

Community insights on Care Homes



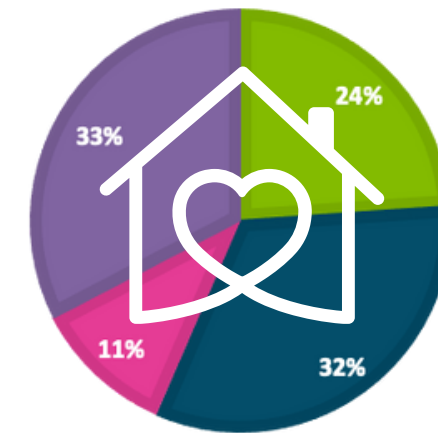
healthwatch
Waltham Forest



Care Homes and the Directed Enhanced Service



In the summer of 2022, we interviewed **22 care home managers** in Waltham Forest about their experience with their GP through the DES, and with other services used by their residents.



TYPE OF CARE HOME

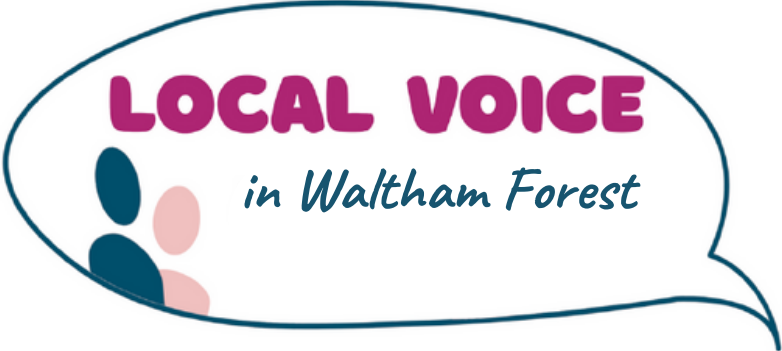
- Learning disabilities
- Older people
- Nursing
- Mental health

There are
38
care homes in
Waltham Forest.

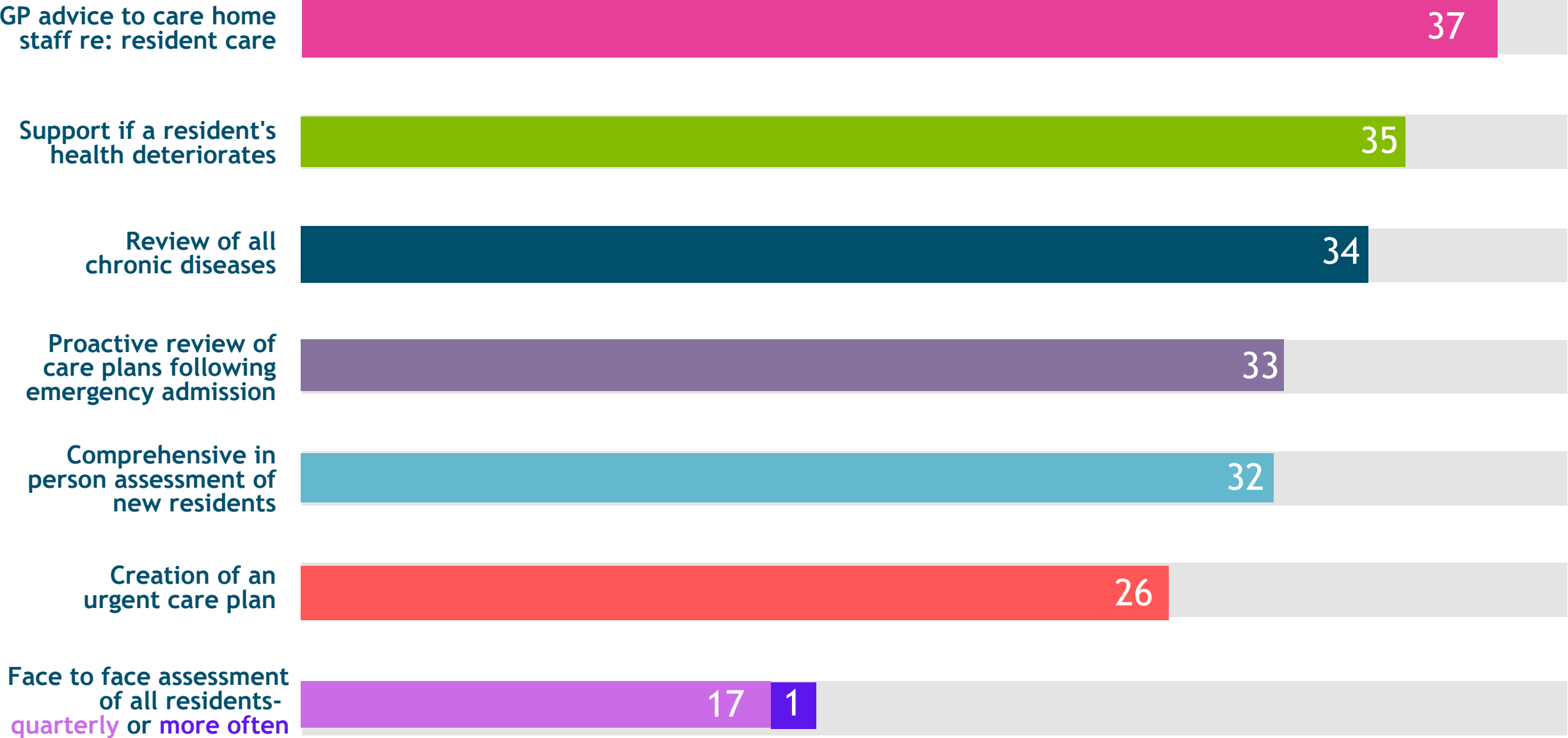
About the borough

- ➔ Waltham Forest's population is somewhat younger than the England average.
- ➔ Life expectancy in Waltham Forest is similar to England average.
- ➔ In the 2011 census, 5% of residents said their health was bad or very bad, and 7% said they had a life-limiting condition or disability.
- ➔ Waltham Forest is currently ranked 82nd most deprived borough nationally and 12th in London; improving, but with high levels of inequality.
- ➔ 53% of residents are from ethnic minorities; with large Eastern European (particularly Romanian) and Pakistani communities.
- ➔ According to the State of the Borough report 2021, people from ethnic minorities, especially Black ethnicities, are more likely to use mental health services or to be sectioned.

