not reported outside of the team itself. Only 5% resulted in a call to the ambulance service with the rest being reported to the primary care teams.

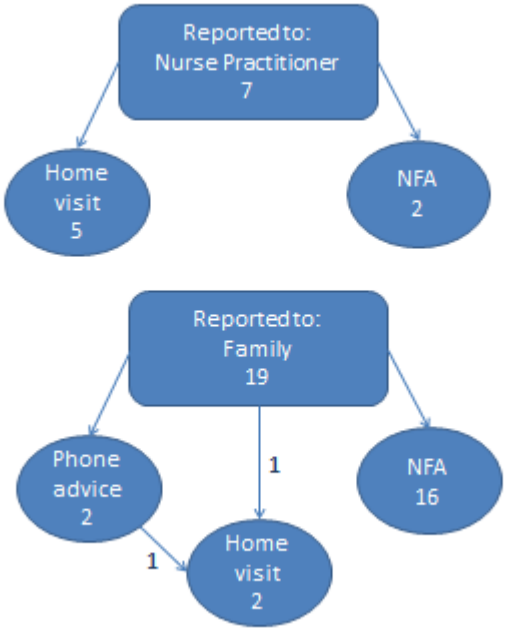
Interestingly in the case of domiciliary care the second largest group concerns are initially reported to was family (30%) this is a key difference in this sector compared with the care homes we have previously worked with. The family play a key role in domiciliary care and often have the first say in what happens in the case of deterioration (this can pose a challenge for the care team where there are differences of opinion).

The second area we captured was response to call (outside the team), (N. 42) therefore a subset of the initial triggers; interesting to note that only 15 resulted in transfer or admission to hospital.



Finally we have tracked outcomes from initial some calls, the following flow charts show the journey of communication from initial alert:





Aspects that went well

Implementation of this project was facilitated by thorough preparation and engagement by Senior Leaders within the care organisation. From the outset, including discussion of the germ of an idea the manager of the company was included and helped to plan and advised on the best approach with the teams. The project was embraced with enthusiasm by management who believed this was the right thing to do to support carers and ensure

residents were cared for in a safe and appropriate manner. This allowed the project team to truly collaborate with the organisation and for it to be perceived as a team effort.

Key factors contributing to success of the project include:

leadership

- There was a good relationship with the training manager and strong positive leadership from the company manager who was visible and supportive; this translated into priority being given by the company with associated resources allocated

- Alongside strong, positive leadership the company are forward thinking and professional in their approach; they were willing to embrace change

- Staff recognised it was useful and were eager to share and see the benefit of the tool so they engaged easily with the project

Training

- Training was well received and piggy backed onto mandatory training for the e system sessions, this was prioritised and staff were released to ensure 100% attendance

- It allowed time for the carers who are lone workers to spend valuable time together exchanging ideas and learning to support implementation in a way they could own and feel empowered by

Process Change

- The introduction of an electronic system at the same time as the project was launched allowed key prompts to be included which helped embed use of the softer signs in a timely manner

External Support

- The Q award enabled a dedicated resource in the Project manager who was external to the company which gave the project more gravitas (feedback from the company). All staff worked well with her, also as a registered senior nurse she was respected for her knowledge and skills. The project nurse made a concerted effort to spend time with all teams, trainers, support staff, senior care coordinators and forged strong relationships which enabled problems to be identified early and addressed informally to ensure success. The project nurse reported feeling part of the team.

- 'Cold eyes' – external view of the systems and processes by the project team allowed objectivity in observing where improvements could be made.

<u>What is the team most proud of?</u>

The process of reviewing how the completed softer signs tools have been used with clear client benefit has made the project worthwhile. We have also learnt a great deal about the challenges and therefore how to adapt interventions so they can be used in the domiciliary care sector.

As a project team we have developed strong working links between the Vale of York CCG, the Improvement Academy & Riccall Care. This was an innovative piece of work that cultivated trust within a care setting that is often misunderstood and often overlooked in other NHS/ health initiatives. The team felt we took a chance with members of the Q community, hoping they too would recognise the potential impact this work could have. The success in the achieving funding added a layer of credibility and recognition of its worth we were individually already convinced of and the result has been overwhelmingly positive.

