BRIEFING NOTE

TO: **Health and Social Care Scrutiny Panel**

Date: **16 September, 2014**

RE: Visit to Upton Nursing Home, Shrewsbury

Purpose

To update members on the visit to Uplands Nursing Home, Shrewsbury.

1 Background

In July Andy Rust presented to Health and Social care Scrutiny Panel the Commissioning Winter Capacity 2014/15 plan.

The report shared our model of care aspirations including the reprovision of the SWIFT unit as step down beds to support hospital discharge (see appendix 1).

Discussions took place regarding utilisation and quality of service which resulted in Members requesting to visit a provider who could demonstrate a history of delivering a good quality short term step up/step down service as well as longer term residential care.

A visit was arranged to Uplands Nursing Home [http://www.marchescare.co.uk/], Shrewsbury on 15 August, 2014. The facility is operated by Marches Care Ltd; a family owned and managed company. The visit was attended by Councillor Coughlan, Councillor Fitzpatrick, Councillor Llonghi, Councillor Hazel, Nikki Gough and Tracy Simcox from the Joint Commissioning Unit visit who were afforded the opportunity to hear the provider share their learning and experience. Member comments are included in appendices 1,2 and 3.

Uplands Nursing Home

Purpose built, Uplands Nursing Home, set in extensive gardens, provides nursing care on a long-term or short-term basis as well as dementia care, respite care, intermediate care and post-operative recuperation. There are 41 Nursing beds and 40 dementia beds set over two floors. They have five commissioned step up beds that can be flexed up to thirteen beds, where necessary, and can operate a two hour turnaround, with a 24/7 admissions policy.

Following a presentation representative's from Walsall were afforded the opportunity to hold frank and honest discussion with representatives from Uplands Nursing Home and had the opportunity to view the facilities and talk to residents.

2 Key Learning

All who attended the visit to Uplands Nursing Home found it to be informative and the honesty of the management team very helpful. Attached at appendices a, b, c & d are individual member comments with key areas covered between 2.1 and 2.6.

2.1 Performance

The Uplands operate an average 29 days per person turnaround for step down beds. They report that they can consistently meet these targets and have agreed in partnership with Shropshire Clinical Commissioning Group a range of key performance indicators.

2.2 Multi Disciplinary Team

Prior to opening team planning days ensured all members understood each other's roles and responsibilities and developed a mutual respect for each other professional contribution.

Uplands offer an effective multidisciplinary team, with dedicated GP input to support patients at the Care Home. Having GPs aligned to the care home, rather than each patient relying on their own GP was highlighted as a benefit and the Uplands GP was felt to be especially positive since Uplands believed that it reduced hospital admissions.

All Patients are managed through Weekly 'goal planning' Multi Disciplinary Team meetings with representation including the registered care manager, GP, nurse, and social worker, meet weekly to discuss each patient's current situation and what needs are to be met to move forward. All group members have equal status and there is no over-ruling for example based on seniority. Ad hoc contributions from housing and other stakeholders were also sought to ensure a smooth move on.

The dedicated Social Care Officer was able to focus on returning short term residents to their own home [including timely completion of financial assessments] and therefore to contribute to meeting their 29 day target for return to home.

Therapy staff are pivotal to successful move with Uplands staff delivering occupational therapy plans and providing access to equipment including the use of assistive technology.

2.3 Socialising for Patients

As a policy Uplands do not separate short term and longer term patients. They believe short term patients benefit from not being isolated and long term patients benefit from meeting new people. An example was given of a gentleman who was a longer term placement who was supported to return to living with support independently in the community.

2.4 Funding

The facility operates within an 'open book' approach with a profit margin agreed by the local aurhotiry and clinical commissioning group. The average cost per bed is £840+ per week. This cost includes extensive staff training and development which contributed to a committed, well experienced staff group with a low turnover.

2.5 Patient Understanding

Key feature of learning from Uplands was for prospective patients to sign and agree to acknowledge this was short term accommodation only as there were examples of reluctant movers.

2.6 Hospital transition

The Uplands Registered Care Manager regularly walked the floor of Royal Shrewsbury Hospital to engage with clinicians and gain mutual respect and understanding of appropriate referrals and the model of care offered. This approach was also seen as proactive to support the RSH in managing the alert status and the discharge process

Recommendations

- Members consider the content of this report
- The JCU continues to incorporates learning and best practice in future Commissioning arrangements

Author

Tracey Simcox
Commissioning Lead for Older People & Vulnerable Adults
Tel: 01922 602454

Background Paper: Commissioning Winter Capacity 2014/15

Visit to The Uplands, Shrewsbury

The visit to The Uplands, Shrewsbury was very enlightening. The building itself was well cared for both inside and out and the gardens were very much loved. On entering the building there was no 'Care home smell', the staff looked busy but not exhausted and the general appearance was pleasing. Mandy, the Owner, said this was a long standing family business foremost and that they lived locally.