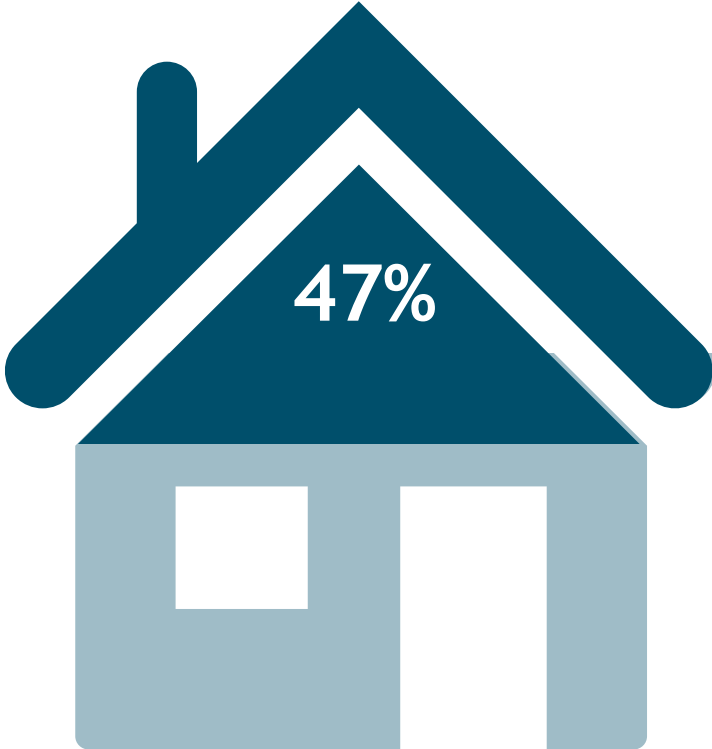
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Things provided by the DES



Care Homes where all elements of the DES are provided

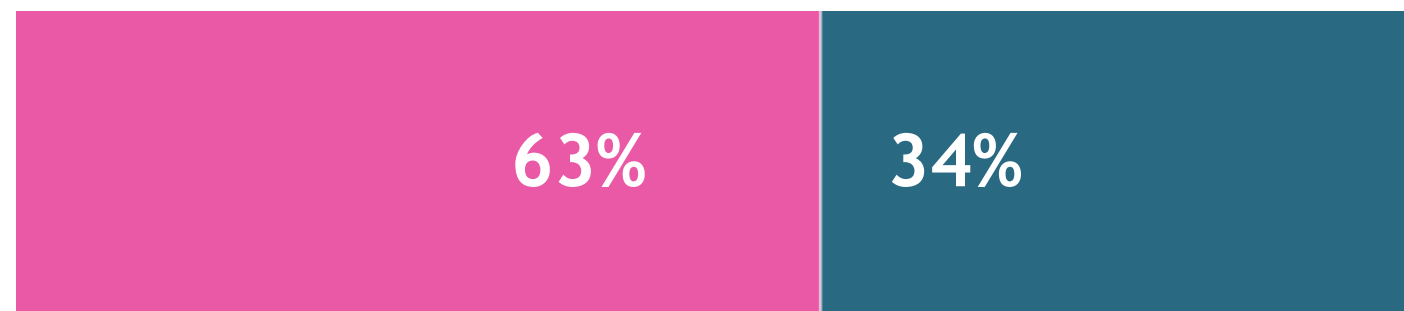


Other services offered



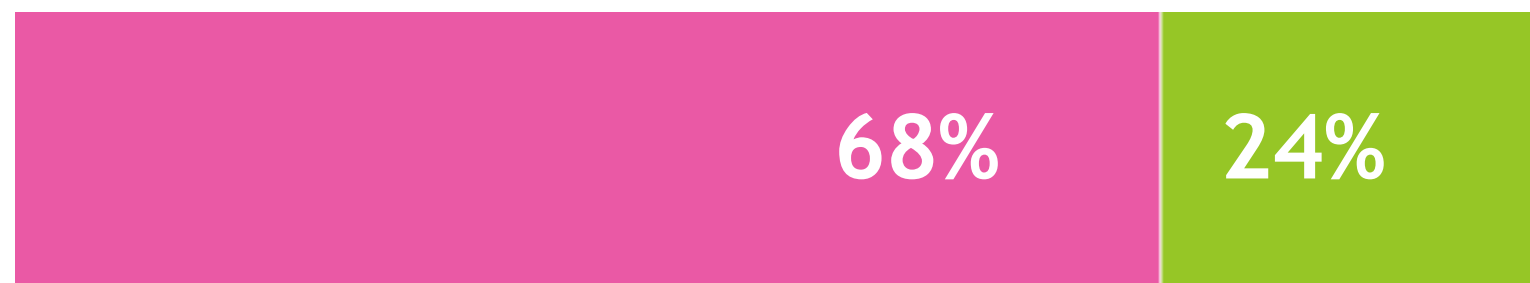
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How valuable is the DES?



Very valuable Somewhat valuable

How responsive is your GP?



Very responsive Somewhat responsive

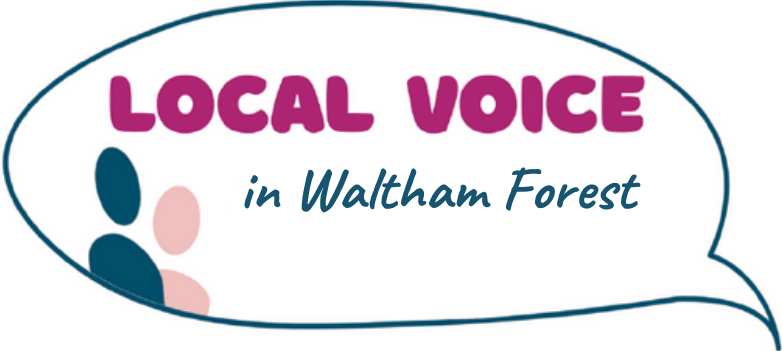
ALL practice managers interviewed found it **at least somewhat** valuable and the GP **at least somewhat** responsive.

"They work with us that is good. During the pandemic time we got a lot of information available for us and the guidance was very helpful."

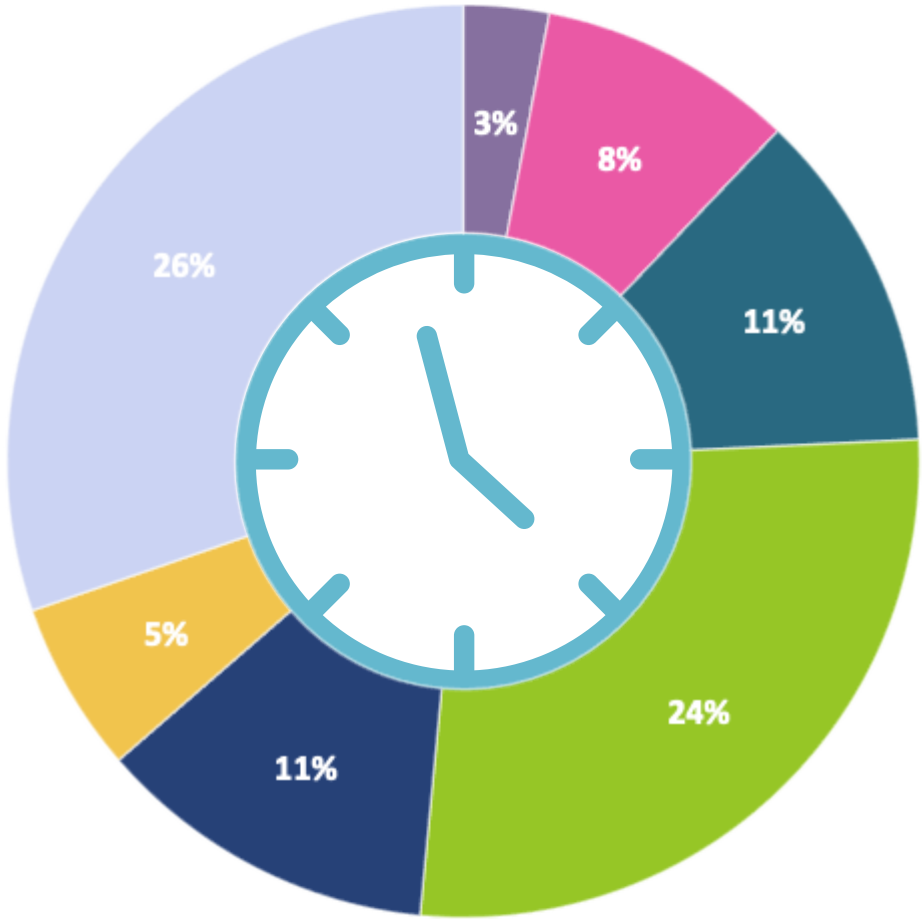
"They will go all out to get things done and respond to emails."