This award allowed us to work with some of the most vulnerable people within our community, who are at most risk and therefore likely to benefit most from extra assurance that if they become unwell carers will be supported & empowered to act quickly. The staff who work in this environment are too often invisible and the wider system partners do not always appreciate the breadth and scope of their role in maintaining health and wellbeing. They are often under time pressure, working with poor staffing levels, as lone workers and with poor remuneration. I am proud that this project has been able to shine a light on the value of the carers contributions at a local and national level and has been able to inform on future service development and strategy busting many myths along the way.

The relationship between domiciliary carers and informal carers/ relatives in escalation of deterioration has also been exposed and would be worthy of further exploration. This links with empowering individuals and promoting self-care. There was a concern that the work may result in a rise in GP/DN calls but this has not been reported by any of the healthcare providers.

Challenges

Staffing Issues

- A change in manager / senior care coordinator at Riccall Care part way through project led to a dip in progression however this was mitigated for by the approach of the project nurse who maintained close communication and a visible presence in the organisation to ensure continuity of training and implementation according to plan.

- Some care staff were reluctant to handover responsibility to the care support team once a client had triggered, they wanted to ‘see things through’. To mitigate this a feedback mechanism was developed so they learnt of outcomes. This was something carers had not previously received and provided reassurance, reflection and learning amongst the staff.

- The work exposed a lack of trust between some care team members and the hub staff. The team tried to mitigate this with joint training sessions and the project nurse tried to broker honest conversations around some of the challenges. A joint understanding and vision allowed the barriers to diminish. Unfortunately as the organisation experienced changes in leadership this waned slightly and some people have reverted at times to defensive behaviour.

- For some staff with poor literacy there were concerns voiced that they would have to ‘do more writing’. The digital technology did however mitigate for this and made recording easier as the technology enables staff to ‘dictate’ actions and concerns on the E documentation rather than write. Training sessions were structured to cater for the learners needs and focussed upon interaction, encouraging discussion.

- As lone workers care staff reported often feeling vulnerable and felt this change could be an added responsibility. Feedback following introduction was received that staff felt supported by enabling them to work with the hub team in a more structured manner and provided evidence of the action they had taken.

Technology

- The coinciding of the softer signs work and the new electronic care record was both an enabler and a barrier. The new E tool led to resistance from some staff to embrace the changes related to the technology not the softer signs prompts. Some felt out of their comfort zone due to their digital literacy, some felt the company were wanting to watch over them and others felt it was "something extra to do". These concerns were addressed openly and honestly and with support and full rationale the carers who were initially suspicious in time could see the benefit from additional support when escalation was required by the hub staff.

At the current time domiciliary care agencies nationally are struggling to recruit and retain carers. This company also experiences the pressure of workload and at times it was difficult for staff to attend training. The company incentivised training and paid for carers to attend. A schedule was drawn up and this led to completion of the entire workforce within timescales. This project has been perceived as supportive to staff and is a benefit to those working for the company.

Learning

Technology

- Roll out was initially delayed for a couple of months due to the introduction of an electronic documentation system (including softer signs prompts). The team had originally planned for the tools to be paper format. The electronic system was helpful to the success of implementation as we were able to piggy back onto implementation training. In addition, the system took out a step in the process as once the carers put in an alert the hub team were informed via the system immediately and could take action. In addition the new system allowed for easier data collection, training schedules, engagement and sustainability of the project.

Training

- Training was given priority in the organisation and was delivered to enable the workforce to practice the softer signs prompts and SBAR in a safe environment and was practice focussed. The approach recognised the learners preferences and asked the carers how they felt the tools could be used to best effect in practice. It emphasised use of 'good document keeping' and record of their actions as positive encouragement for use. The requirements of the company policy and procedures and CQC requirements were referred to and allowed staff to link the positive aspects of change, demonstrating it as a means of recording what they do but often had no formal opportunity to record in a standardised fashion. The tool was encouraged to be referred to as a prompt to help ensure they could describe changes in a more succinct manner. The SBAR enabled hub staff to provide concise, relevant information when escalating onwards.

