Blackburn with Darwen Local Involvement Network

Report

Coordination and Provision of NHS and Support Services for Residents and Patients in Care and Nursing Homes

1. Summary and Background

1.1) As part of its 2010/11 work Plan BwD LINk commenced an investigation of the way in which services are coordinated between statutory services and Care/Nursing Homes. This work followed on from a short series of Enter and View visits to Care and Nursing homes during 2009/10, when particular issues of coordination of provision were raised. The 2010/11 work consisted of a questionnaire survey to Care and Nursing Homes throughout BwD Borough, questions to statutory service providers and Commissioners, and meetings with service providers.

It was felt by the Task Group that a survey would help discover if the issues around service coordination were more general or just isolated cases. It was also felt that it would be more efficient and effective to conduct a postal survey than conduct Enter and View visits to a large number of Care and Nursing homes.

During July/August of 2010 a questionnaire (Appendix A) was distributed to all Care and Nursing Homes in Blackburn with Darwen, a total of 42, of these 19 (45%) replied. This report only draws attention to the most significant findings and full results of the postal survey are contained in Appendix B.

1.2) Principle areas of concern

- Continence service provision
- Patient discharge from Hospital to the Care/Nursing Home
- Care/Nursing Home staff accompanying patients to Hospital
- Access by Home residents to other services
- Activities for Residents/Patient

1.3) Continence Service Provision

- During an Enter and View of a Nursing Home in 2009 the LINk Team had been told that they were waiting up to 6 months for continence supplies
- The BwD Health Overview and Scrutiny Committee (HOSC) informed the LINk that they had been told there had been supply problems with the Service in the previous year due to a change in supplier but these had been resolved.
- Over 80% of the Homes responding to the LINk survey reported receiving initial continence assessments within timescale expectations given by the Continence Service Manager. However there is a small number that appear to wait a longer time for an initial assessment.
- The wait reported by Homes from initial assessment to delivery of supplies appears to be much longer than the Service Manager proposes should be the case during a
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meeting with the LINk Task Group. Only 27% of Homes in responding to the survey reported receiving supplies within the timescale.

- There is a clear process for requesting receiving emergency continence supplies but it would appear a significant number of Homes are unaware of this.

1.4) Patient Discharge from Hospital to Care/Nursing Home
- While 55% of those responding thought there was no need to improve discharge arrangements a significant proportion 44% thought they could be improved.

- Better discharge and care needs information was given by respondents as an important possible improvement though one respondent did add that the new Discharge summary sheet had been an improvement.

1.5) Care/Nursing Home staff accompanying patients to Hospital
- Respondents to this survey confirmed the East Lancashire Hospital reply to an earlier LINk Enter and View report that the request for care home staff to stay overnight should not have been made. All respondents said that they had never received this type of request from the Hospital. Though one did say they needed to supply staff to accompany patients to the Hospital for up to 10 hours.

- While it appears a routine process for Care Home staff to accompany residents in the ambulance only one reported that this was a problem in terms of staffing levels.

- One Home reported that the ambulance had refused to carry a resident until a staff member was found to accompany them.

1.6) Access by Home residents to other services
- A wide range of services are made available to Care and Nursing Home residents though it would appear from the responses to the survey access is not uniform.

- It is interesting to note that when asked how these services are coordinated no respondent made reference to a Care Plan.

- A significant proportion, 31% of those replying to this question, felt it would be better in terms of reducing service access delays if they could provide some of the services in-house.

- Services that they felt might be better if provided more in-house included Nursing (past reports suggested this is in the area of catheterisation) Chiropody, and continence assessments (by care Staff).

1.7) Activities for Residents/Patient
- Several Homes provided a wide range of activities for residents; one Home in particular listed 14 different activities. Others provided much less and one said they provided none.

- The top three activities were Trips out, Bingo and Reminiscence.

- It might be noted that exercise was not among the top three activities and also that visits by Physiotherapists to homes was very low on the score of service provided.
2.0 Continence Services

2.1) During an Enter and View of a Nursing Home the LINk Team had been told that they were waiting up to 6 months for continence supplies. The answer to this issue received from BwD PCT at the time (Appendix C) was not considered sufficient to resolve concerns. The LINk Task Group noted reports from a BwD Health Overview and Scrutiny Committee (HOSC) 2003/04 review of Continence Services and that the HOSC had also kept this service under continuing review. The HOSC informed the LINk that there had been problems with the Service in the previous year due to a change in supplier but these had been resolved.

