

Quest for Quality in Care Homes Programme

Calderdale, West Yorkshire, England

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Why 'Quest'?

- Increasing complex needs
- Reactive care
- Serious Case Review – outcomes learned
- Increasing demand:
 - acute bed days / emergency admissions & attendances / GP visits to care homes
- Risk of malnutrition (30-40%)
- Inappropriate prescribing (50-90%)
- Falls x3 times more likely
- Need annual reviews & full comprehensive care plans
- Failing care homes – 'requires improvement' or 'inadequate'
- Need to standardise practice and up-skill care home staff

- Top 5 reasons for unplanned hospital activity from care homes:

UTIs / Respiratory Infection inc. Pneumonia / Fractured Neck of Femur / Senility/ Syncope & Collapse

Costing £5m
(unplanned
activity)



Model – 2014-16 (phase 1)

- 'Quest for Quality in Care Homes' specification, outlined the following model:
 - 2 year pilot (phased approach)
 - Joint pilot between CCG, Tunstall, hospital (CHFT) & Calderdale Council
 - Part of 'care closer to home' work
 - 24 residential and nursing homes

Multi-disciplinary team (MDT) to manage the most complex individuals	Quest team as first point of contact for non-emergencies
7-day service	Responsive and timely
Readily available specialist input for further advice	Appropriate mechanisms for follow-up and planning (MDT)
Ability to monitor following reactive episode	Appropriate use of Calderdale Care Plans and DNACPRs
Reactive vs proactive	Clarification on MDT and SPA
Embed and standardised service and processes	Collaboration
Identify and provide training packages within the Quest care homes	



1 – MULTI-DISCIPLINARY TEAM:

Investment in a multi-disciplinary team ('MDT'), providing an integrated social and clinical approach to support anticipatory care planning; working directly with care homes

2 – TELECARE & TELEHEALTH SYSTEMS

To support prevention, diagnosis and treatment; and to improve quality of care and prevent deterioration or exacerbation

3 – COMPUTERS IN CARE HOMES

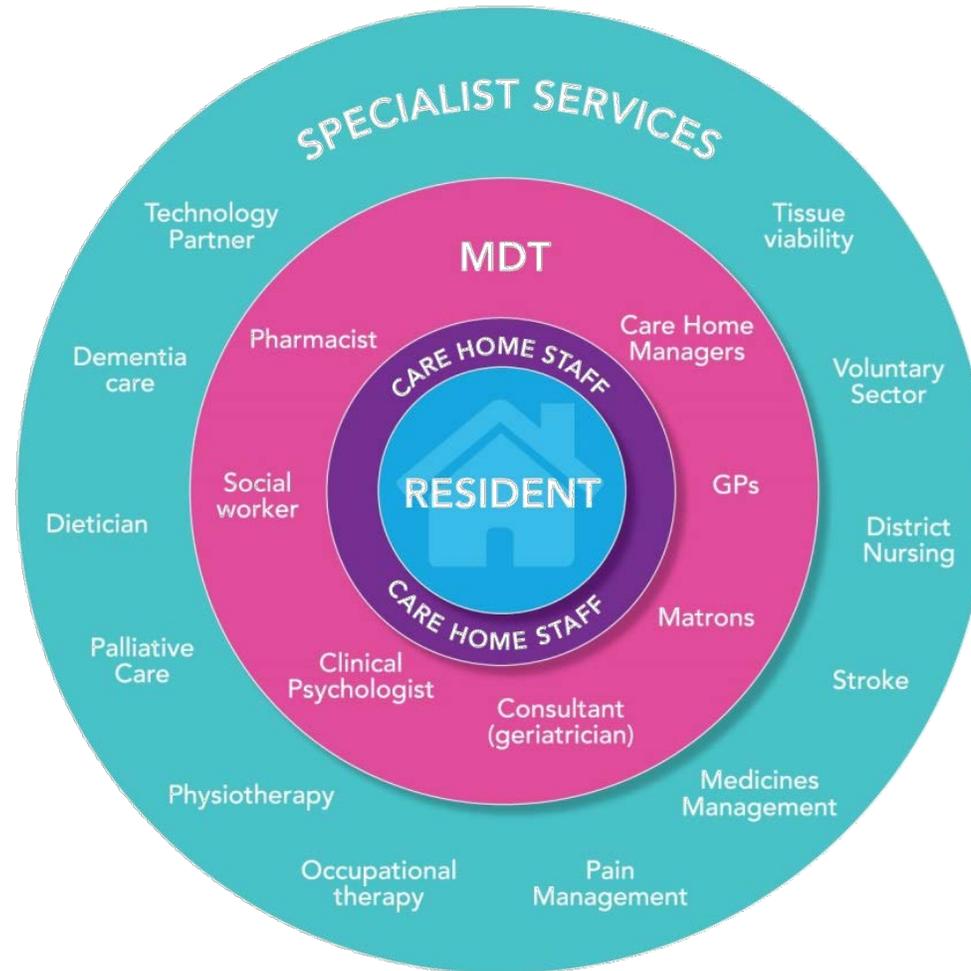
Giving GPs and Matrons access to live real-time clinical records to inform decision-making