"30-40 min wait before getting through. We have to be tenacious in order to get an appointment for residents, sometimes having to call a few times to chase up for an appointment."

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How often do multidisciplinary team meetings (MDT) happen?



■ Daily
 ■ At least weekly
 ■ At least monthly
 ■ At least quarterly
■ Less than quarterly
 ■ Never/ none yet
 ■ Depends/ as needed

Multidisciplinary team meetings (MDT) are often used by staff members to bring up and discuss any concerns they have about residents' health.

"Staff members are always part of the MDT team and give their views about residents which are being supported about them."

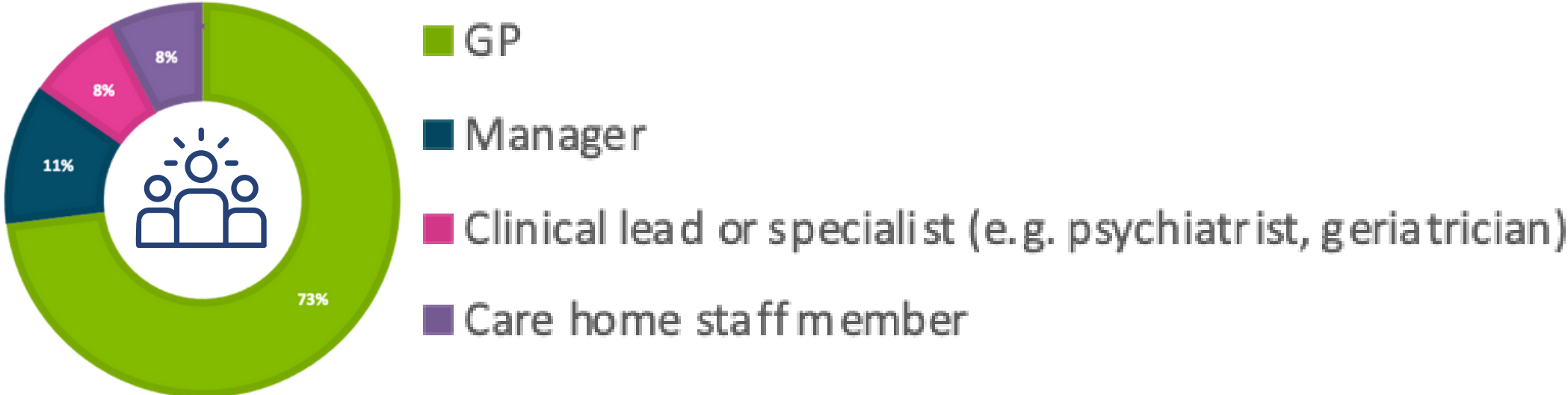
"There are still restrictions in place with covid so the staff members do not conduct big meetings. The staff can bring up issues that residents may have with specialists individually.."

"Staff raise concerns around issues including, clinical needs, changes to a resident's diet, potential pressure sores/ if a client had any upon returning from hospital, weight, changes to a client's regime etc"

"The staff can bring up activities the resident likes cause the staff are close to the resident."

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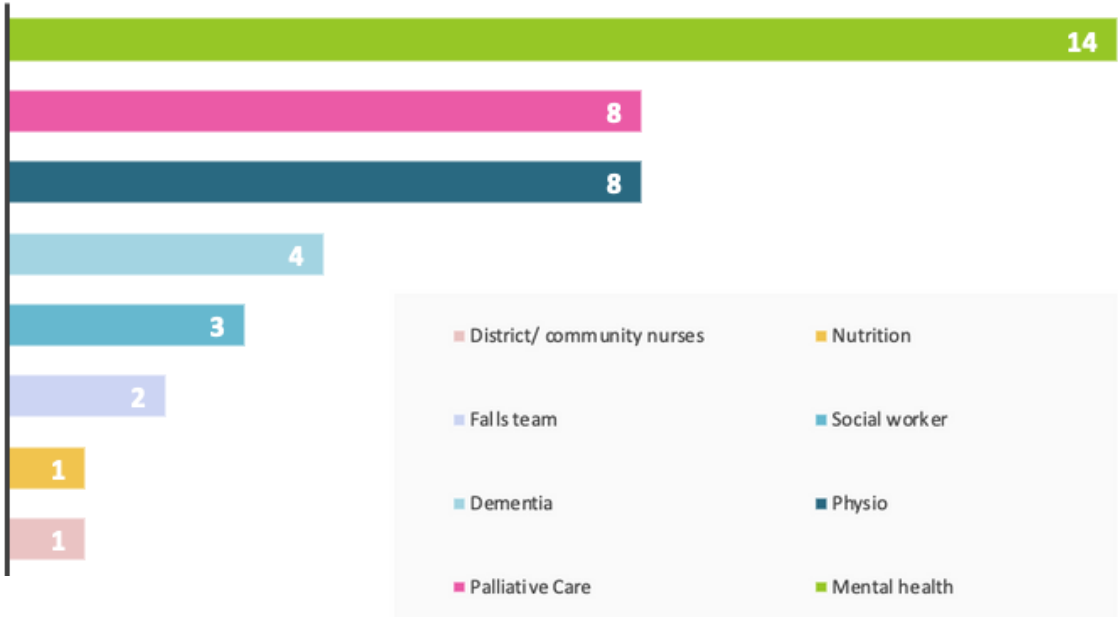
Who leads the multidisciplinary team meetings?



Are other specialists included?



