**Rushcliffe Care Home Managers’ Forum**

**Minutes of meeting 7 September 2016**

**Present:**

Jeremy Dignum Leawood Manor

Marion Birch Leawood Manor

Sharon Smith Derbyshire House

Sorin Lacureanu Derbyshire House

Liz Norton Church Farm at Skylarks

Annette Adams Church Farm at Skylarks

Maria Spollin Church Farm

Tina Fazackerley Beauvale

Tracy Marsh Beauvale

Maura Torode Field House

**Speakers:**

Claire Poole Optimum Workforce …

Philomena O’Hanlon Optimum …

Liz Harris NHS Rushcliffe CCG

Lisa Harold NHS Rushcliffe CCG

**In attendance:**

Diana Evans Age UK Notts

Lindsey Shepherd Age UK Notts

**Apologies:**

Sara Kennedy Broadlands

John Spollin Field House

**Welcome and Introductions:**

Diana welcomed all attendees followed by a round of introductions. She then introduced our speakers for the first part of the meeting from Optimum Workforce Leadership (OWL).

**Speakers:**

*Claire Poole, Business Manager, OWL*

Claire introduced OWL as a partnership organisation, working with partners to create a knowledgeable and skilled workforce, competent in delivering social, healthcare and support that strives towards delivering best practice in the interest of clients at all times.

OWL’s mission is to work with care providers to identify the most efficient and cost effective way of keeping your money in the care sector.

Claire explained that OWL is:

* a **membership organisation** with two tiers of membership: Open membership which is free and Premium membership which is priced at £16 per month. We are attaching an OWL leaflet that shows the benefits of each membership band.

To register as a member with either membership band, care homes are asked to give up to date details of their workforce so they can target learning and funding opportunities appropriately to members. In addition OWL is able to participate in ‘state of the industry’ surveys.

* it provides **access to a Social Care Learning Service**, providing information on many different illnesses, giving electronically-based documents. They also provide lesson plans for training managers in care homes. These are included in the Premium membership and can be bought by Open members for £50 per year.

Claire gave out a:

* handout **on Workplace Pensions** that gives links to factsheets and frequently asked questions and answers.
* **a Resource List for registered managers** that provides links to various websites for further information covering a range of areas including: CQC regulatory and inspection regime; staffing models and guidance; workforce development opportunities (please see attachments).

She told us that OWL is the lead partner of the Workforce Development Fund and has a funding pot of £114,000 distributed through Skills for Care. The fund focuses on the achievement of qualifications and supports the ongoing professional development of staff across the adult social care sector. Claire said that care homes can claim £15 per credit and up to 60 credits per member of staff each year, from the fund. She encouraged all managers to start applying to this fund via their application form (see attached) and full support can be given from OWL with the application process.

In addition Claire said that if a course has already been funded, care home managers can still claim ‘back fill’ funding – again Claire is happy for managers to contact her for information and support. claire.poole@nottscc.gov.uk

Claire went on to tell us about various events coming up: a Nursing Conference is taking place 17 November 2016 which includes a Learning and Development schedule; various training courses start this autumn, including moving and handling, and medication management. Full details can be found at: <http://site.nottinghamshire.gov.uk/living/business/supporting-social-care-businesses/optimum/workforceprofessionaldevelopment/meetingyourneeds/trainingprogramme/>

*Philomena O’Hanlon, Nurse Education Consultant, OWL*

Phil introduced herself and gave a precis of her varied nursing background. She has been in post for two months and is working on OWL’s Nurses Project. The project has come about as a result of the Adelphi Study as well as studies in ‘Culture Change in Care Homes’; focus groups findings; literature review findings. The project has three strands:

* Development of post registration qualification
* Development of Associate Nurse role
* Continued Professional Development (CPD)

**Development of post registration qualification:**  Phi said she has been looking at current training needs analyses and has created a catalogue of courses. She has sent out emails with a questionnaire to seek to understand the unique needs of registered nurse care workers and the challenges they face. There has been a low response to date. We are attaching a blank questionnaire to be filled in with these minutes (**Action required**). The areas that Phil believes may be of interest include: co-morbidities and frailty; acute care and reduced hospital admissions; EOL care; Dementia and mental health in older people. A full list can be seen in the handout attached.

**Associate Nurse Role:** Phil spoke about a bid that was being submitted in October for a 2-year pilot. This is being supported by Derby University and if successful would commence in January 2017. There would need to be a quick turnaround in terms of recruitment. The idea of the programme would be to grow and develop Associate Nurses in the region. Entry level would be kept to a minimum and a further 2 years could see Associate Nurses becoming a fully qualified nurse. The programme would be accredited through a nationally accredited body. It is expected to be 1 day a week and would include placements in a care home setting.

**Continued Professional Development**: Phil has set up three dates in the area for registered nurses to attend a meeting – she is looking for a care home to host these meetings (no dates given). Her idea is to customise these meetings to address the needs of the registered nurses in care homes. She will be looking at clinical outcome measurements, evaluation and care home support.

Phil would like to hear from any care home manager that has any interested staff members for this any of the above opportunities. **Action required.**

**NHS Rushcliffe CCG Update:**

*Liz Harris, Senior Service Improvement Manager – Non-elective Care*

Liz gave an overview of the Primary Care Enhanced Service that commenced 3 years ago. There are three aspects to the service:

* Contract with GP practices to align one GP to one care home, providing a dedicated session within the care home at least fortnightly, providing medical advice and support to residents and to respond to requests for assistance from care home staff during core practice hours.
* Community Health Partnership e.g. District Nurses for both nursing and residential care homes. This includes the offer of peer-to-peer support and bite-sized training.
* Residents’ Representative Service provided by Age UK Notts.

