



# Partners in Care

Wednesday 6th February 2019

13.30-16.30

Galtres Centre, Easingwold



# Agenda

Introductions	
Care Home Capacity Tracker and Hospital Transfer Pathway Standards Update	S Fiori
Discharge Team Update	G Younger
CHC Update	A Griffiths
TEWV Update	L Kovrlja
York Integrated Care Team update	J Topping
React to Red Update	H Degnan
Identifying Deteriorating Residents	S Fiori
<i>Interval and Refreshments Break</i>	Group
NYCC Quality Improvement Team	S Smith
Skills for Care including Registered Managers Network Update	A Thompson/ A Redhead
15s 30 m Joy in Work	S Fiori
Partners in Care Lessons Learned	S Fiori
Opportunity for discussion; issues to be raised, Good practice/ learning to share	Group
Thank you and close.	

# The Capacity Tracker

## (Care Home Bed State Tool )

Link to the You Tube video for information;

[Capacity Tracker](#)



- ❖ Ability to update your bed availability real time
  - ❖ Share information regarding your home with colleagues and potential residents/ significant others at the touch of a button
  - ❖ Support a more streamlined admission process
  - ❖ Free!
  - ❖ Resource section now available
  
  - ❖ Have you submitted approver emails for log ins?
  - ❖ Do you want support?
  - ❖ Are you updating weekly?
  - ❖ **83%** of Nursing and Residential care homes now registered and updating
- THANK YOU !**

<https://carehomes-demo.necsu.nhs.uk>



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# Discharge Hub Update



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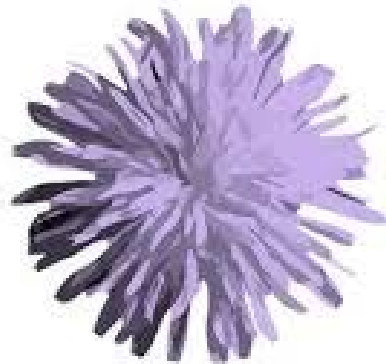
# CHC Team Update



# Care Home and Dementia Team Update



# York Integrated Care Team Update



York Integrated  
Care Team



# React To Red

Pressure ulcer prevention campaign supported by NHS England  
**SSKIN** is a simple yet effective framework which prompts carers to consider key areas important in maintaining skin integrity

- ❖ **Surface**- what mattress/ cushion does the individual need
- ❖ **Skin Inspection**- regular skin inspection and empower individuals to check and report if possible
- ❖ **Incontinence**/ moisture- prevention of moisture damaging the skin
- ❖ **Keep Moving**- repositioning and regular movement
- ❖ **Nutrition**- optimum nutrition and hydration

***If you see red skin or think someone is at risk report it....  
'React to Red'***





# React To Red Progress

- ❖ 64 care homes across the Vale of York are Engaged with the React to Red programme
- ❖ Out of this figure, 42 care homes have achieved full sign off (all 1047 staff trained and competent) and 23 are currently undergoing training
- ❖ This amounts to approximately 1743 eligible staff, of which 1544 (89%) have completed training
- ❖ Pressure ulcer awareness sessions completed for tenants, relatives, carers and staff at 5 independent living communities in June, July & August
- ❖ Training evaluation and feedback from the programme remains positive. Care staff report the training is easy to understand and improves their baseline knowledge of pressure ulcer prevention, recognition and actions to take. Thank you to those that have sent me feedback
- ❖ Many homes involved have made pressure ulcer prevention training mandatory for all new recruits and as an annual refresher



# React To Red

React to Red is finishing at the end of March

- ❖ Have you completed?
- ❖ Feedback . . .
- ❖ Link champion celebration event
- ❖ Going forward

What did you think of  
the programme?



# React To Red

An e-learning version of the **React to Red** Training Resource has been launched!