MDTs by topic and specialty:

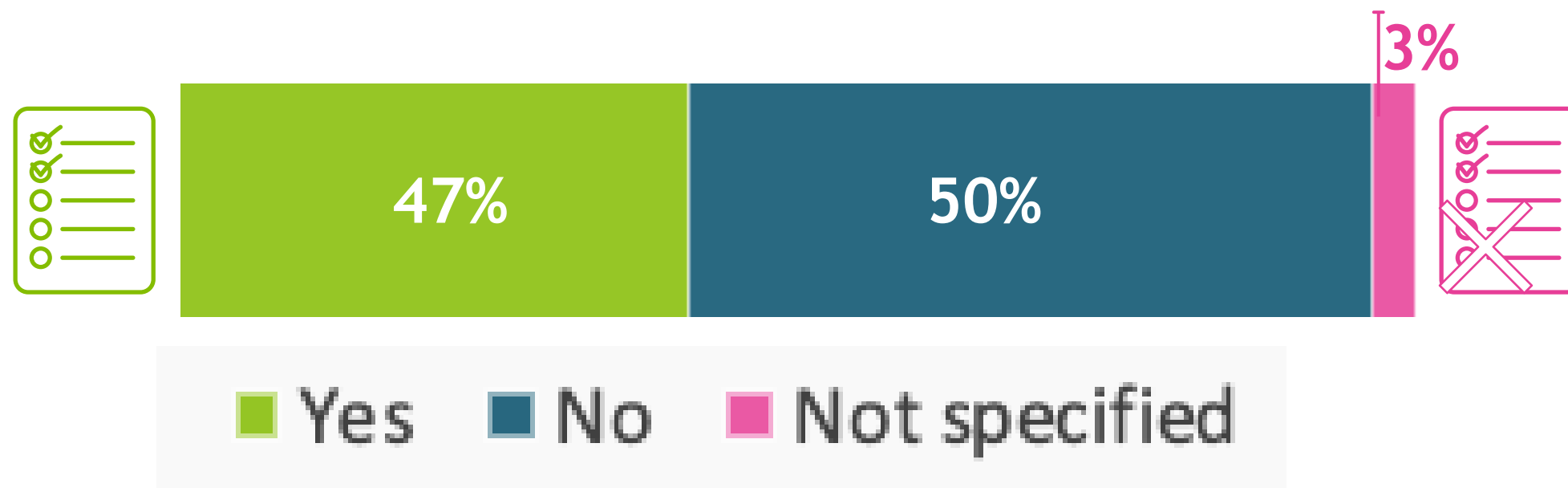


"It's all about when necessary. If the psychiatric team needs to be involved in a group they will come but most of the time they will come on their own."



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Do residents have GP care plans in place?



Wherever GP care plans existed, staff members were aware of them and of how to use them.

Some care homes store printed copies of GP care plans on paper, for staff members to use.

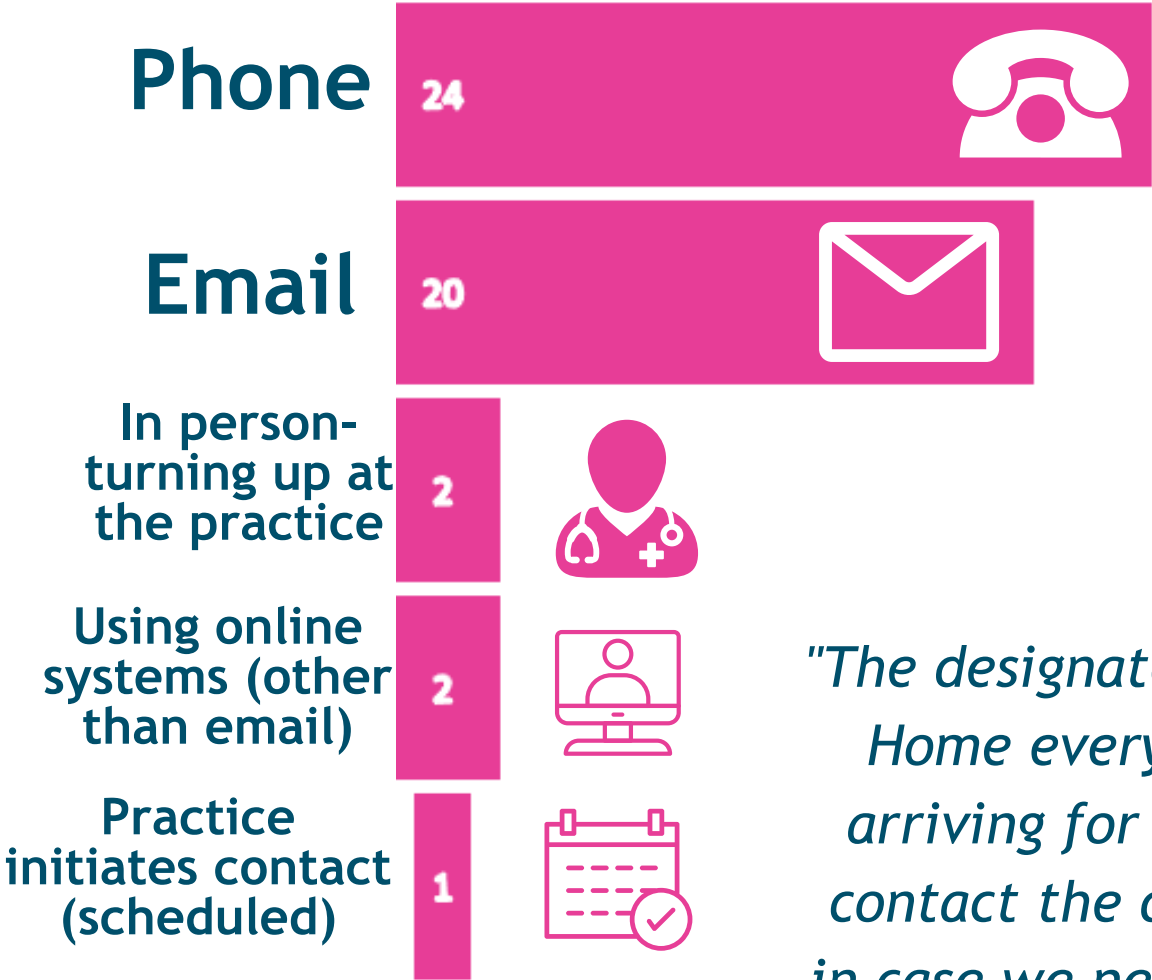
"All the staff are trained to read and understand the care plans. They are able to come and talk to me (care home manager) if they have any doubts."

"They will call the GP surgery and take it from them and use them."

"We have a print out of all the GP care plans. We discuss on every round the care plan and if anything has changed."