- The whole workforce were involved and this facilitated closer communication with the hub team. It challenged traditional ways of working and perceptions of roles across

the teams. This challenge allowed for clearer understanding of roles and responsibilities and enabled the work to gain momentum alongside enhancing positive, supportive team dynamics. Understanding culture and teamwork/ job satisfaction were seen as pivotal in the foundations to ensure success of the programme.

- The Senior Care Coordinator has developed a training booking on the organisations system which led to staff training reliably. This training is now part of all induction and refresher training.

Teamwork

- There is recognition through this work that care staff have strong relationships with clients & families, from the data collected it is apparent carers often escalate in the first instance to family members rather than health & care professionals and the hub. This is an important finding and potentially links with safeguarding issues if concerns are not actioned appropriately by informal carers/ relatives whether intentionally or unintentionally. This adds weight to the introduction of the tool with informal carers to support them in decision making and empower them to escalate accordingly.

- The alerts are now being used by the care assessment team to help monitor residents. If a resident has a number alerts raised or if a care package review is required, the team will use this information to inform on appropriate levels of input. This has the potential in flagging early changes in a resident's baseline condition and the ability to prevent deterioration and prolong the ability to stay within the home environment for longer if appropriate care package can be provided.

- An individual care support worker has been a positive influence on others through their accuracy of documentation and therefore has acted as a role model and champion. This helps promote and sustain the work and is a way of influencing the culture in a positive way within the team.

Appendixes 2 and 4 show captured conversations with both informal cares and families and the Riccall Care staff re some of the enablers to using the tool.

There is learning regarding how to capture data relating to this sector and the potential moving forward. There will be discussion within the CCG on how individuals in receipt of domiciliary care might be identified on admission/ attendance to the acute trust through coding. This would enable more accurate data capture regarding the needs of both those resident in care homes or in receipt of domiciliary care to be better understood. Currently the only way to identify attendances/ admissions from care homes is using post code data where a care home is registered so does not provide robust data. There is no way of knowing currently who receives domiciliary care on attendance/ admission to hospital other than if a nurse documents within the documentation as part of care planning.

Conclusions

The learning from this project has been powerful from both from a QI perspective and also as a project team formed from health and social care. It has allowed us to challenge the assumptions we regularly hear and ourselves held about domiciliary care. Spending time with the organisation has given us an honest lens into the challenges faced for those staff working in the home environment and can now helping inform on priorities and further programmes of work relating to hospital avoidance, care at home and flow within the VOY

CCG. The insight and learning will hopefully be useful in myth busting within the healthcare community.

We believe the learning is transferable to other domiciliary/ community based care settings. The domiciliary provider we worked with cover an independent living facility and staff here also utilised the tools successfully. A local day centre connected with the same company has since engaged in the use of softer signs and SBAR and are finding it immensely useful when communicating at the end of sessions or when escalation is required. The day centre caters for residents from a local care home who are also involved in this work and it is demonstrating how useful it is to allow for the flow of communication across different care settings that are both formal and informal.

The use of the a softer signs tool as a means of monitoring has also been picked up on in the domiciliary setting as within care homes enabling a residents baseline to be more clearly understood and changes identified earlier. Key trends and themes can be identified where escalation in care packages may be of benefit before crisis point.

The key enablers for success include as in any QI project for a robust and resilient implementation plan with solid preliminary work to set the foundations and look towards sustainability from the outset. Strong leadership and engagement from within the organisation is pivotal, with commitment to training and support of carers by all those involved, the use of an e system helped embed the tool almost instantly and allowed for easier collection of impact data.

