Care Homes
Nottingham City Joint Strategic Needs Assessment April 2013

Introduction

According to the Health and Social Care Act 2008 a care home is a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive and the premises are regulated.

In addition, in care home services with nursing, qualified nursing care is provided, to ensure that the full needs of the person using the service are met.

There is a difference between older people living in care homes with nursing and those living in care homes without nursing; those residents requiring nursing have higher levels of functional dependence which require more specialist nursing support.

For the purpose of the JSNA chapter, the use of the term 'care home' will encompass both types of home as according to the Martin et al. writing on behalf of the British Geriatric Society, "there is considerable overlap in the case mix and clinical needs of the population, regardless of registration status," (Martin et al, 2011).

In 2010 there were 376,250 older people in 10,331 care homes in England with the average size being 18.5 places for residential care homes and 46.6 places for nursing homes (CQC, 2010)

The most common types of provision were for older people and people with a learning disability. An estimated 45% of care home places in England are occupied by people who are self-funding rather than being paid for by the state. In Nottingham City there are 83 care homes with 24% of them being nursing homes and 76% of them being residential accommodation.

In England, 2010 the ownership of care homes was described as 73% independent, 14% voluntary sector, 11% local county and 1% each for NHS and 'other' (CQC 2010) In Nottingham the ownership of care homes are 84% privately owned, 7% run by the voluntary sector and 9% run by Nottingham City council.

Care home residents comprise 4% of the UK population aged 65 and over and according to the Office of Fair Trading (2005) the average care home resident is in their mid-80s or older with around 75% women; nearly 20% of those are aged 85 and over. There is a current expectancy that life expectancy is due to increase by 3 years in women from 85 to 88 and four years in men from 82 to 86 years by 2025. (www.gad.gov.uk, June, 2011)

In Nottingham there are 4900 older people aged 85 and over (2% of the total female population and 1% of the total male population in Nottingham respectively are over the age of 85 years). Going forward the number and proportion of those over 85 year olds is expected to increase. Taking this increase into consideration the impact on the future needs of care homes will be need to be reviewed.

It is not only the increase in the number of older people (particularly in the 85+ category) which will contribute to the challenge of care homes but other factors which will put the spotlight on how older people are looked after in care homes. For example the

increasing number of frail/elderly living in care homes with multi co-morbidities, the increasing number of hospital admissions from care homes both appropriate and inappropriate and the increasing pressure placed on the workforce within a care home setting.

In light of the above, Nottingham City Council (NCC) is seeking to implement a number of early interventions which it is anticipated will mitigate some of the demand suggested above. These early interventions include an expanded assistive technology strategy and an enablement service. These services will help older people to remain living independently within the community for longer.

Many older people living in care homes have considerable health care needs and are living with multiple co-morbidities. A national census of care home residents undertaken for Bupa by Bowman C, Whistler J and Ellerby M (2003) found that :

- More than 50% of residents had dementia, stroke or other neurodegenerative disease.
- Over all 76% of residents required assistance with their mobility or were immobile.
- 78% had at least one form of mental impairment.
- 71% were incontinent.
- 64% were 'confused' or 'forgetful'.

Other health care conditions which are prevalent in the older people residing in care homes are malnutrition, pain associated with arthritis, hip fractures related to falls and hypertension.

In addition many residents within care homes are on multiple medications. The Department of Health, Care Home use of Medicines Study (CHUMS) (2009) found that residents were prescribed an average of 7.2 medicines. In Nottingham the Medicines Management team have been working on intensive medicines management in care homes since Autumn 2008 with the aim of the service to;

- Raise medicines management standards and promote best practice
- Improve governance standards
- Reduce hospital admissions
- Increase patient safety for vulnerable patients across NHS Nottingham City by addressing issues raised by safeguarding events

The workforce of care homes mainly comprises of female staff with many of them being overseas migrants, according to Skills for Care (2010) 80% of the workforce is female with 19% of all workers were born oversees. In addition there is a poor rate of pay for the workforce within care homes and a high turn over of staff.

The needs of older people in relation to falls, dementia and carers are considered elsewhere.

Key issues and gaps

Issues

- Number of older people increasing; in particular those over the age 85 years. This is issue will be of particular relevance in Nottingham.
- The number of frail older people in care homes is increasing.
- Poor access to healthcare services and awareness of services particularly for certain community groups.
- The high rates of hospital admissions of older people from care homes. Coupled with this are potentially low rates of admissions from care homes where an admission to secondary care may be appropriate.
- The complex needs and multiple co-morbidities of the residents of care homes which leads to high health care management of the older person and high level of dependence.
- Ensuring the mental health and overall wellbeing of care home residents are taken into consideration.
- Safeguarding of frail/elderly client within a care home is paramount.
- The poor communication between care homes and East Midlands Ambulance Service (EMAS) in relation to urgency of a call out for example response time in relation for a client who is experiencing a Transient Ischemic Attack (TIA).
- Ensuring there is appropriate communication between staff and residents who have a sensory impairment
- The complex funding allocation for adult and social care funding for the older person entering into a care home.
- The high level of staff turn over working in a care home, in addition the low pay associated with working within a care home and lack of structured training for health care assistants
- Communication barriers between the NHS, Health and Social Care and the care home.
- The sharing of health and social care records, NHS records with all relevant parties to gain a comprehensive picture of the older person.
- The lack of formal end of life planning/palliative care within care homes.
- There is an increased likelihood of being admitted into a care home if the older person comes from a deprived area
- The increased risk and higher rate of abuse of older people living in a care home.
- The lack of formal structured training for health care assistants working within a care home.
- The lack of a Comprehensive Geriatric Assessment for all older people at the point of admission to a care home.

- The increasing demand for medicines management within care homes linked to increasing co morbidities and complexity of residents.
- The need to improve standards of medicines management within care homes.
- The lack of competent, dedicated clinical pharmacist support to care homes. This support should be part of a multi-disciplinary team working within a care home.
- There is an issue with regards to not enough expert pharmaceutical support to investigate and proactively manage safeguarding issues related to medicines managements within care homes.
- There is currently no uniform training for care home staff.
- The need to reduce admissions to hospital from care homes.

Recommendations for consideration by commissioners

- Develop a robust data dash board to report on key care home issues for example pressure ulcer incidence and prevalence in care homes related to hospital admissions.
- To ensure each older person undergoes a Comprehensive Geriatric Assessment at the point of admission to a care home.
- Support the implementation of advance end of life planning within each care home using a recognised framework for delivery for example the Gold Standard Framework.
- Continue to conduct a medicine management review of polypharmacy
- Conduct a review of the care home workforce to ensure there are enough qualified staff to meet the needs of the care home residents and the appropriate skills mix of registered nurses to health care assistants.
- To incorporate ethnicity data into monitoring of care home residents.
- Continue to build on the Care Home LES following on from the results of the evaluation.
- Further develop a comprehensive medicines management service/specification into all commissioned care home services and contracts.
- Develop a jointly commissioned arrangement between the Nottingham City Clinical Commissioning Group and Nottingham City Council with regards to enabling a sustainable pharmaceutical infrastructure to reduce clinical and corporate risk and improve safety for care home residents.
- Development of a multi-disciplinary care homes team

1) Who's at risk and why?

