

Care Home

Direct Enhanced Service



Tower Hamlets Report

August 2022

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# Introduction



**Healthwatch Tower Hamlets** is your local health and social care champion. From Bethnal Green to Blackwall and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



## **Background to the project**

Healthwatch across North East London came together to deliver this additionally commissioned project seeking insight into GP services provided to Care Home residents, in each of the eight boroughs in the region. This project was commissioned by North East London Clinical Commissioning Group (NEL CCG), now known as NEL NHS.

## **Direct Enhanced Service**

Enhanced services are defined as primary medical services other than essential services, additional services or out-of-hours services. GPs are additionally funded to provide these services. There is a Direct Enhanced Service for Care Homes which provides services such as enhanced primary care and community care support, access to out of hours/urgent care when needed, multi-disciplinary team support, end-of-life care, home rounds, GP care plans and more.

# Context

**Tower Hamlets** has a population of 324,745. It is a relatively young borough – the number of older adults aged over 65 years is 20,859. While the borough has high levels of deprivation and high levels of health inequality; It is also one of the most vibrant and diverse communities in the UK. More than two-thirds of our population belong to a minority ethnic group and we are the sixteenth most ethnically diverse local authority in England with almost 140 languages spoken in our schools. People value the rich cultural offer that comes with this mix, and the new opportunities to celebrate this diversity that we have worked hard to create.

Over the past three decades the population has more than doubled and currently sits at over 300,000, with a projected population of over 380,000 by 2030.

Tower Hamlets has significant levels of serious mental illness together with high numbers of people living with common mental health disorders and high levels of socio-economic deprivation, in particular child poverty, which leads to significant risks to mental health. GP registers show that the adult population in Tower Hamlets has higher levels of severe mental illness (1.34%, 4527 patients) than London or England along with significant levels of common mental health issues.

Tower Hamlets has an estimated 4,848 people aged 18 and over who have learning disability.

## Care homes

Tower Hamlets aims to support people to maintain their independence at home and in the community. Admissions to residential and nursing care are generally low and the numbers of those supported at home are high. There is very limited residential and nursing home provision within the borough (308 units for older people and 44 for people who have a learning disability or mental ill health). As of 30 April 2020, 328 people aged over 65 were placed by the borough in residential and nursing care homes, of which 192 (59%) were placed out of borough. There were 136 people placed in borough 33 were placed in nursing care and 103 in residential care.

There are 10 care homes registered with the Care Quality Commission (CQC), offering places for up to 352 people in Tower Hamlets. This includes:

- 90 units of nursing care – one home
- 75 units of residential / nursing care – one home

- 143 units of residential care – three homes
- 20 units of mental health accommodation – two homes
- 10 units of mental health and learning disability accommodation – one home
- 7 units of learning disability accommodation – one home
- 7 units of learning disability respite accommodation – one home

The borough directly commissions the five nursing and residential homes and the two learning disability specific schemes; the other three homes are accessed by the borough on a spot purchase basis. Of the five older persons' care homes, one is rated as outstanding, two are rated as good and two require improvement.

### **Methodology**

Admin and Information Officer, Rahima Qadir, led on delivery of this project contacting Care Homes in Tower Hamlets and carrying out telephone interviews with the Care Home Manager, in order to complete the surveys. This work was carried out over a number of weeks in May and June with successive attempts to communicate with each care home made.

Telephone interviews/surveys took approximately 1 hour each to complete.

Staff spent approximately 20 hours attempting to engage care homes and in setting up and carrying out interviews.

Additional staff resources went into several planning and preparation meetings and into report writing.

In Tower Hamlets we were able to talk with 5 of the 10 Care Homes in the borough.

<b>Completed Survey</b>	<b>Did not respond</b>
Aspen Court Nursing Home	Royal Mencap Society - Huddleston Close
Coxley House	Toby Lodge
Beaumont Court Care Home	Silk Court Care Home
Approach Lodge	Hawthorn Green Residential and Nursing Home
Westport Care Home	Hotel in the Park

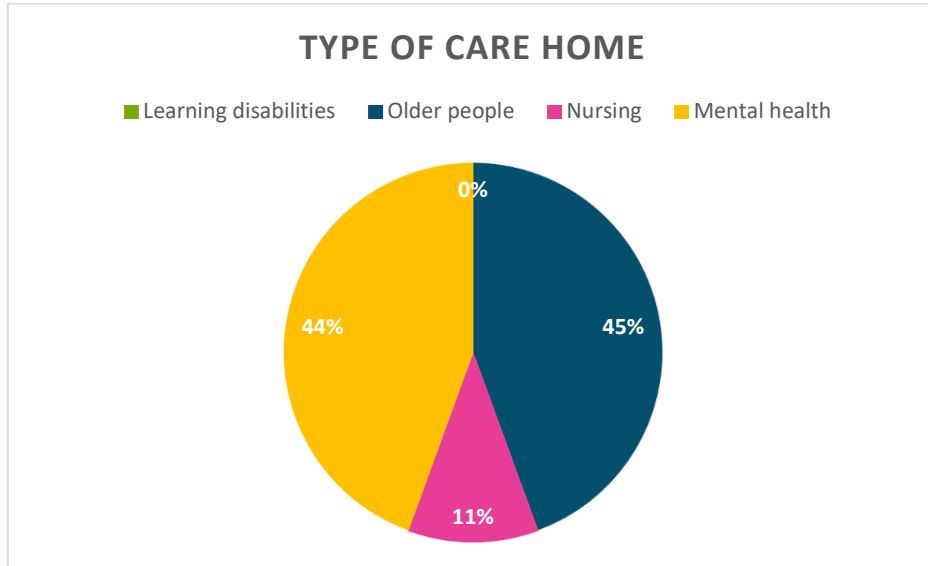
**Limitations**

Despite several calls and emails sent during May and June only 5 (out of a possible 10) responded and participated in the survey. The survey results highlighted in this report must be viewed with this in mind.

