Staffordshire County Council

CMDT
Care Market Development Team

skillsforcare

Registered Managers Network Staffordshire

25th April 2024

Staffordshire County Council

CMDT
Care Market Development Team

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Natalie Dibble

Chairperson

Registered Manager – St Mary's

Staffordshire County Council

AGENDA

13:15 Coffee – please scan QR code to help us understand who is attending
13:30 Opening welcomes: introductions
13:45 Lisa Bates providing information about deterioration tools and enhancing care in Care Homes.
14:15 RMN welcomes ICare Ambassadors.
14:30 SWOT Analysis of CQC assessment visits
15: 00 Snack Break and Round Table Networking - Registered Manager networking, discussing what is going well and discovering ideas for those challenging areas you are experiencing.
15:45 Support Packs & Leadership Training exploring development needs feeding back to commissioners.
1 6:00 Partner Updates: Thanks to Suzanne Petrie, Julian Cragg.
1 6:30 Goodbyes During past two years there has been a steady increase in the registered, managers networking Whats App group. Are you in it.

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Lisa Bates

Place Based Transformation Lead

Rachael Fitton

Senior Clinical Quality Improvement and Assurance Manager

Recognising and Responding when your Resident Deteriorates

April 2024

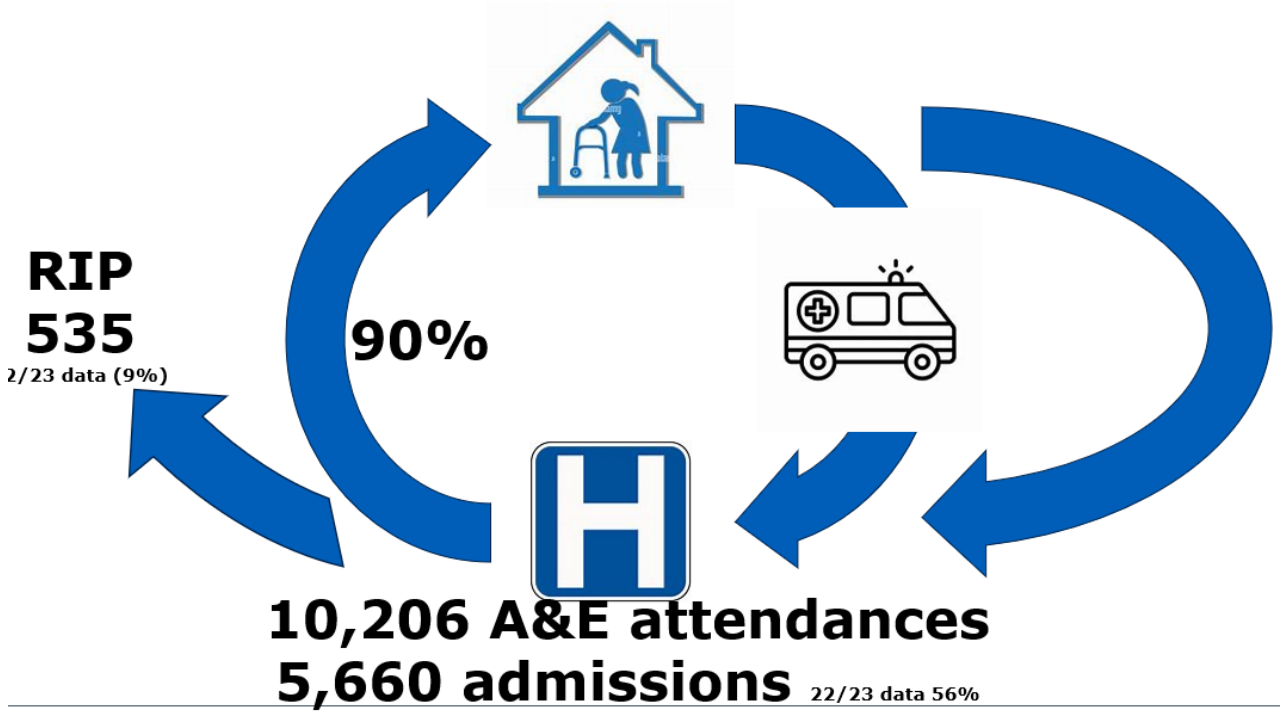
Lisa Bates – **Place Based Transformation Lead**
Rachael Fitton – **Senior Clinical Quality Improvement and Assurance Manager**

When Residents Deteriorate

1. A lot of elderly and frail care home residents are conveyed and admitted to hospital

2. Many of these conveyances/admissions are unnecessary and avoidable

3. We can do something about it



Is that a lot?

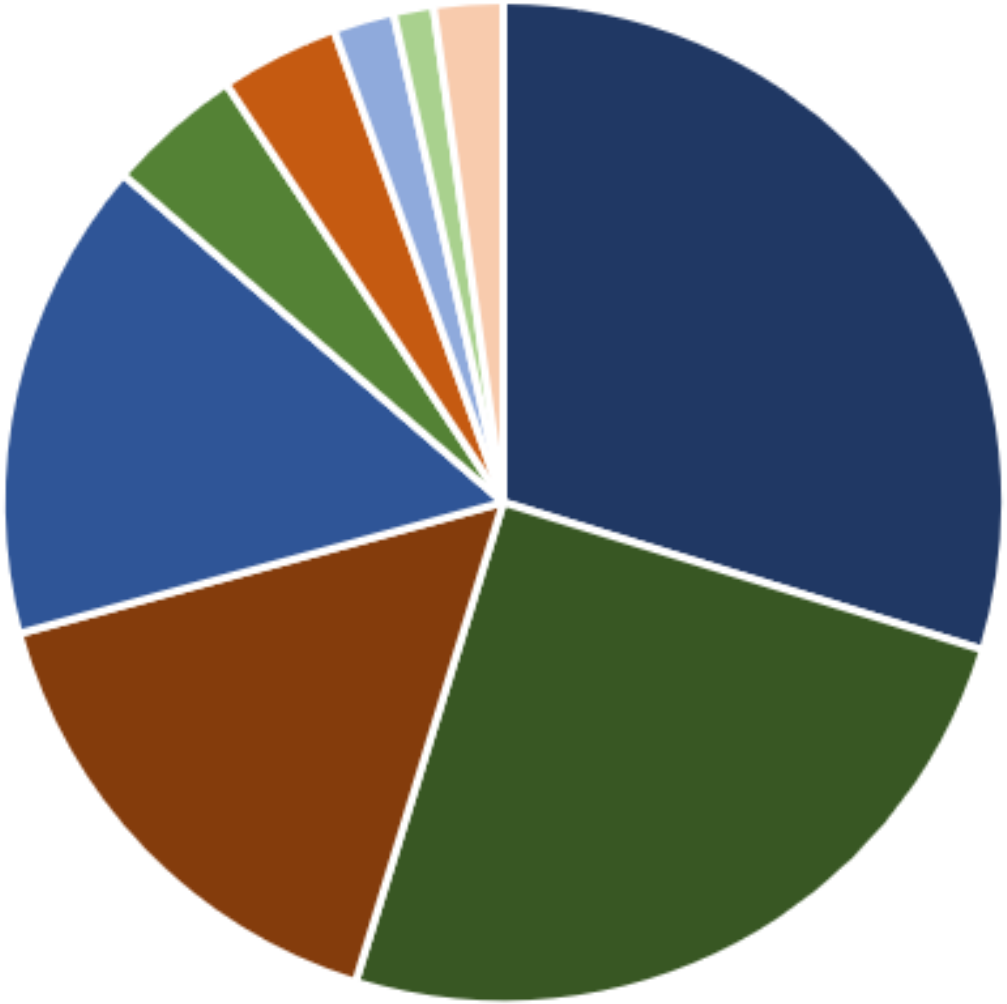
Care Home Conveyance and Admissions 2022/2023