**REACT  
2RED**

## Using the React to Red approach for pressure ulcer prevention

Developed in line with evidence based practice this will raise the level of knowledge of prevention and awareness strategies that are person focused and promote excellence for outcomes of care

It is an evidence based, competency assessed training resource, aiming to increase awareness and knowledge of pressure ulcers, prevention strategies and improving outcomes. Whilst the focus is on care home settings and aimed towards carers, the training resource aligns with the Stop the Pressure Programme (NHS Improvement) and spans other healthcare settings such as Community and Acute Trust settings

A Training Pilot/Evaluation was undertaken during 2017 in conjunction with The University of Bradford to establish evidence and support for a wider roll out, early learning demonstrated:

- Increased staff knowledge/early recognition and reporting of G1/G2 pressure damage
- Improved partnership working
- Development of good practice/innovation

### How to access the e-learning

**NHS Trusts (in the North of England):** Skills for Health/ESR - search for the course '000 North React to Red' when logged in to ESR

**Care Homes:** [https://www.nwyhelearning.nhs.uk/elearning/yorksandhumber/shared/React2Red/RTR\\_HTML/index.html](https://www.nwyhelearning.nhs.uk/elearning/yorksandhumber/shared/React2Red/RTR_HTML/index.html)



# React To Red

**Pressure ulcers** can significantly reduce quality of life for people and their carers. They **can lead to life-threatening complications, with the most vulnerable people being those over 75**. The new quick guide 'Helping to prevent pressure ulcers' is aimed at registered managers of care homes and care homes with nursing. The quick guide raises awareness about those at high risk of developing pressure ulcers and contains information that can help prevent pressure ulcers from occurring.



Jayne Jode, Tissue Viability Nurse specialist and member of the advisory group said "I am passionate about the prevention of pressure ulcers, by ensuring residents are risk assessed, assisted in repositioning as required, have access to the correct pressure relieving medical devices and carers are able to act on any changes to the residents risk factors - 'Think Prevention'.

"The NICE quick guide will provide an excellent resource. It is clear and contains concise information about **identifying residents at risk** of pressure ulcers, the importance of **risk assessment** and **recognising the increased risk** when there is a **change to the resident's health/mobility**, and provides clear information on **repositioning** and how frequent this should be. Our Tissue Viability team will be incorporating the NICE guidance link in their training to care homes locally."



Find the guide at:

<https://www.nice.org.uk/Guidance/CG179>



William  
Wilberforce



Amarna House





5 Whitby Road



Arden House



Minster Grange



Highfields



The Grange

The Hall







Lake & Orchard



Fulford Nursing  
Home



Birchlands



Firth House



Ebor Court

Lime Tree House







Wishing Well



Westwood  
care Home



Oak Trees



Hambleton Court





Mansion House



Tudor House



Apple Tree



Riccall House





Carentan House



Kingfisher Place





Mencap, Easingwold



Alne Hall



Hilltop Manor

The Dexters





The  
Orchard



Isabella  
Court





Preceptory Lodge

Fernbank Court





Popplewell Springs



Meadow Lodge





Wold Haven



Sherbutt House



Denison House



Broadway Lodge



Abbey Lea



Riverside Care Complex



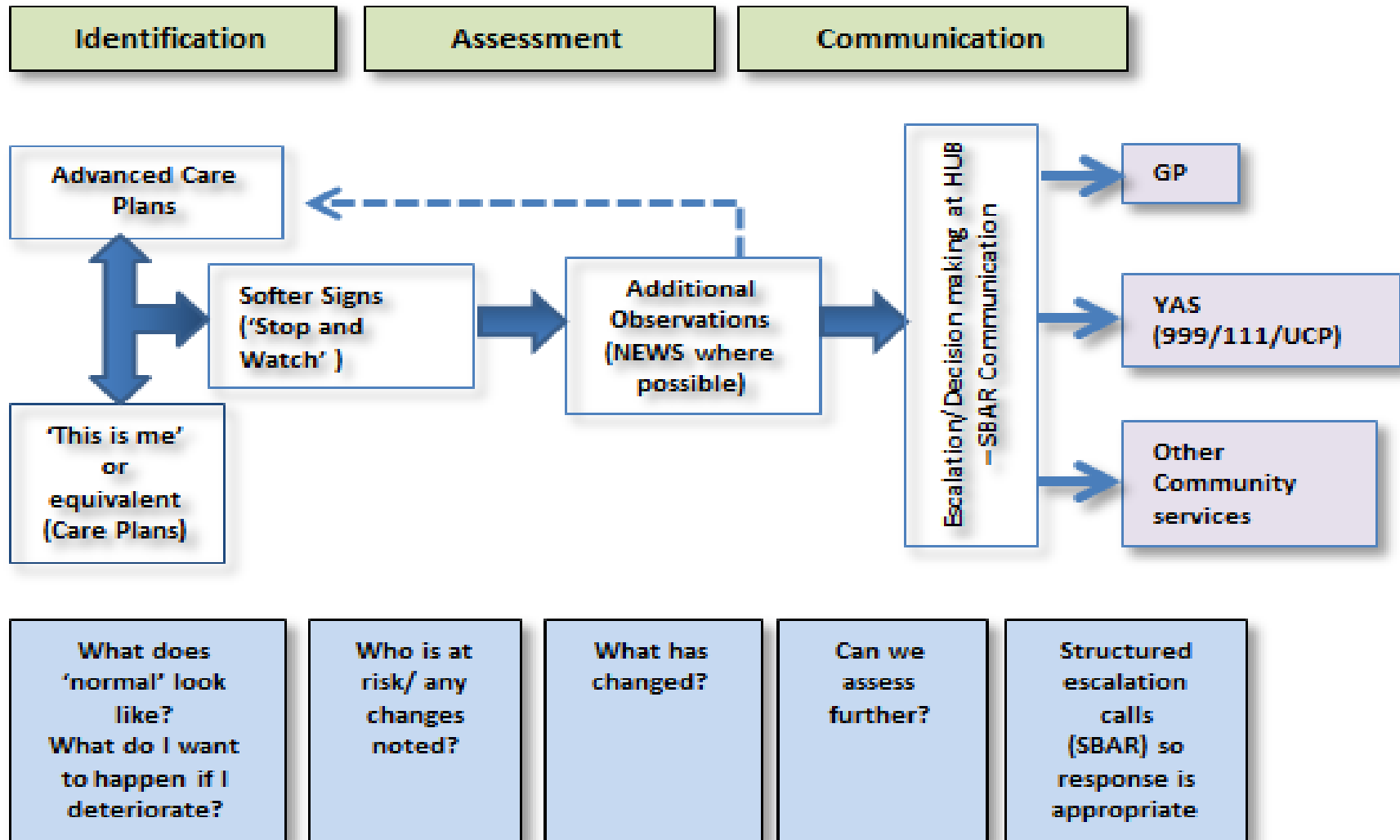
# Well done



# Recognising and Responding to Deterioration in Care Home Residents & Individuals Receiving Domiciliary Care

- ❖ Pilot to support care home and domiciliary staff in early recognition of the deteriorating resident supported by the Health Foundation
- ❖ Working across the pathway of care this has potential to improve quality, resident and staff experience, reduce harm and avoidable hospital admissions
- ❖ Supporting care staff, carers and residents/ individuals to look out for signs of deterioration (softer signs, NEWS where possible) for early action
- ❖ To support appropriate response and clear communication through tools such as safety huddles, focusing on the needs of residents and the staff caring for them.
- ❖ To support the use of a communication tool (e.g. SBAR) helping responders assess the situation and take appropriate timely action

# Recognising and Responding to Deterioration Using 'Softer Signs' Tool



## Stop and Watch - Early Warning Tool



If you have identified a change while caring for or observing a resident, please circle the change and notify the person in charge with a copy of this tool.

Name of resident: ..... Date of Birth: ...../...../..... Room Number: .....

**S  
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W  
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H**

- Seems different to usual
- Talks or communicates less
- Overall needs more help
- Pain – new or worsening; Participating less in activities
- Ate less
- No bowel movement in 3 days; or diarrhoea
- Drank less
- Weight change
- Agitated or more nervous than usual
- Tired, weak, confused, drowsy
- Change in skin colour or condition
- Help with walking, transferring or toileting more than usual

Describe the change you noticed: .....