Barriers to care home engagement included, being informed the Care Home Manager is largely offsite, Managers being on leave and some homes/managers simply not responding to calls, messages and emails, despite the repeated attempts made.

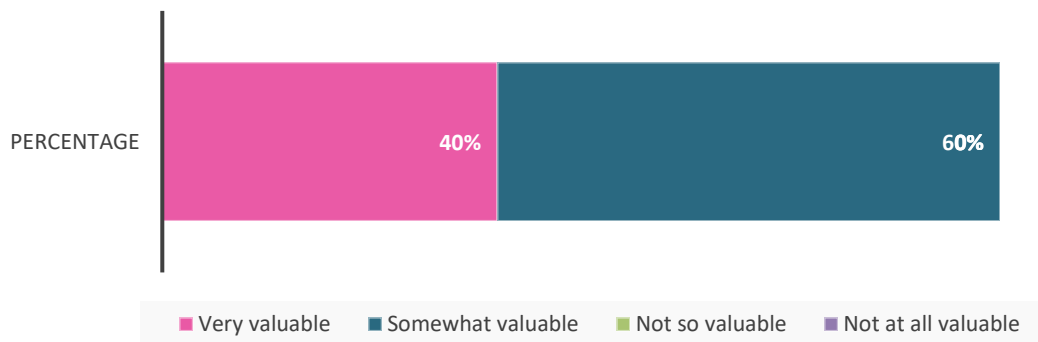
We would like to thank Aspen Court, Coxley House, Beaumont Court Care Home, Approach Lodge and Westport Care Home for their engagement in this project and the time they took to speak with us and answer our survey questions comprehensively.

# General information



Two care homes we spoke to provide care for older people, two for mental health and one for older people, mental health and nursing care.

## How valuable is the DES



 All care homes found the DES somewhat valuable or very valuable

## Comments

*The remote digital monitoring of the vitals, the national early morning signs is not working well, although they had all the equipment in place. The GP's were very slow in uploading patient details onto the system. When all of that was eventually done, managers faced internet connection problems with ongoing issues...going forward this is something they will be implementing once the internet situation is sorted. They hope to have all the access details. They feel that having a system will help them on picking up on national morning signs and not wait around for GP's rather all of the details will be on the system for key staff members to access and implement in case there is an emergency situation.*

*If anything that could be improved is the communication, would be good to have face to face interactions.*

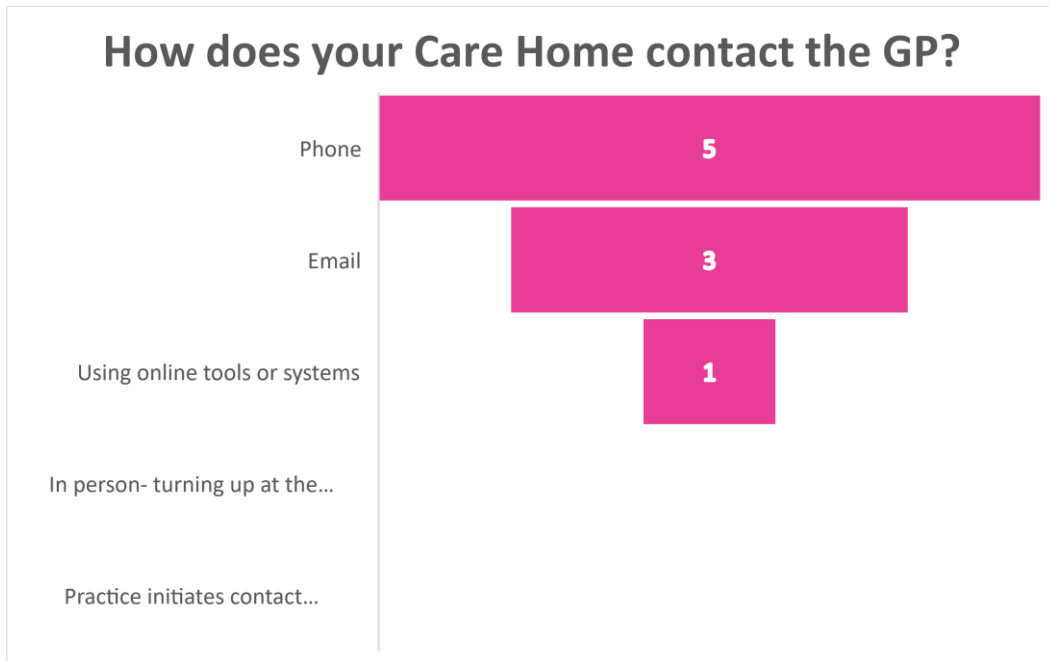
*Can be improved, however I know it's an NHS service and understand that the NHS is under a lot of pressure.*