	Day	Week	Month	Year
ED attendances	28	197	858	10296
Conveyances	26	185	805	9660
Emergency admissions	16	110	479	5748

About 10 in ED at any point in time

About 100 inpatients at any point in time

What happens in A & E

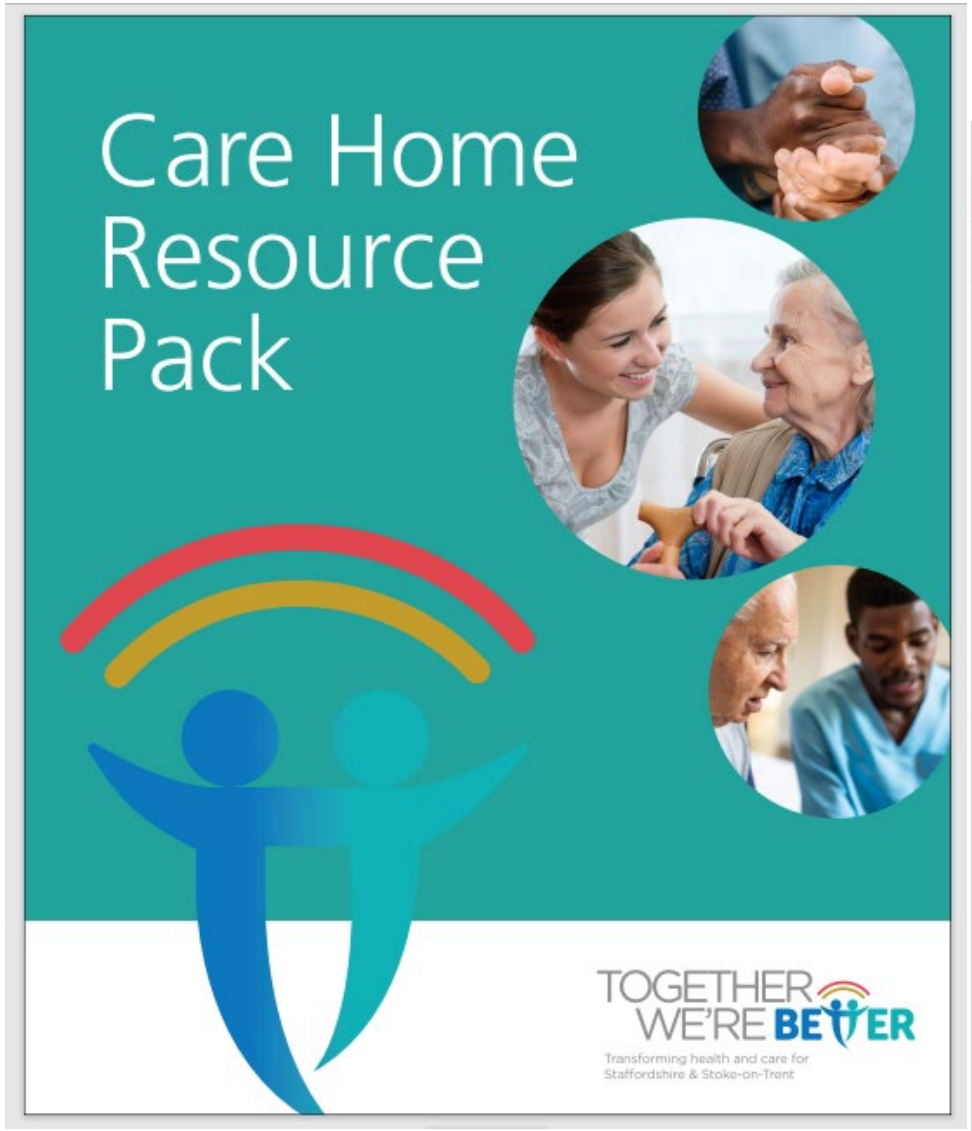


- Guidance only
- IV line / IV fluid / medication
- Observation
- Oral medication / TTO
- Occupational therapy / physiotherapy
- Treatment of injury
- Oxygen / nebuliser
- Catheterisation
- Other / unknown