2.2) At a meeting with the Continence Service Manager the Task Group were informed that Blackburn continence assessments are completed by Blackburn District Nurses for residential clients who are not employed by the continence service or qualified Nursing Home staff for nursing clients. Care and Nursing Homes receive advice and training from the Continence Service with a small fee paid by Care Homes for this.

2.3) The Continence Service meets on a monthly basis at Blackburn Hospital but the hospitals Trust in East Lancashire have not commissioned a continence service for patients. This might mean patients are discharged from hospital without a continence assessment unless they had received one previously from the District Nurse.

2.4) It was suggested by the service manager that problems may exist with Care Home staff not always realising continence assessments had not been carried out on some of their residents as they are not automatically informed. With supplies being used as need and not on the basis of allocation to individuals

2.5) The LINk Task Group was informed by the Service Manager that emergency continence supplies may be provided by the service in exceptional circumstances. The service would need to speak to the care manager/nurse in charge regarding the specific circumstances and they would have to attend Accrington Victoria Hospital to obtain interim supplies where available. It was recognised that some care homes purchase additional products to account for occasional emergencies.

2.6) Results of survey questions relating to continence services

2.6a) Time to Continence Assessment following Request

<table>
<thead>
<tr>
<th>Time to initial assessment from request</th>
<th>Number of Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a week</td>
<td>8 (50%)</td>
</tr>
<tr>
<td>2-3 weeks</td>
<td>5 (31%)</td>
</tr>
<tr>
<td>1 month</td>
<td>2 (13%)</td>
</tr>
<tr>
<td>1-2 months</td>
<td>1 (6%)</td>
</tr>
<tr>
<td>Total</td>
<td>16 (100%)</td>
</tr>
</tbody>
</table>
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One Care Home highlighted that sometimes the assessments ‘get lost’ and that they have had to complete new assessments, sometimes up to 3 times. (NB no clarification from the Home where in the process these assessments are lost)

The Continence Service had informed the LINk that: ‘The process of assessment and review of the assessment should not take more than 3 weeks to complete with details entered on the system within 10 working days of receipt.’

2.6b) Time from Assessment to delivery of supplies

Table 2

<table>
<thead>
<tr>
<th>Average time from assessment to delivery of supplies</th>
<th>Number of Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 weeks</td>
<td>4 (27%)</td>
</tr>
<tr>
<td>1 month</td>
<td>6 (40%)</td>
</tr>
<tr>
<td>4- 6 weeks</td>
<td>3 (20%)</td>
</tr>
<tr>
<td>8 weeks</td>
<td>2 (13%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15 (100%)</strong></td>
</tr>
</tbody>
</table>

The Continence Service informed the LINk that: Continence supplies should be received within 3-3.5 weeks of the continence assessment.

2.6c) Time to receive emergency continence supplies after being requested?

16 Care Homes gave the following replies:

Table 3

<table>
<thead>
<tr>
<th>Experience of requesting emergency supplies</th>
<th>Number of Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>One week or less to receive supplies</td>
<td>5 (33%)</td>
</tr>
<tr>
<td>Unaware of this service,</td>
<td>3 (20%)</td>
</tr>
<tr>
<td>Supplies purchased by home or the family</td>
<td>4 (27%)</td>
</tr>
<tr>
<td>Do not use emergency incontinence supplies,</td>
<td>4 (27%)</td>
</tr>
</tbody>
</table>

One commented that they receive emergency continence supplies only after an assessment is completed.

One home said they had been refused emergency supplies, and that they had recently spent £280 on incontinence supplies to ensure their residents had them. (NB: no clarification of where in the system they were refused supplies)

3.0) Hospital Discharge to Care/Nursing Home

3.1) A recommendation from the 2009 LINk Report relating to the Enter and View of Springfield Care Home was that the LINk investigates further the issue of care coordination at hospital discharge and that those organisations tasked with managing the quality of care ensure membership of the Discharge Multi-Disciplinary Teams includes all those responsible for providing care. In the postal survey the LINk asked

3.2) Results of Survey question on discharge

3.2a) When asked if there is anything about the system for the discharge of patients to your establishment that could be improved.

18 Homes answered this question
January 31st, 2011

10 (56%) answered no
8 (44%) answered yes.

