



Partners in Care

Thursday 22nd November 2018

13.30-16.30

Riccall Regen Centre, York



Agenda

Flu Update	W Watson
Advanced Care Planning	C Oliver
End of Life Care Training	J Saaggrave
Urinary Tract Infection Guidance	C Gent
Humber Coast and Vale Cancer Champions Programme	S Lancaster
CHC Update	A Griffiths
Discharge Team Update	G Younger
Care Home Capacity Tracker Update	S Flori
Interval and Refreshments Break	Group
City of York Council Shared Home Ownership Programme	S Fell
React to Red Update	H Dagnan
Identifying Deteriorating Residents and Safety Huddles	S Flori
Positive Approaches to Care Training	K Melody
TEWV Update	K Melody
Humber Coast and Vale Rotational Apprenticeship Programme	M Wilson
Skills for Care Update	A Thompson
Partners In Care Lessons Learned	S Flori
Opportunity for discussion; Issues to be raised, Good practice/ learning to share.	Group



Flu Update

Wendy Watson



Advanced Care Planning

Charlotte Oliver



End of Life Care Training

Judith Seagrave

Humber, Coast and Vale Cancer Alliance

Cancer Champions Programme

Sophie Lancaster
Volunteer Coordinator



Humber, Coast and Vale Cancer Alliance

Cancer Champions Programme

- Developed by **Care Plus Group**, North East Lincolnshire
- Set up in 2011
- 987 people trained in North and North East Lincolnshire
- North East Lincolnshire has had lower emergency presentations than the rest of the region since launching programme
- Being rolled out across the Humber, Coast and Vale area

3 acute hospital trusts
(operating across 8 sites)

3 mental health trusts

5 community services providers

190 GP practices

2 ambulance trusts

6 clinical commissioning
groups (CCGs)

6 local authorities

1.4 Million people

50,000 staff across health and
adult social care

total budget of £2.2bn

450 care homes

140 home care companies

7 hospices

1000s of voluntary and community
sector organisations



Aim of a Cancer Champion

- To help people to recognise potential signs and symptoms and to seek advice from their GP
- Early detection saves lives
- Raise people's awareness about cancer
- Engage in conversation



It's about real people talking to real people, and it does make a difference!!



The role of a Cancer Champion

What it is...

- To provide opportunistic support to people when appropriate
- To be enthusiastic about encouraging people to change their health behaviour
- To understand the components of a conversation for change
- To provide information and signpost people where appropriate

What it isn't...

- To give detailed, specialist knowledge or support to people
- To act as a counsellor
- To tell people what to do and or set goals for them
- To police health



Content of training

Signs and Symptoms of :-

- Bowel Cancer and Screening Programme
- Prostate Cancer
- Testicular Cancer
- Cervical Cancer and Screening Programme
- Breast Cancer and Screening Programme
- Lung Cancer
- Skin Cancer
- Throat Cancer
- Oesophageal cancer
- Ovarian cancer



It is estimated that 4 in 10 cancers might be prevented by adopting a healthier lifestyle

Being a Cancer Champion

Things to consider as a Cancer Champion:

- Check a person wants to talk about it
- Be honest
- Ask open questions
- Learn to listen
- Techniques
- Close the conversation encouragingly



Outcomes

Volunteer's stories and experiences are requested.

We ask if anyone has:

- Signposted anyone to their GP surgery regarding cancer concerns
- If they are aware of any ongoing investigations
- What the outcome is
- Equality and Diversity/volunteer satisfaction collected at end of training session

Stats from NHS England are reviewed for potential uptake in all screening programmes and earlier presentations of cancers



Cancer Champions in action

Encouraged friends and work colleagues with classic cancer symptoms to get them checked out – one girl had breast cancer

At work I have directed a patient back to their GP for further tests – they are waiting results of scans

I spoke to a man who was displaying early signs of prostate Issues – this prompted a GP visit, but it was actually a blood pressure issues

I shared the throat cancer leaflet with a friend and after reading it he realised he had some of the symptoms, such as a cough and shortness of breath. He went to his GP and had x-rays and a camera down his throat. He was diagnosed with reflux, not cancer, but was very pleased he had read the leaflets

I have spoken to a family member about her health problems; which includes possible cancer symptoms. I know she will be resistant to suggestions, but feel I must talk to her again



Sustainability

- Quarterly Newsletter
- Social Media
- Opportunities for volunteers to be involved in other areas of work within HCV Programmes
- Celebration events
- Develop teams of 'experts' concentrate on one/two tumour sites to raise awareness at local events/GP surgeries/libraries.....



Cancer Champions Team

Email – eryccg.cancerchampion@nhs.net

Trish Rawnsley, Programme Manager

Trish.rawnsley@nhs.net

07519 120802

Sophie Lancaster, Volunteer Coordinator

Sophie.lancaster1@nhs.net

07519 120805

Emma Lewin, Volunteer Coordinator

E.lewin@nhs.net

07519 120809





**Infection.
Prevention.
Control.**
You're in safe hands



Urinary Tract Infection Guidance resources

Caroline Gent

Infection Prevention and Control Team

- Gram-negative bloodstream infections are believed to have contributed to 5,500 NHS patient deaths in 2015.
- 2017 Secretary of State for Health launched the important ambition