An assumption we made at the outset of this project was that carers would call health care professionals first when escalating deteriorating residents. In reality it is often the relatives/ informal carers who make the decision to call for help when prompted or supported by the hub staff. Closing the loop on communication was important to care staff and there is less of that within the domiciliary setting than was originally anticipated as carers often did not get to hear of the outcome. It was more difficult than assumed to gather baseline data, even more so than in the care home setting. When an individual is admitted to hospital it is not coded on the system if they are in receipt of domiciliary care, this makes attendances and admissions to ED/ GP difficult to track. This resulted in less quantitative data than we would have liked but to counteract we did collect mote qualitative data.

Of benefit and of note to others using an electronic system was that it was a ‘live’ system. When a carer triggered a sifter signs prompt in a residents notes it is immediately flagged on a whiteboard in the hub. A member of the hub staff is tasked with monitoring and responding to the whiteboard which is placed in a prominent position within the office to ensure immediate response and action. This helps prioritise incoming alerts and work flow.

Actions that resulted were sometimes surprising, not all were health related i.e. a resident was reported as being cold, carers did softer signs, the Hub spoke to son who then called a plumber. It turned out the issue was social not directly health related however this importantly identified a problem and prevented potential decline in health and possible hypothermia.

Messages to other Qs

- Working as equal partners is vital to ensure that the tools are adopted and embedded within the team appropriate to their own working practices. Strong leadership and a conviction of purpose creates buy in from hearts and minds. Having a previous understanding of the working environment and the challenges the domiciliary care staff face is advantageous but active listening enables that knowledge to be created. Carers face conflicts of time restricted visits, lone working, scope of practice and type

of tasks they might be asked to undertake. Listening to how they feel the tools will help them to care for residents is important when translating the concept into action.

- The joint approach between health and social care gives credibility to training and supports the new practice to be embedded.

- Always approach any project with a curious, supportive & non-judgemental manner.

- Be flexible with training schedules, especially be prepared to train very small numbers over a period of time and accept cancellations happen often at the last minute

- E learning is not a preferred method of training and was not appropriate in this programme as we have also found in care homes settings.

- Face to face visits to collect any data builds the relationships, gives ongoing support through change in practice and identifies problems promptly

- This work has led to a strategy being developed for early recognition in social care as well an in healthcare, blurring the boundaries between health and social care which are so interrelated.

Communications plan

Once presented to the Q Exchange programme there are plans to disseminate the evaluation widely. This includes;

Communication team in the CCG to spread findings at key meetings and electronically/ social media, linking with NHS England, VOY CCG Partners in Care Forum, IA, Primary care colleagues, YAS, other agencies and supported living providers, social care colleagues (LA's).

The project plan identified the key contacts and means of communicating regarding the work.

Partners in Care Forum within the Vale of York CCG, locally promoted via PSC, now we have some learning we can be more confident to share more widely. We are also planning to disseminate the learning via an event to take place in November 2019 for the whole region and using the networks that already exist within the Y&H Patient Safety Collaborative.

A plan to share findings from the evaluation with the PCNs across the Vale of York is planned and a paper to the VOY CCG execs to identify findings and a case for the CCG to support adoption and spread by other domiciliary care agencies.

External Interest

- Hull Sepsis congress
- Queens Nurses Institute poster accepted
- Breakout session for YQSR and IA New Horizon new perspectives Patient Safety conference in October.
- Sheffield care homes forum.
- Other CCGs have asked for information and are actively pursuing routes to adopt and spread.

Next steps/sustainability

Already engaged other care providers (Leeds), a supported living facility. This will be the next major spread via PSC funding.

Sustaining in Riccall – indication training being given, e systems, staff deliver training. Embedded as part of the processes and systems.

Paper to NHS Vale of York exec committee to share findings and recommend this should be supported for adoption and spread with other engaged agencies/ care settings.
Discussion with the acute provider regarding inclusion in discharge advice and coding for data capture to inform on wider hospital avoidance and discharge work.

Future Plans

Once evidence base is in place and can be demonstrated it will be easier to sustain the work and potentially apply for more funding to allow spread. We are hoping that this area will remain a priority for the Patient Safety Collaboratives should the work be re commissioned from 2020-21.

Within the VOY CCG it is hoped that a case to maintain current capacity can be made to support the ongoing spread of this work.

How can the Q community support?

