



The NHS campaign to improve the care of people at risk of, or with, acute kidney injury
www.thinkkidneys.nhs.uk

Involving Care Homes in Think Kidneys

Report on the Day, 8 July 2015

The Purpose of the workshop was to work with care and nursing home staff, managers, commissioners and education providers with an interest in care in nursing /care home sector, to understand what's required to improve the prevention, detection, management and treatment of acute kidney injury in that setting. We want to learn about clinical and care practice, educational needs and how the national programme can provide the resources to help make a difference to patient outcomes.

A series of thought provoking presentations kick-started the day sparking interest and helping us understand the current state of play.

Professor Julienne Meyer spoke about the care home environment, followed by Kieran Attreed-James and Lesley Cruickshank from Essex County Council describing their safety improvement programme in care homes across the county - PROSPER. Dr Richard Fluck then talked about acute kidney injury describing what it is, incidence rates and impact and the national programme – Think Kidneys. Dr Mike Jones described how working with care homes could change the status quo in respect of AKI. A question and answer session followed. These can be found at the end of this report.

Group Work Delegates in mixed professional groups were invited to discuss and feedback their thoughts on

1. What motivates / influences change in clinical / care practice in care homes?

Responses can be themed as

- Maintaining good standards for people – preventing / reducing hospital admissions and maintaining a good quality of life and making a difference for people
- Finances and funding, budget restrictions (more for less)
- Education and training, sharing best practice, use of non-clinical case studies of client experience and understanding the benefits of change for all involved
- Reducing variability and developing benchmarks for performance
- National and local legal obligations
- Proactive management and excellent communication
- National campaign
- The GP surgery with which clients are registered
- Planned training with clinicians involved
- Encouragement to be forward thinking
- Family wishes and input

- Health and safety and responses to incident reporting
- Care Quality Commission and regulators
- CCG
- Media and voluntary sector e.g. Age UK
- Good news stories

2. What are the greatest challenges you face in care homes?

Challenges were reported as

- Staff challenges - continuity of care, staff turnover, recruitment and retention, staff ratios and time for preventative care, pressure on staff, engaging with staff, feeling undervalued, respect for capacity of work e.g. choice and risk
- Staff training – releasing staff for training, fear of paperwork, negative attitude, impact of lack of training on turnover
- The role of other agencies – quality of GP support, unrealistic expectations of family, issues of discharge, multidisciplinary work and agencies, and a lack of integration of services
- Use of care bundles, complexity of caring for clients

Getting it right for Nellie – an interactive session looking at how clients in care homes may be at risk of AKI and what to do and not do to care for them. This was presented by GP, Dr Rajib Pal.

Group Work 2 – delegates worked in the same groups on 3 questions. Responses are themed below

3. What resources do care home staff need to help them manage AKI?

- Top tips / dos and don'ts / tool to help identify high risk residents, signposting for where to go for advice, simple care bundle, early warning / risk card, a responsive pathway with access to medically trained resources
- De-medicalised case studies – non-clinical and written for 'care'
- Training – good quality training with key messages, 10 minute power training
- Continuity from professionals – all saying the same thing
- Care Home Forum input
- AKI 'champion' scheme

4. How do we engage and educate staff?

Suggestions included

- Make sure we pitch messages / training at the right level and tailored for different situations, understanding the benefits and that catching the problem quickly makes life easier for staff and the client
- Training - ten minute power training, certified e-learning, very accessible, care certificate revalidation, uncomplicated,
- Embed training in team meeting/supervision/induction
- Ask staff what they think would work
- Link to other events, programmes and initiatives – hydration week, World Kidney Day etc.
- Educate residents and relatives and involve them
- Promotion of good ideas that come from staff

- Use different media to get the message across – internet, video case studies, patient stories, social media, posters, leaflets

5. What do you need from the Think Kidneys programme?

- An AKI campaign making use of different media, good practice awards, World Kidney Day
- Education and training - accredited resource /certificated - linked in with CQC and including minimum standards expected and involving GPs and all health professionals
- AKI Champions to promote, educate and support staff – champion pack of materials
- Materials – which need to be simple, fun, memorable, multi-format, visual
 - flow chart – simple no jargon traffic light system for risk, symptoms and action
 - care bundle for care homes
 - monitoring form – to include key symptoms (tick boxes)
 - Certificates for accreditation
 - Badge and pledge
 - Maybe AKI game or quiz
 - Stories, short films on social media
 - Top tips (e.g. Have a Sip)
 - CCG shared best practice show case to cascade
 - App
 - Forum or hub to share practice and resources
 - AKI slide deck re care homes for boards
 - Posters – possibly link to World Kidney Day
 - Whiteboard sticker
 - Toolkit providing a package of good practice
 - Client / carer / relative information leaflet
- Consistency of information and leadership
- Leadership

Towards the end of the day we had an open mic session so that delegates could raise topics they felt hadn't been addressed or ask questions of our speaker or other delegates. These are listed below.

Q&As from the day

Q1 A question for the Essex PROSPER programme team - How did you engage the care homes in the programme?

We didn't have to try very hard, mostly due to engagement through My Home Life. We also attended My Home Life network meetings – for example the Manager Network meetings. Care homes have been very willing to get involved due to practical challenges involved in managing things like UTIs, falls and pressure ulcers. The care homes were very keen to receive help and support to prevent those things from happening to clients.

Q2 Asked of the Essex PROSPER team - Who delivers the training in the care homes?