- 50% reduction by 2021

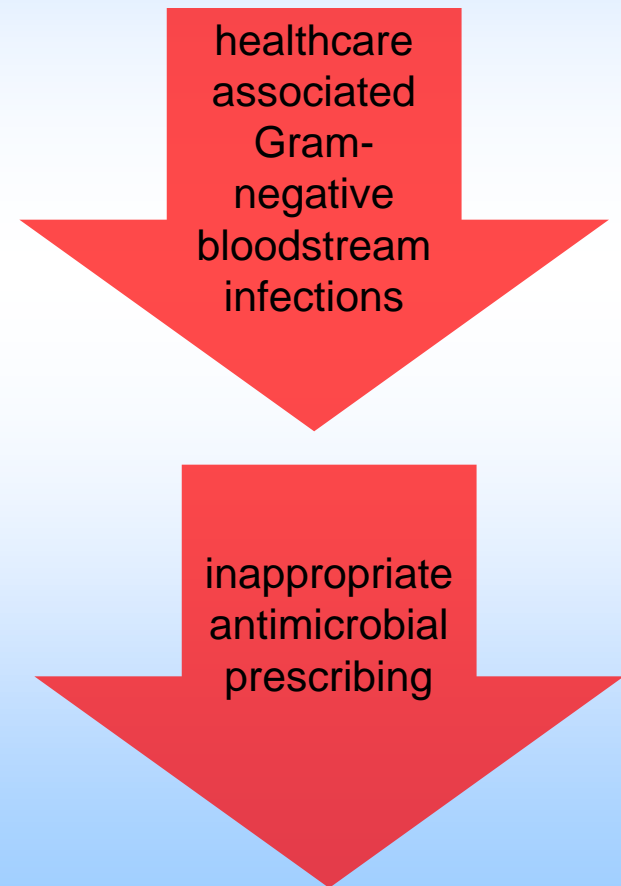
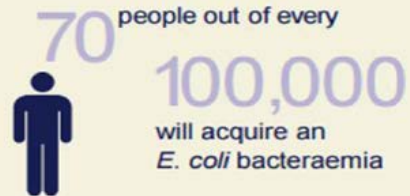


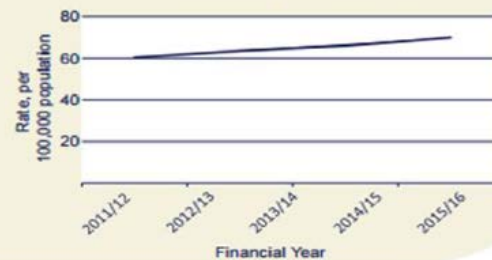


Figure 1. *E.coli* bloodstream infections in England 2015/16

Overall rate

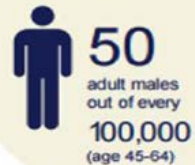


Trends in rates of *E. coli* bacteraemia

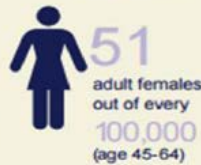


Risk greater among elderly

Adult male rate



Adult female rate



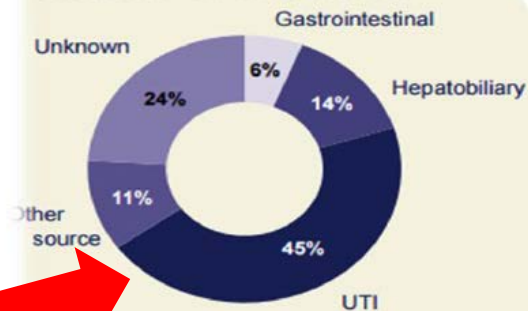
Elderly male rate



Elderly female rate



Most common source of infection



Most cases are community onset



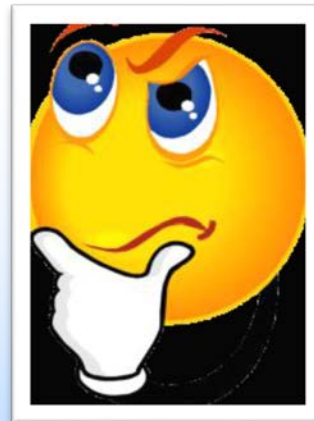
73%
<2 days



27%
≥2 days

For full report, please see:
<https://www.gov.uk/government/statistics/mrsa-mssa-and-e-coli-bacteraemia-and-c-difficile-infection-annual-epidemiological-commentary>

Difficult decisions



Guidance for care home staff and domiciliary care staff

Free to download

Guidance on urinary tract infections (UTI) for care home staff

Usual symptoms of a UTI

Clinical changes Resident complains of or carers recognise 2 or more of the following	
<ul style="list-style-type: none"> Dysuria (pain on urination) Urgent or frequent need to urinate New or worsening urinary incontinence 	<ul style="list-style-type: none"> Shaking chills (rigors) Pain in the side of body or suprapubic Frank haematuria (visible blood in urine)
Establish what is normal for the resident - check their care plan	
Behavioural changes New onset or worsening of pre-existing confusion or agitation	

If carers are trained record and document:	
<ul style="list-style-type: none"> Temperature Pulse Respiratory rate 	<ul style="list-style-type: none"> Blood pressure Oxygen saturations
This must not delay contacting the clinician for advice	

Contact the clinician who is the usual point of access, e.g. GP, medicare/telemedicine

**If any signs of sepsis or red flags symptoms dial 999 immediately
OR follow the person's advanced plan for accessing urgent medical help**

Red flag symptoms include:	
<ul style="list-style-type: none"> Resident has collapsed or cannot be woken Unable to feel a pulse at the wrist Breathing very fast (more than one breath every 2 seconds) 	<ul style="list-style-type: none"> Has blue lips Has new red or purple rash all over or mottled skin Has not passed urine in the last 12 hours Recent chemotherapy (within last 6 weeks)