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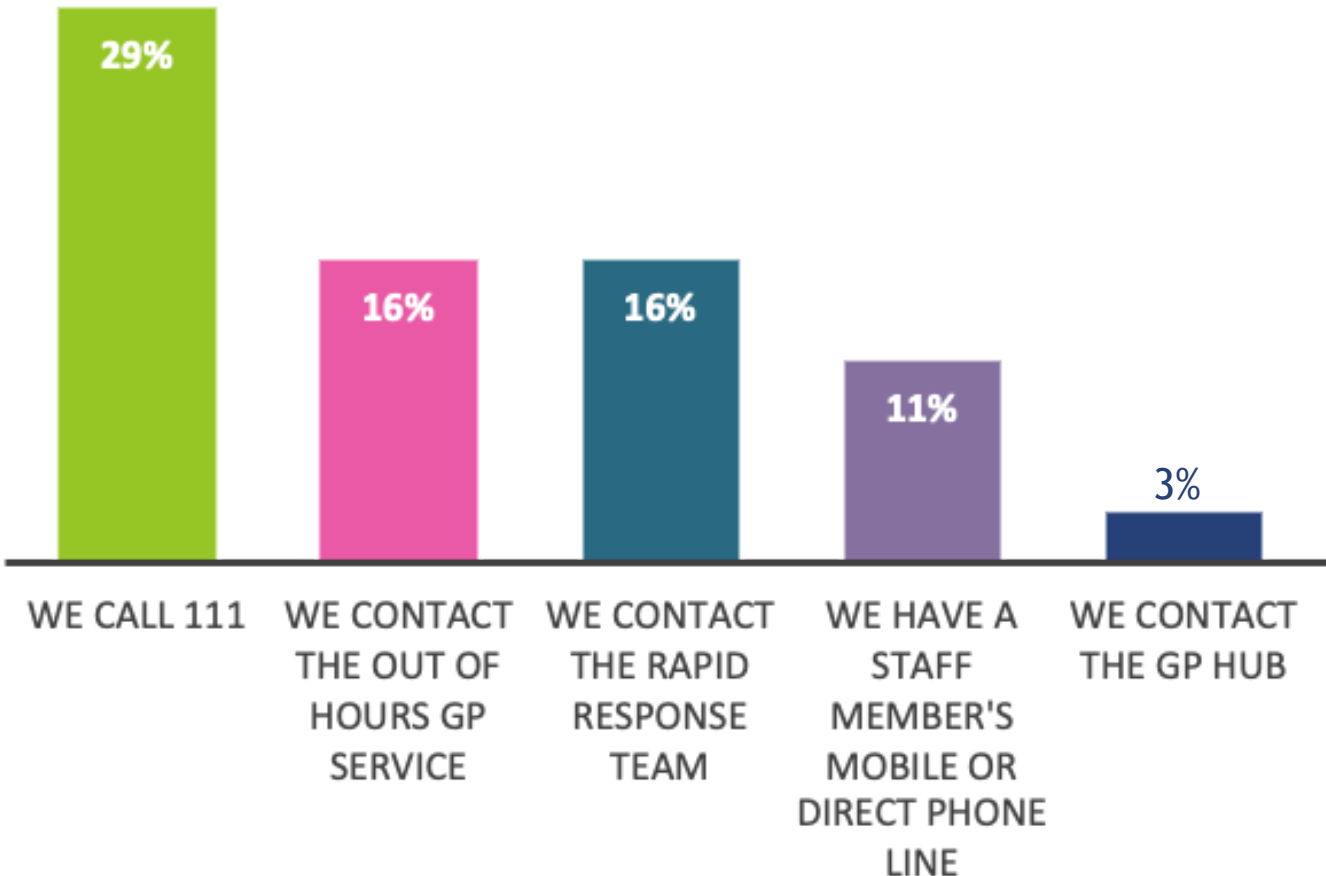
How do you contact your clinical lead?



"The designated GP calls the Care Home every Thursday before arriving for a home round. We contact the designated practice in case we need assistance out of hours and they usually call us back within half an hour."

What happens if services are needed out of hours?

"Out of hours we send an email and they get back to us. If we need in emergency then we call 111 to the NHS."

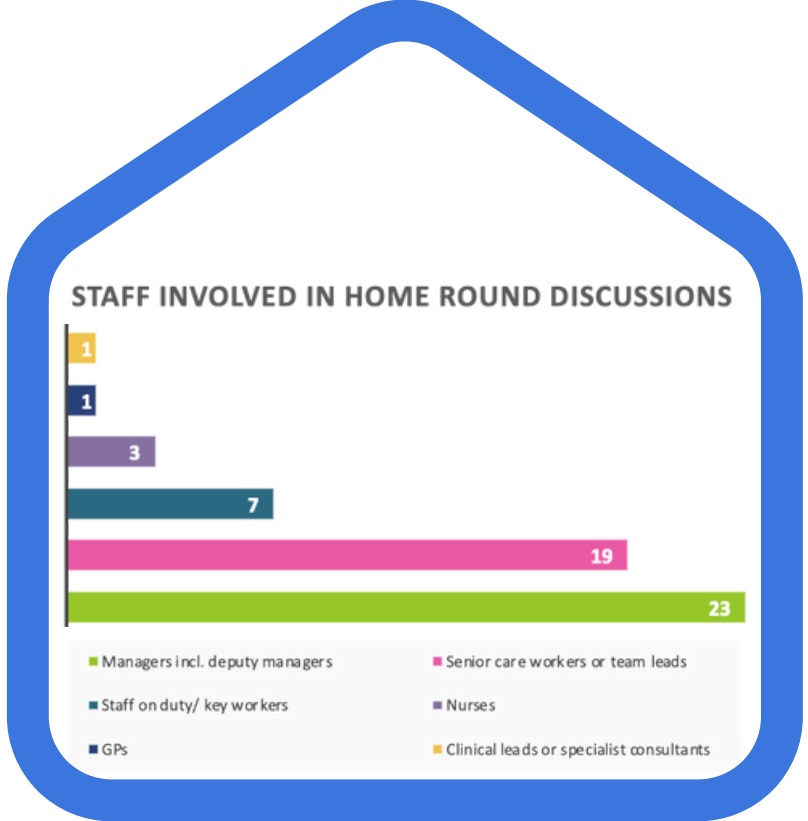


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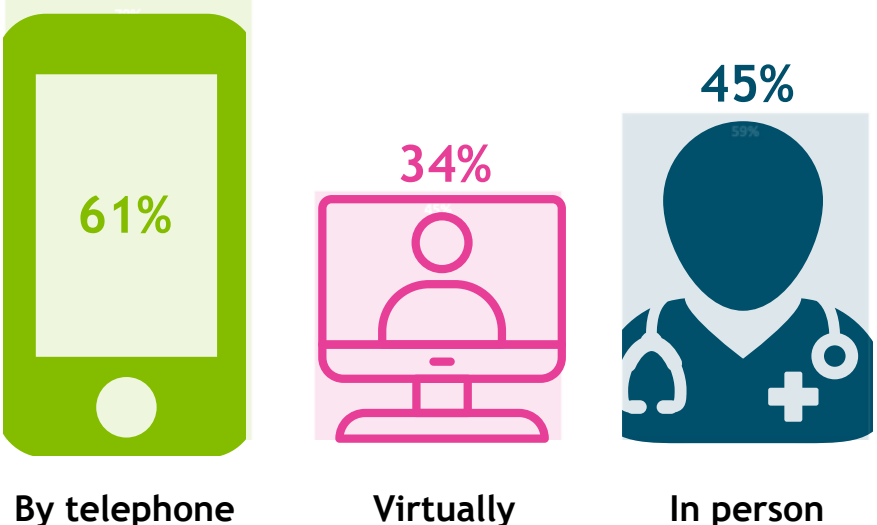
How often do home rounds happen?