3.2b). Those answering yes provided these follow up comments:

3 (38%) wanted better discharge and care needs information – especially from the hospital. Currently one commented that they receive only a brief description of needs.
1 (13%) felt it could be better planned including patients receiving more knowledge of the service to which they are being discharged. They also mentioned that they would like more co-ordination between services that are responsible for discharge, i.e. Ward-pharmacy.
1(13%) commented that Hospitals rushed discharges on a Friday.
1 (13%) said ensure that there is good communication between the services, and that all prescribed items actually come with the patients, e.g. supplement drinks, dressing etc.
1(13%) said that on many occasions their residents came back to them from hospital with bedsores.
1 (13%) said that introduction of the recent Discharge summary sheets have been an improvement.

4.0) Care/Nursing Home staff accompanying patients to Hospital

4.1). This followed an issue raised during an Enter and View that of Home Care Staff being asked by both ambulance and hospital staff to accompany patients to Hospital, and that ambulance staff would refuse to take a patient unless accompanied. Staff had also been asked to spend the night on the ward with a patient. The NWAS had said it was up to their staff to decide if a patient needed accompanying and

Blackburn Royal said the request for Care Home staff to stay overnight should not have been made.

4.2) The LiNK concern is that these requests are ad hoc, without established and agreed procedure and that Care and Nursing Home staffing levels would be adversely affected thereby possibly increasing risk to residents and patients. The Nursing Home originally reporting this had said that these requests did have implications for staffing level.

4.3). The survey asked how often the Home is required to provide a member of staff to accompany residents on ambulance

11 (61%) always send a member of staff in the ambulance
3 (17%) always have a member of staff available.
3 (17%) sent a staff member to accompany the residents most of the time,
1 (6%) commented that there has only been one occasion when the Ambulance service has taken a resident to hospital, and a staff escort was sent.

In addition 1 (6%) also commented that sending a staff member can be problematic.
4.4) 17(94%) said they had never been refused ambulance transport because they had not been able to supply staff to accompany a patient. Though 1(6%) said that they had been refused transport until they could find a member of staff to accompany the patient.

4.5) Asked if the hospital had required them to supply staff to stay overnight with patients all 100% said no. All those asked also replied that none of their residents had been discharged by the Hospital because they had been unable to supply a member of staff to sit with them. However 1(6%) Home did add that it did need to supply staff to escort patients for appointments lasting up to 10 hours

5.0) Access by Home residents to other services

5.1) Arising from previous Home visits the LINk were concerned that activities and other services might not be accessible to residents and patients within Homes.

In response to a question from the LINK the Podiatry Services manager replied that ‘residents of residential and nursing homes are entitled to local podiatry services in the same way as any other resident registered with a BwD GP. The podiatry service will assess the needs of any one referred and prioritise accordingly whether the individual is in a care setting or at home. A service is provided to housebound patients and is available to any one with a podiatric need within a home should they meet criteria, however the podiatry service does not routinely visit homes as a prevention.

The podiatry service over the last few years has provided foot care training to staff in care homes so that low level needs are met. Our provider services unit do provide specialist vascular service to residents in care homes.’

If there are any specific incidents or issues you need to bring to the attention of CTP then do not hesitate to contact me as these may be resolved through contracting with both the service and care homes.

It therefore asked a question in its survey on which agencies provide other services to their clients?

5.2) 16 Care Homes replied to this question. Table 3 below gives of the agencies that the Care Homes said provide other services to their clients; along with the number of Care Homes that said receive them in brackets.

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Number of Homes (%)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Nurse</td>
<td>11 (69%)</td>
</tr>
<tr>
<td>Chiropodists/Podiatrists</td>
<td>10(63%)</td>
</tr>
<tr>
<td>Dental Services</td>
<td>7(44%)</td>
</tr>
<tr>
<td>Optical Services</td>
<td>6(54%)</td>
</tr>
<tr>
<td>GP’s</td>
<td>5 (31%)</td>
</tr>
<tr>
<td>Hairdressers</td>
<td>3(19%)</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>2 (12%)</td>
</tr>
<tr>
<td>Pension Services</td>
<td>1(6%)</td>
</tr>
</tbody>
</table>
5.3) Out of the 19 care homes that replied to the survey, 1 said that the question was not applicable due to it being a care home for people with learning disabilities. Another stated that their care home is a specialist facility for adult males between the ages of 18-65 who suffer from severe and enduring mental health problems, and require ongoing continuing care.