The Q community can help to disseminate the learning and share the tools that haven been developed through the work. We would also be interested in finding out and linking with other similar projects to accelerate learning and improve the evidence base of effectiveness.

<u>References:</u>

1. Reference: Boockvar K1, Brodie HD, Lachs M, J Am Geriatr Soc. 2000 Sep;48(9):1086-91. Nursing assistants detect behaviour changes in nursing home residents that precede acute illness: development and validation of an illness warning instrument.

Appendices

1 = Confidence Survey
2 = PET tool families
3 – Carers leaflet
4 – PET tool staff

Appendix 1

Recognising Deteriorating Residents

Team: ..... Date: ..... 2nd Survey

We are trying to get a feel for confidence levels of staff in care home in recognising and responding to deterioration, this will help us tailor our ongoing support for the work. We would be grateful if you could spare a few minutes to complete this form:

Job Title: .....

1. Would you feel confident spotting when a resident is becoming unwell?

Very Confident	Confident	Fairly Confident	Slightly Confident	Not Confident

2. Do you know all the signs and symptoms to look for?

All the signs	Some of the signs	None of the signs

3. Do you feel confident summoning help – in the team?

Very Confident	Confident	Fairly Confident	Slightly Confident	Not Confident

4. Do you feel confident summoning help - outside the team?

Very Confident	Confident	Fairly Confident	Slightly Confident	Not Confident

5. Do you know what information you would need to hand when summoning help?

All the information	Some of the information	None of the information

Appendix 2

Supporting Domiciliary Carers to identify deterioration using a 'softer signs' tool: Clients/family feedback at Riccall care

Process of Implementation

- It will be very helpful to get the help that is need
- The tool is useful and easy to understand, it sounds like a good idea
- Good idea and helpful
- Consistency of people is really important (carers)

Monitoring

- Mum has just started with care so she changes a lot so this will be good to monitor her
- When carers came and it was paper based, they only looked at my previous day not the whole week. S&W prevents this and notifies people that there is an issue
- I think it is good as changes aren't always easy to see
- If it gets help, all the better
- When there are different staff they all know what they have to do

Impacts

- Before was paper based notes, looked at just the day before. Now this is in place we feel response is immediate and they are better informed.
- Recognise when someone is coming unwell but also their changing mood.
- Older people can be quite proud so it's important. Really great that people are looking for subtle changes and allows staff to track.
- Pleased to see this is coming into place.
- Helped with consistency between carers, speaking the same language
- Cares are noticing other things and it is a wellbeing tool

Ideas for Improvement/ Next steps

- Keep going, share it with others
- We don't always know S&W has been used, the professional notes that has become such a part of the teams behaviour that we don't necessarily highlight its use to the clients routinely. (May be useful to explore the care givers role in escalation).
- Simple common sense, great deal of potential, keep running it.

Appendix 3

Carers leaflet

SW_SBAR_leaflet_vFinal generic.pdf

Appendix 4

Supporting Domiciliary Carers to identify deterioration using a 'softer signs' tool: Staff feedback at Riccall Care

Process of Implementation

- Office staff embraced the tool
- Managers feel assured that there is detail available
- Simple and common sense
- East to use
- Only 2 pieces of paper and allows early intervention

Monitoring

- Carers are picking up on a lot more now we are using S&W
- Lists things which we look for, some carers who don't see clients on a daily basis pick up on things
- For day care staff: they think it is brilliant, they can chase actions on resident changes, if they think they have picked up a chest infection, when they report they have back up.
- It saves time – help recognise problems so I can pass on and leave the office team to sort out.

Impacts

- Overall carers are feeling more confident in using the tool and using their initiative with clients. They feel they are listened to more & taken more seriously when reporting to health professionals.
- Real good confidence boost for carers working with vulnerable adults on a daily basis!
- It has bought the team together
- Not sure helpful – is it not what we already do?
- Saves time and helps recognise problems especially if staff don't know what to do

Ideas for Improvement/ Next steps

- I get to embrace some new technology
- Some staff don't trust that the office staff will follow up and still try to sort out themselves.