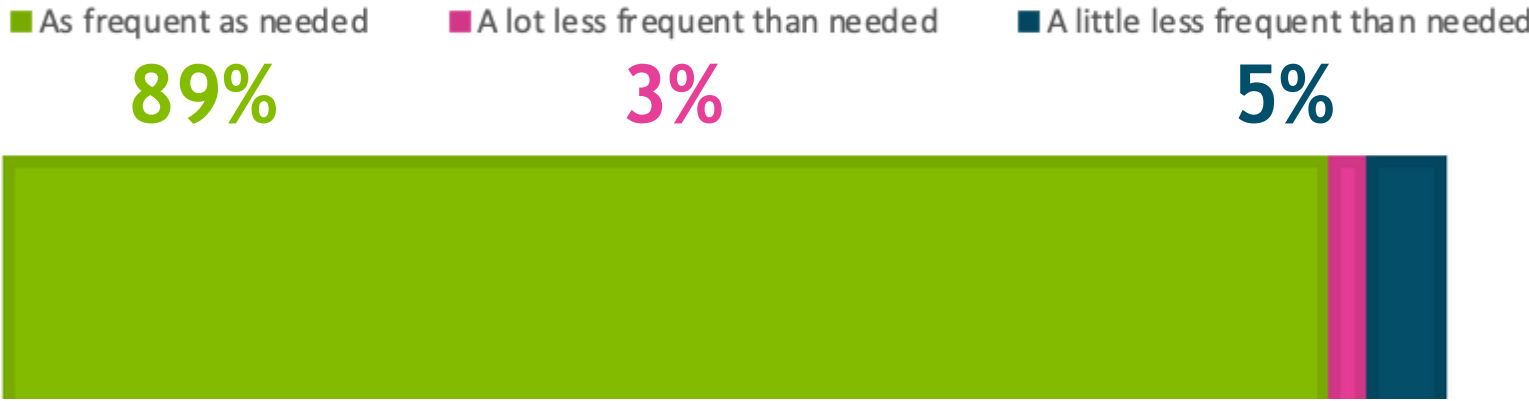
"We never had home rounds. It would be great if such support is provided in a regular basis so we can provide updates"



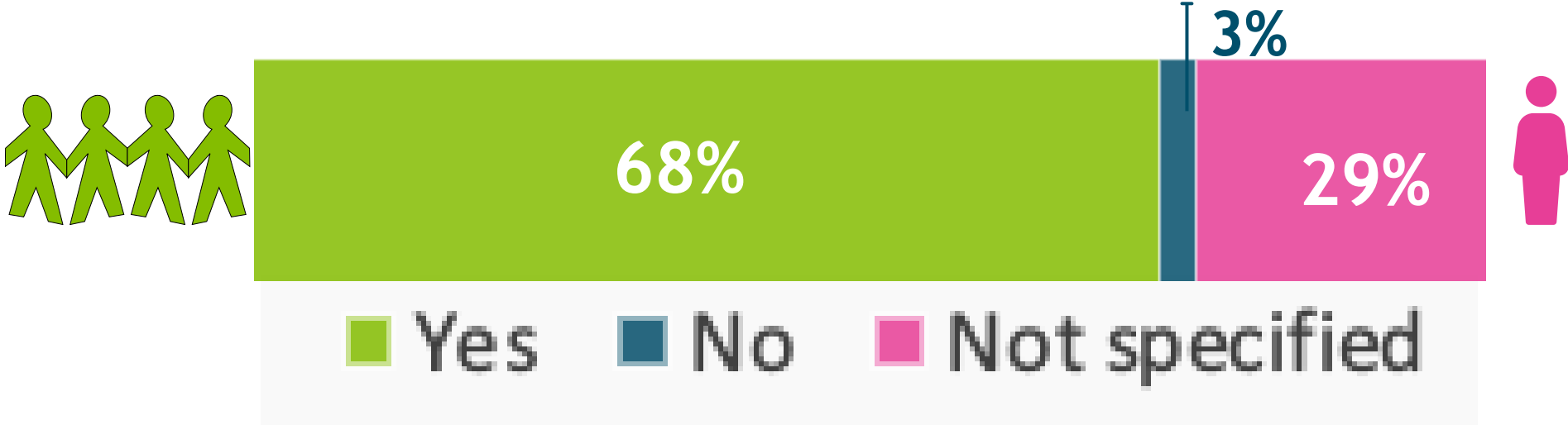
How home rounds take place:



Opinion of the frequency of home rounds



Families allowed to take part in rounds



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97% of care homes would feel comfortable contacting the GP outside of scheduled home rounds.

Care home managers felt that they could call the GP for important issues, but at the same time they felt responsible for not overusing the service when not strictly necessary.

Most care home managers found that GPs were reasonably responsive in emergencies.

"The GP is quite responsive and we don't call them for small things. Our staff are trained to handle things so we triage and only call when it is required anyway."

"If it is urgent we call the rapid response team but if it is not urgent we can always talk to the GP. It does not happen often but they are available."

"This Saturday I called the GP and got a response within 10 minutes and within half an hour I was able to action the item."

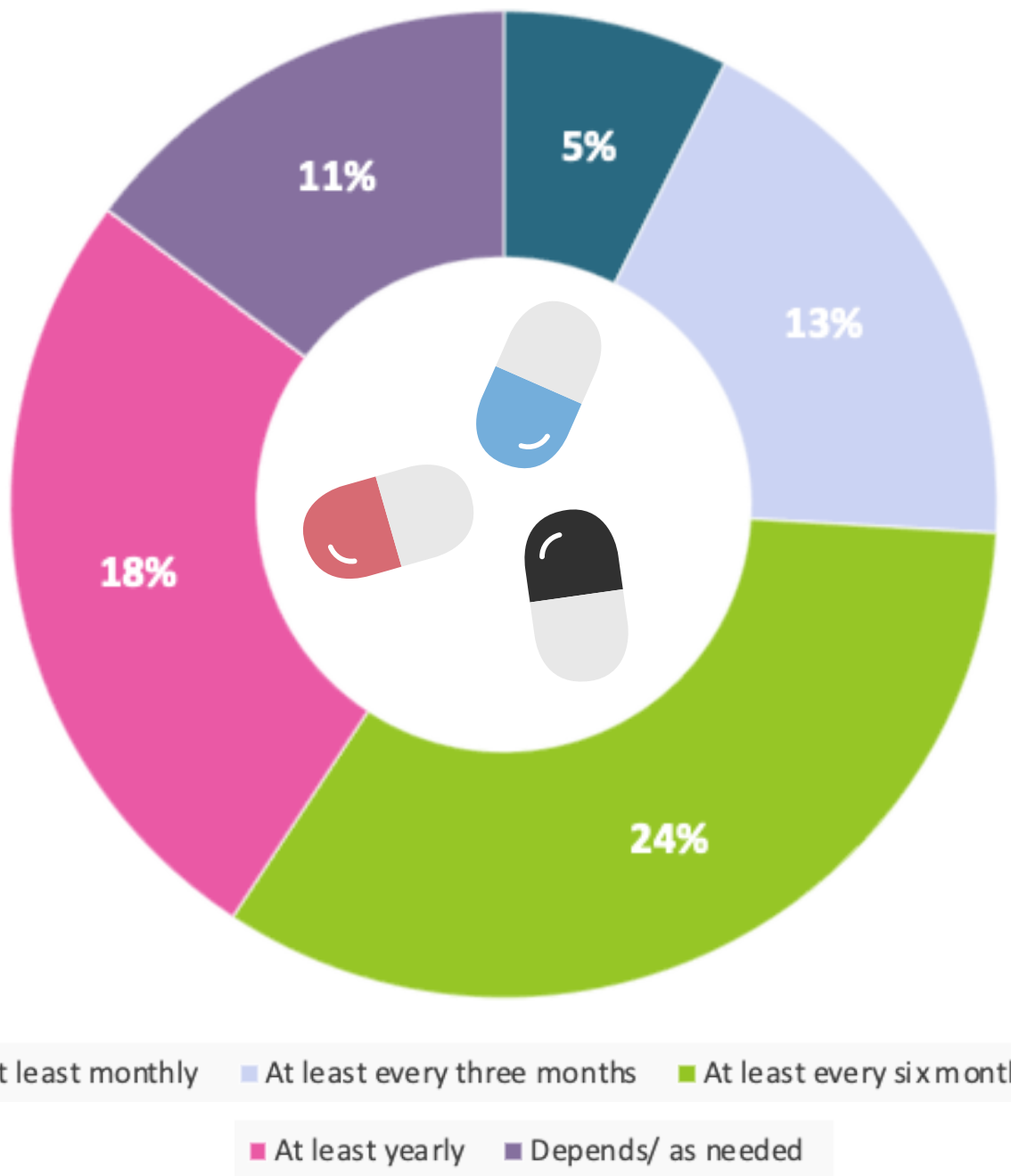
"Last Tuesday we had to call the doctor because one of the residents was deteriorating quite quickly. The practice called us back within half an hour and the doctor said he would come by on Thursday but we had to tell him that the resident needs to be seen immediately. The practice then sent another Doctor on the same day."