5.4) When asked how provision is co-ordinated 16 Care Homes that replied with the answers in Table 4 below

<table>
<thead>
<tr>
<th>How co-ordinated</th>
<th>Number of Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact services when required</td>
<td>3</td>
</tr>
<tr>
<td>Staff observation to see if the services were needed</td>
<td>1</td>
</tr>
<tr>
<td>Coordinated provision through the resident’s choices</td>
<td>1</td>
</tr>
<tr>
<td>Coordinated provision through the Quality Assurance Scheme</td>
<td>1</td>
</tr>
<tr>
<td>Management coordinated the provision,</td>
<td>1</td>
</tr>
<tr>
<td>Staff team coordinated provision,</td>
<td>1</td>
</tr>
<tr>
<td>Services e.g. the GP’s, NHS, Social Worker etc, coordinate provision</td>
<td>3</td>
</tr>
<tr>
<td>Provision coordinated by prior arrangement</td>
<td>1</td>
</tr>
<tr>
<td>Telephone</td>
<td>3</td>
</tr>
</tbody>
</table>

5.5) When asked if any of the services would be better provided by in-house staff 16 homes gave the following replies:

- 11 No service would better provided by own staff
- 5 Some of the services would be better provided in-house

5.6) Services thought to be better provided in-house included:

- Nursing, Chiropody, continence Assessments (by care Staff)

It was felt that this would speed up service provision.

6.0) Activities for Residents/Patients

The LINk survey asked what activities are there for residents 17 Care Homes replied to this question. There was a varied response, with over 40 different activities given.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Number of Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trips out</td>
<td>15</td>
</tr>
<tr>
<td>Bingo</td>
<td>10</td>
</tr>
<tr>
<td>Reminiscence</td>
<td>10</td>
</tr>
<tr>
<td>Exercise</td>
<td>8</td>
</tr>
<tr>
<td>Arts and crafts</td>
<td>6</td>
</tr>
<tr>
<td>Dominos</td>
<td>5</td>
</tr>
<tr>
<td>Board games</td>
<td>4</td>
</tr>
</tbody>
</table>
Gardening 4
Singing, 3
Cooking 3
Quiz 3
Ball games 3

3 Care Homes simply said that they provided 'Activities'

The following are activities 2 Care Homes said they provide for their residents:
Pampering, Entertainers, Physiotherapists, Films, Dancing, Painting, Pets, Annual Fairs, Wii

The following are activities only 1 Care Home in the survey said they provide for their residents;
Karaoke Music, Hair Dressing, Personal Activities, Nail Care, Slide Presentations
Sports, Picture Sharing, Cards, Pool Games, Coffee Mornings, Knitting,
Communication, Library Service

Out of the 17 Care Homes that replied to this question, 2 said that it was the choice of the resident to participate, 1 said that they have a wide range of activities, and that it was in the individual care plan. 1 Care Home said that they have no activities provided in-house, and that their residents accessed activities via the community on an individual basis.

7.0) Conclusion

1. Only once was a Care Plan given as part of an answer
2. The delays in continence supplies appear to be continuing even though initial continence assessments are being completed according to timescale
3. A significant number of Homes say they are not aware of process for requesting emergency continence supplies
4. A significant proportion of respondents thought that Discharge from Hospital could be improved.
5. It was thought by respondents that Improvement in Hospital Discharge would be helped by better communication, hand-over and care needs information.
6. All respondents said they had never been asked by the Hospital to supply staff to stay overnight with a resident.
7. It appears routine for Care home staff to accompany residents in the ambulance though only one reported that this was a problem in terms of staffing levels.
8. While perhaps unusual it is of concern that an ambulance could refuse to take a patient to hospital, as reported in this survey, until a care home staff member is found to accompany them this could have an impact either on care in the Home or for the patient in terms of delayed treatment, or missed hospital appointment
9. A wide range of services are made available to Care and Nursing Home residents though access does not appear to be equitable or always included in care plans.
10. A significant proportion of respondents felt it would be better in terms of reducing service access delays if they could provide some of the services in-house.
11. Services that they felt might be better if provided more in-house included Nursing (past reports suggested this is in the area of catheterisation, Chiropody, continence Assessments (by care Staff)