Carer Name: .....			
Team Leader reported to: .....			
Team leader Actions			
Reported to (circle)	GP	111	999 UCP Not reported (Why)
.....			
Used SBAR format (Circle)	Y	N	
Date.....	Time.....	AM/PM	
Outcome (circle)	Phone advice		
	Treatment given in the home (Circle)	GP	Ambulance UCP
	Transfer to hospital		
	Other .....		
In line with their preferred place of treatment/ death? (circle)		Y	N

If No reason:

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## Using the Stop & Watch Tool (Carers)

If you think a resident may have deteriorated, grab a tool from the team leaders office and complete the Stop & Watch Assessment – even if its just a gut feeling!  
Spotting signs of deterioration and taking action early really does make a difference.



If you can please describe why you are worried

Complete your name and the team leaders – the team leader will then take action.

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### Stop and Watch - Early Warning Tool

If you have identified a change while caring for or observing a resident, please circle the change and notify the person in charge with a copy of this tool.

Name of resident: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Room Number: \_\_\_\_\_

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- Tired, weak, confused, drowsy
- Change in skin colour or condition
- Help with walking, transferring or toileting more than usual

Describe the change you noticed: \_\_\_\_\_

Carer Name: \_\_\_\_\_

Team Leader reported to: \_\_\_\_\_

Team leader Actions

Reported to (circle) GP 111 999 Not reported (Why) \_\_\_\_\_

Used SBAR format (Circle) Y N Time \_\_\_\_\_ AM/PM

Date: \_\_\_\_\_

Outcome (circle) Phone advice Treatment given in the home (Circle) GP Ambulance UCP

Transfer to hospital

Other \_\_\_\_\_

In line with their preferred place of treatment/ death? (circle) Y N

If No reason: \_\_\_\_\_

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Let your team leader know, face to face

Your team leader can then take the best action

Please pass this information on to the rest of the team as soon as possible so everyone can ensure correct care is given.

## Using the Stop & Watch Tool (Team Leaders)

If a carer tells you they are concerned about a resident, ask them to complete a Stop & Watch Tool

Spotting signs of deterioration and taking action early really does make a difference.



Make sure you have a description re why you are worried

Make sure you keep the carer and team informed of what happens

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**NHS**  
Vale of York  
Clinical Commissioning Group

**Improvement Academy**  
Part of the Yorkshire & Humber AHSN

**Stop and Watch - Early Warning Tool**

if you have identified a change while caring for or observing a resident, please circle the change and notify the person in charge with a copy of this tool.

Name of resident: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Room Number: \_\_\_\_\_

**STOP and WATCH**

Seems different to usual  
Talks or communicates less  
Overall needs more help  
Pain — new or worsening; Participating less in activities  
Ate less  
No bowel movement in 3 days; or diarrhoea  
Drank less  
Weight change  
Agitated or more nervous than usual  
Tired, weak, confused, drowsy  
Change in skin colour or condition  
Help with walking, transferring or toileting more than usual

Describe the change you noticed: \_\_\_\_\_

Carer Name: \_\_\_\_\_

Team Leader reported to: \_\_\_\_\_

Team leader Actions Reported to (circle) GP 111 999 Not reported (Why) \_\_\_\_\_

Used SBAR format (Circle) Y N

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Outcome (circle) Phone advice Treatment given in the home (Circle) GP Ambulance UCP  
Transfer to hospital  
Other \_\_\_\_\_

In line with their preferred place of treatment/ death? (circle) Y N

If No reason: \_\_\_\_\_

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Assess the resident yourself, check this tool is completed as fully as possible

Follow all relevant steps for treatment of deterioration

If calling for help use the SBAR communication tool

Please pass this information on to the rest of the team as soon as possible so everyone can ensure correct care is given. Update the team about what happened at the next handover



# SBAR Communication

## Before calling for help

**Evaluate the resident using the Stop & Watch Tool:**

**Review Record:** care plans, medications

**Have Relevant information available when reporting**

(i.e. notes, charts, DNACPR, allergies, medication list, advanced care plans)

### SITUATION

Who are you calling about and how long have you been concerned about the resident?

Are they getting better, worse or are they stable?

### BACKGROUND

Important medical history? (e.g. Heart Failure, Diabetes, COPD, Kidney disease, Stroke)

Do they have a DNACPR or Advanced Care Plan?

