



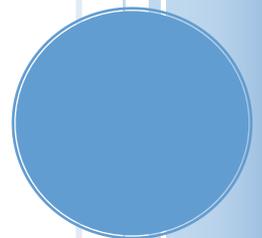
EVALUATION OF A HOLISTIC ASSESSMENT APPROACH TO:

*Supporting Care Home and Independent Living
Schemes*



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EXECUTIVE SUMMARIES

Combined evaluation summary

This report marks the completion of the second year evaluation of the care home Vanguard in Wakefield, which is part of the New Models of Care programme.

There have been three separate evaluation pieces being delivered throughout this year looking at slightly different elements of the Care Home Vanguard in Wakefield:

- Niche Consulting have been commissioned to evaluate the progress of establishing links between community anchors and care homes / independent living schemes within Wakefield.
- Healthwatch Wakefield have been commissioned to evaluate the impact of the holistic assessment approach on the residents of independent living schemes in Wakefield.
- Public Health Intelligence have focussed on the overall impact of a holistic assessment approach to supporting care homes and independent living schemes within Wakefield.

There are several common themes in the findings of these reports:

The work of the vanguard has had a positive impact on people living in care homes and independent living schemes, as well as the staff working in these facilities. Some of the main benefits have been around the wellbeing of the residents, who have benefitted from increased engagement with their fellow occupants, the people caring for them and the community around them. The importance of this interaction and its impact on individual wellbeing is evidenced in many feedback examples that have been received throughout the three evaluation pieces.

Staff in the different care facilities have also benefitted from the vanguard interventions; learning new things, gaining confidence and understanding the people that they care for better. One thing that is evident in all three reports is the importance of these staff in making schemes, such as those developed by the vanguard a success. Some of the main challenges that have been faced are around staff changes and staff engagement. Whether continuing this work or starting similar programmes elsewhere, developing strong relationships between the health and social care system and the people working in care giving facilities is of utmost importance and fundamental to any future success.

One of the key challenges has been around communication. There has been some examples of confusion about exactly what was involved in the Vanguard, perhaps in part due to the numerous different interventions all being delivered at the same time under the Vanguard umbrella. Staff turnover also plays a large part in communication issues, with the need to repeat messages or find new contacts as staff move on. In order to fully realise the benefits a programme of work such as the Vanguard can deliver, finding strong communication networks and approaches is something that needs to be prioritised.

Below follows the three executive summaries for each of the above reports. The rest of this report will then focus on the work completed by the Public Health Intelligence team, but you can read the full Niche and Healthwatch Wakefield reports in Appendices B and C respectively.

Executive Summary: Evaluation of a holistic assessment approach

The care home Vanguard in Wakefield has now completed its second full financial year and throughout this time there has been a strong emphasis on ensuring that there is a holistic approach to care of people living in both care homes and independent living schemes. This report looks at the interventions delivered by the different element of the holistic assessment team and how they have impacted residents, staff and carers.

The report gives a detailed explanation of the methodologies used and the limitations that should be considered when interpreting some of the results. The evaluation has involved extensive engagement with all aspects of the vanguard to fully understand the impacts experienced and the challenges faced when implementing the care home vanguard in Wakefield.

The main findings are:

- The vanguard interventions have had a positive impact on residents living in care homes. Improved wellbeing has been found as a result of programmes such as Portrait of a Life and Age UK interventions. Simultaneously the quality of care has improved as a result of care homes having easy access to a dedicated support team (MDT).
- Carers have been positively impacted through the vanguard, due to increased awareness and engagement with Carers Wakefield, but also the work of the geriatrician who has improved end of life care planning. There are still opportunities for Carers to further benefit and communication must be improved with this group of people.
- Care Home staff have, in the main, benefitted from the vanguard interventions. Many reported feeling more supported and more confident in their role. The training programmes provided by the vanguard have been really well received.
- Challenges still exist, particularly around communication and staff turnover, which are inextricably linked. There is a great need for communication of the programme of work to all stakeholders to be improved and there are still opportunities to build on the partnership working that has been developed.