*Dr X goes above and beyond to support us especially when there is a concern around a resident suffering from their physical health, I don't see the same passion in the other doctors. Where Dr X goes out of her way and really cares for them. They need to be more organised in their reviews for example their Annual reviews-we have always chase the medication reviews they should be more organised. Delays on putting patient information on the remote digital system, we have a resident come in January it's June now and he is still not on the system as the GP team are very slow with these things.*

*[We would like] a nurse to visit once a week.*



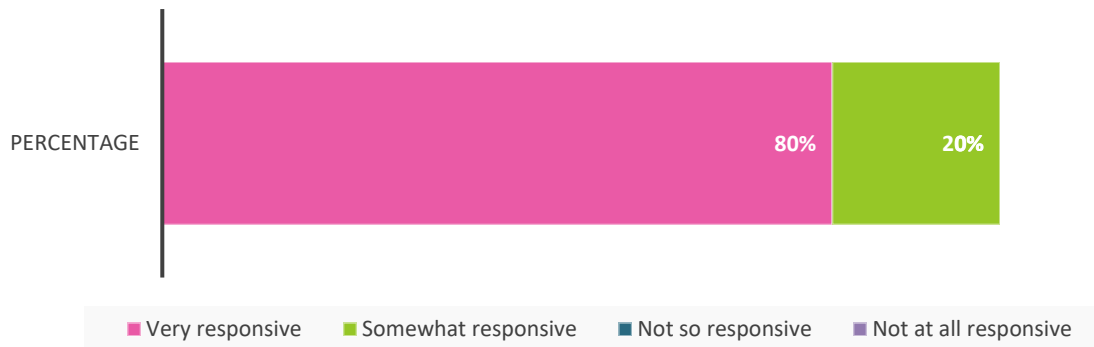
# Communication



All care homes are able to contact by telephone, three also contact via email and one via online tools.

If services are needed out of hours **one** care home has an **emergency phone number** they can call. None of the care homes we spoke with mentioned use of 111, 999, GP Hub, OOO GP Hub, Community Treatment Team, Rapid Response Team or leaving a message (these were the other options provided within the survey).

## How responsive is your GP?



### Comments

*The GP is easy to access, when we require her input she is always responsive.*

*Dr X is always very responsive, other GP's there are not always responsive*

*If there are issues that need immediate attention, the GP will come in person.*

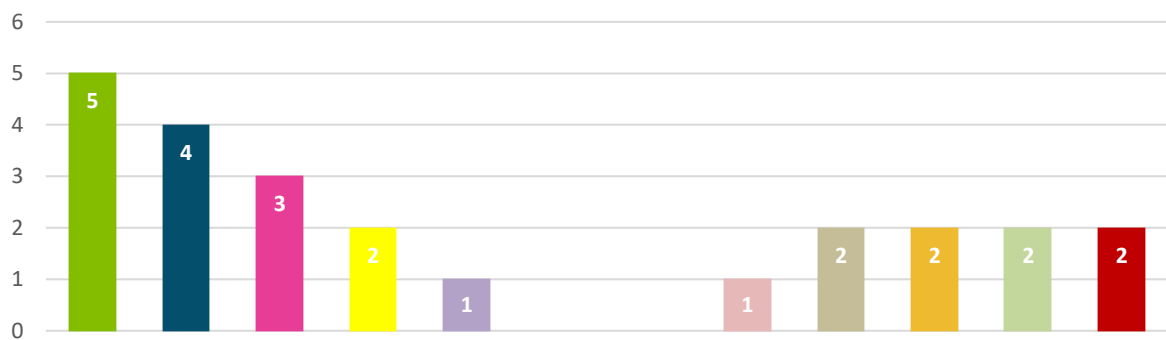
*We had a patient-with a failed discharge. Resident was left waiting and became restless GP was available straight away to assist, give advice on what to do.*