Sepsis symptoms in adults (www.nhs.uk/conditions/sepsis)

Early symptoms of sepsis may include:	
<ul style="list-style-type: none"> A high temperature (fever) or low body temperature Chills and shivering A fast heartbeat Fast breathing 	<ul style="list-style-type: none"> Feeling dizzy or faint A change in mental state – such as confusion or disorientation Diarrhoea Nausea and vomiting Slurred speech Severe muscle pain Severe breathlessness Less urine production than normal – for example, not urinating for a day Cold, clammy and pale or mottled skin Loss of consciousness
In some cases, symptoms of more severe sepsis or septic shock (when blood pressure drops to a dangerously low level) develop soon after.	

Adapted with kind permission from
NHS Harrogate and Stockton-on-Tees CCG

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk September 2018

Preventative measures for care home staff to help reduce UTIs

Establish what is normal for the resident

Encourage fluid intake	<ul style="list-style-type: none"> Offer regular fluids, e.g. 6-8 glasses (1½ - 2 litres) a day Use the urine colour guide Use a fluid record chart where appropriate
Avoid constipation	<ul style="list-style-type: none"> Use the Bristol Stool Form Scale poster Use a bowel movement record chart where appropriate
Maintain residents' personal hygiene	<ul style="list-style-type: none"> Use disposable cloths Wash the genital and anal area at least daily and with pad or insert change - remember for female residents wipe from front to back For male residents, retract the foreskin for washing and replace
Correct use of continence pads	<ul style="list-style-type: none"> Pads and inserts should be changed regularly and immediately when faecally soiled

Additional precautions to take with catheterised residents
STOP! THINK! Does the resident need a catheter?
Has the need for a catheter been reviewed recently?

Hand hygiene and personal protective equipment	<ul style="list-style-type: none"> Wash hands before and after handling a catheter or leg bag Use gloves and aprons correctly Encourage residents to wash hands
Catheter care	<ul style="list-style-type: none"> Wash the catheter from where it enters the body down where it is connected to the bag Avoid kinking the tube and ensure it is draining Ensure the catheter bag is kept below the level of the bladder to avoid backflow Ensure the catheter is secured using a catheter stabilisation device
Correct use of leg bags	<ul style="list-style-type: none"> Ensure the leg bag is secured using leg straps to the front and bottom of the bag Change the leg bag every 7 days using a non-touch technique Avoid contamination of the tap when emptying The bag should be emptied when it is 2/3 full
Correct use of disposable night bags	<ul style="list-style-type: none"> Use a stand or attach to a bed frame to prevent the bag touching the floor Night bags are single use. Dispose of immediately or disconnected

Adapted with kind permission from
NHS Harrogate and Stockton-on-Tees CCG

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk Dec

The urine colour guide

Be aware that limiting fluid intake can cause urinary tract infections.
Aim for approximately 6-8 glasses a day to stay hydrated.
Choose a drink that you are most likely to finish, all fluids count except alcohol.

Colours 1-3 suggest normal urine

	1. Clear to pale yellow urine suggests that you are well hydrated.
	2. Light/transparent yellow urine suggests an ideal level of hydration.
	3. A darker yellow/pale honey coloured urine suggests that you may need to hydrate soon.

Colours 4-8 suggest you need to rehydrate

	4. A yellow, cloudier urine colour suggests you are ready for a drink.
	5. A darker yellow urine suggests you are starting to become dehydrated.
	6. Amber coloured urine is not healthy, your body really needs more liquid. All fluids count (except alcohol).
	7. Orange/yellow urine suggests you are becoming severely dehydrated.
	8. If your urine is this dark, darker than this or red/brown, it may not be due to dehydration. Seek advice from your GP.



**Infection.
Prevention.
Control.**
You're in safe hands



**Infection.
Prevention.
Control.**
You're in safe hands



**Infection.
Prevention.
Control.**
You're in safe hands



Preventative measures for domiciliary care staff to help reduce UTIs

Establish what is normal for the service user

Encourage fluid intake

- Offer regular fluids, e.g. 6-8 glasses (1½ - 2 litres) a day
- Use the urine colour guide
- Use a fluid record chart where appropriate

Avoid constipation

- Use a bowel movement record chart where appropriate
- Use the Bristol Stool Form Scale poster

Maintain service users' personal hygiene

- Use disposable cloths, if possible
- Wash the genital and anal area at least daily and with every pad or insert change - remember for female service users wash / wipe from front to back
- For male service users, retract the foreskin for washing and replace

Correct use of continence pads

- Pads and inserts should be changed regularly and immediately when faecally soiled

Additional precautions to take with catheterised service users STOP! THINK! Does the service user need a catheter? Has the need for a catheter been reviewed recently?