Model continued – element 1



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Benefits for residents



- Fewer hospital admissions and readmissions
- Review of medications impacting positively on falls, constipation and confusion
- Focus on prevention e.g. through telecare, and proactive working through the MDT
- Care homes working more proactively to support wellbeing
- Increased patient choice
- Enhanced continuity of care with a dedicated team
- Increased feeling of safety and less anxiety
- Improved self-management through increased knowledge
- Increased confidence of care home staff
- Care homes supported and so able to provide less disruptive and improved quality of care
- Clinical Psychologist role has supported care homes with behaviour management

Benefits for care homes



- 7 days per week dedicated access to healthcare professionals
- Access to experienced multi-disciplinary team
- Defined approach to risk management
- Support through telecare
- Support and training on specific issues e.g. UTIs
- Reduction in residents being admitted to hospital
- Working more proactively
- Increased empowerment of care home staff at triage
- Supports care staff with advice on situation management
- Increased confidence in dealing with families
- Reduced isolation for care homes
- Increased level of information and knowledge
- Increased confidence regarding residents' medications
- Increased support in managing psychological issues

Results continued...

		Results to March 2015	Results to March 2016
Hospital stays		26% reduction year-on-year	26% reduction year-on-year
Hospital bed days used		16% reduction year-on-year	30% reduction year-on-year
Emergency admissions		25% reduction year-on-year	33% reduction year-on-year
GP care home visits to Quest for Quality Care Homes		58% fewer visits than to non Quest homes	45% fewer visits than to non Quest homes
Cost of hospital stays		Reduced saving £456,166 year-on-year	Reduced saving £799,561 year-on-year



'Quest' 2016 onwards (phase 2)

- 'Business as usual'
- 'Quest' service rolled out to remaining care homes (+14 homes) = 38 total
- >1,600 care home residents supported
- Introduced an out of hours video triage service
- Continued focus on telecare and falls prevention
- Telecare: provides a range of innovative sensors/detectors/alarms which automatically detect incidents and alert staff to: someone falling; having an epileptic seizure or leaving their bed, chair or room



Results – ‘Quest’

- Continued reduction in unplanned hospital activity, saving approx. >£1m over programme duration

A&E Attendances	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 17/18
Total attendances	132	202	178	163	156	169	160	145	160	155	125	118	1863
Out of hours (6pm-8am)	47	81	72	76	60	69	64	59	66	60	41	35	730
Admissions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 17/18
Admissions by month	88	112	144	130	119	133	115	97	119	130	100	92	1379
Acute Admissions	85	108	142	128	116	129	111	94	114	128	97	91	1343
Out of hours (6pm-8am)	42	47	65	65	53	69	47	41	51	55	37	50	622
Elective Admissions	3	4	2	2	3	4	4	3	5	2	3	1	36
Out of hours (6pm-8am)	0	1	2	2	0	0	3	1	2	1	2	0	14
A&E Attendances	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 18/19
Total attendances	123	112	116	108	101	113	133	133	148	153	100	118	1458
Out of hours (6pm-8am)	48	46	44	52	47	51	38	51	65	58	35	38	573
Admissions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 18/19
Admissions by month	102	89	100	87	77	75	98	89	110	122	87	97	1133
Acute Admissions	100	85	96	86	74	72	97	88	108	122	85	96	1109
Out of hours (6pm-8am)	55	44	43	42	35	40	47	34	50	60	38	42	530
Elective Admissions	2	4	4	1	3	3	1	1	2	0	2	1	24
Out of hours (6pm-8am)	2	2	2	0	2	0	1	0	1	0	1	1	12

A&E attendances continued to reduce 2017/18 to 2018/19 (by 405)