# Provision



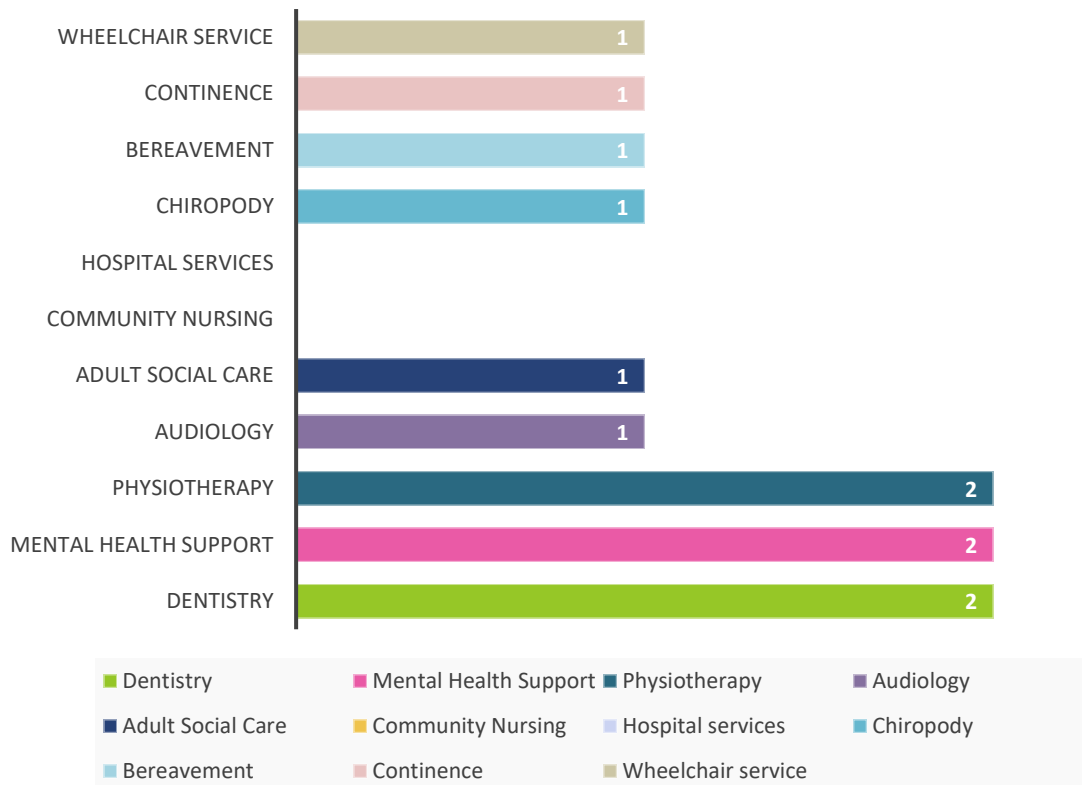
## Things provided by the DES

- Support in the event of deterioration in a resident’s health
- GP available to provide advice to care home staff re: resident care
- Review of all chronic diseases
- Comprehensive assesment of new residents- in person
- Creation of an urgent care plan
- Pro-active review of care plans following emergency admission
- Face to face assessment of all residents- quarterly
- Quarterly assessment of all residents- online rather than in person
- Face to face assessment of all residents- more often than quarterly
- Face to face assessment of all residents- every 6 months
- Face to face assessment of all residents- annually



The most common provision of service from the DES is **support in a situation of deteriorating health, advice to staff, and review of chronic disease.**

## Issues accessing services



Issues were identified around accessing a range of services for residents with **physiotherapy, mental health support** and **dentistry** receiving the highest scores.

### Other service offered by the DES



1 Care Home mentioned Vaccination as an additional service they had received from the DES, 1 identified end of life and 1 identified Physiotherapy/Occupational Therapy

## **Comments**

*Quarterly face to face assessments to all residents have been done over Zoom.*

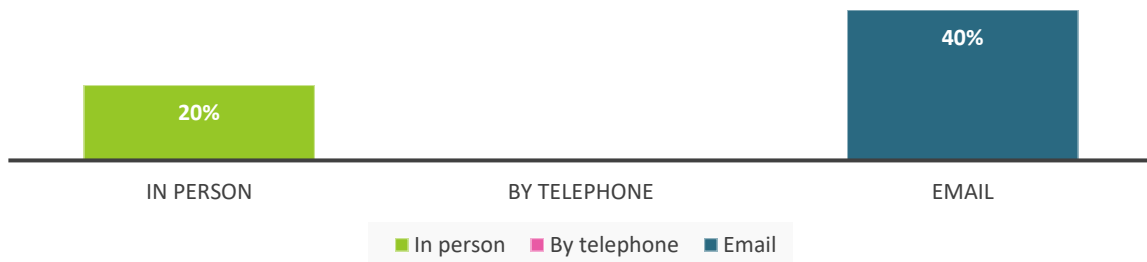
*Care coordinators are always leaving, we need a dentistry services onsite as we have MH patients it's really hard to take them off site. Hard for us to track and trace services.*

*They were very fast and prompt with the roll out and administration on the Covid vaccinations/boosters for the residents in the care home.*