Hand hygiene and personal protective equipment

- Wash hands before and after handling a catheter or catheter bag
- Use gloves and aprons correctly
- Encourage service users to wash hands

Catheter care

- Wash the catheter from where it enters the body down to where it is connected to the bag
- Avoid kinking the tube and ensure it is draining
- Ensure the catheter bag is kept below the level of the bladder to avoid backflow
- Ensure the catheter is secured using a catheter stabilisation device

Correct use of leg bags

- Ensure the leg bag is secured using leg straps to the top and bottom of the bag
- Change the leg bag every 7 days using a non-touch technique
- Avoid contamination of the tap when emptying
- The bag should be emptied when it is 2/3 full

Correct use of disposable night bags

- Use a stand or attach to a bed frame to prevent the bag touching the floor
- Night bags are single use. Dispose of immediately once disconnected

Adapted with kind permission from
NHS Harrogate and Stockton-on-Tees CCG

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk, September 2016



**Infection.
Prevention.
Control.**
You're in safe hands



Guidance on urinary tract infections (UTI) for domiciliary care staff

Usual symptoms of a UTI

Clinical changes

Service user complains of or carers recognise 2 or more of the following

- Dysuria (pain on urination)
- Urgent or frequent need to urinate
- New or worsening urinary incontinence
- Shaking chills (rigors)
- Pain in the side of body or suprapubic
- Frank haematuria (visible blood in urine)

Establish what is normal for the service user - check their care plan

Behavioural changes

- New onset or worsening of pre-existing confusion or agitation

Contact the clinician who is the usual point of access, e.g. GP, medicare/telemedicine

**If any signs of sepsis or red flags symptoms dial 999 immediately
OR follow the person's advanced plan for accessing urgent medical help**

Red flag symptoms include:

- Service user has collapsed or cannot be woken
- Unable to feel a pulse at the wrist
- Breathing very fast (more than one breath every 2 seconds)
- Has blue lips
- Has new red or purple rash all over or mottled skin
- Has not passed urine in the last 12 hours
- Recent chemotherapy (within last 6 weeks)

Sepsis symptoms in older adults (www.nhs.uk/conditions/sepsis)

Early symptoms of sepsis may include:

- A high temperature (fever) or low body temperature
- Chills and shivering
- A fast heartbeat
- Fast breathing

In some cases, symptoms of more severe sepsis or septic shock (when blood pressure drops to a dangerously low level) develop soon after.

These can include:

- Feeling dizzy or faint
- A change in mental state - such as confusion or disorientation
- Diarrhoea
- Nausea and vomiting
- Slurred speech
- Severe muscle pain
- Severe breathlessness
- Less urine production than normal - for example, not urinating for a day
- Cold, clammy and pale or mottled skin
- Loss of consciousness

Adapted with kind permission from
NHS Harrogate and Stockton-on-Tees CCG

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk, September 2016

ion.
tion.
ol.
fe hands



The urine colour guide

are that limiting fluid intake can cause urinary tract infections.
Aim for approximately 6-8 glasses a day to stay hydrated.
Think that you are most likely to finish, all fluids count except alcohol.

Colours 1-3 suggest normal urine

1. Clear to pale yellow urine suggests that you are well hydrated.
2. Light/transparent yellow urine suggests an ideal level of hydration.
3. A darker yellow/pale honey coloured urine suggests that you may need to hydrate soon.

Colours 4-8 suggest you need to rehydrate

4. A yellow, clouider urine colour suggests you are ready for a drink.
5. A darker yellow urine suggests you are starting to become dehydrated.
6. Amber coloured urine is not healthy, your body really needs more liquid. All fluids count (except alcohol).
7. Orange/yellow urine suggests you are becoming severely dehydrated.
8. If your urine is this dark, darker than this or red/brown, it may not be due to dehydration. Seek advice from your GP.

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust

June 2017

www.infectionpreventioncontrol.co.uk

Discharge Hub Update



Vale of York
Clinical Commissioning Group

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>



Vale of York
Clinical Commissioning Group

Coffee Time!



City of York Council Shared Home Ownership Programme



Sandra Fell



Vale of York
Clinical Commissioning Group



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, 33 care homes have achieved full sign off (all 860 staff trained and competent) and 31 are currently undergoing training
- ❖ This amounts to approximately 1740 eligible staff, of which 1445 (83%) 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.
- ❖ Many homes involved have made pressure ulcer prevention training mandatory for all new recruits and as an annual refresher
- ❖ A poster presentation describing the experience of implementing React to Red with Safety Huddles in pilot homes across the VOY CCG was displayed in November at Wounds UK, it has also been shown at the Tissue Viability Society Conference (April) and Patient Safety Congress (May).
- ❖ Monthly React to Red Newsletter
- ❖ Stop the pressure day 2018



Stop the pressure day 15th Nov 2018

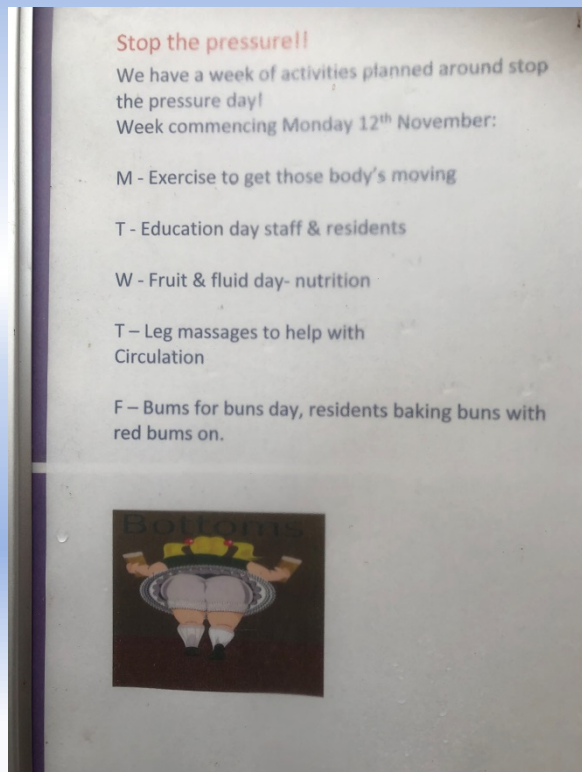
Raising awareness of pressure damage in the wider community –
Askham Bar Tesco