As a result of the findings, the following recommendations have been made:

- Develop a contractual agreement between commissioners and care homes.
- Develop a structured training programme to be delivered in care homes.
- Embed Portrait of a Life.
- Enable access to Information for care homes.
- Improve communication to carers.
- Arrange timed visits to care homes.
- Introduce a key link person.

Executive Summary: Community Anchors and Care Homes (Niche Report – Appendix B)

The Community Anchors in Care Homes (CACH) phase two project linked six Independent Living Schemes (ILSs), located across Wakefield, with local Community Anchors (CAs). The work took much longer to implement than was originally envisaged due to a number of issues including delays in the CCG recruiting Independent Living Schemes, staff turnover in key roles at both ILSs and Community Anchors, and funding and capacity issues at Community Anchors.

Once relationships were established between the ILSs and the Anchors, however, they were able to come up with a range of interesting and relevant activities for tenants, which in many cases surpassed the expectations of all those involved. These included regular boccia bowling sessions, links with local community radio, a dedicated men's group, a range of inter-generational work, opening up opportunities to take part in activities and volunteering at their local Community Anchors and much more. Much of this work was delivered by volunteers.

This work was very well received and found to have had a positive impact on the wellbeing of the tenants who participated. Benefits included:

- enabling tenants to access a much wider range of community contacts and facilities than were previously available;
- increasing the number of people who visited the tenants to deliver activities;
- increasing the amount of physical activity or mental stimulation for tenants; and
- reducing social isolation for tenants.

The Independent Living Scheme staff were very positive about the initiative. Community Anchors also valued being involved in the work and welcomed the close working relationships they had established with the ILSs and their tenants, whom they had not worked with before.

The arrangements for setting up and supporting the project were quite complex, for a relatively small project and, whilst they received support, the Community Anchors did not directly receive effective funding to cover the full costs of their involvement. This meant that they were subsidising this work through using their own resources. This is not a sustainable approach and proper funding of CAs needs to be addressed in future work of this kind.

Overall the project provided good value for money. The work has the potential both to continue expanding on current sites and for replication at other ILSs subject to proper funding being provided to CAs and funded support networks being set up to enable and support the work.

Executive Summary: Holistic Interventions in Independent Living Schemes (Healthwatch Wakefield Report – Appendix C)

The Wakefield Care Home Vanguard aimed to provide a proactive new model of care for people living in care homes and independent living facilities within Wakefield District. This new model of care took a proactive and holistic approach, where all the needs of the individual are considered and put at the centre of the care provided. This included looking at the wider determinants of an individual's health and not just the clinical factors.

As part of this approach the Holistic Assessment Team (HAT) was established, which included health and wellbeing activities and services provided by Age UK Wakefield District, Nova Wakefield District, Carers Wakefield District and South West Yorkshire Partnership Foundation Trust.

One of the outcomes of the Vanguard holistic interventions in Croftlands Independent Living Scheme in 2016/17 was a reduction in the number of people moving on to more dependent living settings, for example care homes or nursing homes. Healthwatch Wakefield were commissioned to engage with customers and tenants of three Independent Living schemes situated in Wakefield in order to understand the impact of the holistic interventions delivered through the Wakefield Care Home Vanguard.

We found that there was a variation in the number of the holistic interventions that had been implemented successfully in the three schemes and consequent variation in the impact they had. We also found it difficult to differentiate between activities already provided by the Independent Living staff and tenants and those provided by the HAT team, as the people we interviewed were mostly not aware of who had organised which activity.

Some tenants were very socially active and had enjoyed the introduction of new activities, including the involvement of volunteers and staff from Community Anchors. These tenants felt that it would be beneficial if other tenants joined in, but acknowledged that some people are naturally less sociable. Some were concerned about tenants who had higher needs and were sometimes not able to take part in activities due to lack of staff to bring them to the shared areas.

