

Health and Social Care Support Worker Project

- Rapid evaluation of non-complex wound care management at Llys y Bryn Residential Care Home

1. Background

In 2014, an Audit of Community Nursing workload within Carmarthenshire identified that of the 93 x wte, 16wte time was being spent in Care Homes. The range of tasks were identified and a proposal was developed to explore and co-produce an integrated accredited training programme based on the principles of prudent healthcare.

2. Introduction

In November 2014, the Carmarthenshire Health, Social Care and Wellbeing Board approved a proposal to utilise Intermediate Care Funding (ICF) to take forward the Health and Social Care Support Worker Project. It is a project that seeks to transfer healthcare related tasks to social care workers in care homes for older people. The project focused on the delivery of non-complex wound care (NCWC) at Llys y Bryn Residential Care Home which had an identified high volume of patients requiring NCWC and this was putting pressure on the District Nursing Service so this was identified as an ideal environment to run a pilot project.

A Project Board was established to facilitate a co-production approach which involved operational staff from Community Nurses, Senior Carers, Specialist Nurses from Acute Sector, Senior Managers, officers from Health and Local Authority Learning and Development Teams and a representative from Carmarthenshire Carers Forum.

The project utilised Hywel Dda's EAGLE (Excellence, Assurance and Governance in a Learning Environment) Governance Framework, ensuring the project was developed in a safe and effective way. The EAGLE Framework provides assurance to all staff, clients/patients and their families that the care is delivered by competent and confident staff.

In mid-March 2015, the Tissue Viability Nurse delivered a full day of training to 10 members of staff on NCWC. Subsequently, staff utilised these skills through the AGORED Cymru accreditation framework. This rapid evaluation offers estimates of impact to date of the NCWC training.

3. Methods

There were several elements to the rapid evaluation, essentially focussing on non-financial and financial benefits. The non-financial elements were set out in a questionnaire and staff who received the training were interviewed. The financial element was a basic cost benefit analysis and it was estimated that managing one new NCWC per week would lead to financial benefits after one year. This is a limited approach albeit real world and real time in philosophy. Data was collected by email exchange with Steering Board members, review of existing documents and 2 half day staff interviews held at Llys y Bryn.

4. Results

The training was well received by the Social Care staff who were eager to develop their skills and gain a greater understanding of the implications associated with wound care. They were made aware of the signs to look for to inform their decision making in relation to when to access the registered nurses support.

Following this project, the staff are eager to further increase their skills and this will be implemented with training to undertake vital signs recording which will further improve the ability to detect early when referrals are required to Primary Care and Community Nursing.

In terms of outcomes for the residents in the Care Home, there has been an improvement on the quality of holistic care. An example of

this is when the Care Worker undertakes wound care as part of the morning routine and is incorporated within the personal care time. Prior to this pilot the patient would have had their personal care undertaken by the Care Worker and then would have to be undressed again once the Registered Nurse attended for the wound care intervention. As a result of this project, the patients now receive greater continuity of care with less disruptions to their daily routines.

This has released significant Registered Nursing time. The registered nursing time within the Care Home has reduced by 50% which releases the nurses to undertake more complex tasks and care management within the community.

The unexpected outcome of this pilot has been a significant improvement with regard to the level of information received when making a referral to the Community Nursing service. Similarly, the relationship between the Care Home staff and the nurses has improved and there is now a high level of trust between these members. The staff morale has also improved with the Care Home staff reporting higher levels of job satisfaction.

The care staff are now in a position to accurately assess whether the wounds are improving or deteriorating and seek timely nursing intervention which prevents any further deterioration.

The Registered Nurse attend the Care Home at dedicated times to support the staff and discuss cases in a proactive manner and this has resulted in the redirection of ad hoc calls to the Community Nurses which has further released nursing time.

As part of this pilot, the care staff shadowed the Community Nurses in the Community which has provided a greater understanding of the nursing role and this has strengthened relationships.

The financial elements are difficult to calculate with certainty but it is possible to estimate that a full time member of staff will use their training on more than half of their shifts. This will be a combination of new wounds and ongoing management but even by conservative estimates, there may be a financial return on investment after 6

months at the home. Staff estimate that the reduction in District Nurse attendance has fallen by 50%.

5. Discussion and two recommendations

The evidence strongly suggests that training Llys y Bryn staff in non-complex wound care has been an effective return on investment. The financial estimates suggest this will be reached after approximately 4-6 months in terms of reduced District Nurse attendance. This is a conservative financial estimate because it excludes other benefits such as improved quality of life for the residents and improved working between Llys y Bryn staff and District Nurses. There are other benefits such as a more confident work-force who now want to learn new skills.

This pilot has proved to be highly successful and has challenged the traditional concept of different staff groups working in silos. It has proven that integrated care workers have made a considerable contribution towards this.

As a result of this proof of concept stage it is now evident that this model can be extended to include other interventions such as vital sign recording and catheter care.

5.1 Recommendations

- i. The model of non-complex wound care training is rolled out a scale to other Local Authority homes in Carmarthenshire. It is strongly advised an impact evaluation is built in from the outset along with financial analysis regarding the return on investment.
- ii. The good work in Llys y Bryn is expanded to another clinical situation, for example training on basic observations e.g blood pressure but perhaps a more ambitious approach is needed. A rapid impact evaluation seems timely after a few months of activity.

6. Outcomes

1. There are no new non complex wounds at the Care Home (September) – improved clinical outcomes.
2. Care is planned around the client and not on the availability of professional staff – patient focussed care.

3. Senior Carers feel empowered and supported in the development of their skills and knowledge – improved staff morale.
4. Senior Carers are not having to constantly contact Community Nurses releasing their capacity to plan care.
5. Community Nurses are spending 50% less time at the Care Home and have developed their supervisory role. This has released Community Nursing capacity through re-distributing workload of a function previously performed by a specialist resource and transferring to less specialist staff - prudent healthcare.
6. There is an appetite for more training which is being developed.
7. Good team working between Health and Social Care staff.
8. There is a rollout programme for all Local Authority Care Homes.

7. Conclusion

Through utilising ICF, there has been the opportunity to explore a prudent healthcare initiative through a co-production process to develop the health and social care worker. The process has utilised the Eagle Framework to provide clinical governance assurance; Agored Cymru to accredit the training; the specialist skills of the TVN and Community Nurses to train and re-distribute tasks to less specialist staff resulting in prudent healthcare; training that has led to improved staff morale and team working and critically client focussed care and improved outcomes. The project Steering Group will continue to rollout and develop the training programme and report back to Carmarthenshire Health, Social Care and Wellbeing Board.

Authored by Dr Gareth Morgan on behalf of the Steering Board