Stop the pressure day 15th Nov 2018

Birchlands Nursing Home





Stop the pressure day 15th Nov 2018

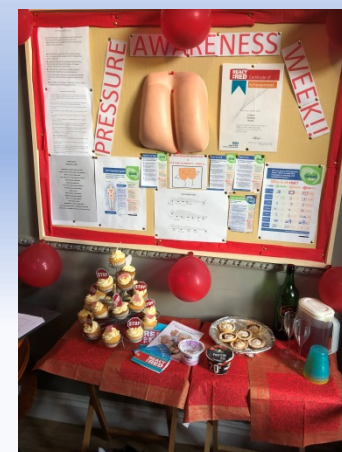
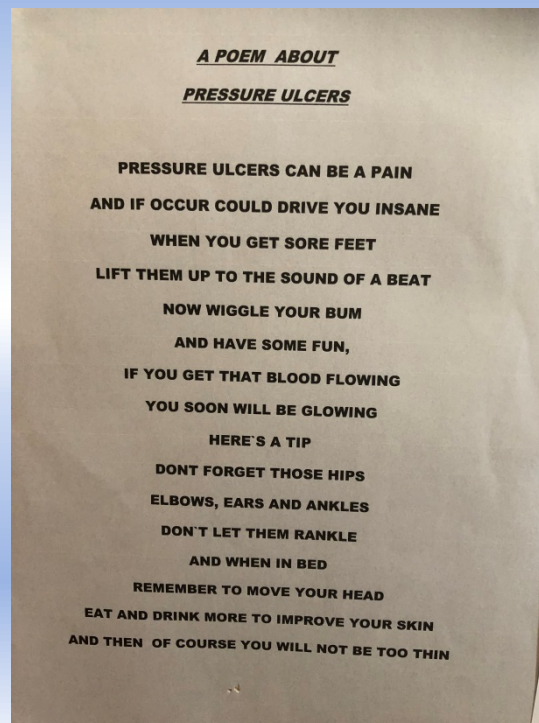
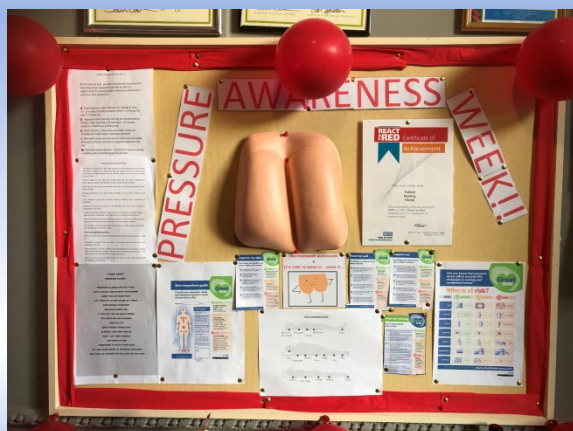
Birchlands Nursing Home