On the whole we found that people enjoyed living in all three schemes, they felt safer and said it was an improvement on their previous accommodation. People valued the independence that Independent Living Schemes gave them, although some expressed a desire for more support on occasion.

It was clear that although not all tenants in every setting may be interested in taking part in holistic activities, or are not able to, the people who do take part feel more engaged, more positive and more part of a supportive community.

INTRODUCTION AND BACKGROUND

This report contains the findings from the evaluation of all elements of the holistic assessment approach that have been delivered as part of the Wakefield Care Home Vanguard over the last two years.

The Vanguard programme has been implemented by NHS England as part of the New Models of Care programme, with the Vanguards being aimed at developing blueprints for how the NHS will move forward over the next five years. There were around 50 Vanguards implemented at various sites across the country, with six of these being targeted at providing enhanced health in care homes.

The Wakefield Care Home Vanguard was commenced with the intention of providing a proactive new model of care for people living in care homes and independent living facilities within Wakefield District. The new model of care was heavily focussed on being proactive and developing a holistic assessment approach, where all the needs of the individual are considered and put at the centre of the care provided. This included looking at the wider determinants of an individual's health and not just the clinical factors.

As a result of this holistic assessment approach the Holistic Assessment Team (HAT) was established, which included all the different elements of the Vanguard who would be contributing to this holistic assessment, in order to ensure that the different strands worked effectively together. These elements are:

- [Age UK.](#)
 - LEAF-7 assessments – this is a validated tool that measures a person's quality of life and any changes to that quality of life which occur over time.
 - Pull Up a Chair – uses filmed interviews and personal video diaries to capture directly the thoughts, opinions and experiences of older people living in care settings.
 - Age UK also provided services or links to services that could positively benefit a person as a result of identified needs.
- [Carers Wakefield District.](#)
 - Provide support to carers whose loved ones are residents of a care home or independent living facility, helping with communication to families to navigate the social care system.
- [Multi-Disciplinary Team \(MDT\).](#)
 - Providing proactive support and advice to Care Homes, but also looking holistically at the individual's needs and referring them to other partners within the HAT where necessary.
- [NOVA.](#)
 - The support agency for voluntary and community organisations in Wakefield District. They provided a key link between care settings and community anchors in an attempt to facilitate a better interface between local communities and care home / independent living facilities.
- [South West Yorkshire Partnership Foundation Trust \(SWYPFT\).](#)
 - Portrait of a Life – Uses a person's life history through reminiscence to look at improving wellbeing of residents through life story work. This puts a focus on the individuality of care and factors in a person's personality and life experiences.

All elements of the Wakefield Care Home Vanguard commenced in April 2016, where the initiative was working with 15 care homes and one independent living facility. In the second year (2017/18) of the Vanguard, the scope was expanded to include an additional 12 care homes and 5 more independent living schemes.

There has been some variation between the level of involvement with the different care settings that each of the above services have had:

- The MDT have only been into care home settings, having no involvement with residents of independent living sites.
- The community anchor work carried out by NOVA was intended to be across all care settings, however initial feedback found that care homes and their residents required much more support than the community anchors were able to provide. As a result, the community anchor work focussed on independent living schemes. The evaluation of this work is covered in the report written by Niche Consulting, which you can find in Appendix B.
- Portrait of a Life was delivered as training for staff in care homes, so that they could then use this learning to create life stories with their residents. In independent living sites the Portrait of a Life team worked directly with the residents.
- Age UK and Carers Wakefield worked with individuals or carers of individuals in both care settings.

Evaluation Outline

Evaluation is vital to the Vanguard programme as in order to be able to roll out any models of care in the future we need to understand how and why the current programmes work and what they are achieving. An iterative evaluation approach enables the programmes to develop in response to staff, resident / patient and carers' feedback and learn from what the quantitative data and intelligence gathered tells us. This flexible approach maximises the chances of the programmes' success.