### ASSESSMENT

Identify the change/s from the stop and watch tool

If available: consciousness level, breathing pattern

### RECOMMENDATION

Ask if there are any actions you should take, if visit has been agreed check when expected

# Recognising and Responding to Deterioration in Care Home Residents

## Before calling for help

Evaluate the resident: Complete relevant aspects of the SBAR form below

Check Vital Signs (where possible) :

Review Record: Recent progress notes, medications, other orders

Have Relevant Information Available when Reporting

(i.e. medical record, vital signs, advance directives such as DNACPR and other care limiting orders, allergies, medication list)

### SITUATION

I am calling because I am worried about:.....Date of Birth: ...../...../.....

This started on ...../...../.....

Since this started it has got Worse.....Better.....Stayed the same.....

### BACKGROUND

Medical Condition.....

Other medical history (e.g. Medical diagnosis of CHF,DM,COPD)

DNACPR Y/N Advanced care plan Y/N

### ASSESSMENT

Identify the change/s from the stop and watch tool)

If available: Vital signs: BP ...../..... Pulse.....Resps..... Temp.....NEWS.....

Blood Sugar (Diabetics) .....

### RECOMMENDATION

Responding Service Notified: .....Date...../...../..... Time(am/pm).....

Actions you were advised to take :



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# Coffee Time!



# Quality Improvement Team update on the Provider Engagement Events and Workshops in February & March 2019



**Angela Thompson**

# VOY CCG & Care Homes



Coming soon.....

- ❖ Identification of deteriorating Residents
- ❖ Falls prevention work
- ❖ Registered Managers Network
- ❖ Sepsis
- ❖ Working with mental health
- ❖ Connecting Care Homes; digital programme



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Please fill in your Joy  
Questionnaire on  
your tables before we  
begin



Rachel Pilling  @15s30m Dan Wadsworth

# 15 seconds 30 minutes:

What are we going to do today?



- Learn what a 15s30m Mission is
- Leave with a Mission to launch in your workplace
- Tweet some pics of you with your Missions (if you're happy to)