Stop the pressure day 15th Nov 2018

Fulford Nursing Home







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



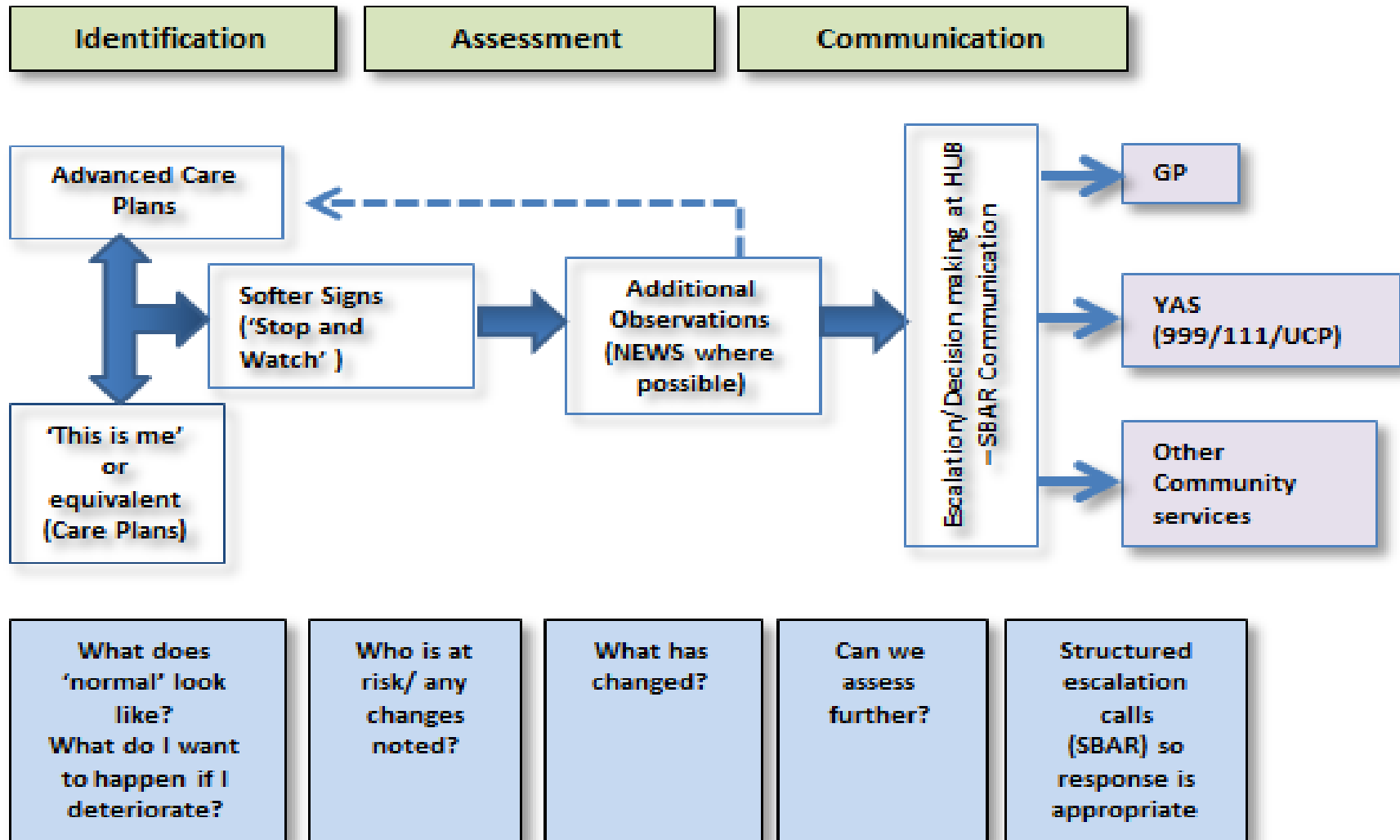
Well done



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
T
O
P

a
n
d

W
A
T
C
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

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.

Riccall House Care Home
Live happily with us

NHS
Vale of York
Clinical Commissioning Group

Improvement Academy
Part of the Yorkshire & Humber AHSN

Stop and Watch - Early Warning Tool

INTERACT

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: _____

© 2011 Florida Atlantic University, all rights reserved. This document is available for clinical use, but may not be used or incorporated in software without permission of Florida Atlantic University.



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

Riccall House Care Home
Live happily with us

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: _____

© 2011 Florida Atlantic University, all rights reserved. This document is available for clinical use, but may not be used or incorporated in software without permission of Florida Atlantic University

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 :



Vale of York
Clinical Commissioning Group



Safety Huddles

<http://www.improvementacademy.org/>

[safety huddles](#)

For more information please contact
sarah.fiori@nhs.net



Vale of York
Clinical Commissioning Group

Positive Approaches to Care Training Karen Melody



Working together for Mental health

**Introductory presentation for partners in
care 22nd November 2018**

making a

difference

together



Recognising the need for change

Current challenges include:

- Reducing length of stay in hospital
- Reduction in inpatient mental health beds
- Reduced number of care home places within the Vale of York
- No access for step down beds for patients with primary mental health needs
- Increasing number of patients from the Vale of York going out of locality to access specialist complex needs placements.

making a

difference

together



Developments within mental health services

- Merger of the two dementia inpatient wards Meadowfields and Acomb Garth by July 2019
- Dementia bed numbers will reduce from 28 to 18 with the merger
- New Hospital on Haxby Site by 2020 with 18 functional and 18 Organic beds mixed sex
- Section 117 pilot ongoing in York male Dementia unit ward, Acomb Garth along with other TEWV hospital sites to reduce readmissions into hospital.
- Developing Palliative care pathway for improved interface between mental health and general medical health care services.



making a



difference



together

Next Steps

- Working together for mental health workshop 10th December 2018 venue details to be confirmed.
- The workshop will offer the opportunity for providers to share their experience of working with mental health and aim to identify common themes and development opportunities.

All partners and providers invited to attend. Please confirm your attendance via Sam Varo
sam.varo@nhs.net