8.0) Recommendations

1. The supply/process chain following initial continence assessment should be reviewed especially as there have been previous reported problems with the Continence supplies contractor
2. Information for homes on emergency continence supplies could be provided. We note for example this is not included on the Service web site.
3. Information provided to patients and to the Care/Nursing Homes on discharge should be reviewed to ensure it is customer friendly
4. We would ask NWAS to investigate if their staffs are causing unnecessary delays to treatment by waiting until accompanying staff can be found.
5. We would also ask Commissioners to ensure in their contracts that staffing levels for Homes cover any risks associated by the necessity of staff accompanying residents/patients to hospital sometimes entailing quite lengthy staff absences from the premises.
6. The range of services and activities for care home residents is potentially very wide. To ensure equity of access we would ask that consideration be given to developing care plans so these are always included/ noted.
7. Consideration be given to reviewing the potential for care staff to provide services
APPENDIX A

Blackburn with Darwen Local Involvement Network
Care and Nursing Home Survey
Questionnaire

DATE______________       Name_________________________

Name of Home__________________________

1) Are all services provided in house?
Yes       ☐
No        ☐

If No
2a) Which agencies provide other services to your clients ________________

2b) How is this provision coordinated? ________________________________

2c) Are there any of these services that you feel would be better provided in
house by your own staff and if so why? ________________________________

3) Is there anything about system for the discharge of patients to your
establishment that could be improved? ________________________________

4) When the Ambulance service takes a resident to hospital how often are you
requested to supply a member of staff to accompany them? ______________

_________________________________________________________________

_________________________________________________________________
If so
5) How often? _____________________

6) Does the Hospital ask you to supply staff to stay with patients overnight?
   Yes  
   No   

7) Has East Lancashire Hospitals ever discharged one of your patient/clients because you have not been able to supply a member of staff to sit with them while they were in hospital?
   Yes  
   No   

8) Have the Ambulance Service ever refused to transport one of your patients/clients because you have not been able to provide a member of staff to accompany them to Hospital
   Yes  
   No   

9) How long do your patients/clients have to wait for an initial continence assessment after your initial request to the District Nursing Service?
   Less than a week  
   2- 3 weeks  
   1 month  
   1-2 months  
   More than 2 months  

10) How long is it on average after initial assessment that your clients/patients receive continence supplies?
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11) How long do you have to wait for emergency incontinence supplies after being requested?

10) What choice of food is available to residents?

- Healthy Eating Option
- Diabetic Diets
- Halal
- Kosher
- Vegetarian
- Allergy Diets

11) Do you have any clients/patients from BME groups?

- Yes
- No

12) What activities are there for residents e.g. reminiscence, bingo, exercise?

13) Do you have a written protocol for diabetics?

14) Are there regular residents and relatives meetings and are any notes/minutes of these meetings available?

15) How are Families/residents involved and consulted about your services?
16) Can you cater for BME groups e.g. prayer facilities, if required?

Yes  
No   

APPENDIX B

Care and Nursing Home Survey Summary

1) Are all services provided in-house?
Out of the 19 Care Homes that replied to this question, 8 Care Homes said that they didn’t provide in-house services. Out of these 8, one Care Home responded that although they didn’t provide in-house services, services visited the home and took residents to local Hospitals.
11 Care Homes replied that they did provide in-house services. One Care Home responded that they provided in-house services, apart from Hospital appointments, and another said that they provide care services, but not community services, such as nursing.

2) Which agencies provide other services to your clients?
16 Care Homes replied to this question. Below is a list of the agencies that the Care Homes said provide other services to their clients; along with the number of Care Homes that said receive them in brackets.

<table>
<thead>
<tr>
<th>Services</th>
<th>Number of Care Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Nurse</td>
<td>11</td>
</tr>
<tr>
<td>Chiropodists</td>
<td>8</td>
</tr>
<tr>
<td>Dental Services</td>
<td>7</td>
</tr>
<tr>
<td>Optical Services</td>
<td>6</td>
</tr>
<tr>
<td>GP’s</td>
<td>5</td>
</tr>
<tr>
<td>Hairdressers</td>
<td>3</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>2</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>2</td>
</tr>
<tr>
<td>Pension Services</td>
<td>1</td>
</tr>
<tr>
<td>Library Services</td>
<td>1</td>
</tr>
<tr>
<td>Blind Society</td>
<td>1</td>
</tr>
<tr>
<td>Healthcare Professionals</td>
<td>1</td>
</tr>
<tr>
<td>Learning Disabilities Team</td>
<td>1</td>
</tr>
</tbody>
</table>

Out of the 19 care homes that replied to the survey, 1 said that the question was not applicable due to it being a care home for people with learning disabilities. Another stated that their care home is a specialist facility for adult males between the ages of 18-65 who suffer from severe and enduring mental health problems, and require ongoing continuing care and one didn’t answer.