# 15 seconds 30 minutes:

a social movement to reduce frustration and increase joy



It encourages any staff member to spend an extra **15 seconds** on a task now

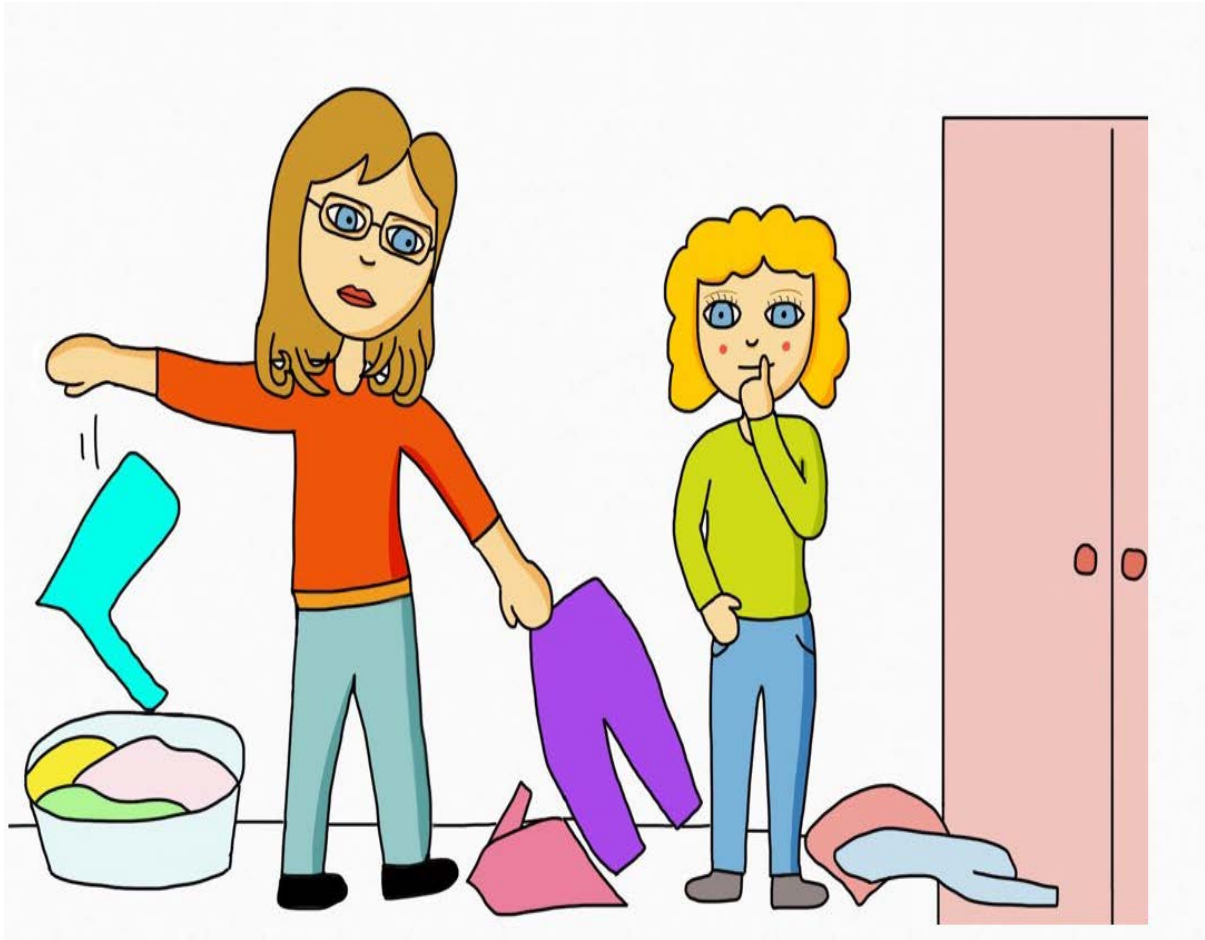


Which will save someone else **30 minutes** later on



To reduce frustration and **increase joy** at work

# Maddie's Wash basket





# 15 second challenge



# 15 second challenge

How many 15s are there in a minute?

How many in 30 minutes?

How many key strokes or mouse clicks in 15 seconds?



# Examples of Missions

## Mission 3; Plug it in

- <https://youtu.be/tAq-oEKxrME>

# Why do you work here?

- Why did you decide to work in healthcare?
- Why am I proud to work here?
- What matters to me at work is...
- The most meaningful part of my
- I know I make a difference when
- A good day is when.....



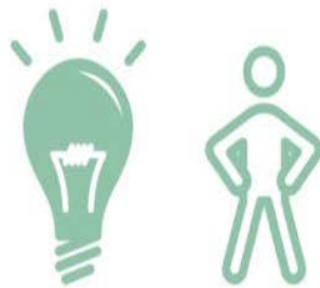
# Why isn't everyday a good day?

## Reverse the cogs!

- How does it feel?
- What could be done?



# What makes a good 15s30m Mission?



Think

TARDIS

IS YOUR IDEA SOMETHING WHICH..