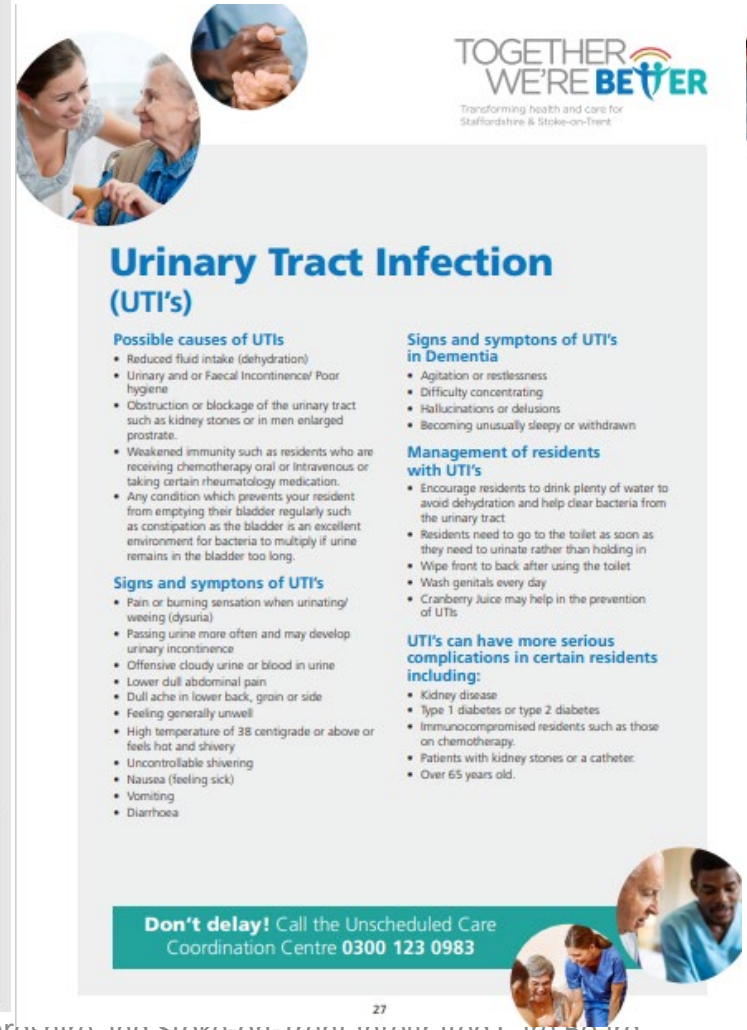
Home Care is Best Care

- In best interest of patients – reduced risk of infection, deconditioning.
- Home environment – family/carers close, own surroundings, visitors, accessible utilities, own meals.
- Improved experience and outcomes for patients
- Hospital not always needed to provide sub-acute care.
- Reduction in waiting for ambulances – WMAS can respond to appropriate cases.
- Reduce pressure on hospital – cancer care, elective surgery etc can continue undisrupted.
- Care homes and Care providers know their patient best.

The Care Home Resource Pack



What's inside? For example…



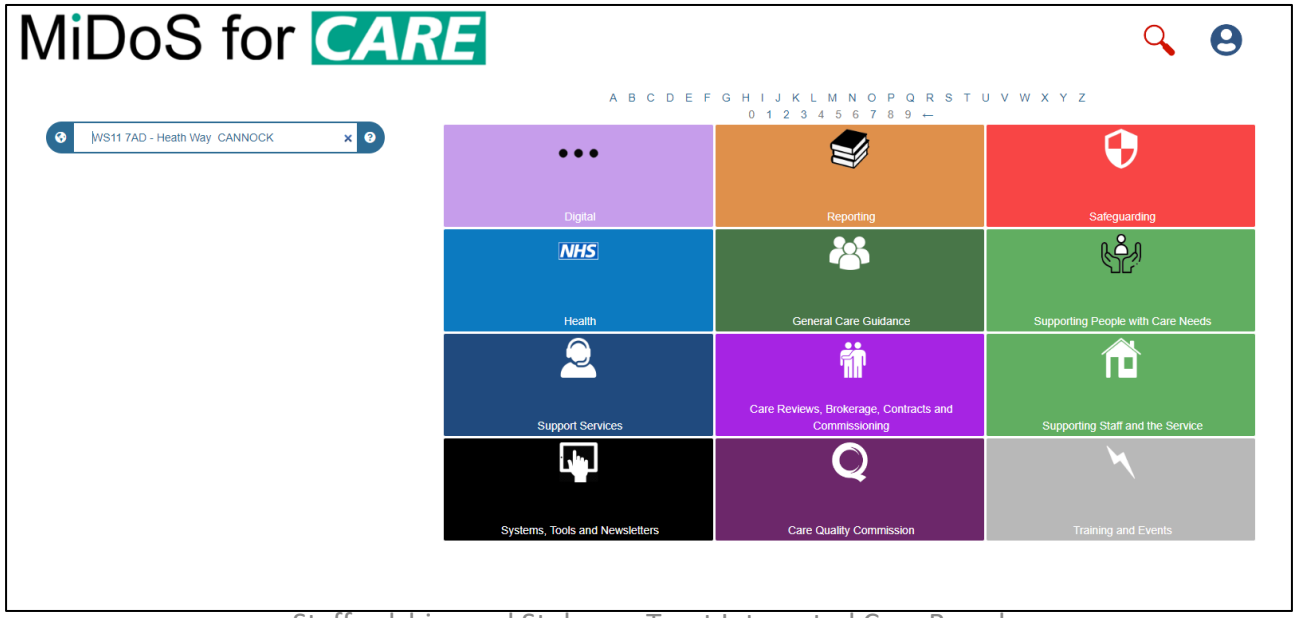
MiDoS For Care

The platform is web based (MiDoS for Care) and is accessible through devices such as laptops, tablets, and mobile phones.