Initially City University London for first cohort and the training was based on quality improvement methodology which had to be adapted for care home settings rather than health. Quality improvement teams worked to make it more relevant and they collected ideas from care homes. Team now deliver training. Most of which includes practical examples – keeping it real for staff. The training provides the theory, backed up with relevant areas from care homes. We have been working with the lead nurse for palliative and end of life care in care homes to ensure the training is suitable for the homes. We have been sure to pitch the training at the right level.

Q3 Asked of Richard Fluck – how do we improve communication between primary and secondary care?

Communication is essential. Today's event was requested by board members who work in primary care, in CCGs. We need to develop communication through the boards working together and taking time with strong leadership and champions.

An off-shoot of this work is the work currently being done around discharge documentation and the information supplied to wherever the patient is going.

Q4 How is the Essex programme funded and what is the cost? Do the care homes have to pay?

We received Health Foundation funding of £250k for this work. Essex County has 271 older people care homes so funding has been spread very thinly. But the care homes do not have to pay. Their time is seen as their cost. We have been running Prosper Champion study days which care home staff attend.

Q5 Richard, you mentioned collecting data on AKI – will it be published?

Yes, data will be built into a regular report from the UK Renal Registry on a national level. This will be produced in a way that CCGs and others can access and look at. The UK Renal Registry plans to report and include analysis which will show variation etc. The improvement bodies will be able to use the data to identify variation and drive improvement.

Q6 Essex – how long did it take to get the programme started?

We spent the first 6-8 months talking to providers about the project and the benefits of it. This enables us to get people on side and they were then willing to work with the team. We also used opportunities at other meetings, for example infection control networks.

Julienne – There has been huge investment by Essex County Council in working with care homes. At one stage they were only commissioning homes which had been through My Care Homes programme. They made use links, for example to Patient Safety for the work on falls. And they made use of simple solutions to challenges.

Kieran from Essex advised anyone who wants to work with care homes to listen to the staff to get the feedback which will enable you to work with them and empower them to achieve their goals.

Comment: There are still a lot of risks in care homes including sepsis and AKI. Empowering staff – use of My Care Homes and Prosper is helping – and I'm thinking about how this can be transferred to my locality.

Q7 I can see you need passion to do this – and that needs resourcing. How can I access resources to start getting care home managers engaged and thinking about it? Is there somewhere I can go to find resources?

Link to Patient Safety Collaborative

My Home Life website has resources – and there is now the possibility of linking with Think Kidneys

Q8 This is a plea – can Think Kidneys join with other programmes of work so it isn't working in isolation?

The Essex programme is doing this and making link and connections rather than working on topics in isolation. National weeks are helpful in raising awareness, for example a 'Stop the Pressure' event was instrumental for raising awareness.

Comment I just want to repeat the need for alignment of this work with other pieces of work which are happening so that it's not piecemeal or duplicating effort when some of the same principles will apply.

Closing the Day

Richard presented his 'kitty in a blender' (see slides if you missed it) and thank everyone for taking part in the discussions and getting involved in the day. Think Kidneys will be taking this work forward and Richard invited anyone interested in working with us to contact us. Next steps include looking at what is needed from Think Kidneys, establishing and working group and getting going.

Evaluation of the day

Thanks to delegates who completed the online survey to provide feedback on the workshop. Results are listed below and we will take account of all comments for planning our future work.

We asked delegates to score the programme 0 = very poor 5 = excellent

37% gave a score of 4

63% gave a score of 5

We asked how the workshop have been improved ?

These are some of the comments

- Very informative day I do not think it could have been improved
- Workshop had the right balance of information so far then the opportunity to explore for care home sector
- I feel this was a very informative course, well-structured and a good mix of resources would have been nice if applicable to have a discussion about the next step
- Only the room - I couldn't see the slides from where I was sitting and it felt rather crowded - otherwise excellent
- Presentation on CCG/ Care homes relationships and responsibilities
- Possibly mixing up the groups a little more for the group work areas to provide fresh perspectives
- Presentations rushed. More details on AKI and resources available to prevent, detect and treat
- More care home input especially big chains
- Would have been good if more care home staff were there, I know that this is difficult, but maybe how the original invitation was worded could have been more explicit?
- More group work and opportunity to discuss more
- Could be simplified for non clinical attendees

What, from your perspective, needs to happen next?

- Publish data on incidence of AKI in care homes
- Produce tools to help CCGs to engage with care homes on this topic
- Think Kidneys to develop a focussed care home section on the website and to consider writing a strategy that could be utilised by commissioners
- Establish the best way to implement Think Kidneys within the care homes.
- More engagement NHSE/AHSN/LAs
- The table discussions are shared and resources where possible are made available.
- An education toolkit is also made available for care homes to access
- The group to be used as a reference group for any resources that the team produce.
- Share information being developed on care homes and the key messages and materials before release.
- I feel it would be valuable to meet up again or have a feedback session as to what is happening next, and how we can filter through to our staff team.
- Regular updates from Think Kidneys and more workshops to discuss and shape

We asked delegates to rate the event overall (0 being very poor, 5 being excellent)

31% gave a score of 4

69% gave a score of 5

Link to the slides – the slides for the presentations for the day are available [here](#)

Thank you for your participation in the workshop. If you would like to be involved in further work on Think Kidneys in care homes please contact us at thinkkidneys@renalregistry.nhs.uk