Many older people living in care homes have considerable health care needs and are living with multiple co-morbidities. A national census of care home residents undertaken for Bupa by Bowman C, Whistler J and Ellerby M (2003) found that :

- More than 50% of residents had dementia, stroke or other neurodegenerative disease.
- Over all 76% of residents required assistance with their mobility or were immobile.
- 78% had at least one form of mental impairment.
- 71% were incontinent.
- 64% were 'confused' or 'forgetful'.

Age

- 4 % of people over the age of 65 in the UK live in a care home.
- 20% of residents in care homes are aged 85 and over.

Gender

- 75% of people residing in care homes are women (Office of Fair Trading, 2005).

Ethnicity

- According to a study undertaken by Bebbington B, Darton R & Netton A (2001) only 1 % of the over 75 population is from a black minority ethnic (BME) group, therefore the numbers admitted to a care home are small. However, contrary to what is often stated, admissions to local authority-funded care homes are not low, and may even have a higher than average rate than is generally thought.

Access to Services

- There is inequality in access for care home residents to primary care services. Steves et al. (2009) conducted a national survey of NHS Primary Care Trusts (PCTs) in 2008, in which 25% of trusts reported inequality of access to services for physiotherapy and occupational therapy and 35% for district nursing. In addition CQC care homes review (2012) found some variability between care homes in the services provided by GPs and who pays for these services: 33% of homes said that GPs did not provide post-admission assessments for residents, 53% said they were provided and paid for by the PCT and 7% said that they were provided but paid for by the care home.

Health profile of care home residents

- According to unpublished research by Gordon, A (2012, P6) states that the best available evidence suggests that older people residing in a care home represent are frail

- Care home residents have become more dependent over time. Postulated reasons through unpublished research by Gordon A (2012, P7), include the closure of long stay in patient beds for frail, elderly patients, the development of an intermediate care service and the standardisation of NHS continuing care funding models, with the consequence that an increasing number of patients with complex health conditions were funded by the NHS to be cared for in the private home sector.
- The Department of Health discourages direct admissions from hospital however according to the Office of Fair Trading (2005); over half of old people are still admitted from acute hospitals and about one quarter from home. In addition older people who have been admitted into hospital with one condition are more likely to be discharged with multiple conditions and may need more care.
- There are high rates of Emergency Department admissions, outpatient appointments and in patient emergency admissions from care home residents.
- The CQC (2012) within their annual report, reported that the number of over 75's experiencing two or more admissions had risen between 2008/2009 – 2009-2010. Provisional figures within this report show a rise of 4%, however this may be due to the increasing numbers of over 85's coupled with increasing health care requirements of this age group.
- The number of people with cognitive impairment is predicted to rise by 63% between 1998 and 2031 based on current service use (Comas-Herrera et al. 2003) potentially resulting in more older people not being able to look after themselves in their own home.
- Other health care conditions which are prevalent in the older people residing in care homes are pain associated with arthritis, hip fractures related to falls and hypertension.
- The British Association for Parenteral and Enteral Nutrition's (BAPEN) (2010) Nutrition Screening Week surveys have established that 30- 40% of those recently admitted into a care home are at risk of malnutrition and the majority are at high risk.
- Older people in care homes are 3 times more likely to fall, up to 20% of these falls result in a hip fracture. The reasons for this are multiple.

Social Circumstances

- According to a census conducted by BUPA (2005), there is considerable overlap in dependency and nursing care needs due to increased illness/disability with age.
- Reasons for admission to care homes are complex and no specific medical or mental health condition in itself is ever the sole cause. However Bowman C, Whistler J and Ellerby M (2004) state that loss of mental capacity, predominantly as a consequence of dementia or stroke, remains the single biggest issue in causing a loss of independence which contributes towards an admission to a care home.
- In addition research undertaken by Taylor and Donnelly (2005) stated that decisions to enter into a care home were often prompted by a crisis, hindering professionals seeking to make a measured assessment. Fear of burglary and assault and the willingness and availability of family to help were major factors in decisions about living at home.

- Residents in care homes are less likely to have advanced end of life care planning in place to determine how and where they would like to die. This is of particular significance as according to a survey conducted by BUPA (2011), the median length of stay for a resident within a nursing home is 11.9 months, (the median length of stay in a residential home is 26.8 months, Bebbington et al, 2001). In addition 70% of older people would prefer to die at home (Dying Matters, National Census Survey, 2009). As a nursing home is their home, this is the preferred place to die. Despite this request, 60% of older people die in hospital. It is therefore evident that enabling care home residents to die in comfort and dignity is a core function of the care home and their staff.

Pharmaceutical Information

Older people living in a care home are more likely to be on multiple medications and taking on average 7.2 medicines. The Care Homes Use of Medicines Study (CHUMS) (2009) reported that seven out of ten care homes residents were exposed to at least one medication error. This medication error can result in increased admissions to hospital, create adverse drug reaction and increase overall morbidity and proactive medicine management can reduce overall risk of the above consequences.

2) The level of need in the population

Nottingham City council care home data:

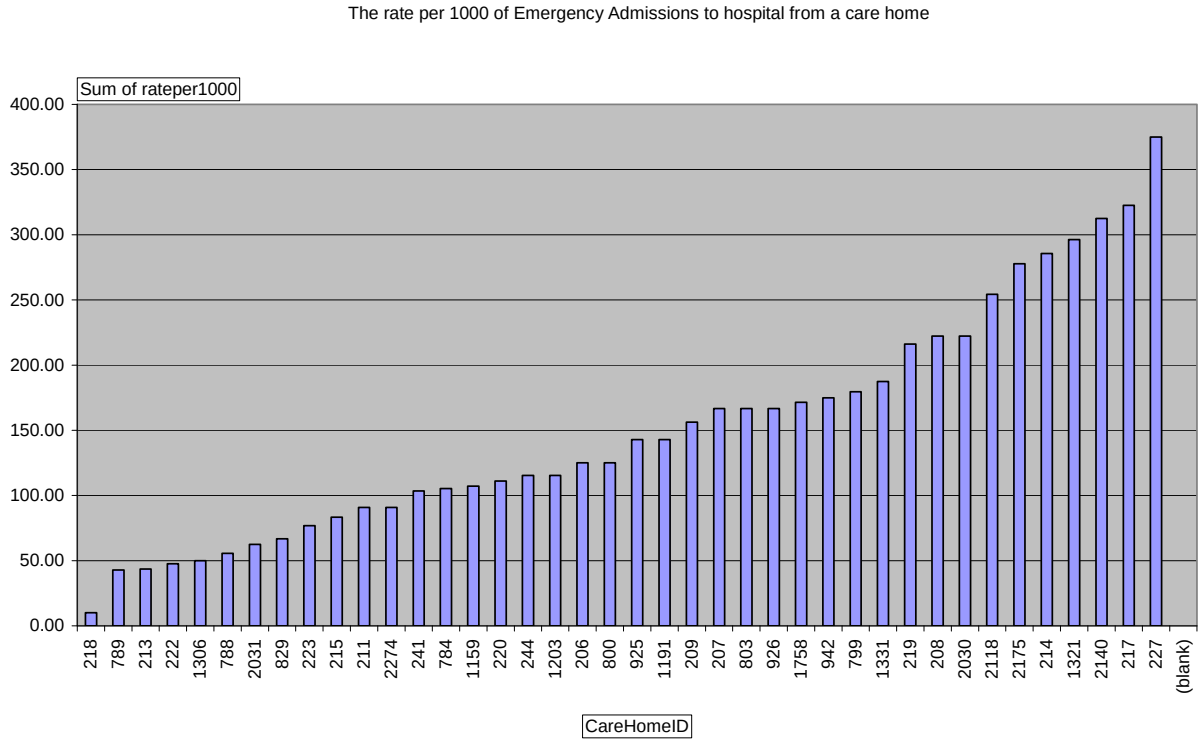
- There are approximately 1173 residents in Nottingham care homes over the age of 65.
- Of the 1173, 750 are female and 423 are male.
- 2.09% of the total female population in Nottingham is over the age of 85 years.
- 1.04% of the total male population in Nottingham is over the age of 85 years.
- 10.8% of the total Nottingham population over the age of 75 reside in a Nottingham care home.
- Up until the ages of 75-79 there are similar numbers of men and women residing in a Nottingham City Care home. However after the age of 80 there are significantly more females than men (62% more females between the age of 80-84 and 77% more females over the age of 85 years).
- Ethnicity of care home residents in Nottingham is currently not recorded.

Table 1: Age profile of Nottingham care home residents by sex

	65-69 years	**70-74 years**	**75-79 years**	**80-84 years**	**85 + years**
Male	54	60	80	86	133
Female	46	43	77	144	450
Total	100	103	157	230	583

There are varying rates of emergency admissions to hospital from Nottingham care homes ranging from 42.8 per 1000 to 375.0 per 1000 with an average of 151.7 per 1000. Further work is required to investigate why some care homes have significantly higher than average emergency admissions.

Figure 1: Rates of emergency admissions to hospital from a care home in per 1000 of the current population of a care home



As well as varying rates of emergency admissions there are also varying rates in each care home for in patient emergency admissions ranging from 35.7 per 1000 to 387.1 per 1000 of the current population of a care home.

From figures 1 to 3 it can be seen that there are varying rates of emergency admissions, in patient admissions and outpatient appointments from all the care homes in Nottingham. This may be due to the different profiles of the care home residents for example a residential home may have less admissions and outpatient appointments as the residents are more mobile and less frail than a care home providing accommodation and nursing care to older people with dementia. However in the Care Home Outcome Study, residential home residents used hospital-based services more which may have been because they were more ambulant and therefore more likely to be seen as an 'appropriate' referral to hospital-based services by primary care staff.

Figure 2: Rate of in patient admissions from a care home in Nottingham per 1000 of the current population of a care home

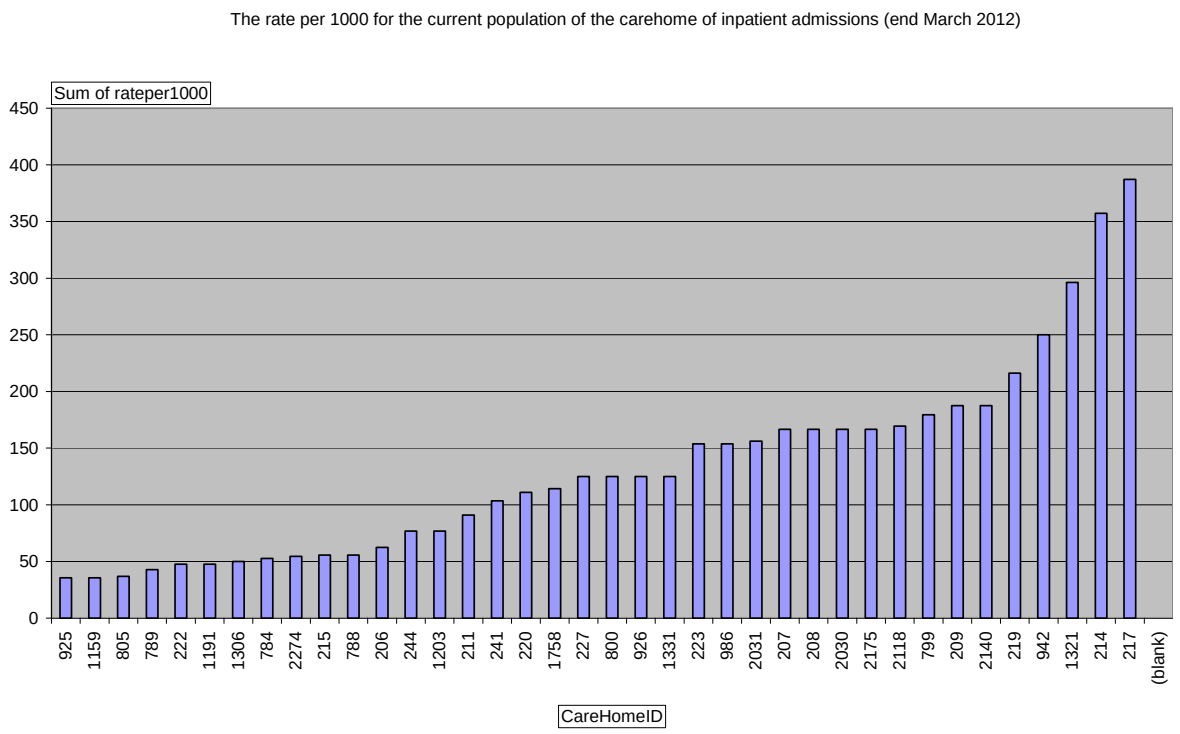
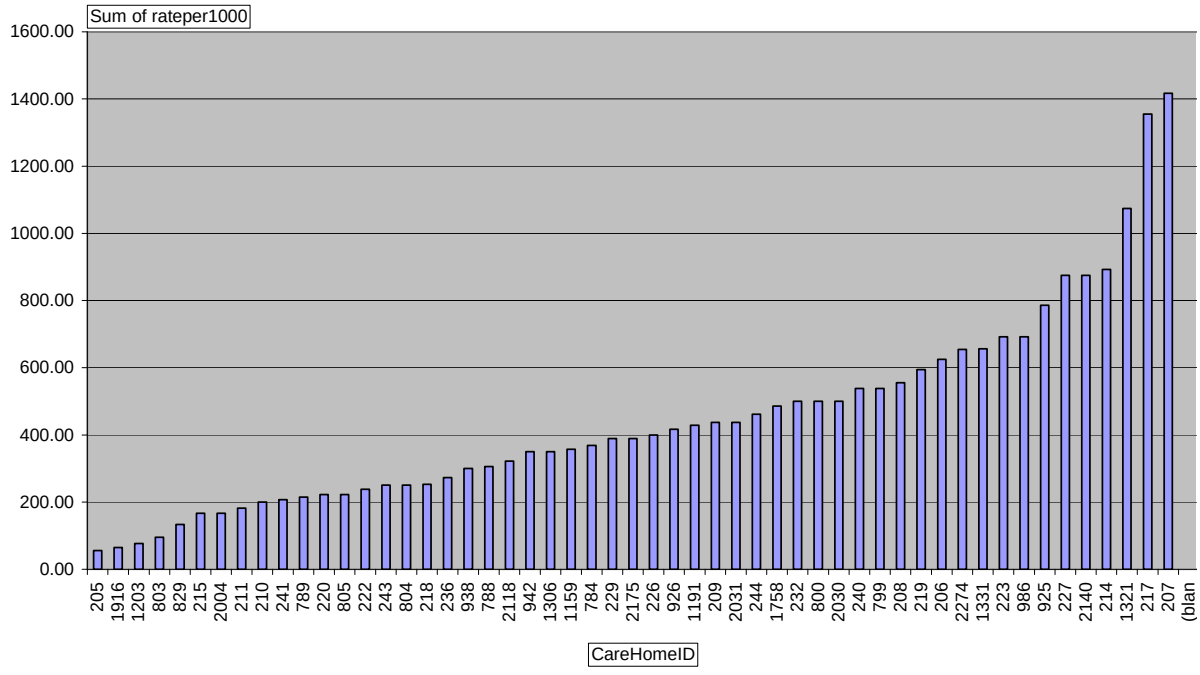