3) How is this provision coordinated?
Out of the 15 Care Homes that replied to this question, 3 said that they contacted their services when they were required, with one of these Care Home stating that they used staff observation if the services were needed before they were due. 1 Care Home said that they coordinated their provision through the resident’s choices, whilst 1 coordinated provision through the Quality Assurance Scheme, operated and
run by the Manager. 2 Care Homes said that the Management coordinated the provision, 1 said the staff team coordinated provision, and 3 Care Homes said that the services, e.g. the GP’s, NHS, Social Worker etc, coordinated the provision. 1 Care Home said that provision was coordinated by prior arrangement and 3 said that they coordinated the provision via a phone call.

4) Are there any of these services that you feel would be better provided in-house by your own staff, and if so why?
Out of the 16 Care Homes that answered this question, 11 felt that none of these services would be better provided in-house by their own staff. 5 Care Homes thought that some of the services would be better provided in-house by their own staff. 1 of these Care Home felt that nursing needs would be better handled by their own nursing staff, and 1 Care Home felt that the services they receive would be better provided in-house by their own staff, provided they are given advanced training.
1 Care Home felt that Chiropodist services would be better if provided in-house by their own staff so that their clients get seen to much quicker. 1 Care Home felt that Continence Assessments would be better completed in-house by Care Staff to free D.N time and ensure continence products are supplied efficiently. 1 Care Home mentioned that Podiatrists do provide triage, otherwise not specified.
5) Is there anything about system for the discharge of patients to your establishment that could be improved?
18 care homes answered this question, with 10 answering no, and 8 answering yes. Out of the Care Homes that answered ‘Yes’, 3 mentioned they wanted the information they received to be improved. Out of those 3, 1 wanted better discharge information – especially from the hospital, 1 said that they wanted a proper hand over of discharge information, and 1 wanted more information on care needs, rather then a brief description. 1 Care Home highlighted that recent Discharge summary sheets have been an improvement.
1 of the Care Homes that felt the system for discharge of patients could be improved said that they would like it to be better planned, and for them to get more knowledge of the service they are being discharged to. They also mentioned that they would like more co-ordination between services that are responsible for discharge, i.e. Ward-pharmacy. In relation to this, 1 Care Home said that they must ensure that there is good communication between the services, and that all prescribed items actually come with the patients, e.g. supplement drinks, dressing etc.
1 Care Home mentioned that Hospitals rushing discharges are not ideal on a Friday, with another Care Home saying that on many occasions their residents came back to them from hospital with bedsores.
6) When the Ambulance service takes a resident to Hospital how often are you required to supply a member of staff to accompany them?
Out of the 18 Care Homes that answered this question, 11 said that they always send a member of staff along. 3 Care Homes said that they always have a member of staff to accompany, unless there is a family member available. 3 Care Homes said they send a staff member to accompany the residents most of the time, with 1 of these 3 Care Homes highlighting that sending a staff member can be problematic.
One care home answered that there has only been one occasion when the Ambulance service has taken a resident to hospital, and a staff escort was sent. They mentioned that they would try and send an escort again if necessary in the future.

7) If so, how often?
Out of the 16 Care Homes that answered this question, 10 said that they always send a member of staff to accompany the resident. 3 Care Homes said that they mostly send a member of staff, and 1 said that they supplied a member of staff 10/20 times. 1 Care Home said it sends a member of staff reasonably often, and 1 Care Home sends a member of staff every time for emergencies and appointments.

8) Does the Hospital ask you to supply staff to stay with patients overnight?
18 Care Homes answered this question, all of which saying that they do not have to supply staff to stay with the patient overnight. 1 Care Home mentioned that although they don’t need to stay over night, they are expected to supply staff to escort patients for appointments lasting up to 10 hours.

9) Has East Lancashire Hospitals ever discharged one of your patients/clients because you have not been able to supply a member of staff to sit with them while they were in hospital?
All 18 of the Care Homes that answered this question said that they have never had a patient/client discharged from a Lancashire Hospital because they had not been able to supply a member of staff to sit with them while they were in hospital.

10) Have the Ambulance Service ever refused to transport one of your patients/clients because you have not been able to provide a member of staff to accompany them to hospital?
Out of the 18 Care Homes that answered this question, 17 said that the Ambulance Service have never refused to transport one of their patients because they had not been able to provide a member of staff to accompany them to hospital. 1 Care Home said that they had been refused transportation until they had found a member of staff to accompany the patient/resident.