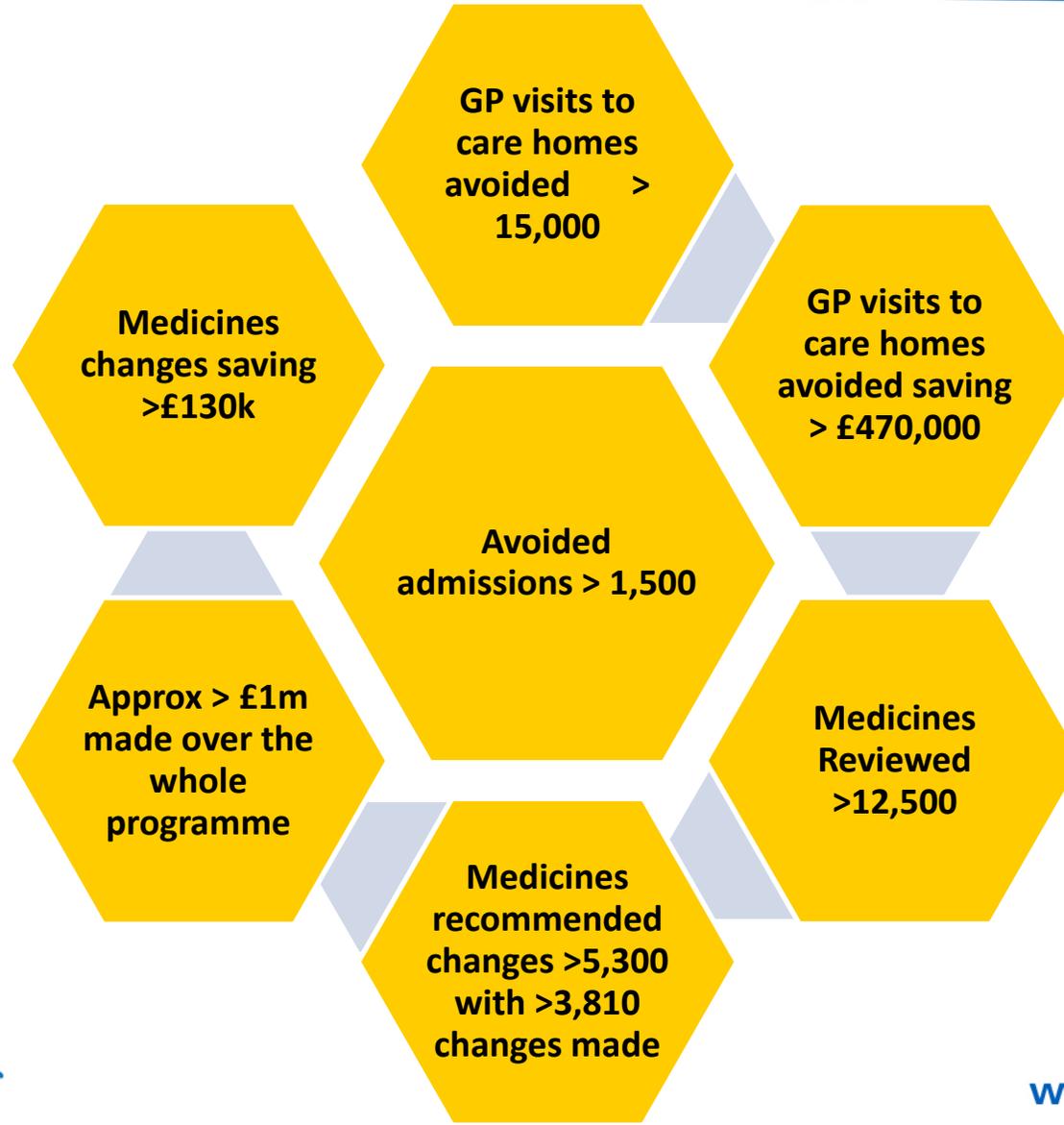
Unplanned admissions continued to reduce 2017/18 to 2018/19 (by 246)



Results – 'Quest'



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Technology – element 2

Connected Care

- Residents able to call for help from anywhere in the scheme
- Automatic alerts triggered by events, e.g. falls, enuresis, movement
- Reduces unnecessary 'just in case' checks
- Easily adapted to changing needs