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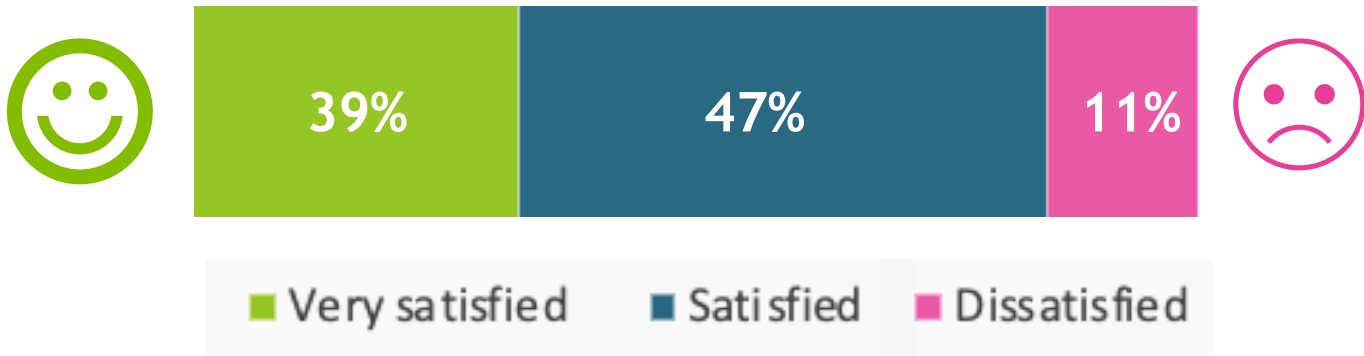
92%
of care homes said they received support with residents' medication

71%
said their residents received regular medication reviews.

How often is medication reviewed?

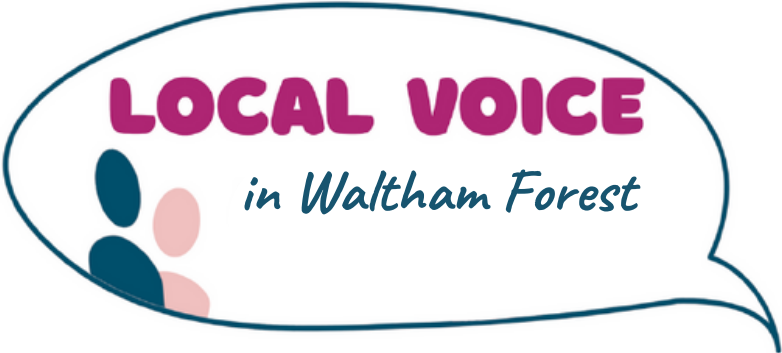


Experience of pharmacy supplier



"Nothing works well with this service. We get deliveries without MAR charts, and no returns, and I as a manager don't want my staff walking medication back to the pharmacy as that poses a risk to them. Also, we frequently have to chase up MAR charts; there are constant errors that need to be fixed each month; we receive medication later towards the start of the cycle, which presents additional problems."

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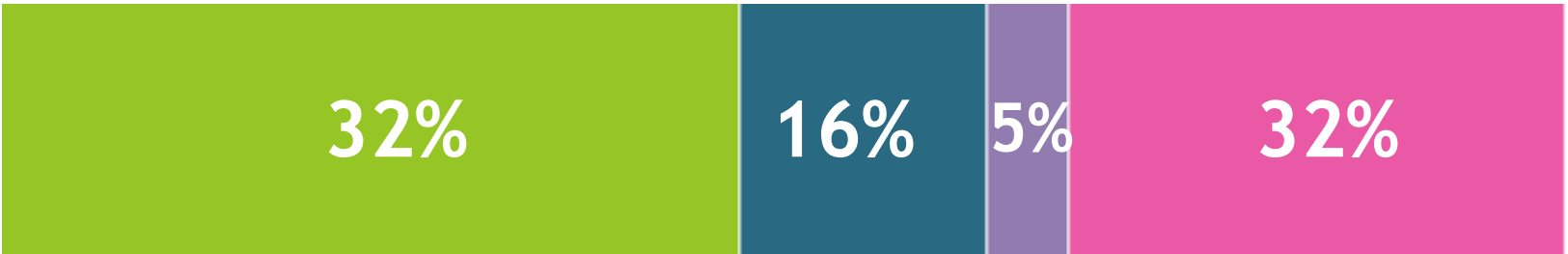


Are end of life and after death care supported by the DES?

End of life



After death



■ Definitely ■ Somewhat ■ Not very ■ Not at all ■ Not stated

"End of life care is what the GP is very passionate about. He makes sure that all the necessary medicine is delivered and he sees the resident very regularly."

"We had a resident who passed away- her family was supported by the GP."