11) How long do your patients/clients have to wait for an initial continence assessment after your initial request to the District Nursing Service?
Out of the 19 Care Homes that answered this question, 8 said that it takes less then a week to wait for an initial continence assessment after the initial request to the District Nursing Service. 5 Care Homes said it takes up to 2-3 weeks, 2 Care Homes said it takes 1 month and 1 Care Home said it takes 1-2 months. 1 Care Home highlighted that sometimes the assessments ‘get lost’ and that they have had to complete new assessments, sometimes up to 3 times.

1 Care Home said that the question was not applicable to them, as they are a nursing home and they do their own, while another Care Home said that continence care wasn’t applicable as their facility is for adult males, between the ages of 18 and 65, who suffer from sever and enduring mental health problems and require ongoing continuing care.

12) How long is it on average after initial assessment that your clients/patients receive continence supplies?
Out of the 19 Care Homes that answered this question, 5 Care Homes said it takes on average 1 month for the continence supplies to be received after the initial
assessment, with 1 Care Home noting it takes on average at least 1 month to deliver, and 2 Care Homes saying it took 4-6 weeks.

2 Care Homes said that on average it took 8 weeks, which was the longest average time given in the survey, with 1 Care Home saying that on average it took 1-2 months. 2 Care Homes said it took 4-6 weeks to receive the continence supplies. 1 Care Home didn’t give a time period; instead they stating the supplies were on their usual delivery.

The shortest average time given to receive supplies was 2-3 weeks, in which there was 4 Care Homes, and 1 Care Home said the question was not applicable to them.

13) How long did you have to wait for emergency incontinence supplies after being requested?

17 Care Homes answered this question. 1 Care Home said that they received emergency continence supplies the same day/following day, which was the quickest in the survey. 3 Care Homes said it took less then a week to receive the emergency supplies, with 1 more saying it takes around 1 week. 3 Care Homes said that they were unaware of this service, with 1 of these Care Homes saying they either buy the supplies from the chemist, or the family have purchased them. 1 Care Home said that they supply their own supplies, and 1 Care Home said that they always have enough on hand. 2 Care Home said that they don’t use emergency incontinence supplies, 1 Care Home said that they don’t receive emergency continence supplies, unless an assessment is filled in, and 1 had never requested supplies. 1 Care Home said that they had been refused emergency supplies, and that they had recently spent £280 on incontinence supplies to ensure their residents had them. 2 Care Homes said that the question was not applicable.

14) What choice of food is available to residents?

18 Care Homes answered this question, of which all said that they provide a Healthy Eating Option for their residents. 17 Care Homes said that they provided their residents with a Diabetic option, 15 Care Homes provided a Vegetarian option and 15 provided an Allergy option. 11 Care Homes provided a Halal option and 7 provided a kosher option for their residents.

3 Care Homes noted that although they don’t provide a Kosher diet at the moment, they would be able to provide one if it was requested and required. 2 Care Homes also said they could provide a Halal option if needed, 2 could provide a vegetarian if needed and 1 could provide an Allergy option.

15) Do you have any clients/patients from BME groups?

19 Care Homes replied to this question, of which 13 said they do not have any clients/patients from BME groups. 2 of these Care Homes elaborated that they have had clients/patients from BME groups in the past, but not at the present. 1 of the Care Homes that said that they had no clients/patients from BME groups asked the question ‘what is BME?’, with 1 more Care Home not answering the question as they also didn’t know what the abbreviation ‘BME’ stood for. 4 Care Homes said that they do have clients/patients from BME groups, with one Care Home saying they had respite.

16) What activities are there for residents e.g. reminiscence, bingo, exercise?

17 Care Homes replied to this question. There was a varied response, with over 40 different activities given.
15 Care Homes said that they organised different trips to various locations, 10 provided Bingo, and 10 Care Homes held sessions to promote reminiscence. 8 Care Homes provided exercise for their residents and 6 provide the residents with Arts and Crafts. 5 Care Homes said that they provided Dominos for their residents, 4 Care Homes said they had board games and 4 had gardening on offer. 3 Care Homes provided singing for their residents, 3 provided cooking and 3 held a quiz, 3 had ball games available, and 3 Care Homes simply said that they proved ‘Activities’.

