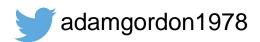


Delivering safe, high quality care in care homes

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Care Homes

- Who lives in them?
- What do they need?
- How is care currently provided and does it meet their needs?
- Challenges unique to the care home setting.

Some ways forward.

age and ageing



Age and Ageing 2014; **43:** 97–103 doi: 10.1093/ageing/aft077 Published electronically 17 July 2013 © The Author 2013. Published by Oxford University Press on behalf of the British Geriatrics Society. This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/3.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited. For commercial re-use, please contact journals.permissions@oup.com

Health status of UK care home residents: a cohort study

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In the Care Home Outcome study....

The proportion of care home residents with cognitive impairment was:

- 0-25%
- 26-50%
- 51-75%
- 76-100%

In the Care Home Outcome study....

The proportion of care home residents with urinary incontinence was:

- 0-25%
- 26-50%
- 51-75%
- 76-100%

In the Care Home Outcome study....

The proportion of care home residents who were bed- or chair-bound was:

- 0-25%
- 26-50%
- 51-75%
- 76-100%

Some other headline figures....

- Average number of diagnoses 6.2
- Median number of medications 8
- 2/3 had some form of behavioural symptom
- 30% malnourished
- 56% at risk of malnutrition
- Average life expectancy
 - 1 year for nursing homes
 - 2 years for residential homes

Effective healthcare responses will....

- Have expertise in management of:
 - Multiple diagnoses
 - Immobility
 - Incontinence
 - Challenging behaviour
 - Polypharmacy
 - Malnutrition
 - End-of-life care

Perspective

Comprehensive geriatric assessment - a guide for the non-specialist



T. J. Welsh*, A. L. Gordon and J. R. Gladman

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DOI: 10.1111/ijcp.12313

adaptations are made.

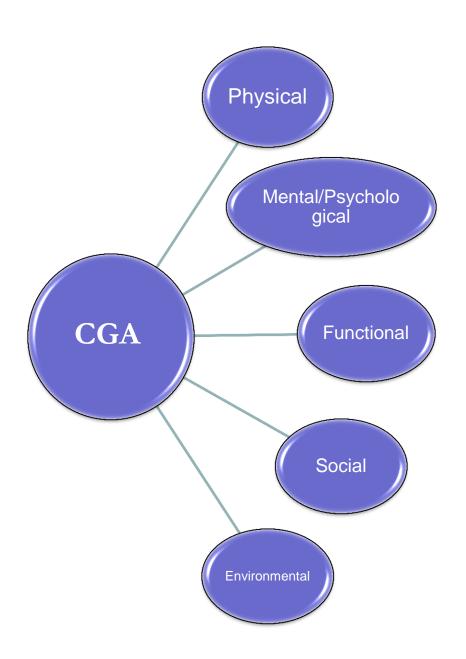
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What currently happens

- GP's deliver care as part of GMS....although sometimes they don't(!)
- GP:care home ratios vary 1:1-1:50
- Reactive care models predominate
- Multidisciplinary team access is limited
- Roles and responsibilities aren't clearly specified

BMJ Open

BMJ Open 2013;3:e003178 doi:10.1136/bmjopen-2013-003178

Health services research

Explaining the barriers to and tensions in delivering effective healthcare in UK care homes: a qualitative study

Isabella Robbins¹, Adam Gordon¹, Jane Dyas², Philippa Logan¹, John Gladman¹

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Common problems

- Older people are very complicated.
- Trajectories are difficult to predict.
- Don't have the training.
- Resources are tight.
- Regulation is always present.
- Roles and responsibilities aren't clear.
- Communication is a problem.



Article in Press

Relationships, Expertise, Incentives, and Governance: Supporting Care Home Residents' Access to Health Care. An Interview Study From England

Claire Goodman, PhD, RN, DN, FQNI Sue L. Davies, MSC, RN, Adam L. Gordon, PhD, MBChB, MMedSci (Clin Ed), FRCPEdin, Julienne Meyer, PhD, RN, Tom Dening, MD, FRCPsych, John R.F. Gladman, BSc, DM, FRCP, Steve Iliffe, MRCGP, Maria Zubair, PhD, Clive Bowman, MBChB, FRCP, FFPH, Christina Victor, PhD, Finbarr C. Martin, MD, FRCP

Open Access

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Publication stage: In Press Corrected Proof

Solutions have focused around...

■ Remuneration – carrot.

Regulation – stick.

Parachuting in troops.

Generating social movements.

Be careful what you wish for....

1:1 relationship

Trusting relationship with mutual respect

"I wouldn't wish our GP/care home on my worst enemy"

Challenges to QI in care homes

■ Mixed economies of providers.

Health vs Social Care.

Unclear roles and responsibilities.

 Dependency on enthusiasts, with implications for sustainability.