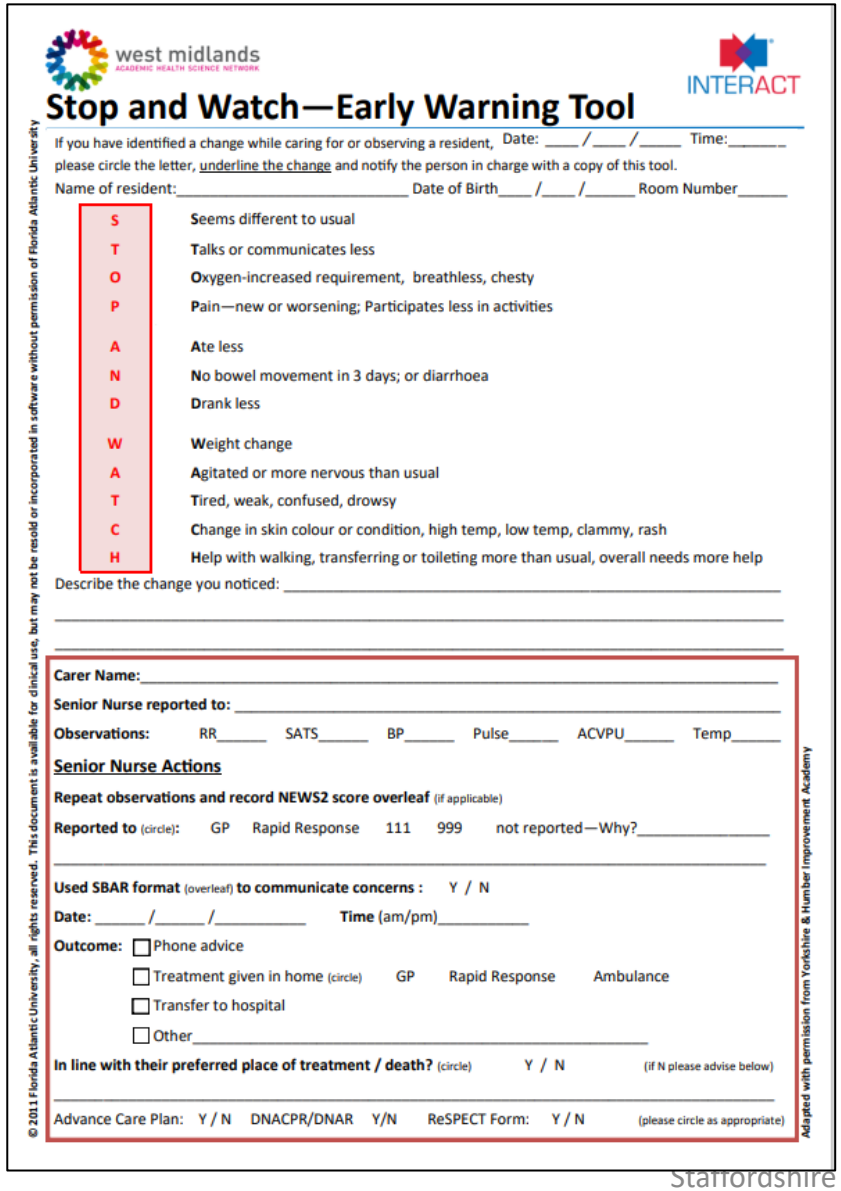
Each care service who requests access is provided with a username and password. These details can be shared within the care service and users can concurrently access the platform with the same details.

There is a wide range of guidance, information and contact details available through the platform.

Contact - Email: midosforcare@staffordshire.gov.uk



Stop and Watch Tool



west midlands ACADEMIC HEALTH SCIENCE NETWORK

INTERACT

Stop and Watch—Early Warning Tool

If you have identified a change while caring for or observing a resident, Date: ____/____/_____ Time:_____
please circle the letter, underline the change and notify the person in charge with a copy of this tool.
Name of resident:_____ Date of Birth____/____/_____ Room Number_____

S	Seems different to usual
T	Talks or communicates less
O	Oxygen-increased requirement, breathless, chesty
P	Pain—new or worsening; Participates less in activities
A	Ate less
N	No bowel movement in 3 days; or diarrhoea
D	Drank less
W	Weight change
A	Agitated or more nervous than usual
T	Tired, weak, confused, drowsy
C	Change in skin colour or condition, high temp, low temp, clammy, rash
H	Help with walking, transferring or toileting more than usual, overall needs more help

Describe the change you noticed: _____

Carer Name:_____

Senior Nurse reported to: _____

Observations: RR_____ SATS_____ BP_____ Pulse_____ ACVPU_____ Temp_____

Senior Nurse Actions

Repeat observations and record NEWS2 score overleaf (if applicable)

Reported to (circle): GP Rapid Response 111 999 not reported—Why?_____

Used SBAR format (overleaf) **to communicate concerns :** Y / N

Date: _____/_____/_____ **Time** (am/pm)_____

Outcome: ☐ Phone advice
☐ Treatment given in home (circle) GP Rapid Response Ambulance
☐ Transfer to hospital
☐ Other_____

In line with their preferred place of treatment / death? (circle) Y / N (if N please advise below)

Advance Care Plan: Y / N DNACPR/DNAR Y/N ReSPECT Form: Y / N (please circle as appropriate)

Spotting soft signs of deterioration and acting early really does make a difference.

Stop and Watch tool is used when a person is ‘not their usual self’ and helps care staff to recognise and respond to people becoming unwell.