The following are activities 2 Care Homes said they provide for their residents:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Care Homes Providing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pampering</td>
<td></td>
</tr>
<tr>
<td>Physiotherapists</td>
<td></td>
</tr>
<tr>
<td>Dancing</td>
<td></td>
</tr>
<tr>
<td>Pets</td>
<td></td>
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<tr>
<td>Wii</td>
<td></td>
</tr>
<tr>
<td>Entertainers</td>
<td></td>
</tr>
<tr>
<td>Films</td>
<td></td>
</tr>
<tr>
<td>Painting</td>
<td></td>
</tr>
<tr>
<td>Annual Fairs</td>
<td></td>
</tr>
</tbody>
</table>

The following are activities only 1 Care Home in the survey said they provide for their residents:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Care Homes Providing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music</td>
<td></td>
</tr>
<tr>
<td>Hair Dressing</td>
<td></td>
</tr>
<tr>
<td>Personal Activities</td>
<td></td>
</tr>
<tr>
<td>Nail Care</td>
<td></td>
</tr>
<tr>
<td>Slide Presentations</td>
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<tr>
<td>Sports</td>
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<tr>
<td>Picture Sharing</td>
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<tr>
<td>Cards</td>
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<tr>
<td>Pool</td>
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<tr>
<td>Karaoke</td>
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<tr>
<td>Games</td>
<td></td>
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<tr>
<td>Coffee Mornings</td>
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<tr>
<td>Knitting</td>
<td></td>
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<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Library Service</td>
<td></td>
</tr>
</tbody>
</table>

Out of the 17 Care Homes that replied to this question, 2 said that it was the choice of the resident, 1 said that they have a wide range of activities, and that it was in the individual care plan. 1 Care Home said that they have none provided in-house, and that their residents accessed activities via the community on an individual basis.

17) **Do you have a written protocol for diabetics?**

3 of the 18 Care Homes said that replied to this question said that they didn’t have a written protocol in place for diabetics. 15 Care Homes said that they do have written protocol, with 5 of these Care Homes saying they have a ‘Care Plan’ in place, 1 Care Home has a ‘Kitchen File’, 1 has a 'Risk Assessment' protocol and 1 Care Home said that they have ‘Reviews’.

18) **Are there regular residents and relatives meetings, and are any notes/minutes of these meetings available?**

All 18 of the Care Homes that replied to this question said that they have regular meetings, with 8 of these Care Homes saying that minutes are taken.

19) **How are the Families/ residents involved and consulted about your services?**

Out of the 18 Care Homes that replied to this question, 9 said that they get the Families/residents involved through the use of meetings, 4 used questionnaires, 3 involved the Families and residents through the use of the phone and 3 through care planning.
2 Care Homes said they have adopted an ‘open door’ policy, 2 held regular reviews and 2 mentioned that families were always consulted and informed about decisions. There were a number of other methods individual Care Homes said they used to involve and consult Families and residents about the services they offer. The methods individual care homes said they used were: Coffee mornings, a suggestion box, assessments, visits, service user guides, S.U.G, notices and posters, mail shots, open/closed discussions, complaints, and annual quality assurance. Some of the Care Homes used a number of these practices.

20) Can you cater for BME groups, e.g. prayer facilities, if required?
17 of the 18 Care Homes to respond to this question said they do cater for BME groups. 1 of the Care Homes put a question mark for this question (this was the same care home that noted they were unsure what ‘BME’ stood for, in question 15)
APPENDIX C

Response from BwD PCT to LINk 2009 Enter and View report finding from Springfield Care Home where it was said that they were waiting up to 6 months for a continence assessment

‘The process for obtaining continence supplies to nursing and residential clients is as follows;

Residential bed residents are assessed by the district nurse.

Nursing bed residents are assessed by the registered nurse of the care home.

An assessment should take up to 45 minutes to complete plus a seven day record of fluid input and output and/or bowel habits and diary of food intake should be compiled (maximum of 7 days assessment period)

The assessment is sent to the Continence Service by the assessing nurse.

Within 10 days of assessment receipt in the Continence Service the product request will be reviewed by a specialist nurse and if it has been accurately completed and no additional complex needs identified, the request for products is inputted into the home delivery system.

A delivery of products is made at the next date when the home is due for a delivery. This could be a maximum wait of 7 weeks and 6 days if the home had just had a delivery the day before we receive the product request and assessment documentation as the home receives a delivery every 8 weeks.

The Continence Service has a small surplus of stock which can be provided to patients with urgent needs whilst waiting for a delivery at an additional £7.50 cost. This can be arranged mid-cycle. If residents pass away in the home any surplus stock remains with the home to buffer the period between having a new resident arrive and assessment completion