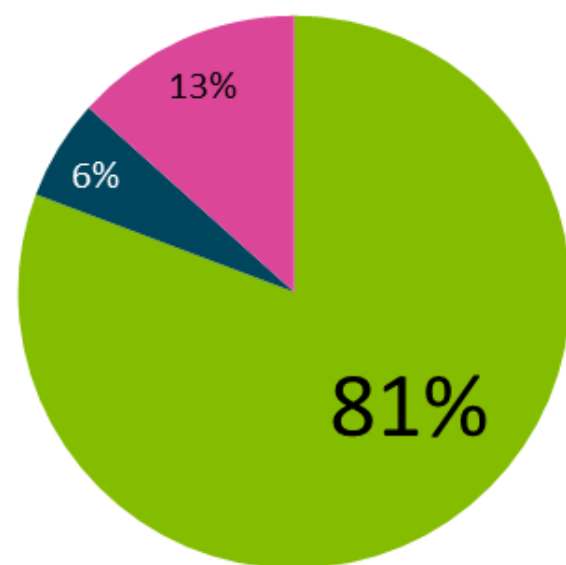
"The GP is always speaking to the families and she is just very understanding and will explain in great detail. She seems to be on our wave length."

"When someone is put on end of life the GP is providing medication and is visiting them every week. The resident is immediately referred to palliative care."

Thinking about the care home's relationship with the GP...

Feedback of GPs is

81%
positive



■ Positive ■ Neutral ■ Negative

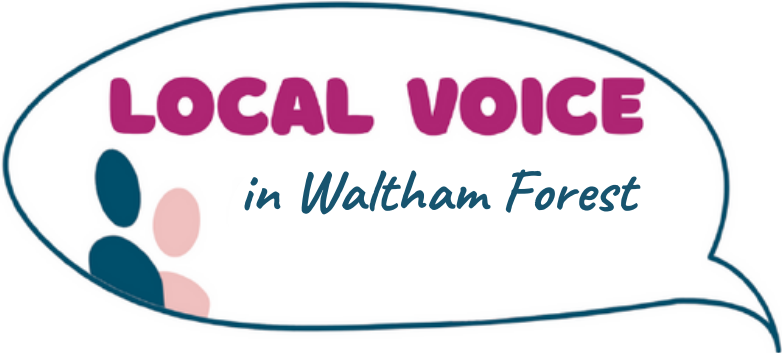
What works well:

- Doctors are kind and compassionate;
- Families are involved in their loved ones' care appropriately;
- Medical records and care plans are accessible to care home staff;
- Patients are seen promptly and booking appointments is straightforward;
- Safeguarding patients works well.

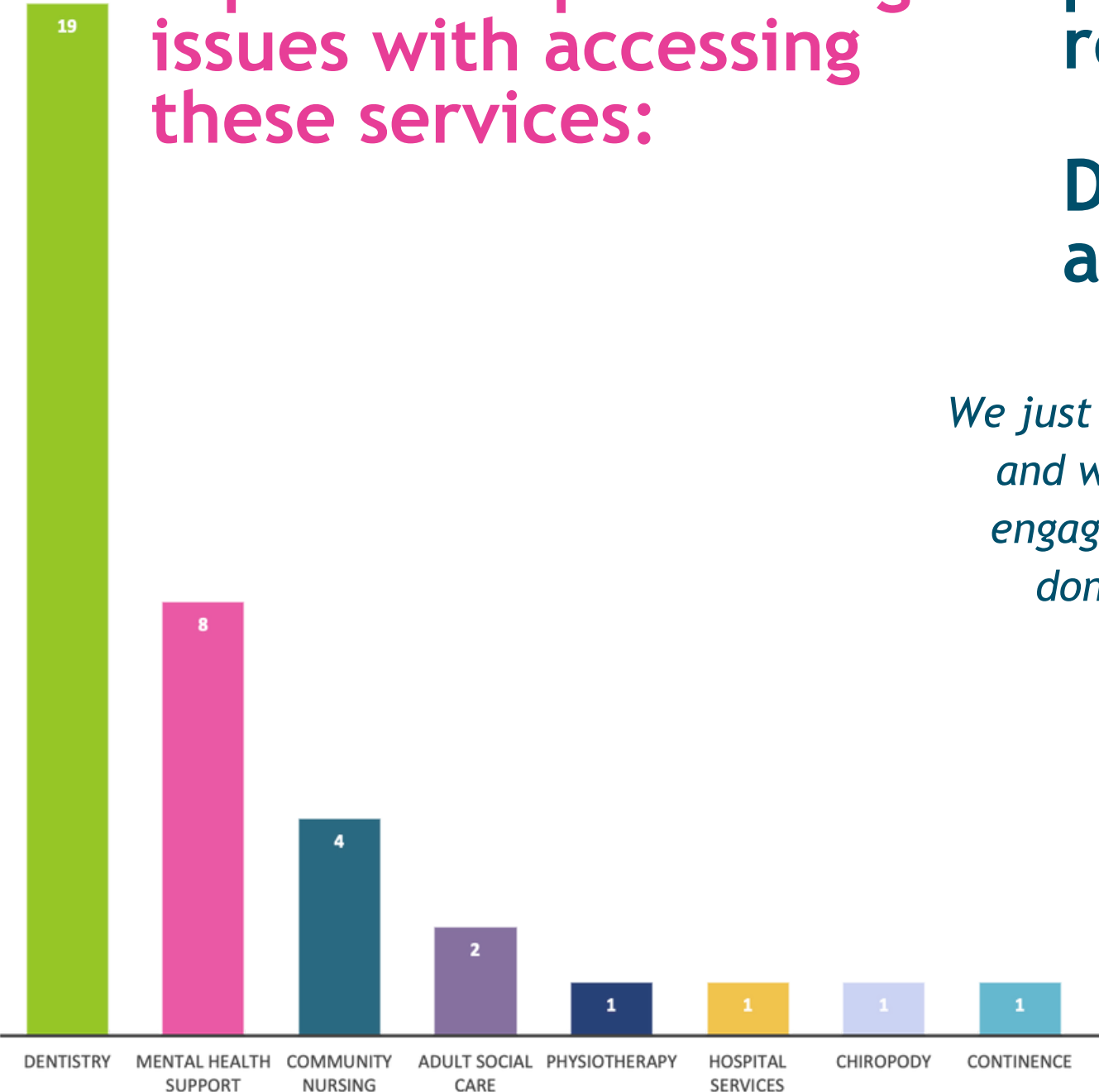
What needs improvement:

- Availability of face to face GP appointments is limited; sometimes people receive remote consultations (usually via telephone) even when they would prefer to be seen in person; this can make consultations less accessible for patients with sensory or learning disabilities.
- Concerns about residents' mental health don't always receive the same amount of attention as physical health;

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Care home managers reported experiencing issues with accessing these services:



Dentistry, mental health and continence services are particularly difficult to access, leaving care home residents unsupported.

District/ community services are often inconsistent and communication with them is poor.

We just can't get dentists in. We don't know where to go and whom to ask. With Continence no one wants to engage with us. They have responded back and they don't want to get involved with the care home.

The community continence team is what we are desperate for. We are actually purchasing our own pads and soon we have to start charging residents for it.

Community nurses do come but we have ongoing wounds and when we ask the nurses they don't really know because there are different nurses every time so they cannot say if it is improving or not.

The dentist that we use regularly does not have any lift access for the wheelchair.

We have no support from dentistry at all, there is a two months waiting list.