SBARD

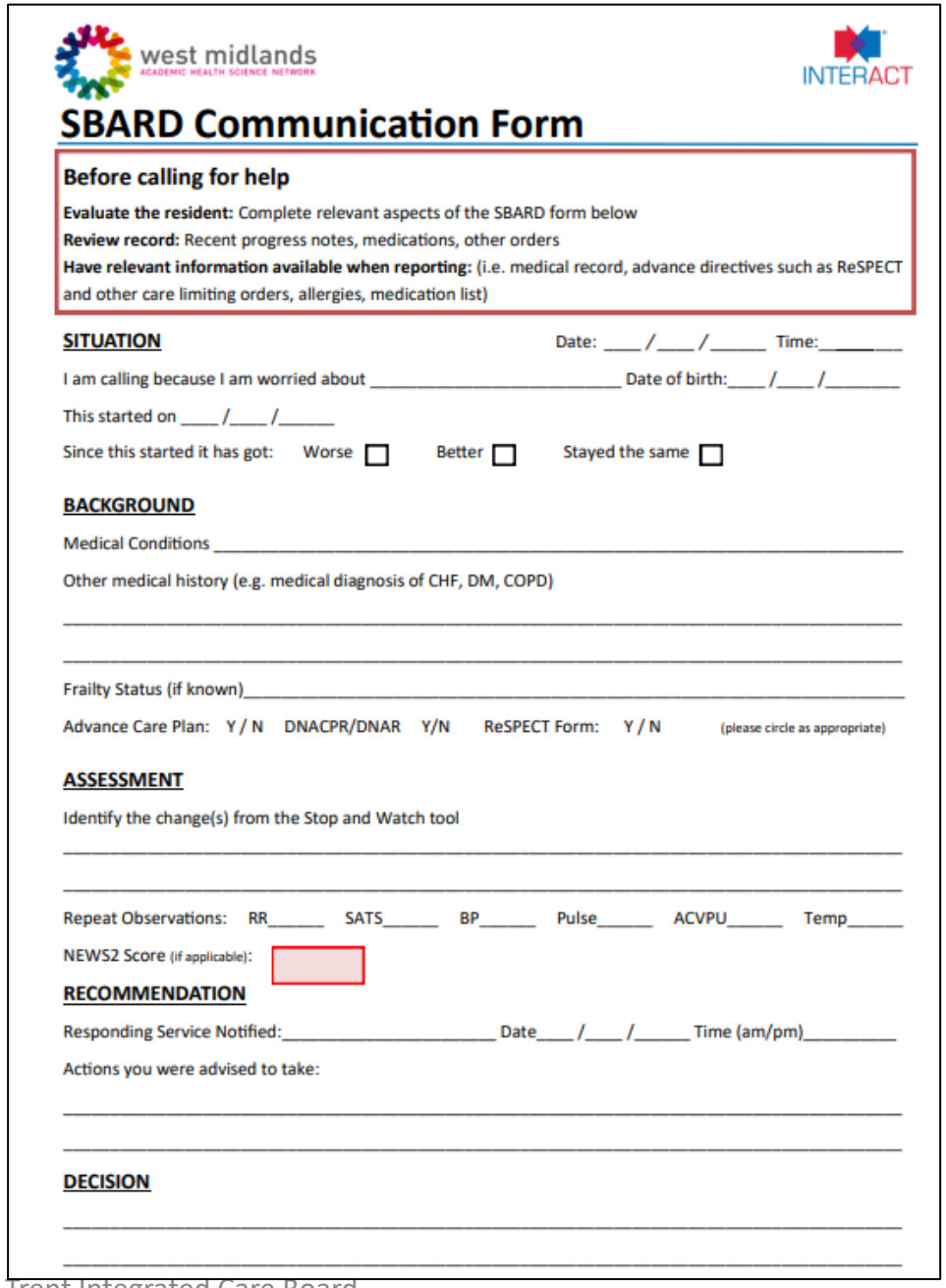
Situation

Background

Assessment

Recommendation

Decision



west midlands ACADEMIC HEALTH SCIENCE NETWORK

INTERACT

SBARD Communication Form

Before calling for help

Evaluate the resident: Complete relevant aspects of the SBARD form below
Review record: Recent progress notes, medications, other orders
Have relevant information available when reporting: (i.e. medical record, advance directives such as ReSPECT and other care limiting orders, allergies, medication list)

SITUATION Date: ____/____/_____ Time:_____

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 Conditions _____

Other medical history (e.g. medical diagnosis of CHF, DM, COPD)

_____

_____

Frailty Status (if known)_____

Advance Care Plan: Y / N DNACPR/DNAR Y/N ReSPECT Form: Y / N (please circle as appropriate)

ASSESSMENT

Identify the change(s) from the Stop and Watch tool

_____

_____

Repeat Observations: RR_____ SATS_____ BP_____ Pulse_____ ACVPU_____ Temp_____

NEWS2 Score (if applicable):

RECOMMENDATION

Responding Service Notified:_____ Date____/____/_____ Time (am/pm)_____

Actions you were advised to take:

_____

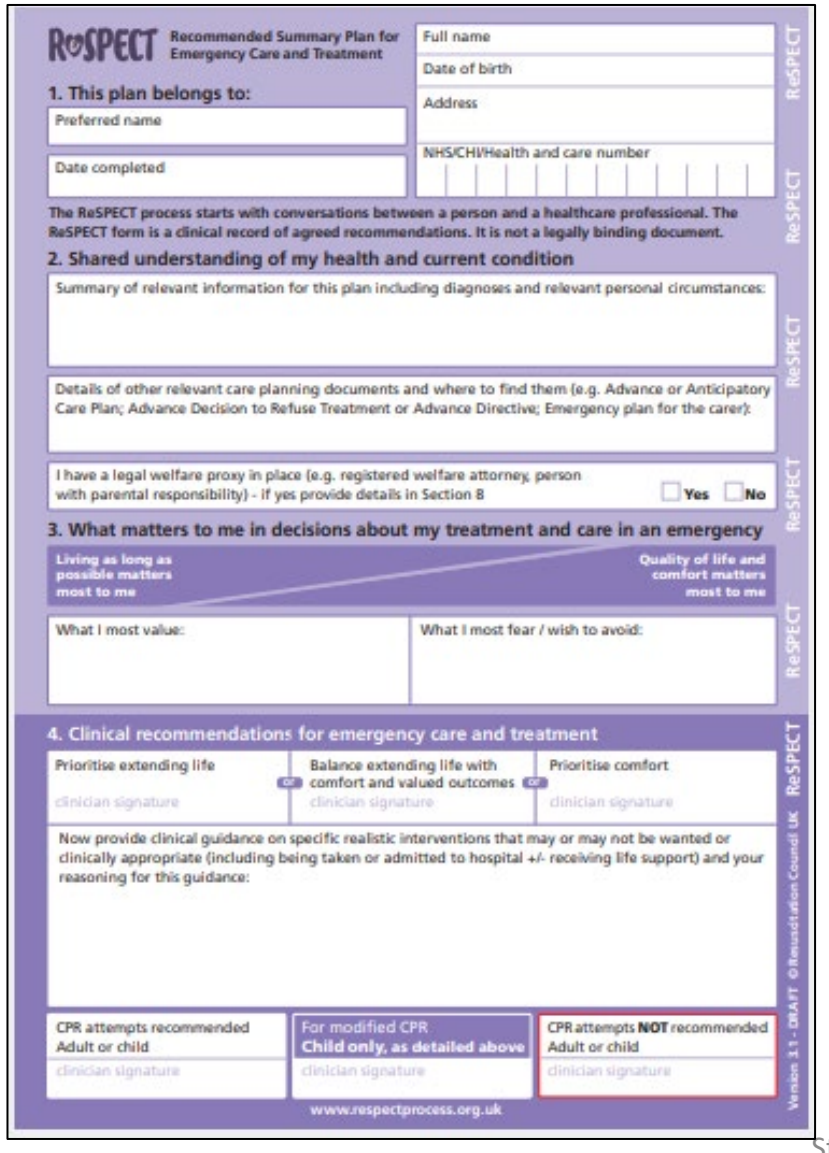
_____

DECISION

_____

_____

RESPECT



ReSPECT Recommended Summary Plan for Emergency Care and Treatment

Full name
Date of birth
Address
NHS/CHI/Health and care number

1. This plan belongs to:

Preferred name
Date completed

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

2. Shared understanding of my health and current condition

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 ☐ Yes ☐ No

3. What matters to me in decisions about my treatment and care in an emergency

Living as long as possible matters most to me

Quality of life and comfort matters most to me

What I most value:

What I most fear / wish to avoid:

4. Clinical recommendations for emergency care and treatment

Prioritise extending life — clinician signature

OR Balance extending life with comfort and valued outcomes — clinician signature

OR Prioritise comfort — clinician signature

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

CPR attempts recommended Adult or child — clinician signature

For modified CPR **Child only, as detailed above** — clinician signature

CPR attempts **NOT** recommended Adult or child — clinician signature

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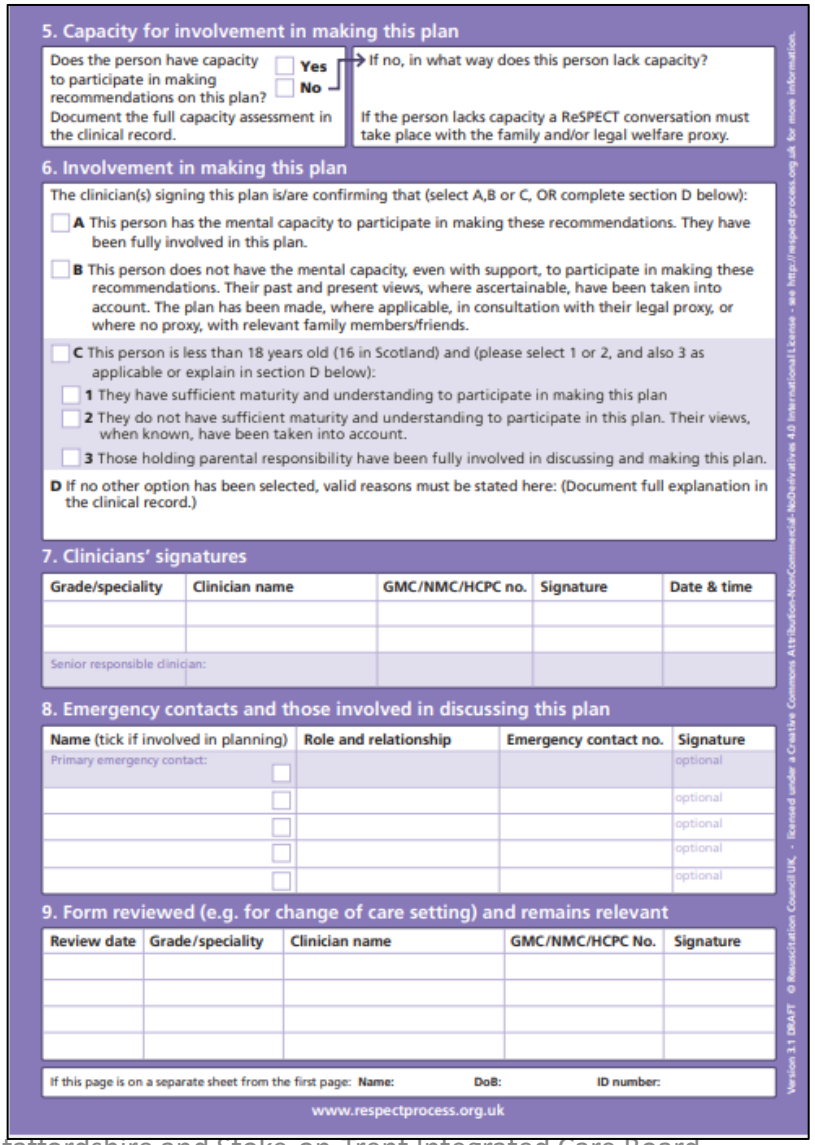
ReSPECT Version 3.1 - DRAFT © Resuscitation Council UK



5. Capacity for involvement in making this plan

Does the person have capacity to participate in making recommendations on this plan? ☐ Yes ☐ No

If no, in what way does this person lack capacity?

Document the full capacity assessment in the clinical record.

If the person lacks capacity a ReSPECT conversation must take place with the family and/or legal welfare proxy.

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A,B or C, OR complete section D below):

☐ **A** This person has the mental capacity to participate in making these recommendations. They have been fully involved in this plan.

☐ **B** This person does not have the mental capacity, even with support, to participate in making these recommendations. Their past and present views, where ascertainable, have been taken into account. The plan has been made, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.

☐ **C** This person is less than 18 years old (16 in Scotland) and (please select 1 or 2, and also 3 as applicable or explain in section D below):

☐ **1** They have sufficient maturity and understanding to participate in making this plan

☐ **2** They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.

☐ **3** Those holding parental responsibility have been fully involved in discussing and making this plan.

D If no other option has been selected, valid reasons must be stated here: (Document full explanation in the clinical record.)

7. Clinicians' signatures

Grade/speciality	Clinician name	GMC/NMC/HCPC no.	Signature	Date & time
Senior responsible clinician:				

8. Emergency contacts and those involved in discussing this plan

Name (tick if involved in planning)	Role and relationship	Emergency contact no.	Signature
Primary emergency contact: ☐			optional
☐			optional
☐			optional
☐			optional
☐			optional

9. Form reviewed (e.g. for change of care setting) and remains relevant

Review date	Grade/speciality	Clinician name	GMC/NMC/HCPC No.	Signature

If this page is on a separate sheet from the first page: Name: DoB: ID number:

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Bookings taken via Eventzilla **(www.eventzilla.net)** Search by VIRTUAL EVENT category and session title as below.

All training provided free of charge.

Frailty Score

Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house.** Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging. Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

DALHOUSIE UNIVERSITY

Who are you going to call?

TOGETHER WE'RE BETTER
Transforming health and care for Staffordshire & Stoke-on-Trent

DO YOU NEED ADVICE or SUPPORT FOR A DETERIORATING CARE HOME RESIDENT?