The presentation was very informative, summarising each step of the process of entering the care home to leaving. Mandy highlighted their main problem was getting people to leave the home within 29 days.

The Uplands operate an average 29 days per person turnaround. They have five commissioned step up beds that can be flexed up to thirteen beds, where necessary, and can operate a two hour turnaround, with a 24/7 admissions policy. This is a nurse lead facility, which operates within an agreed profit margin. The Local Authority hold a copy of the full accounts of this business, as it operates an open book policy. The average cost per bed is £840+ per week. A hospital bed costs between £300 and £3000 per day.

From the Scrutiny Panel meeting on 17th July, one of the concerns raised was patients being removed from hospital to be put in a Care Home in a different part of Walsall and feeling neglected, lost, generally unwanted and never being able to go home again. In some cases they are also charged without their consent, for this facility.

The description from Mandy was the exact opposite, their patients prospered from interaction with other people and recovered usually quickly. They sometimes had difficult sending the patient home or to where ever the patient and family had decided would be their new home. Difficulties arise when the family realised the care is paid for by the NHS, so 'free', families had been known to go on holiday whilst the patient was recuperating or try to prolong the stay.

The other obvious difference was Walsall's intention to keep the step down beds in a separate unit to the full time care home residents. Mandy and her Manager use the opposite technique, there is no separation and all residents can mingle. This has proved to be a benefit to both groups of people. For the short term patients, they are not isolated and can mix with other people. For the long term residents, they get to see and met new people, but also to see people get well and leave the care home to go home. This has lead to one long term resident feeling well enough to be able to return home.

From visiting this facility I think Walsall have to take another look at how this process is going to work.

Key features:

The Care Homes who are prepared to work with Walsall, are they capable of duplicating best practice?

Should step up bed patients be accommodated separately from long term residents?

The implementation of Cross boundary working, the ongoing working relationship between all parties, Care Home, Council, Hospital and GP's, must be kept at a good level. Challenge must be implemented rather than just accepting that's how things are done. The team must also be consistent, with a regular membership rather that stand-ins.

The admissions process must be operated by one source, to avoid two patients being offered the same bed. The EMIS system seems to be preferred, but the hospitals are still uses faxes. Delays should be avoided, but this could prove difficult as our hospitals seem to have inbuilt delays for everything.

Weekly meetings (MDT), where care manager, GP, nurse, social worker, meet weekly to discuss each patient's current situation and what needs are to be met to move forward. The ideas that all group members are equal; no one has the right to over-rule another member, i.e. by seniority. This is very important and must be adhered to right from the start and not deviated from.

The idea of having one to three GP's that work with the Care Home, rather than each resident remaining with their own GP was highlighted as a benefit, as regular visits provides a good working practice, rather than having to wait for the residents own GP. The Uplands have an exceptional GP, bubbly, positive and a delight to talk with.

The cost of providing this service may need reviewing, as Walsall intend spending far less, could this result in a lesser service?

The staff at The Uplands are all fully trained, and encouraged to improve their skills and qualification on an on-going basis. What qualifications do the staff hold, at the chosen Care Homes?

Mandy has offered to help with training for Walsall's new scheme. I think we should take her up on this offer.

This is a very important service that is being set up, it could prove to be a fantastic opportunity for Care in Walsall or it could be a very expensive failure. WE must make it the former.

The whole set up worked at Uplands because of the dedicated team work offering this time restricted care, with patients needs being met. Can Walsall replicate this in four of our chosen nursing homes?

The GP service was crucial especially as they stated it reduced hospital intakes and the Social Care Officer who sorted financial assessments etc to enable the resident to return home when they were ready to, thus meeting the 29 day target in their case.

It would be good if we could visit one or two of the care homes that we are considering to provide this service to enable us to get a feel for how they intend to deliver it now that we have a better idea of what it should be.

Member comments - Appendix 3.

1. A key success factor in Shrewsbury is Mandy herself. Q: will we have a 'Mandy' in Walsall
2. The other key individual was the resident manager. Q: ditto.
3. Mandy and the manager emphasised the importance of integrated team working.

4. A dedicated GP practice to support the home with all patients transferred to them. Could we achieve that?
5. Funding model? How many beds can we afford? What period of time? What demand is there?
6. Transportation to and from facility...
7. Will Walsall Healthcare Trust part fund? They too have a vested interest