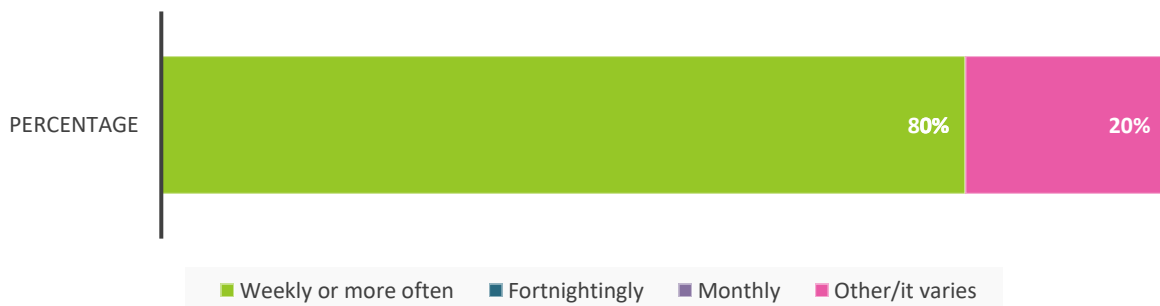
# Home Rounds



## How are home rounds carried out?

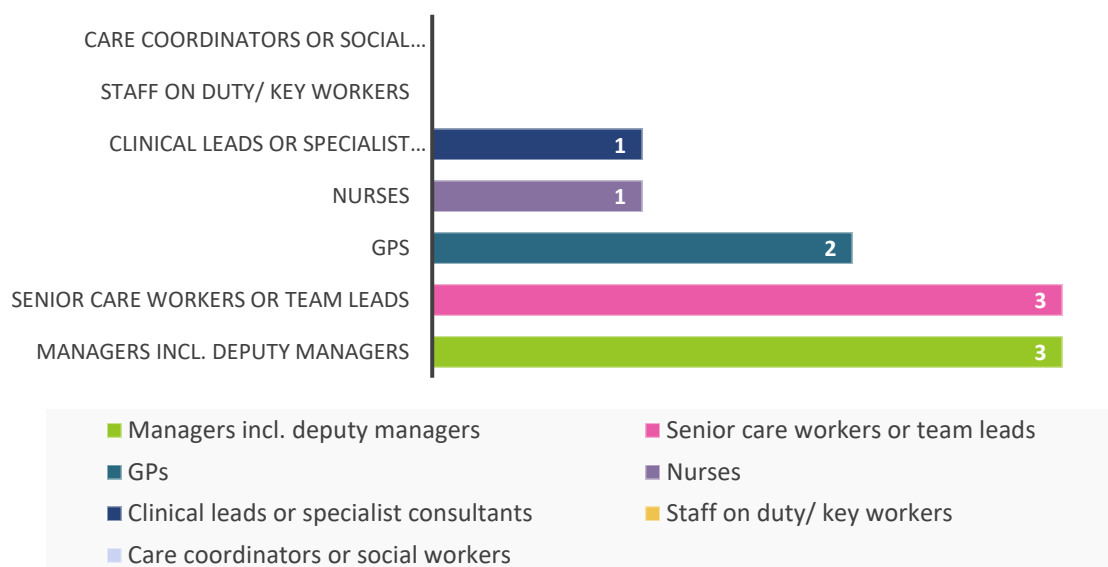



## How often do home rounds happen?




- All Care Homes highlighted that rounds were carried out 'as frequent as needed'.
- All Care Homes expressed that they were comfortable contacting the GP outside of home rounds.

## Staff involved in home round discussions



 3 of 5 Care Homes responded that families were allowed to take part in rounds.

 3 of 5 Care Homes responded that conversations took place with the resident and their families about the outcomes.

### Comments

*If residents are presenting signs of ill health or need attention, then their names are added on the list and sent to Dr X. Medication lists are provided a few days before the visit.*

*The nurses will flag any issues for example concerns they may have of the residents. Otherwise, resident names are added onto the GP list.*

*Any concerns beyond the Care Home manager, I reach out to the clinical lead/GP.*

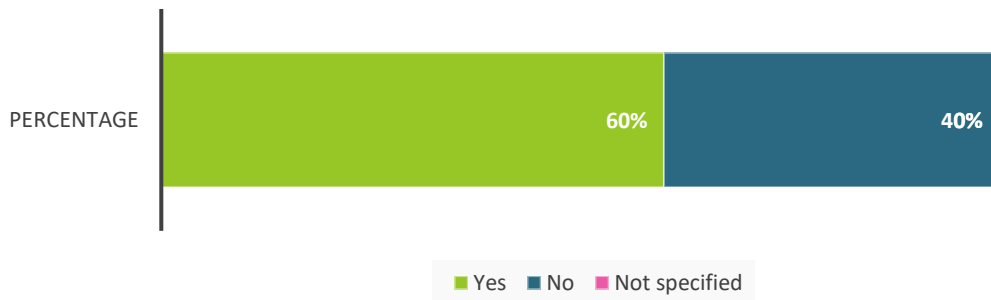
*GP is very involved with family, family are able to contact the GP and discuss any concerns and issues they may have.*

*I have observed that residents do talk about their aspirations and goals, along with mental health reviews.*

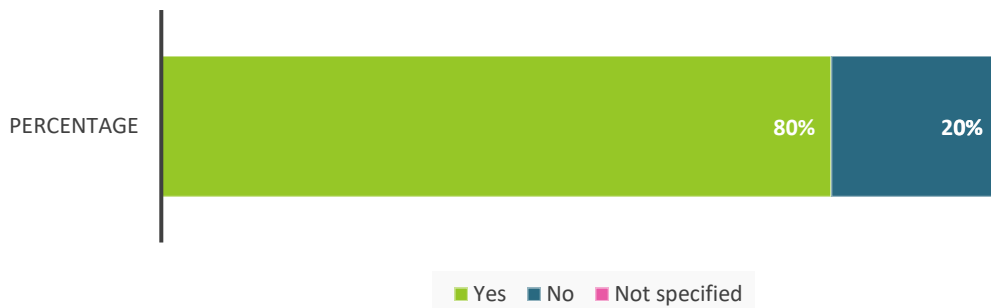
# Multi-Disciplinary Teams



Are care home staff involved in MDT meetings?