making a

difference

together

Ideas forms

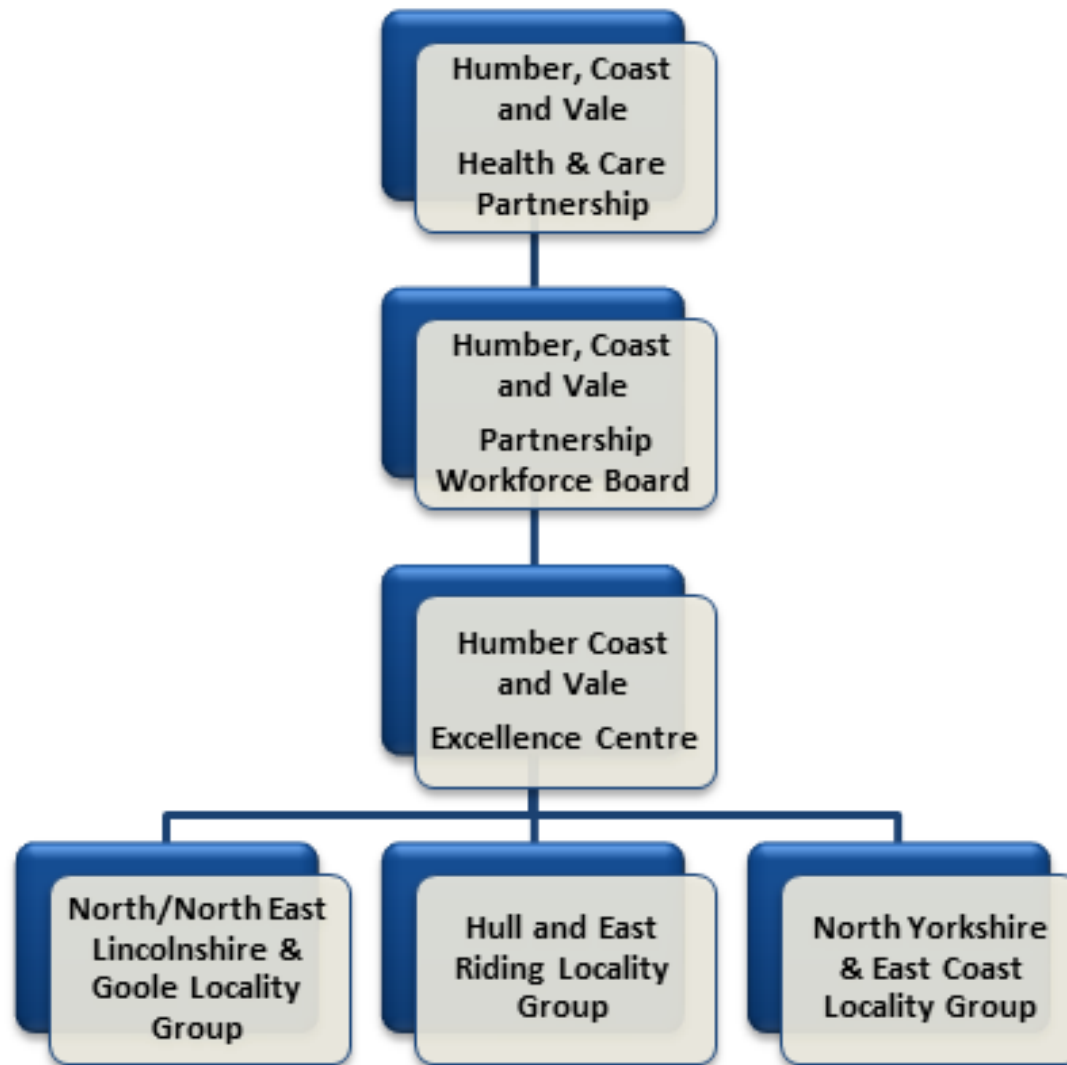


Humber Coast and Vale Excellence Centre

Margaret Wilson
Project Manager
(York, Ryedale and East Coast)



Infrastructure





Achievements

Collabration

Reduce Duplication

Consistent high
quality education and
training

Central Information
Hub

Identify Recruitment
Models

Strengthen, local,
regional and national
connectivity

Humber, Coast and Vale





[www.humbercoastandvale.org.uk/how/workforce/
humber-coast-vale-excellence-centre](http://www.humbercoastandvale.org.uk/how/workforce/humber-coast-vale-excellence-centre)





Angela Thompson

**Update - November
2018**

**Angela Thompson -
Locality Manager**





How Skills for Care Support Adult Social Care Employers

- Collecting intelligence on the sector and using this to provide strategic guidance on workforce demographics and trends
- Comprehensive induction from front line to managerial roles
- Qualifications and apprenticeships
- Effective leadership and management programmes
- Supporting employers with knowledge and skills in a variety of different topics e.g. End of Life, Dementia, Building resilience etc
- Tools and Resources to help you plan, manage and deliver learning
- Embedding values and behaviours to improve recruitment and retention



The National Recruitment Campaign Adult Social Care





Campaign aims

- Drive awareness and consideration of adult social care as a prospective job opportunity for those people with the right values for the job to support vulnerable adults
 - Drive to have 10,000 new applications to the sector
 - Equip the sector with the knowledge and tools to be more effective in how it recruits and retains staff
 - Focus on variety of roles, breadth of opportunities, progression routes, value of the work and helping to making a real difference to people's lives
-



Campaign priorities

Target group

- Female job seekers aged 20-55
- Males aged 20-29
- Residential and domiciliary settings
- Existing care workers to “spread the word”



Pilot approach

Two pilot areas – Gloucestershire and Tyne and Wear

- Pilot launch 1st to 30th November, 2018
- Chosen to test regional variation and different infrastructures e.g. established Consortia/Networks v no established Consortia/Network
- Targeted, paid for and local advertising during this month
- Test out creative resources provided by DHSC
- Introduction of a portal called 'Basecamp' to share information, research and good practice – initially via invitation and to include pilot areas



What next?

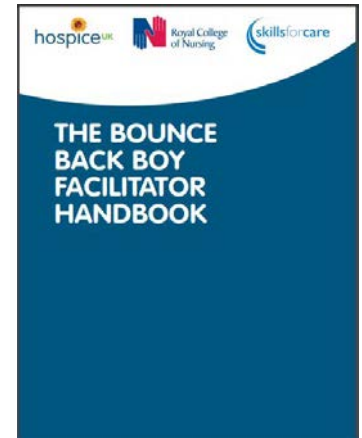
Post evaluation of pilots

- Review pilot activity taking key messages from employers and prospective applicants
 - Take learning from local engagement
 - Assess best performing channels to drive awareness and applications into the sector
 - Make amends to creative materials and approach
 - New materials developed for launch
 - **National roll-out January to April 2019**
-



Bounce back boy

- The film is 13.37 minutes long
- The resources are best used as a facilitated resource
- The handbook includes facilitator prompts and learning objectives and templates
- It's ideal for those who are not so keen on classroom learning
- They can be used flexibly eg 1:1's, team building, self-reflection and group sessions.
- You can download both the handbook and film for free from [Hospice UK](https://www.hospiceuk.org/).





Resources hot off the press...