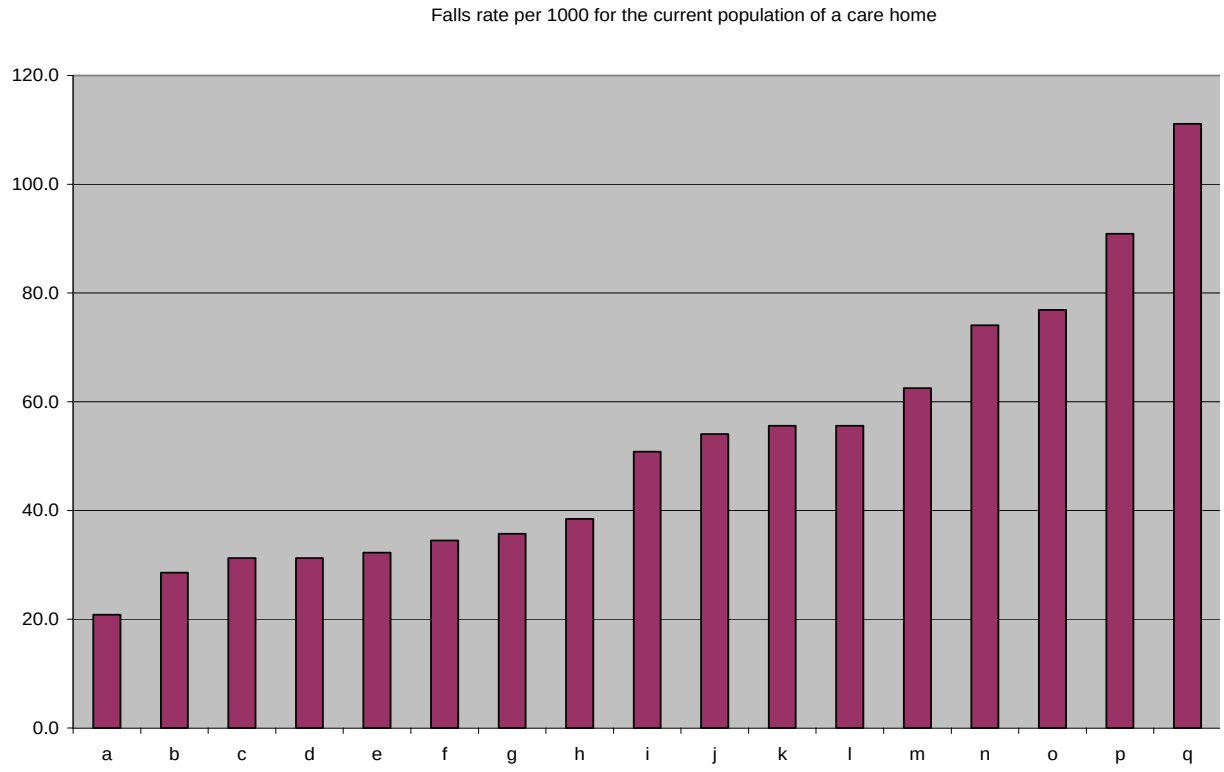
Figure 3: Rate per 1000 for the current care population of outpatient appointments from Nottingham care homes.



There are a range of reasons for admissions to inpatients with 135 diagnoses. The main reasons for admissions are:

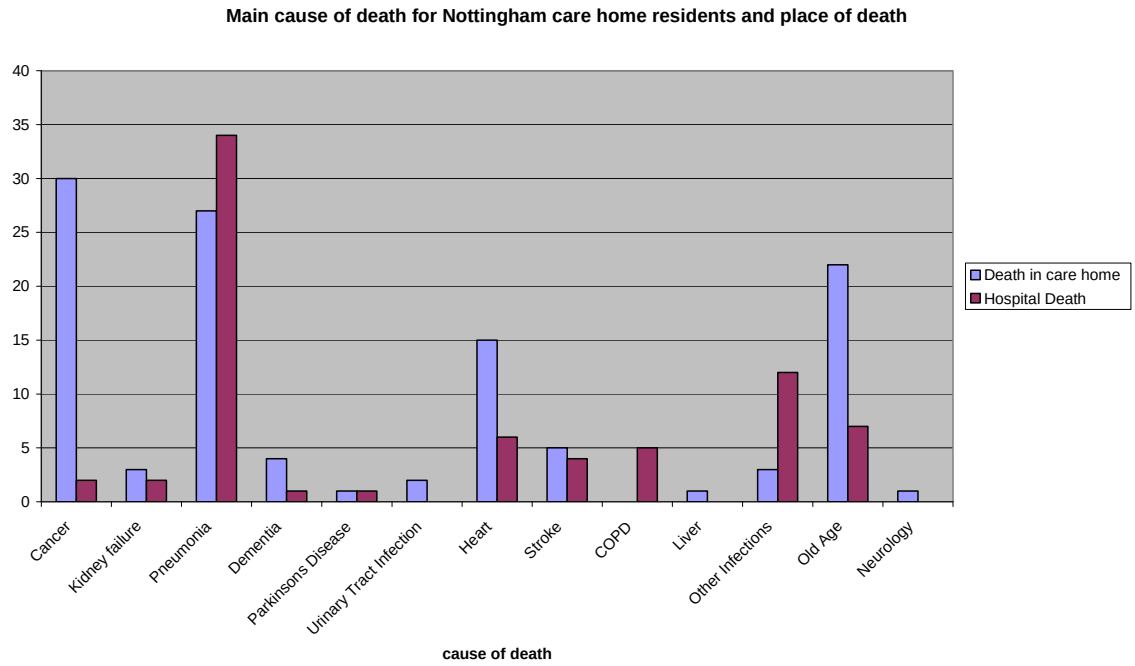
- Chest Pain unspecified
- Chronic obstruct pulmonary with acute lower respiratory infection
- Disorientation unspecified
- Dyspnoea
- Fracture neck of femur
- Haematemesis (vomiting of blood)
- Lobar pneumonia
- Pneumonia
- Mental health issues related to old age
- Syncope and collapse
- Urinary Tract Infection
- Acute lower respiratory infection

Figure 3: Falls rate per 1000 for the current population of the care home (end March 2012)



The current rate of falls within care homes is an issue which needs to be addressed. Rates per 1000 vary across the city from 28.6 per 1000 to 111.1 per 1000

Figure 4: Main cause of death for Nottingham care home residents and place of death.



From figure 4, is can be seen that the main causes of death for care home residents in Nottingham are Pneumonia, cancer and conditions related to the heart. There is no pattern related to place of death in relation to cause of death however only 33% more deaths take place in a care home than in hospital bearing in mind research suggests that 70% of older people would prefer to die at home.

3) Current services and assets in relation to need

Services provided to care homes in Nottingham

Community Geriatricians

Nottingham City has two dedicated community Geriatricians. The aim of the community geriatrician service is to co-ordinate comprehensive geriatric assessment (CGA) in community settings, linking with primary care and community services in a planned approach.

The service provides expertise to multi-professional teams working with complex patients and provides case reviews and direct patient care with smooth access to secondary care. The Community Geriatrician also provides education, training and mentorship for staff and advice to support the development of other services.

Advanced Nurse Practitioner

There is currently one Advanced Nurse Practitioner commissioned by NHS Nottingham City, based within City Care who is employed to provide clinical support and advice for care planning,

co-ordinate referrals to specialist teams, to reduce risks, safeguarding and ED admissions by assisting homes in the care planning process. Within her role she also has a more clinical element, which includes undertaking clinical assessment of care home residents to inform care management plans, to assist the care home to integrate long term conditions and activities of daily living into social care planning and to treat acute conditions to avoid hospital admissions.

The Community Nutrition and Dietetic Service are piloting training for workers from the City Council's Older People Services to enable them to promote good nutrition and help older people to eat well. There is significant evidence that under nutrition is related to illness, many health conditions and premature death in older people and in contrast good diet contributes positively to the quality of life. The training aims to examine the current picture of nutrition and health of older people, recognising the importance of offering a variety and some choice of food. Food-based guidance for older people and its application when planning meals and snacks are discussed in detail and ways to support older people to eat well are explored.

Falls and Bone Health Service

The Falls and Bone Health Service sits within Nottingham City care Partnership and offers a city wide service to people who have had injurious falls and have a city GP.

The aims of the service are to offer specialist multi-disciplinary assessment and treatment to those people with complex multifactorial falls. The service offers advice and treatment to individuals who have had injurious falls that have resulted in attendance at the hospital emergency department or have had an admission to hospital directly related to a fall. (The Community Nursing and Rehabilitation teams see people who have had non-injurious falls or are at risk of falls).

For those people who have been seen and received a falls assessment by the Falls and Bone Health service and are suitable, a one to one tailored exercise programme may be offered or access to postural stability classes, which take place in community settings in various locations throughout the city and can last up to 16-24 weeks.

Training

The team undertake a rolling programme of teaching both in Health and Social Care to continually raise awareness of the management and prevention of falls. There is also a free basic training session available to staff in all Care Homes which covers the management and prevention of falls and osteoporosis.

The Falls and Bone Health Service offer training sessions on falls and bone health and encourage them to become 'Link Workers' for their Care home. Staff who become' Link Workers' will also be offered further training to become chair-based exercise Instructors and will be trained by the Falls and Bone Health Service Physiotherapists. The Chair based exercise trainer course runs three times a year and is accessed through the Falls and Bone Health service.

The Community Nursing and Rehabilitation Teams

The Community Nursing and Rehabilitation Team provides a service to patients who have had non-injurious falls with a low falls risk, meeting basic rehabilitation needs to include Falls patients (see separate service specification)

The community Falls and Bone Health service provides a 'rolling' education and training

programme on falls and bone health for staff in Day Centres, Care Homes (ASH and Private) and staff in health and social care(including Homecare services) as well as staff in Sheltered Housing across the City of Nottingham.
The service also provides Postural Stability evidence-based exercise groups to clients across 5 sites across the city of Nottingham and run three a year free 'Chair based exercise' trainers programme which is accessed by staff from Care Homes, Day Centres, Voluntary sector etc.

Oral Health Promotion Team

The oral health promotion team have developed a care home accreditation programme where they training the care home staff in good oral hygiene for older people. The aims of the programme are:

- To raise awareness of the importance of a good oral hygiene routine
- Increase the oral health knowledge of staff and residents.
- Encourage access to dental services.

These aims will enable carers and residents to take on a more preventive focused approach to mouth care. The objectives of the programme are:

- To have an 'Oral Health Champion' on each site.
- The Oral Health team support the 'Oral Health Champion' to promote oral health and ensure their home provides efficient oral health care.

The programme outline includes:

- 1 Healthy Mouths Award
- 8 standards to meet and maintain
- Oral Health Promotion Advisors to train and support the 'Oral Health Champion' within the care homes.