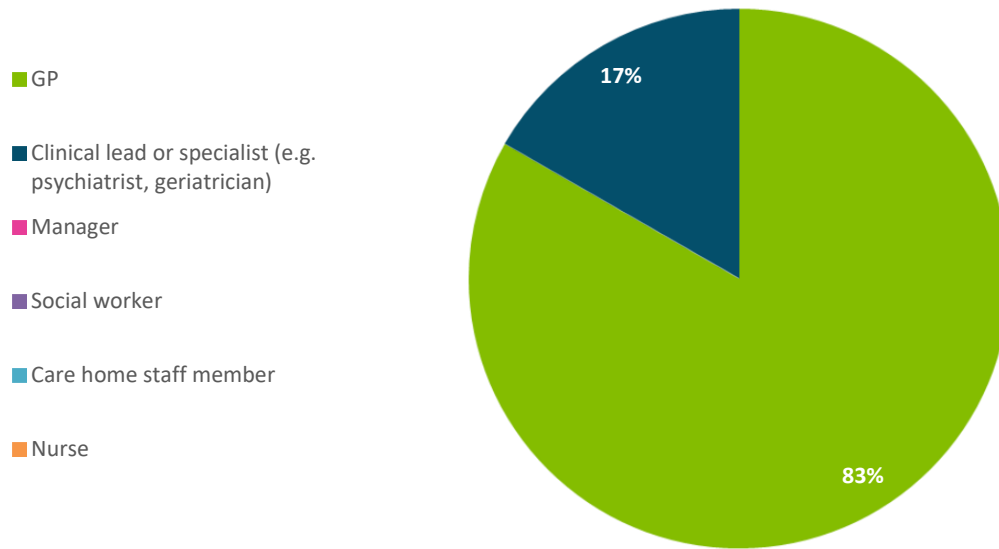


Do MDT meeting including other specialists?

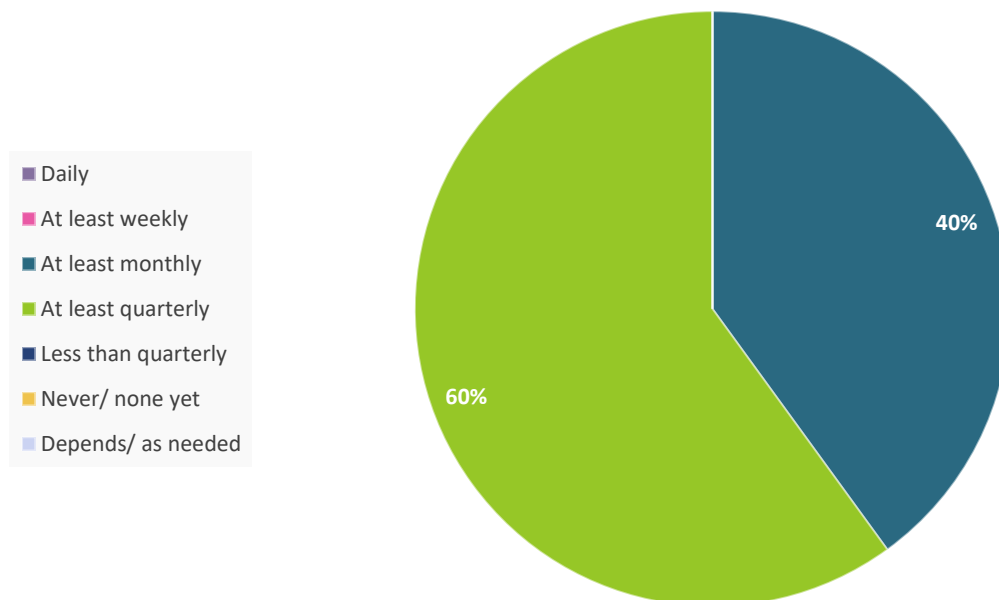




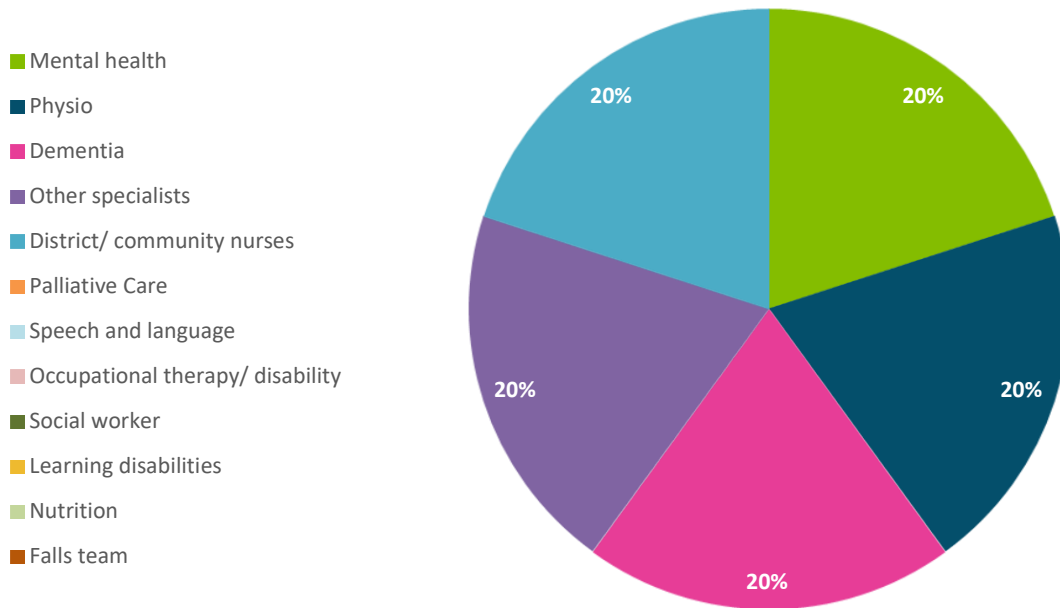
## Who leads the MDT meeting?