This evaluation was originally intended to focus on the HAT interventions being delivered in the independent living schemes, however the decision was taken early on in the process that the evaluation such be expanded to assess impacts that have been made in care homes as well as the independent living schemes. In order to compliment the other evaluation pieces that were occurring on the Care Home Vanguard, it was felt that this wider evaluation would provide a complete picture of the different elements of the holistic assessment approach.

Wakefield Clinical Commissioning Group (CCG) have also been implementing a Multi-specialty Community Provider (MCP) Vanguard, and it was decided at the start of 2017/18 that the Care Home Vanguard should form part of the MCP programme. There is a separate MCP evaluation report, which includes the quantitative evaluation elements of the Care Home Vanguard.

Evaluation Questions

This evaluation will seek to answer the following key evaluation questions:

- [What is the impact of the different vanguard elements on the residents of the independent living facilities?](#)
- [How have the Vanguard interventions impacted on residents of care homes?](#)
- [How have the Vanguard interventions impacted on carers?](#)
- [How have the Vanguard interventions impacted on staff?](#)
- [What have been the challenges of implementing the holistic assessment approaches?](#)

Healthwatch Wakefield have been commissioned to deliver a qualitative evaluation within the independent living schemes, which will attempt to address the first of our evaluation questions. You can read the full Healthwatch report in Appendix C.

Niche Consulting were commissioned to carry out an evaluation of the community anchors in care homes work stream, which also covers the first evaluation question to some extent. You can read the full Niche report in Appendix B.

METHODOLOGY

To begin our evaluation research, the Public Health Intelligence Team met to discuss the evaluation process. The team established that the most efficient and effective way to meet the evaluation objectives was to use a targeted approach; consulting with groups of people affected by the interventions. These included: care home managers, staff, residents, carers and HAT element program teams. They were chosen in order to get a mixture of views from all groups who were potentially impacted by the HAT interventions and/or Care Home Vanguard. It was agreed that interviews and surveys would be the most accurate way of obtaining feedback related to the programmes. Below is an explanation of the methodology we followed:

The interventions evaluated, included:

- Multi-Disciplinary Team (MDT);
- Portrait of a Life (POAL);
- Pull Up a Chair;
- Age UK / LEAF-7, and
- Carers Wakefield.

The evaluation has been delivered through a programme of 15 semi-structured interviews and four focus groups with members of staff involved in care homes and independent living facilities and partner organisations. Table 1.2: Participants shows a list of the consultees who were invited to partake in this evaluation:

Table 1.2: Participants		
Organisation	Examples of roles	No. consulted
Wakefield Council Surveys	Carers	15
	Care home managers	8
	Care home staff	37
Care Homes	Care Home managers	9
Age UK	Manager	1
	Support coordinators	2
NOVA	Advisor	1
SWYPFT	Programme manager	1
	Supporting programme manager	1
	Project officers	2
MDT	Focus groups x2	10
Carers Wakefield	Carers support workers	2
	Carers focus group x2	9
CCG	Programme leads	2
Independent living sites	Site managers	6

Interviews and Focus Groups

The interviews and focus groups were held between February and May 2018; with each one lasting approximately 30 minutes to an hour. All individuals who were consulted gave their consent for the interview / focus group to be recorded using a dictaphone or other audio device, with the understanding that we would make every effort to ensure that no participants can be identified through the content of the report. The recordings provided us with an accurate description of events from their personal experience(s) and/or perspective, allowing us to capture verbatim quotes to report, which were later used as to evidence the main themes of analysis.

Public Health Intelligence approached the aforementioned teams and/or individuals to seek their feedback on the interventions which had been introduced into the care homes and independent living facilities across the Wakefield District. The same or similar questions were asked to all care home managers for consistency, which provided comparable answers.