21 care homes have signed up to the programme with 2 homes having been accredited. Moving forward due to challenges with staff turn over within care homes, training will be provided twice a year, line managers must sign an agreement on registering their staff for training; they must agree to help them to complete and maintain the criteria and release them to attend the 1-2-1 meeting 3 months post training.

British Heart Foundation (BHF) Community Heart Failure Service

The service aim is to provide monitoring and management of heart failure to patients registered to a GP practice in the city. The service provides education and support to patients and carers; facilitation of self care strategies, medication titration and optimisation, monitoring of clinical condition, symptom control from diagnosis to end of life, liaison with multidisciplinary teams and education and support of other professionals.

Nottingham Community Nutrition and dietetic Service

The service aim is to improve nutritional status of care home residents through:

- Individualised assessment and advice on nutritional requirements and oral therapeutic diets
- Monitoring nutritional progress/needs as required

- Provision of training events for care home staff on aspects of nutritional care including nutritional support.
- Promoting the use of validated nutritional risk screening tools
- Promoting effective/appropriate use of prescribed nutritional supplements

Nutritional and Dietetic Home Enteral Feeding Service

The service aim is to improve nutritional status of care home residents through:

- Individualised assessment and advice on Enteral tube feeding, care of feeding tubes and stoma sites.
- Monitoring nutritional progress/needs as required.
- Provision of training events for care home staff on aspects of nutritional care including enteral tube feeding.
- Promoting the use of validated nutritional risk screening tools.
- Promoting the effective use of prescribed nutritional supplements where their use has been deemed appropriate.

Nottingham City Council's Occupational Therapy Service

The purpose of the service is to enable disabled people on the City of Nottingham to live as independently as possible within their own homes.

Occupational therapists (OT's) visit people who have a permanent and substantial disability. They undertake full functional assessments in service users' own homes and, in partnership with them and their carers/families, make recommendations for independent living. This may include advice and information, teaching new methods, specialised equipment, both major and minor adaptations or re-housing to more suitable accommodation. For people living in care homes provision of equipment and adaptations would be in-line with the information provided in the Equipment to Care Homes documentation. OT's are heavily involved in giving advice, assessments and recommendations on equipment. They are also involved in safeguarding investigations if transferring is part of the referral.

Adult Safeguarding and The Mental Capacity Act

The Lead Professional's role is to:

- Oversee the strategic development of adult safeguarding practices into all adult services that Nottingham CityCare Partnership provides.
- Provide information, guidance and support to Nottingham City Care Partnership staff, particularly when involved in complex adult safeguarding and capacity situations.
- Represent Nottingham CityCare Partnership in the development of citywide adult safeguarding policies and procedures as a function of the Nottingham City Safeguarding Adults Partnership Board.
- The Lead Professional may be involved in multi-agency investigations when Nottingham

Tissue Viability Service

The Tissue Viability Service is a team of specialist nurses experienced in wound care treatments and the prevention of pressure ulcers. The service provides holistic assessments and treatment plans for individual residents as well as strategic advice for managers to help develop tissue viability knowledge and practice within their care home.

The Tissue Viability Service offers the following service to care homes:

- Advice on any aspect of tissue viability
- Advice by telephone where appropriate
- Advice on the provision of pressure reliving/reducing mattresses and cushions
- Advice on the development of policies and guidelines
- Facilitate change to enhance practice via a link nurse support network
- Facilitate access to educational resources
- Provide an extensive education programme relating to pressure ulcer prevention and management, wound assessment and management and lower limb ulcer assessment and management.

Continence Advice for Care Homes

Residential Homes

The service provided to residential homes includes-

- Advice on any aspect of continence
- Continence assessment and care planning for individual residents.
- Provision of continence products
- Education and training for all care staff
- Link Nurse Support scheme

Nursing Homes

The service regular visits to individual Nursing Homes for patient/staff advice and support with regard to all aspects of continence, including support for care home nursing staff to complete continence assessments and plan continence care, and the provision of continence products and aids to promote continence or manage incontinence

The services they offer to nursing homes include:

- Advice on any aspect of continence
- Regular visits to individual Nursing Homes for patient/staff advice and support with regard to all aspects of continence, including continence assessment and provision of

- Nursing home continence Link Nurse support scheme
- Benchmarking practice in all aspects of continence care
- Advice on the development of policies and guidelines
- Advice on the purchase and use of aids
- Education

Care Home Assessment Team (CHAT)

CHAT is a team of autonomous clinicians who respond to urgent requests for assistance by care home staff. The purpose of the team is to provide an urgent response and aims to avoid any preventable use of the emergency 999 ambulances or the emergency department. The team is a NEMS service and is made up of a group of highly skilled autonomous primary care clinicians who deliver this service which includes nurses and Emergency Care Practitioners (ECP's)

The Specialist Dementia Outreach Team

The team provides skilled, specialist staff to support older people with dementia and their carers in residential/nursing homes during times of crisis or difficulty. The team covers all clients with a GP in the Nottingham City boundary. The service involves:

- Healthcare assessments of clients, providing support and advice to staff in all care homes.
- Work alongside home staff to plan care and develop individual treatment plans as defined by the healthcare assessment.
- Follow – up for clients discharged from hospital to long term care, supporting client, family and home staff.
- Case management for clients in receipt of fully funded Continuing NHS Healthcare.
- Delivery of custom made training packages to care homes to develop skills, expertise and knowledge of caring for people with dementia
- Review of cognitive enhancing medication.

Nottingham CityCare End of Life Care Team

This services aims to promote best practice in end of life care, across all care settings and all diagnoses. As well a providing support to care homes, they also support GP practices, community and specialist nursing teams, and social care teams who support individuals who may be in their last year of life. The support involves training, information sharing and clinical input as the individual service or project requires.

They also run a 'virtual hospice' service, in which we have 3 beds in residential care homes to offer respite and/or terminal care for patients with end of life care needs.

Infection Prevention and Control Service

This service provides specialist infection and prevention control advice, education and support to individuals with infections.

They aim to:

- Empower healthcare workers to care for patients/clients with infections in a holistic manner to enable them to prevent the spread of infection within any care setting.
- Provide a proactive intervention (training/education/audit) or reactive intervention (management of a resident with infection/outbreak infection support)

A link nurse system has been established and is run jointly by the Tissue Viability and Infection Control Team. By having a nominated link nurse in each home, the home has a resource person they can access.

Learning Disability Health Facilitation Service

The service supports individuals with learning disabilities to access primary Health Care services. The service offers 1.1 support to promote health and access to services and also support professionals within primary care to meet the needs of individual; with learning disabilities.

The service also provides training on a range of topics including health action planning, learning disability awareness and how to meet the health needs of people with learning disabilities.