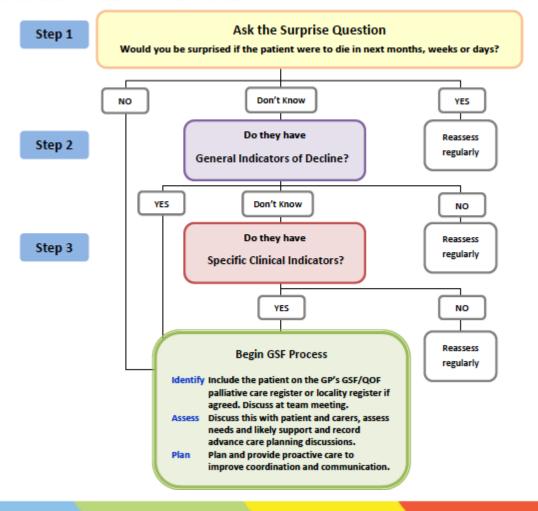
My Home Life Programme UK

Promoting quality of life for those living, dying, visiting and working in care homes for older people.

www.myhomelife.org.uk



the gold standards framework







www.frailsafe.org.uk



The Health Foundation Inspiring Improvement



Institute for Healthcare Improvement





М	lar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
	The POSA Cycle			The PDSA Cycle			The PDSA Cycle			The PDSA Cycle		
'	1 st eting					2 nd Meeting						3 rd Meeting
		Teleconf 1		Teleconf 2				Teleconf 3		Teleconf 4		



THE PEACH STUDY

Areas of Concern

- Falls
- Pressure ulcers
- Delirium
- Sepsis
- Malnutrition
- Dehydration
- Social isolation



Landielijke Pravelentiemeting Zorgproblemen (LPZ)



- Falls
- Pressure Ulcers
- Incontinence
- Malnutrition
- Intertrigo
- Physical restraints



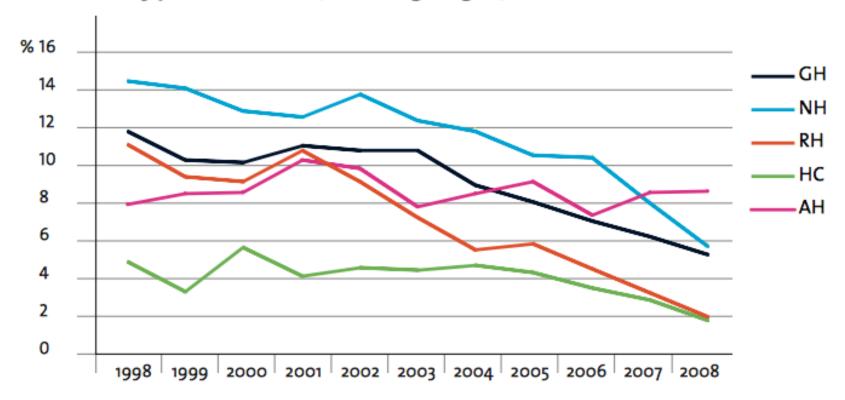
Landielijke Pravelentiemeting Zorgproblemen (LPZ)

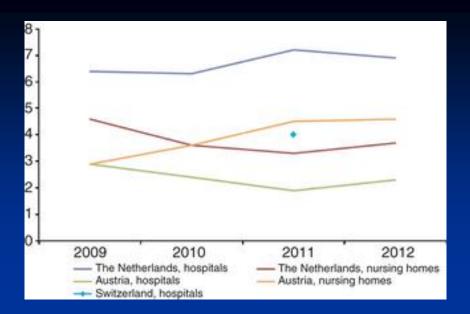


- Twice yearly measurement
- Single snap-shot
- Netherlands, Germany, Austria, Switzerland, New Zealand, Indonesia
- Benchmark against
 - Historical Data
 - Other Homes
 - Other Countries



Prevalence of pressure ulcers (excluding stage 1)





Explaining the national differences in pressure ulcer prevalence between the Netherlands and Germany – adjusted for personal risk factors and institutional quality indicators

Antje Tannen RN MA MPH,1 Ekkehart Dietz PhD,2 Theo Dassen RN PhD3 and Ruud Halfens PhD4

Study protocol

Open Access

Pressure ulcer incidence in Dutch and German nursing homes: design of a prospective multicenter cohort study

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Trying out the LPZ in the East Midlands

- 30 homes across Nottinghamshire
- Mixture of nursing, residential, dementia registered and non-dementia registered
- Single snap-shot audit
- Pressure ulcers and malnutrition
- Concurrent process analysis
 - Models of collaboration
 - Barriers and facilitators to implementation.
- Data returned to East Mids for further analysis

Delivering safe, high quality care in care homes...

- Requires an understanding of who lives there.
- And who works there.
- And how to work with them.
- Roles, responsibilities and models of partnership central.
- Nobody quite knows how to do this yet.
- Some possible steps forward as part of PSC
 - The PEACH study
 - Trialling the LPZ.