Transcripts were created from recordings and notes taken to assist with data analysis. Thematic analysis was undertaken in accordance with the 6 most common themes of responses relating to the evaluation questions, which were:

Resident Impact **Staff Impact** **Carer Impact** **Communication** **Challenges** **Improvements**

The transcriptions were revisited and colour-coded to help identify and capture relevant statements and quotes into categories, according to the agreed themes. The chosen themes were cross-checked to ensure all members of the team had full understanding of each theme, to ascertain they were suitable for the purpose of this project, and to determine if there would be any other themes to incorporate. It was agreed that the initial theme categories were sufficient and no supplementary groups were required.

The highlighted sections of each report were copied into a frameworks document, which was a temporary tool used to help collate supporting statements and a respective summary of each theme per intervention, into one final document.

Surveys

In addition to facilitating interviews, Public Health Intelligence produced 3 surveys, specifically designed for: care home staff, carers, and care home managers. The surveys were made up of a mixture of closed questions, designed with multiple-option tick boxes, and comments boxes permitting for open-ended responses. The 3 surveys differed in terms of how the questions were worded in effort to make them respondent-friendly.

In attempt to encourage more responses to the surveys, there was a small incentive attached to the care home staff survey as it was perceived that this group was the least likely to engage. The surveys were distributed by various methods; one of which was a hard copy, whilst the other was emailed electronically via means of survey monkey [examples of the hard-copy surveys can be found in Appendix D]. The decision to circulate them in two formats was agreed, as it became clear that not all individuals within care homes had access to a computer, whilst similarly some may prefer the electronic version, subject to their role and working environment.

Paper copies of the surveys were distributed throughout all care homes with pre-paid envelopes attached for ease of returning their completed survey. Completed copies of the paper surveys were received via post sporadically, with a deadline date of 31/05/2018. Surveys completed via the online survey tool 'Survey Monkey' were submitted electronically into a central location, from which answers were later retrieved and extracted in the format of an Excel spreadsheet.

In order to analyse all the completed surveys resourcefully; the paper copies were input onto survey monkey, making all the quantitative data available on one document, and in the same format.

DATA QUALITY AND LIMITATIONS

The Public Health Intelligence team initially set out to seek feedback on the different interventions, and as a result of this, deliberately decided not to ask the individuals to specify their place of work. The team were aware that when undertaking the analysis, the data would not be representative, but felt that it was necessary to take this approach in aim to obtain honesty and maintain anonymity. It was made clear that the consultees would not be associated with their place of work and that responses were confidential to encourage openness in responses.

With regards to feedback collected from the carers focus groups; it was only possible to gain an insight from those in attendance, and not from the many other carers who were not participating in the two meetings that had been scheduled.

Unfortunately, the response rate was lower than expected, considering the possible potential numbers who could have completed the surveys (*in excess of 500*). It is also unclear whether or not the participants of the survey were the same candidates interviewed, so there was potential for some overlap.

Table 1.2: Survey Totals, shows the total completed submissions by survey type:

Table 1.2: Survey Totals	
Survey Type	Total Submissions
Carer	15
Care Home Staff	37
Care Home Manager	8



Despite efforts to make the surveys reader-friendly; one of which included piloting the surveys with individuals chosen at random. There were reports that some participants of the surveys were quite confused by the questions, thus failing to submit answers; which could explain the poor response rate and inconsistencies with the data. When comparing the survey answers with the feedback from interviews, there were some similarities in perceptions of the interventions which are outlined in the next section of this report.

When considering the findings presented in this report, the reader is advised to keep in mind that the views of those consulted may not be representative of all staff working in care homes and independent living facilities. Note also that this evaluation report presents the subjective views of care home staff based upon their own experiences of the vanguard interventions.

FINDINGS

Resident Impact

This evaluation has tried to assess whether any of the interventions have had any impact on residents, through interviewing various individuals and organisations; particularly the carer focus groups, along with combining the quantitative feedback sourced from the surveys.

The outcome of the results suggests that the programmes have had several positive impacts on residents, but the influence of the interventions vary between the different care homes and independent living facilities. Actual quotes captured in the interviews follow each statement below to evidence the effects they have had on the residents.