Liz stated that in the first year of the Service Rushcliffe saw a reduction of hospital admissions of 11% and a further 4.3% in the second year.

Liz introduced her colleague, Lisa Harrold, Service Improvement Support Officer, who has been in post since June 2016. Liz said that they are aiming to visit each care home for older people in Rushcliffe over the coming months. Rushcliffe CCG have received a report from the CQC in which it stated that Rushcliffe has the best care homes in the County showing as 85.3% as ‘good’. Please see attached.

System Online is currently being piloted in three care homes in Rushcliffe. This GP clinical system replaces System1 which did not work well within care homes when trialled. This alternative online system allows trained care home staff to some access to residents’ medical records; to request medications; ask for assistance etc. It enables a consistent audit trail in care homes which satisfies all quality of care bodies. When rolled out it will be accessible through any type of tablet (iPad, etc.)

Rushcliffe CCG is currently looking at training provision for staff in care homes around Phlebotomy, Sepsis, UTI’s and Diabetes.

Liz told the group that she had recently had a meeting with GPs in Rushcliffe who stated that it would be easier if there was a standardised ‘handover’ sheet within the Rushcliffe care homes. Liz gave out two handouts that shows a standardised ‘Handover Process’ called CARES (please see attached), that has been provided by Sutton CCG via their Vanguard Programme. She would welcome feedback from care home managers on whether this process would be useful. Please contact Liz directly on: Elizabeth.Harris@rushcliffeccg.nhs.uk **Action required.**

Liz asked those ‘residential’ care home managers present whether their staff were able to take blood pressures to which there was a mixed response. She would like all managers to let her or Lindsey/Diana know, whether they would be interested in receiving training for this as currently they are able to off this. **Action required.**

Rushcliffe CCG is aiming to have an event in early 2017 for care homes to look at:

* How are things going?
* How have things changed?
* What are your current issues?

If you have any thoughts/ideas of what this event may cover, please send these to Liz Harris (email address above).

Liz publicised an LPZ event that is taking place on 16 September (flyer sent out to all care home managers in advance of the event), that explains the areas of research they are wishing to address in this coming year. These being, falls, pressure sores, pain management, restraint.

Liz asked whether care home managers wished their staff to have access to free flu vaccinations this year, as they may be able to undertake these within the care homes - last year there was a very low uptake for this. Managers present explained that for some care home staff this was given via their local surgeries and that some supermarkets also undertook free flu vaccinations. If you would like your staff to receive flu vaccinations via the CCG, please email Liz directly. **Action required.**

Liz said that they are looking at how discharge assessments are undertaken by the ‘trusted’ person. What is being observed is that patients deteriorate in hospital and that a resident returning from a stay in hospital may not present as the same person they were before their admission. It is the role of the trusted person to inform the care home staff of any adjustments/differences that may have occurred or is presenting with the resident.

Finally Liz requested Care home staff let the supplier Tena know when a resident has passed away so that they do not continue to supply pads for that resident. **Action required.**

After this update from Liz, managers were able to raise issues and concerns that they are trying to deal with. The following covers these areas:

* There is confusion and frustration for many care home staff who have residents that fall and have dementia. The Falls Team will not respond to those residents who have fallen who have dementia *unless* the fall was definitely *not* due to them having dementia. The Dementia Outreach Service (DOS or DOT) have not been able to respond to a resident who has dementia, had a fall and a GP has been involved. Liz has asked that any issues of this nature are emailed to her directly (email address above and below).
* One care home manager stated that they have recently had two inappropriate safeguarding referrals put in place by EMAS. In both events MASH has gone back to EMAS to state that their staff require more training around safeguarding matters. Liz said that she would speak to EMAS about this and to reinforce the requirement for more training.
* One manager asked about the role of the Community Matron and gave information about how the Community Matrons are supporting the care homes in other areas of Nottinghamshire. Liz responded that currently there was not a Community Matron covering the West Bridgford area and they would look at the CCG’s in other areas to gauge the scope of the Community Matron role, to see what best practice can be brought into Rushcliffe.
* A manager raised the issue of having an audit trail for prescriptions that is kept in the care home (as per NICE guidelines). Currently they have to photocopy scripts to enable this and e-prescriptions do not allow for this either. Liz said that System Online will provide the audit trail necessary once it is rolled out to all care homes.

Liz suggested that Steve Murdock, who is Head of Primary Care IT – Rushcliffe CCG, may be able to attend the next Forum meeting to update managers on the piloting of System Online and next stages.

* There was a short discussion regarding End of Life (EOL) and Liz said that she would send out some information on EOL (see attached). She said that the CCG may incorporate standardised information to be recorded regarding EOL in their contracts. This would be in line with the Gold Standard Framework that asks questions after a resident has passed away such as ‘What could you have done better/differently?’.

Diana and Lindsey brought the meeting to a close, thanking Jeremy and Marion for hosting the meeting at short notice.

**Date of next meeting:**

Wednesday, 30 November 2016 9.30am to 12.30pm. Venue and speaker to be confirmed.