Connected Health

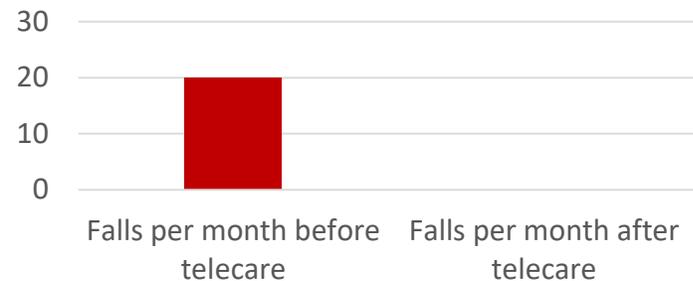
- Health monitoring programmes tailored to individual need
- Enables early health intervention, reducing need for more complex care
- Reduces GP calls outs and hospital admissions

Improved efficiency and quality of life

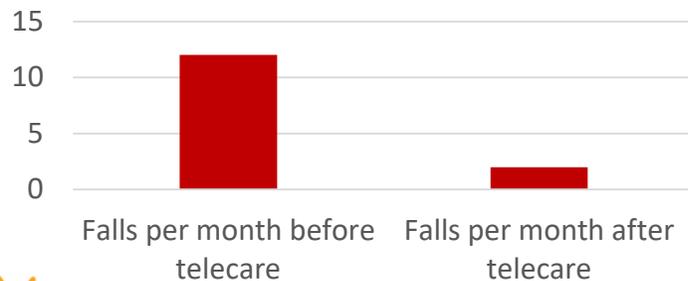


Telecare experience examples

- One resident gets out of bed regularly without support, and often spent time lying on the floor as a result. The care home has set up telecare sensors to alert them at the time he normally gets up so they can offer support.



- A resident with dementia had multiple admissions to hospital due to falls. She now wears a fall detector on her wrist, meaning staff can provide 24/7 monitoring and appropriate care according to her needs.



Results - Telecare falls prevention

	2016/17 to 2017/18	2017/18 to 2018/19
Admissions to hospital related to falls as a result of fractures	-7.7%	-18.6%
Associated savings	£200,000	£300,000

- Enables a rapid response to events, mitigating the consequences
- 24 hour support – reassuring for residents and families
- Staff no longer need to interrupt residents' sleep with regular checks
- Cost effective solution

78.1% of care homes (25 out of 32) have **seen a reduction** in falls year on year, with **59.1%** of homes (19 out of 32) seeing a **reduction in falls of at least 25%**



Resident experience

We have had reduced incidents / falls due to telecare

Allows staff to give residents more independence and freedom due to not having to provide constant supervision

Allows staff to safely monitor residents from a distance, giving residents space and independence

Telecare has benefitted residents and staff and it has allowed us to give residents the freedom they deserve. Staff are able to monitor residents from a distance and the telecare alerts staff to high risk residents' movements so we can interact and reduce falls



Care home experience

Lee Mount Care Home

“The system enables multiple alarm calls to be handled at the same time, which wasn’t possible with the previous system. It also enables staff to answer the main door remotely, saving time, and to give permission to access the home for visitors. A major benefit has been in regard to noise. Our old system raised alerts audible throughout the home, 24 hours a day, but the new system sends alerts to the staff handsets, creating a much more peaceful environment, which is especially important when caring for people with Dementia”.

Pellon Manor

“Having the PIRs (‘passive infra red sensor’) mean that staff are alerted as soon movement is detected, such as feet over the side of the bed. The equipment we relied on before (from a different provider) was a pressure mat positioned on the floor where the resident would already be standing before staff were alerted. During March, only one fall was reported during the night which is a great reduction from this time last year.” The manager feels there has been a ‘massive’ reduction in falls - with the telecare equipment the PIR movement sensors being of particular benefit.

Fernside Hall

“One of our residents needed a bed that lowered to the floor. We needed evidence of what we had done for our panel application and the information stored in our Care Assist supported this. Without telecare we would not have been able to provide any information about the falls and it would have been unlikely we would have received funding.”



National recognition



Learning from the programme

- ✓ Shifting of mindsets/ changing relationships/ redistributing power
- ✓ Stakeholders from scoping – trust in managing change and new technology
- ✓ Culture/ new ways of working
- ✓ Proactive vs reactive
- ✓ Recruitment and workforce
- ✓ Interdependency between providers
- ✓ Close contract management
- ✓ Engagement and training of care homes
- ✓ Care homes will use services/technology when they can see clear benefits
- ✓ Increased Pharmacist role
- ✓ Encouraged skill mix of staff
- ✓ Computers removed



“Transformation isn’t a change programme in a defined timescales
– it is a state of permanent revolution”