you can start **T**ODAY



is only **A** LITTLE extra time



**R**EDUCES frustration



you **D**ON'T NEED permission to do

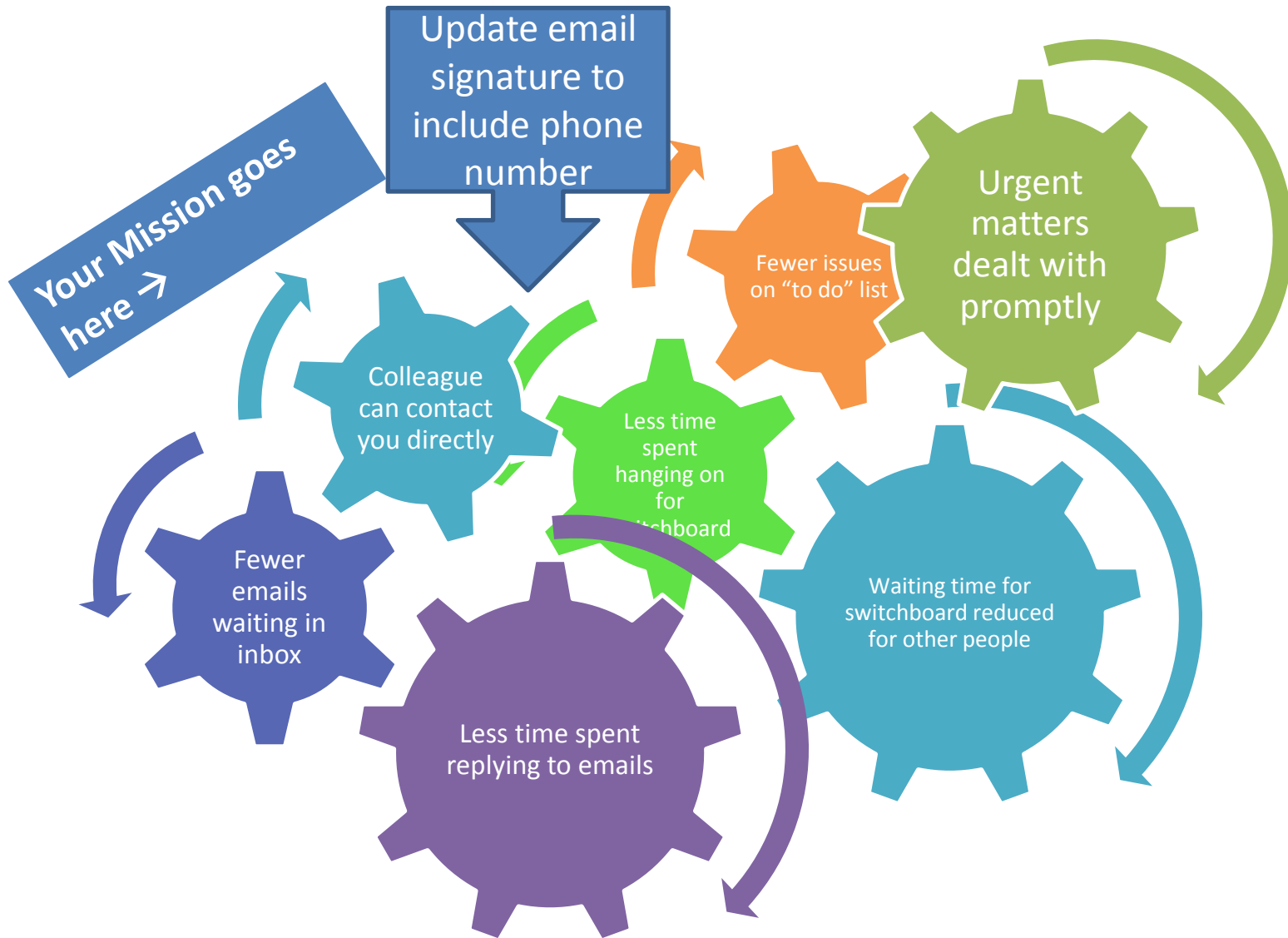


**I**NCREASES joy



is easy to **S**HARE

# The effect of your Mission...





# Release your inner hero & launch your mission...



**If you get stuck let us know, we'll try  
help you**



**Let us celebrate your mission!  
Feedback and take photos for the next PIC!**

**Be a cog!!!**



**Dan Wadsworth**  
Transformation  
Manager @Danwod  
(co-founder of  
15s30m)



**Rachel Pilling**  
Consultant  
Ophthalmologist  
@miss\_pilling  
(co-founder of 15s30m)

**[info@15s30m.co.uk](mailto:info@15s30m.co.uk)**  
**#15s30mMissions**



**@15s30m**

**[www.15s30m.co.uk](http://www.15s30m.co.uk)**

COMING

SOON!

# Partners in Care... next time!



- ❖ **Sharing of information and discussion**
- ❖ **Please cascade information to colleagues who you think should be included**
- ❖ **What agenda items would you like including?**

Feedback to [sarah.fiori@nhs.net](mailto:sarah.fiori@nhs.net)



# Anything to talk about?



# Good Practice and Sharing of Learning

*Share your news and let's celebrate!!*



# Good Practice and Sharing of Learning

## Minster Grange



- 20 babies!



- Children from the local school visit every week to sing with residents or practice their reading

# See you next time!



*Next meeting: Wed  
27<sup>th</sup> March 2019*

*Venue to be  
confirmed- central  
locality*



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