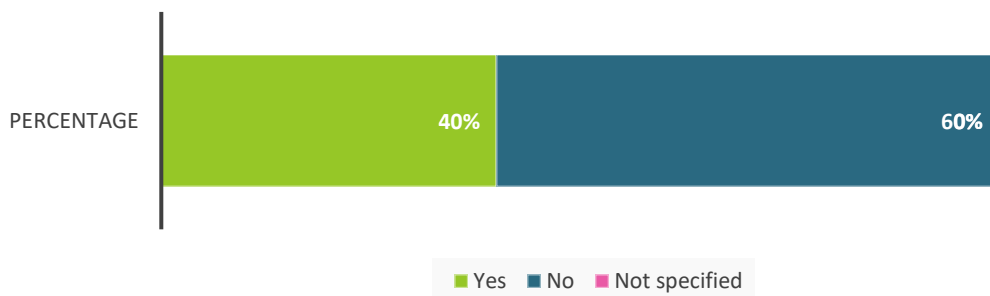
## How often are MDT meetings?



## MDT meetings by topic/ specialty



## Do residents have GP care plans in place?



During the course of the interviews, it was clear different terms are used by Care Home Managers and the NHS - for example, GP Care plans are sometimes understood as the Home Care plan rather than the GP directed plan. This difference in language means that we might be left uncertain as to what level of service is actually being provided and is an area to be investigated further.

## **Comments**

*Only the Deputy Manager and Team Lead are involved in the MDT meeting. Care staff are not involved in MDT meetings, however they report all issues or concerns to the Deputy Manger.*

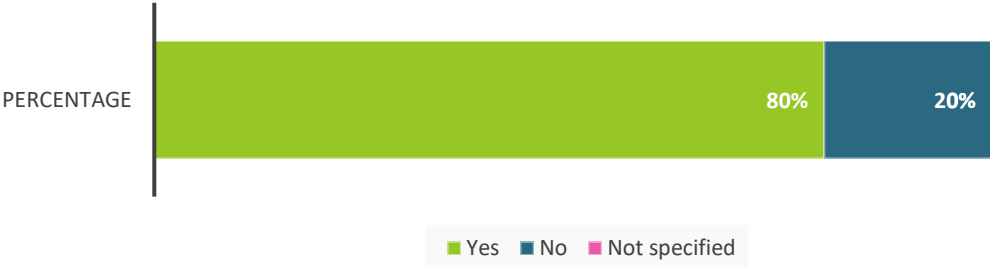
*All staff are expected flag any concerns and to incorporate what the doctors have put on the actions plans utilising patient information and action them accordingly.*

*MDT's do not happen often enough, not even once a month.*

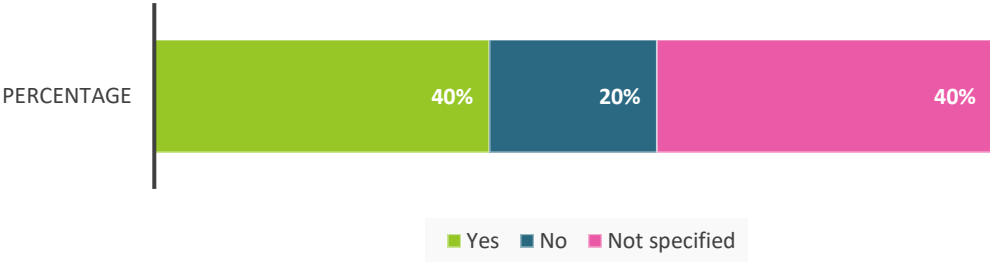
# Medicine



## Support with medication for residents

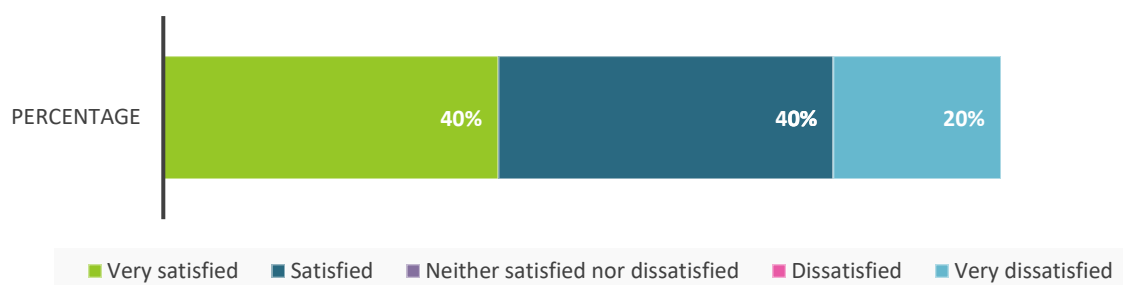


## Medication regularly reviewed



Of the two Care homes that said it was reviewed regularly, 1 specified it was reviewed at least 6 monthly and another at least yearly.