Relationships/Behaviours

A significant improvement in professional and personal relationships between staff and residents has been identified within this evaluation, as a result of the interventions creating strong links between partner organisations, and encouraging residents to socialise more frequently. Primarily, Portrait of a Life (POAL) has been identified as facilitating residents to build relationships by becoming more engaged with other residents and staff. Some residents were known to be socially isolated prior to the introduction of POAL, whereas now the staff are able to partake in conversations concerning their interests, and organise events suitable for the residents as a result of those discussions. This has been evident in both care home and independent living scheme settings:

"...they [the staff] become more familiar with the person they have done portrait of a life with, so it gives them more topics of conversation. We've tried to make staff use it, even with care delivery".

"...sitting down with the residents and understanding the importance of seeing beyond a residents illness and thinking about the life that of that person and there is more to that person".

"It was great for the tenants to find these things out about each other and for the staff too. It definitely strengthened relationships between the tenants and between tenants and staff".

As POAL is designed to encourage staff to offer a more personable-level of care to the residents; some issues with the continuity of this intervention could be due to:

- a. staff not being released to attend POAL training, and
- b. POAL trained staff leaving the care home.

Further information on this matter is found under [Staff Impact](#).

Age UK have offered LEAF-7 assessments, volunteering services, assistance with safeguarding matters and funding for better equipment, all of which have benefited the residents. It was noted that the volunteer services have helped residents by sitting with them and stimulating them, consequently having a positive impact on their behaviour. To further stabilise residents' behaviour, it was noted that the MDT have recommended changing prescriptions, where relevant:

"We put people through leaf assessment, and that's how it's then ended up by people taking the residents out as an outcome of that", and "it's definitely had an impact on their wellbeing, giving them something to look forward to".

"They helped stimulate residents, this has helped reduce some of the challenging behaviours, especially around mealtimes, that's been very helpful, it's had an impact on residents with their eating and drinking really".

“When the service users were having difficulties with their behaviours, they came in and looked at the service users and what was happening, and then they wrote to their GPs and made recommendations about changing their medications”.

There was a general consensus that Pull Up a Chair had been a positive experience for any independent living tenants who were involved. It was noted that they felt they were being listened to, and were pleased that someone was listening to them. Another manager echoed a similar point, stating that Pull Up a Chair has had a positive, albeit temporary impact on residents.

“They loved it that someone took an interest in them”.

“They particularly enjoyed pull up a chair – they all thought they were film stars for the day, so that went really well”.

An interesting quote extracted from the care home managers’ survey, suggested that the MDT have been very helpful and supportive towards staff and residents, implying that the care homes would not have received the additional support, had the MDT not intervened and therefore creating a positive resident impact.

“The input from the MDT is invaluable for residents, staff and for better relationships with professionals”.

Responses to the survey question, ‘[what are the good things that have happened with the programme\(s\)?](#)’ were submitted by 67% of those completing the care home staff survey. A large proportion of feedback was resident-related and implied the communication and care has been improved for these individuals as a result of the programme(s) being introduced, primarily POAL. Examples from staff feedback include:

“The life stories gave us a better insight to the residents so we can tailor activities etc to them”

“Was able to dive into the parts of a residents life that without the use of Portrait Of a Life may get overlooked”

“Introducing better ways to communicate with the residents, such as distraction techniques and talking to them about happy memories”

Not all care home managers perceived the vanguard interventions to impact residents. Some indicated that they thought the vanguard had “no effect”:

“It’s had more of an impact on the team and staff rather than on residents, because it’s made things easier for the staff like challenging or difficult behaviour and having advice on how to deal with it makes it easier for the staff but I can’t see a marked difference on the residents”

Improved Access to Services

The vanguard was felt by staff to be facilitating the development of more holistic packages of care for service users, aided by the quicker and easier access that staff have to colleagues in other services and organisations. In particular the view of the mental health nurses was highly valued:

“The mental health nurses have a slightly different view which creates more holistic view overall, which is beneficial for both us and residents”.