Nottingham Community Macmillan Specialist Cancer and Palliative Care Service

The community Macmillan clinical nurse specialists work in partnership with primary care teams to help care for adult patients affected by cancer who have complex needs. (The service is extended to patients with Motor Neurone Disease who are registered with a GP in County South area. This service is provided by CityCare neurological service for patients within Nottingham City).

The nurse specialists provide an holistic assessment and can offer advice for difficult pain and symptom control problems, psychological support for the patient and their family and other specialist advice to help with adjusting to the changing physical and emotional problems brought upon by the illness

Community Neurology Service (CNS)

The CNS provides a specialist multi disciplinary/multiagency approach which offers long term case management r short term active intervention for individuals with long term neurological conditions (LTNC) where the primary reason for referral is due to their neurological condition (not purely based on diagnosis).

The overarching aim of the CNS is to promote self management by supporting individuals with LTNC and their carers to manage their condition and to live as independently as possible.

Medicines Management

- There is a senior medicines management technician in post working alongside the Quality Monitoring and Clinical Management Planning post to monitor care home standards.
- The senior medicines management technician also supports the Community Geriatricians and Advances Nurse Practitioner in their work in care homes and provides the interface between the care home and services.
- There are GP Practice Pharmacists who support some GP practices around medicines management in relation to GP clinical medication reviews within care homes.
- Community Pharmacist Care Home LES- this service is present to support and managing the supply of medicines to care homes and to audit the medicine standards within a care home.
- The CCG Medicines Management service commission City Care medicines management to undertake training in medicines administration to care homes.
- The Medicines Management Team audit standards and medicines management competencies of care homes.

Care Home Contractual Arrangements

Care Home Locally Enhanced Service (LES)
The care home LES provides a model of Primary Care (GP) support to care homes. The introduction of the new service, which aims to support the development of more constructive relationships between care homes and GPs was rolled out on April 1st 2012 and will contractually align every Nottingham City residential and nursing home with a named GP practice.
Practices who have signed up to deliver the service have identified a lead GP who will be responsible for the care of all the residents within the home, implement a programme of assessment and organise regular reviews of the mental and physical health of their care home population.

Quality Monitoring and Clinical Management Planning

Quality Monitoring takes place in care homes in Nottingham within the geographical boundaries of Nottingham City. Quality monitoring is completed to assess the services provided by care homes. The objective of quality monitoring is assurance that care homes meet specified quality schedules for contracting (both for the Local Authority and the NHS) and assurances that long term health needs amongst other measures are being met. From a health perspective there are specific quality indicators for Clinical Effectiveness and Care Planning, as well as Medical Equipment, Staff Training and Safeguarding procedures. Quality monitoring also looks at the resident and family experience of the provider service.

There is a dedicated Quality Monitoring Facilitator within NHS Nottingham City who delivers on these objectives and works closely with the Advanced Nurse Practitioner, Medicines Management and the Community Geriatrician.
All care homes in the City receive an Annual Quality Monitoring Visit from the local authority and

Nottingham City Council holds contracts with both nursing and residential homes in the City which are due to expire in March 2014. The intention is that a procurement exercise will take place in 2013. Providers will be consulted as part of this process.

NHS Nottingham City contracts with care homes for the provision of NHS continuing healthcare. There is an approved list of care homes following an Any Qualified Provider procurement process. Not all care homes in Nottingham City are on the approved list as some decided not to apply to be NHS continuing healthcare providers.

Regular Quality Assurance Information Sharing meetings take place between Nottingham City Council and NHS Nottingham City in order to take a joint approach to dealing with underperforming Providers.

Nottingham City Council is currently in the process of streamlining the monitoring process to make it more meaningful and less onerous on both Providers and Officers carrying out the visit. The expectation is that more responsibility will be put on Providers to evidence the quality of care they provide including meeting individual citizens outcomes. This is still in the development stage with the home of piloting it early in 2013.

4) Projected service use and outcomes in 3-5 years and 5-10 years

More people are living longer and it is estimated POPPI that by 2030 683 residents over the age of 85 will be living in a non Local Authority Care Home. This estimated increase of 72% from 2011 estimated numbers will create more need for appropriate nursing homes and complex management of residents with multiple co-morbidities.

Projected data on numbers accessing residential and care homes

	2011	2015	2020	2025	2030
People aged 65-74 living in a LA care home with or without nursing	13	14	15	16	18
People aged 75-84 living in a LA care home with or without nursing	35	34	34	37	39
People aged 85 and over living in a LA care home with or without nursing	63	66	71	79	88
People aged 65-74 living in a non LA care home with or without nursing	113	121	127	134	155
People aged 75-84 living in a non LA care home with or without nursing	320	309	307	338	358
People aged 85 and over living in a non LA care home with or without nursing	495	515	554	614	683
Total population aged 65 and over living in a care home with or without nursing	1040	1060	1108	1216	1340

Source POPPI (accessed May 2012)

Projected data on population increase for Nottingham City and Care Homes residents aged 65-85+

The projected increase in the total population for the City aged 65-85+ from 2011 -2022 is 37,511 to 39,808 respectively, giving a 6% age change.

For Nottingham City care homes this follows the same pattern, with an increase projected from 1173 in 2011 to 1244 to 2022, also giving a 6% age change.

The above projections assume that service provision remains unchanged in Nottingham. A number of early intervention measures are being implemented in Nottingham. These range from very early interventions such as the Nottingham Circle through to later on interventions such as assistive technology and the enablement gateway (which will seek to enable people that come into adult social care services so that they are enabled to be as independent as possible). It is anticipated that these measures will in part, mitigate the demand expected to be placed on care homes over the coming years.

5) Evidence of what works

Care Homes

British Geriatric Society's – Quest for Quality report

Health in Care Homes: A special review of the provision of health care to those in care homes, Care Quality Commission, March 2012

Care homes for older people: National minimum standards and the care home regulation: Third edition (DH)

Guidance on the NHS standard contract for care homes: 2011/2012

Progress for providers: checking progress in delivering personalised support for people living with dementia

Conditions associated with care home residents

NICE- Falls (CG21),

NICE- Dementia (CG42)

NICE - PH16 - Mental wellbeing and older people

NICE CG35 - Parkinson's disease

NICE - Alzheimers disease (TA 217),

NICE - CG124 - Hip fracture

NICE - Type 2 Diabetes (Foot Care) (CG10),

National Dementia Strategy

There is a fair evidence base for the use of nurse practitioners to provide primary care instead

of GP's. However, this evidence base is mainly from the USA and therefore would be an option to consider for future provision.