Escalating → Clinical → Need

Social Care	Mental Health	Palliative / Hospice Services	Community Nursing Teams	GP	111	Crisis Rapid Response	999 - WMAS
			24 hours	8.30am – 6pm	24 hours	8am – 8pm	24 hours
Stoke-on-Trent Contact centre on **0800 561 0015** during office hours and **01782 234234** which is after 5pm or weekends Social Care Falls Responder Team: **01782 234545** **Staffordshire** For all Adult Social Care services: Monday to Friday, 9am to 5pm, except bank holidays **0300 111 8010** staffordshirecares@staffordshire.gov.uk **Out of hours** If you have a concern about the safety of a vulnerable adult and need to report it overnight, over a weekend or on a Bank Holiday, contact the Emergency Duty Service: **0345 604 2886**	**South Staffordshire** Mental Health Access Team on **0808 196 3002** 24/7 access.staffordshire@mpft.nhs.uk **North Staffordshire** Care Home Liaison Team: Planned care service providing mental health assessments in a care home setting **Monday to Friday 9am-5pm** (County) **0300 1230905 ext 6117** (City) **0300 1230893 ext 5162** If you have a care home resident that is currently involved with the Outreach Team and you have concerns about their mental health please contact: **01782 441689** 08:00 – 20:00 7 days a week. For OOH please contact the Crisis Team: **0800 032 8728 Option 1** Text: **07739 775202**	For Palliative Care advice call the PCCC – Palliative Care Coordination Centre on **0300 123 0989** 7 days a week 9am – 6pm Patients known to the service with an agreed plan can be seen by the District Nursing or CIS teams New EOL pts with no agreed care plan in place will need to be directed to the GP. Douglas Macmillan Hospice (North Staffs) **01782 344300** Katherine House (South West Staffs) **01785 254645** St Giles (South East Staffs) **0300 3309410** stgilesclinical@nhs.net Compton (South Staffs) **0300 323 0250** Treetops Hospice (East Staffs) **01335 344354**	If your resident is known to the community nursing service and you are concerned about a deteriorating condition or any other health concerns please contact the Local Access Point Urgent Nursing problems that will not wait until the next planned visit including; • Wound care • Continence and catheter problems • Skin Integrity • Palliative and End of life care Stoke on Trent, Newcastle, Moorlands **01782 831 110** Cannock and Seisdon **0300 123 9011** Burntwood Lichfield and Tamworth **0300 124 0347** Stafford **0300 124 0340** Burton on Trent **0300 323 0930** Community Learning Disability Health Team (North Staffordshire) - **0300 123 1152**	Contact your GP or your enhanced care home team for telephone advice, surgery appointments or home visits for; • Management of Long Term Conditions • General medical concerns • Treatment of medical needs • Ongoing medical or Psychiatric needs • New palliative patients Call 111 after 6pm, weekends and Bank Holidays for out of hours GP support and access to out of hours GP services	If you need medical help or support which is not a 999 emergency which may include; • Resident not appearing to be usual self • Breathing problems • Worsening confusion • Signs of infection • Falls with no signs of broken bones Also call **111** for advice if; • You think your resident needs to go to A & E • You don't know who to call • You need health information or reassurance of what to do next	If you need 2 hour clinical response for acutely unwell residents who require rapid interventions to avoid hospital attendance • Signs of infection • Reduced eating and drinking that day. • Resident does not appear their usual self that day. Call **UCCC** – Unscheduled Care Coordination Centre on **0300 123 0983** 7 days a week 8am – 8pm The UCCC provide urgent advice and access to the **CRIS** – Community Rapid Intervention Service 7 days a week 8am – 10pm	Call **999** in a medical or life threatening emergency such as; • Loss of consciousness • Severe chest pain or suspected heart attack • Choking • Fits • Severe breathing problems • Severe loss of blood • Serious accident • Suspected or obvious broken bones • Severe burns or scalds • Stroke • Serious head injury • Diabetic emergency

Any Questions?

Staffordshire and Stoke-on-Trent Integrated Care Board

Working with partners, the ICB have agreed on an ambitious vision which is 'working with you to make Staffordshire and Stoke-on-Trent the healthiest place to live and work.'

Thank You

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Huw Morgan

Partnership Development Manager (Health and Social Care Sector)

Keele University, Keele, Staffordshire UK ST5 5BG
Tel: 07785 530637 | Email: h.morgan@keele.ac.uk | www.keele.ac.uk

Keele University

HUW MORGAN – PARTNERSHIP DEVELOPMENT MANAGER

THIS IS KEELE

Keele Business Gateway

Resources to *support* your organisation's *growth*

Whatever your needs, Keele University has the tools, expertise and resources to complement your business perfectly and allow it to reach its full potential.

THIS IS KEELE

Partnership Development Manager – Health and Social Care

- Apprenticeships
- Student Placements
- Research and Innovation
- Business Engagement

Apprenticeships at Keele

- 410 current apprentices
- Working/worked with 400 employers across England

- 15 Apprenticeship programmes
- Apprenticeship programmes - Keele University

- Senior Leader (MBA)
- Senior People Professional (MSc HR Management)
- Registered Nurse
- Nurse Associate

Student Placements

- We are looking to offer student placements/work experience to all our students whilst at Keele
- Clinical and non-clinical - Placements in all areas of business
- Under grad and post grad – That could be very experienced talent
- Work with employers to build stronger relationships with students
- Keep ‘talent’ local
- Advertise Jobs

Flourish – a project with NULBC

Project Aim: to deliver 60 x 100 hour student/graduate projects in Newcastle under Lyme Borough Council (NULBC) area (students will received a £1k bursary) – January to December 2024

Beneficiary organisations will be: SMEs, community groups, not-for-profits, community interest companies, & purpose led organisations in NULBC

Academic involvement required across the 6 themes of the project: (see next slide…)

Flourish – a project with NULBC

Project themes include:

- Digital Society and Economy (20 projects)
- Sustainability – (10 projects)
- SME Innovation (Digital Focus) (15 projects)
- Culture and Creativity (10 projects)
- Entrepreneurship (5-10 projects)

Moving Ahead – a project with NULBC

- Keele will work with a cohort of innovation-ready indigenous businesses (SMEs) with whom we have an **existing relationship** to develop detailed, fundable proposals for **more intensive** RD&I projects.
- The aim is to submit 12 businesses for Innovate UK or other applied collaborative RD&I by the end of the project period.
- The Innovation Network would prepare the next generation of RD&I collaborators in the Borough through a series of events to stimulate peer-to-peer learning, opportunities to engage with academic experts and visits.

Research and Innovation example

- The project will explore how interdependencies between primary care and social care providers might be harnessed to support integration of care in dementia. Engaging with key stakeholders and their perspectives, the project will investigate what approaches work in practice, in what contexts, and what outcomes are realised for various stakeholders.