Available to download from our website

GDPR - A Data Protection Officer, and a Data Protection Champion



Supporting people with a learning disability and/ or autistic people
Worked examples to support learning and development

What are these worked examples?

These worked examples are based on real life scenarios of people with learning disabilities and/or autistic people, who display or at risk of displaying behaviours which challenge. Each worked example is a real life scenario that includes meeting, chat skills and knowledge the person's needs, and how to deal with them. They are a guide to help you understand how to support people with learning disabilities and/or autistic people to support and develop their learning and development.



Meet Carol

Carol is a 75 year old Black Irish Chinese woman. She has a learning disability and her roles frequently 'spill over' as she has a lot of responsibilities. She has a strong personality - she can be funny, but is also some of humour and enjoys having fun. She knows what she likes - she doesn't like someone, she doesn't often change her mind. She loves travelling, being with people and working. She loves to be in the company of people and knows that people who work in the industry have fun and knowledge. She has a good sense of people and knows that people who work in the industry have fun and knowledge. She has a good sense of people and knows that people who work in the industry have fun and knowledge.



Worked examples to support learning and development



[Guide to safe staffing](#)



[Culture toolkit](#)



[Safe and fair recruitment](#)



Our support at a glance

Skills for Care:

- Membership – Skills for Care is the membership organisation for registered managers
- **Networks** – Skills for Care supports over 150 networks for registered managers, covering every local authority area in England
- We publish practical resources on key priorities including CQC inspection, recruitment and retention
- deliver respected leadership programmes including our Well-led programme written with, and for, registered managers.

Well-led programme

Developing registered managers in social care





What is Well-led?

- Skills for Care's Well-led leadership development programme is a national development programme, supporting managers from the public, private or third sectors. It enables them to deliver care in line with the expectations of a 'well-led' service.
- This programme is informed by the Care Quality Commission's key line of enquiry on the effectiveness of leadership when inspecting the quality of care in a regulated setting. It is grounded in the reality of social care delivery and has been developed in partnership with managers familiar with the challenges of leading a care team.



What does the programme offer?

- The Well-led programme includes a series of four interactive workshops over a three-month period.
 - Drawing on expertise in leadership development in a social care setting, it actively utilises key materials, resources and practical tasks to apply directly in embedding leadership learning in the workplace.
 - The interactive workshops provide examples of practice from care organisations rated 'good' and 'outstanding' and enable managers to learn from others through collaborative activities and networking opportunities.
 - Peer support and networking opportunities, to learn from peers in a social care setting.
 - Access to resources and tools for the learner to use within their workplace.
 - Membership to the Skills for Care alumni and a certificate of completion of the programme.
-

Well Led Leadership Programmes Coming up

Leeds – Commences 16 January 2019

Day 1 – 16 January 2019

Day 2 – 7 February 2019

Day 3 – 26 February 2019

Day 4 – 19 March 2019

<https://www.skillsforcare.org.uk/Getting-involved/Events/Events.aspx?eventkeywords=well+led>



Upcoming events near you

Roadshows – Range of dates and locations available all over Yorkshire Humber and the North East.

Getting Started with Values Based Recruitment – Northallerton 5th December 2018

Well Led Programme – Leeds 16 January 2019

<https://www.skillsforcare.org.uk/Gettinginvolved/Events/Events.aspx>

VOY CCG & Care Homes



Coming soon.....

- ❖ RAPID with domiciliary carers
- ❖ Falls prevention work
- ❖ Admission & Discharge Communication standards (Red Bag)
- ❖ Sepsis
- ❖ Perceptions of the Care Sector
- ❖ Working with mental health



Vale of York
Clinical Commissioning Group

Partners In Care Lessons Learned “PICLL” November 2018

[Partners in Care Lessons Nov18 final.docx](#)



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

Anything to talk about?



Feedback

- Feedback from a care home complimenting the mental health team on their support for residents and staff when behaviour is challenging
- Black/ white DNA CPR forms ARE acceptable
- Thanks to all homes who supported the Pressure Ulcer Prevention week



Good Practice and Sharing of Learning

Share your news and let's celebrate!!



Good Practice and Sharing of Learning



Birchlands Nursing Home

In the early hours of Sunday 18th November 2018 a fire broke out in the laundry room of the home.

Thanks to the swift response of staff on duty no one was injured and damage to the property was minimised.

Emergency services have all been complimentary regarding the fire action plans the home had in place and recognise how staff undoubtedly saved lives.

Well Done to all those involved and we wish the home a speedy return to normal service!



Good Practice and Sharing of Learning



Vale of York
Clinical Commissioning Group

Good Practice and Sharing of Learning

Minster Grange



- Alison and Richard entered into the spirit of Children in Need and came to work in PJ's. Alison reports that staff valued her joining in, she also learnt that she like's wearing slippers to work!



- Songbox have been visiting the home, bringing the residents and pre school children together
For more information visit york-songbox.co.uk

Good Practice and Sharing of Learning



- The use of wedges for residents at risk of falling out of bed for those whom bed rails are not appropriate are having a positive impact
- Anyone interested in finding out more please get in touch with sarah.fiori@nhs.net
- A resident participated in a sponsored bike ride using the static wheels and cycled the equivalent 6 miles of over a few days, raising money for Children in Need.

Good Practice and Sharing of Learning



**Congratulations on receiving 'Good'
following a recent CQC Inspection!**



See you next time!



*Next meeting: 23rd
January 2019*

*Venue to be
confirmed*



Vale of York
Clinical Commissioning Group