6) User Views

In 2004 and 2010, the Royal College of Nursing (RCN) carried out surveys of its members who work in care homes. Both survey findings identified the same, worrying challenges to providing quality care in care homes. The RCN carried out the survey again in 2011. Many of the respondents were positive about the aspects of care they could provide and the support they received from their organisation. However, these responses were tempered by the feeling that good care is delivered despite an array of significant challenges. The survey found that no progress had been made on addressing the concerns and challenges that members flagged in 2010. One year on the picture looks even worse for care homes, their residents and their staff. Ten key challenges to delivering high-quality care were identified and nine recommendations made by RCN. Details can be found in the following report:

RCN report: Persistent challenges to providing quality care. An RCN report on the views and experiences of frontline nursing staff in care homes in England (2012)

7) Equality Impact Assessments

In order to have a clear picture and better understanding of the health needs of all care home residents, an equality and diversity assessment was carried out in all Nottingham City care homes in February 2001.

8) Unmet needs and service gaps

At present a number of service gaps have been identified when it comes to CGA at point of admission:

- Residents do not routinely receive CGA at point of admission from hospital
- Residents do not currently receive CGA in the community as part of their care home admission by social work
- Self-funding residents do not currently receive CGA at the point of admission

The following suggestion have been put forward by the community geriatricians:

- Comprehensive medical geriatric assessment of all patients identified as moving from NUH to a care home
- Comprehensive medical geriatric assessment of all patients assessed by a social worker in the community for admission to care home (social work triggered)
- Comprehensive medical geriatric assessment for all patients entering a care home as self-funded, upon arrival (matron triggered).

The other key gap in provision is in information flow between medical services and care homes and vice versa. The commissioners should aim to put resources in place which:

- Ensure that a residents GO records arrive with their new GP at the same time as the

patient arrives at the care home.

- That the care homes have access (with patients consent) either to their medical records, or to a regularly updated summary of the patients medical problems, to aid decision making and prevent inappropriate admissions out of hours.
- That, with residents consent, the care home receives prompt and thorough discharge information upon discharge from acute NHS care – again to aid decision making, avoid medical error, and prevent inappropriate admissions out of hours.

Care home resident's (residential and nursing) should not be excluded from the advantages of long term care and case management from community specialist condition nurses (Chronic Obstructive Pulmonary Disease, Heart Failure, Diabetes Nurses) and community matrons. Commissioners should review service specifications to ensure that exclusions from such services are not written into the specification. The needs for care home residents are often more complex than community dwelling residents and access to such services may be a key way to anticipate, and potentially prevent decline and also to avoid inappropriate admissions.

9) Recommendations for consideration by commissioners

- Develop a robust data dash board to report on key care home issues for example pressure points in care homes related to hospital admissions.
- To ensure each older person undergoes a Comprehensive Geriatric Assessment at the point of admissions to a care
- Support the implementation of advance end of life planning within each care home using a recognised framework for delivery for example the Gold Standard Framework.
- Implement a framework which facilitates regular medicines management reviews to minimise polypharmacy.
- Conduct a review of the care home work force to ensure there is enough qualified staff to meet the needs of the care home residents and the appropriate skills mix of registered nurses to health care assistants.
- To incorporate ethnicity data into monitoring of care home residents.
- Continue to build on the Care home LES
- Develop a comprehensive medicines management service/specification into all commissioned care home services and contracts.
- Develop a jointly commissioned arrangement between the Nottingham City Clinical Commissioning Group and Nottingham City Council with regards to enabling a sustainable pharmaceutical infrastructure to reduce clinical and corporate risk and improve safely for care home residents
- Co-coordinated/monitored training of all residential and nursing home staff in core areas such as: End of Life, Medicines Management, Dementia, Infection Prevention and Control, Falls Management, Tissue Viability, Continence, Diabetes and Nutrition

10) Recommendations for needs assessment work

- The recording of demographic data needs some improvement including the recording of ethnicity
- Data from East Midlands Ambulance Services needs to be analysed in order to provide an insight into admissions to secondary care from care homes.

To undertake a comprehensive care homes pharmaceutical needs assessment.

Key contacts

Mary Orhewere, Consultant in Public Health Medicine, mary.orhewere@nottinghamcity.nhs.uk

Sarah Quilty, Public Health Development Manager, sarah.quilty@nottinghamcity.nhs.uk

Ellyn Dryden, Public Health Development Manager, ellyn.dryden@nottinghamcity.nhs.uk

Simon Down, Lead Commissioning Manager, Nottingham City Council
simon.down@nottinghamcity.gov.uk

References

BAPEN's NSW07 (2008*) Nutritional Screening Survey and Audit of Adults on Admission to Hospital, Care Homes and Mental Health Unit.* . BAPEN. http://www.bapen.org.uk/pdfs/nsw/nsw07_report.pdf. (Accessed April 2012).

Bayliss, J & Sly, F (2010) Ageing across the UK. Office for National Statistics. Crown. UK

Bebbington B, Darton R & Netton A (2001) *Care home for older people, admissions, needs and outcomes*. PSSRU. ISBN 1-902671-25 -2Care Quality Commission (2010)

Essential Standards of quality and safety. Available at Bowman C, Whistler J and Ellerby M (2003) *A national census of care home residents*. Age and Ageing, British Geriatrics society. 33: 561-566.

http://www.cqc.org.uk/ (Accessed April 2012)

Commas-Herrera A,Wittenbery , Pickard L, Knapp M (2003) *Cognitive impairment in older people: its implication for future demand for services and costs*. PSSRU Discussion paper. MRCCFAS.

CQC Review (2012*) Health Care in Care Homes. Care Quality Commission First Stop Care advice* (2012) http://www.firststopcareadvice.org.uk/. Accessed April 2012)

Forder, J & Fernandez, J-L (2001) *Length of stay in care homes.* Report commissioned by Bupa Care Services, PSSRU Discussion Paper 2769, Canterbury: PSSRU

Department of Health (2009) Care Home use of Medicines Study (CHUMS)

Dying Matters, National Census Survey, (2009)

Gordan, A "Does comprehensive geriatric assessment (CGA) have a role in UK care homes." PhD Thesis, University of Nottingham.

Martin, F et al (2011*). Quest for Quality: British Geriatric Society joint working party inquiry into the quality of healthcare support for older people in care homes: A call for leadership, partnership and quality improvement*. British Geriatric Society.

Office for Fair Trading (2005), *Care homes for older people in the UK- a market study*

Office of Fair Trading (2005). Annex K, Consumer behaviour and Care homes- a Literature Assessment. Crown. UK

Steves CJ, Schiff R, Martin FC. (2009) *Geriatricians and care homes: perspectives from geriatric medicine departments and primary care trusts*. Clinical Medicine;9(6):528-33.

The Care Homes Use of Medicines Study (CHUMS) (2009)

Taylor and Donnelly (2005) *Professional Perspectives on Decision Making about the Long-term Care of Older People*. The British Journal of Social Work. 36 (5). 807-826/