Business Engagement

- We want to listen and support our local community
- Please get in touch
- h.morgan@keele.ac.uk

THIS IS KEELE

Thank you slide

Keele UNIVERSITY

Thank you

Keele University
Newcastle-under-Lyme
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THIS IS KEELE

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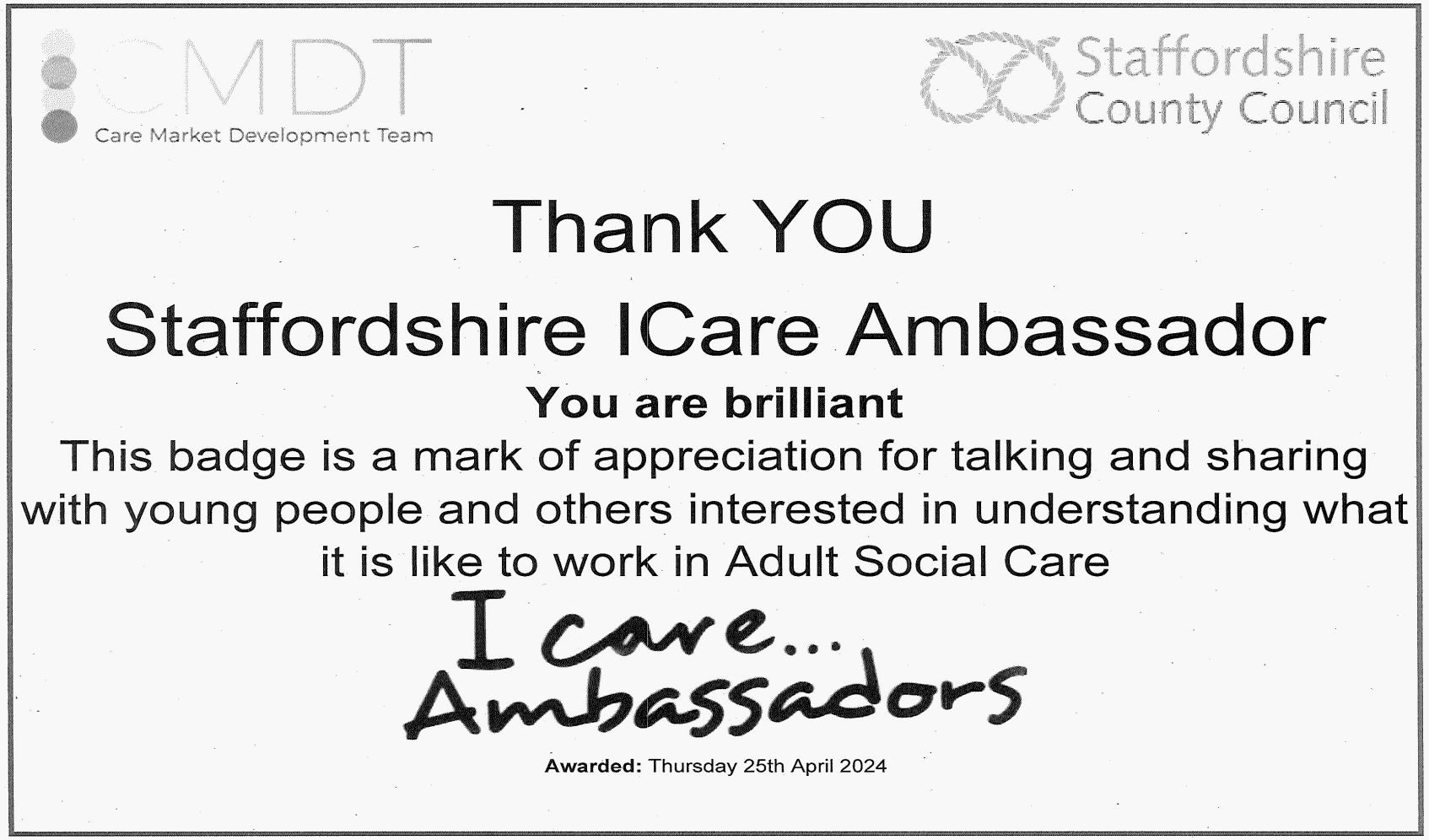
Stacey Shorthouse

Jami Charalambous
Gary Tideswell
Jennie Watson
Victoria Hill-Yates
Dania Meadows
Mandy Leadbetter
Aimee Danvers
Paul Edden
Beverley Blakeman

Brendon Fletcher-chard

Louise Fletcher-chard

Kathryn Fern



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Sam Booy

Care Market Development Officer

Staffordshire County Council

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CMDT Support Packs

- **Retention (Published January 2024)**

  Benefits

  Factors affecting retention

  Identifying retention challenges

  Ways to improve staff retention in:

  - **Recruitment**
  - **International Recruitment**
  - **Onboarding**
  - **Training & Development**
  - **Staff Support & Wellbeing**
  - **A Positive Workforce Culture**
  - **Recognise & Reward Your Team**

- **Staff Support & Wellbeing** (Published February 2024)
  - Benefits
  - Identifying support and wellbeing challenges
  - Support for staff
  - Support for managers
  - Health & Wellbeing
    - Promoting and supporting staff wellbeing
    - Wellbeing resources
    - Recognise & reward your team
    - Staff discounts & benefits

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CMDT Support Packs

- Leadership (Published May 2023)
  - Communication & Contacts
  - MiDOS for Care online information hub
  - Care Market Development Team support and webpages
  - Other partners
    - Skills for Care
    - Staffordshire Care Association
  - Support for Staff
  - Leadership Support

- Apprenticeships (Published February 2024)
  - Benefits of using apprentices
  - Apprenticeships in ASC
  - Training Providers
  - Funding an Apprenticeship
  - Appendix - Staffordshire and Stoke-on-Trent ICS Adult Social Care Apprenticeship Pathway

Further packs in the pipeline for 2024:

- Recruitment
- Onboarding
- International Recruitment
- Training & Development
- Leadership (support pack update)

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International Recruitment Resources

CMDT recently commissioned and ran a series of 3 webinars:

1. **An Overview of the Process in ASC**
2. **Compliance - How to meet Sponsor Licence Duties & Satisfy Home Office Audit Requirements**
3. **Best Practice in ASC and Key Issues**

Resources from these webinars are now available:

- Webinar recordings
- Presentation slides
- Q&A document
- Newsletter from our training provider

Accessible through the MiDOS For Care system. If your care service does not have a MiDoS account, please contact midosforcare@staffordshire.gov.uk

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Care Market Development Team - Staffordshire County Council

Future Meetings		
20 June2024	13:30 - 16:00	Trentham Room, Staffordshire Place 1, Tipping Street, Stafford, ST16 2LP
19 September 2024	09:30 - 12:00	Trentham Room, Staffordshire Place 1, Tipping Street, Stafford, ST16 2LP
19 December 2024	09:30 - 12:00	Trentham Room, Staffordshire Place 1, Tipping Street, Stafford, ST16 2LP

Leadership Management and Future Leaders - Staffordshire County Council