## Experience of pharmacy supplier



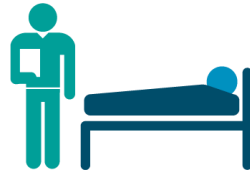
### Comments

*Information isn't always relayed on time [between the pharmacy and GP].*

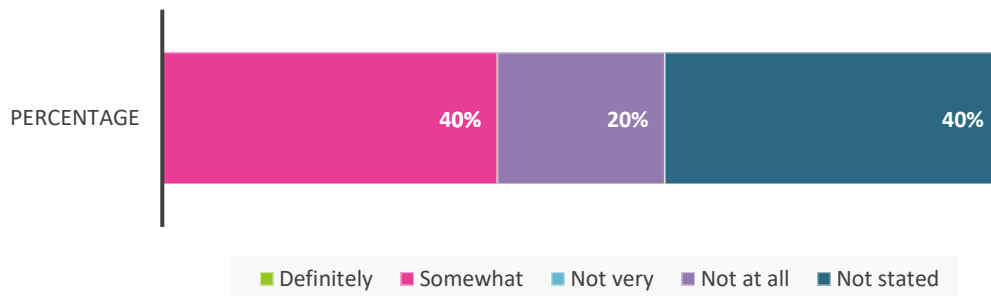
*The communication is very poor with the Pharmacy service, drivers take a long time to deliver items. Unable to get through to them on time- sometimes it can take upto an hour to get through left waiting on phone.*

*We use Boots the chemists, they are very prompt. They call us and give us updates, very responsive.*

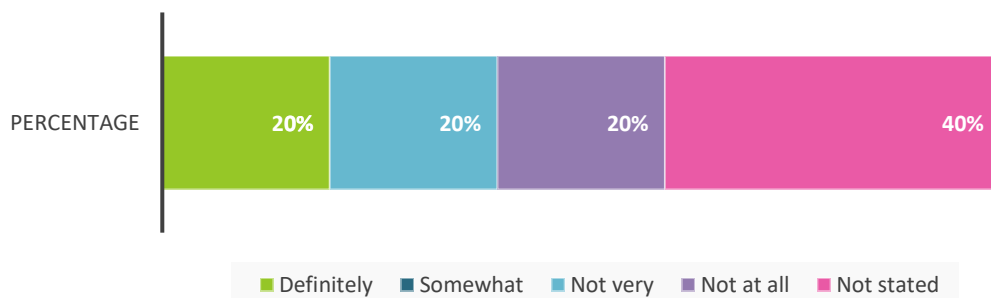
# End of life and after death



## Is end of life care supported by DES?



## Is after death care supported by DES?



### Comments

*We need much more training and conversations and input from the doctors. It's an area we feel needs a lot of attention. Advanced missions, End of Life CHALMS support services from GP when there is a resident suffering to debrief the team and give support around bereavement.*

# Community Insights System (CIS)



Alongside direct responses to survey questions (above sections), answers and comments to the survey were fed into the Community Insight System where they were independently coded and themes and sentiment applied. The data for Tower Hamlets shows that:

Overall the feedback on the DES was more positive than negative showing it is a valued service. (55% positive, 37% negative, 8% neutral)

Positive aspects/themes include: carer involvement, support, staff attitude, quality, security/conduct.

Negative aspects/themes include advice and information, registration and waiting list.

Mixed aspects/themes include user involvement, booking, medication

Quality and empathy was particularly apparent with 86% positivity.

Access to service was more negative with 56% negativity.

# Conclusion and recommendations

In Tower Hamlets the low number of responses from Care Home managers means that we are unable to draw any hard and fast conclusions. However, it is clear to see the areas that appear to be working well and those that may require improvement.

## What works well

- The DES is valued and GPs are responsive
- Largely medicines and support around medicines is working well
- Some care home staff and specialists are involved in MDT meeting
- Home rounds take place at regular intervals -weekly or more often and care homes are satisfied with this
- Families are involved in home rounds and are involved in conversations about outcomes
- Care homes know how to contact GPs outside of home rounds and out of hours/ in emergencies and find them responsive

## What needs improving

- Overall the DES does not appear to be delivering with only some areas of provision apparent.
- End of life support and after death support is lacking
- GP care plans are largely not in place and not recognised by care homes. There is a difference in use of language eg GP Care Plan vs Home Care Plan which is adding confusion around what is or is not being delivered in this area.
- Care home staff and other specialists are not always involved in MDT meetings
- Not all home rounds are carried out in person, most reported these taking place virtually/by email.
- Access to dentistry, mental health support and physiotherapy in particular is most lacking, but a range of services were additionally identified.



## **Recommendations**

For further assurance on the high priority issues within this area of service provision Healthwatch Tower Hamlets recommends that partners use this information locally to bring key partners together for a wider discussion on the Direct Enhanced Service in Tower Hamlets.

We recommend this discussion involves Care Home managers and wider staff members, the views of care home residents and participation of their family members, GPs involved in delivering the DES, those providing additional services to care homes eg physiotherapy, dentistry, and relevant commissioners.

The purpose of the meeting should be to discuss the findings of this report, alongside additional insights and expertise brought by the participants and agree the priority areas and related actions that can be taken forward by each agency to ensure a stronger and more efficient DES and health provision for care home residents.

The local jointly agreed priority areas should be additionally aligned to regional actions to ensure progress and integration of Tower Hamlets priorities within the region and the collaborative work taking place as a result of this survey carried out across Care Homes in North East London.