“Quicker access to services is the biggest [benefit]. If someone needs OT, we could be waiting for months, whereas if we’ve done it through the vanguard; you could refer one week and there may be an OT in the building the following week”.

The MDT appears to have provided an invaluable supportive function, creating care plans for residents and assisting existing staff with referrals and medication reviews and recommendations, thus improving the mobility for some individuals.

One consistent finding was that care homes reported having quick access to services offered by the MDT, with the use of SystemOne which care homes currently cannot utilise. This has had a significant positive impact on the residents by providing staff with the information around patients’ medical histories they require to meet more complex needs effectively and efficiently; this could be by means of a change in medication, or by hosting hot clinics, avoiding the slow process of a standard referral. The MDT have also been thought to reduce the number of residents being referred to their GP, which impacts residents on a personal level, as it means they are not being inconvenienced or having to be seen by a medical professional elsewhere. Some consistent comments captured from the audio recordings include:

“...they [the MDT] have access to information via SystemOne, whereas the care home have to refer in, resulting in the resident getting seen by the respective professional quicker”.

“Some residents have benefitted from having their referrals put through quicker, and some of them have had sessions with the physio that have helped”.

To further evidence the quick turnaround on medical attention; it was noted that the waiting lists for My Therapy was sometimes about 18 weeks, whereas the wait time has since reported to have been reduced to just a couple of weeks as a result of the involvement from the vanguard.

Telemedicine is not part of the holistic assessment team, however interesting findings were gathered about it through the interviews. It prompted mixed reviews during a number of interviews, mostly positive, but one of the care home managers expressed concerns over this particular process delaying the medical care of residents, pointing out: *“we can be waiting up to half an hour to speak to an advisor”*. Other care homes have welcomed telemedicine and find it beneficial for getting residents the medical attention quickly, as it gives care home staff the ability to make direct referrals into the hubs, and avoids them having to make clinical decisions alone. There is also a suggestion that it has helped avoid hospital admissions.

“We can see that more residents are staying in the care home of residence as a result of some of the programmes that we’ve got running, for example the telemedicine, a large proportion of residents are staying in their care home rather than having unnecessary admissions to hospital”.

More information on telemedicine can be found in [Staff Impact](#) .

Other feedback collected from the written care home staff survey exercise was consistent with the interviews, whereby participants made comments that the introduction of interventions made staff more aware of the reminiscence techniques, having extra support, help and good advice, and now having a *“Holistic approach to care. Quicker access to services i.e. physio”*.

Access to non-medical services also improved as a result of the vanguard. Support received from Age UK has provided bereavement support and a befriending service to residents, which was previously unavailable. In addition to this, several care home managers reported that the geriatrician has had a positive impact on residents, in terms of hospital avoidance and end of life planning, either through writing letters to GPs or discussing end of life planning with residents and relatives.

“We really struggled to get bereavement support for one of our residents – they don’t come to care homes. And we got that through Age UK as part of the vanguard”.

“... we’ve had an elderly care geriatrician who’s been quite pivotal for hospital avoidance and end of life planning”.

Mobility

Consultees consistently reported a perceived improvement in the mobility of residents, with the support provided by the MDT, following sessions with occupational therapists (OTs) and/or obtaining additional funding for specialist equipment. Sessions delivered by OTs have been seen to be a driver of making residents more active, whilst also providing them with better pain management which, according to some interview responses, is often overlooked in care homes. One manager made comment on the lack of funding within care homes having a negative effect on residents, particularly if they require certain equipment to make them more comfortable which requires purchasing.

“The vanguard has provided a catalyst for us to do a lot more activities with the residents. The residents are more active and more involved”.

“Sometimes we’ve had residents who have become mobile enough to actually go out with relatives and go out into communities, which is a great benefit for them”.

“There was a lady who had contractures in her hand and she’s been having some Botox and that’s helped her. That was because of a recommendation that had been made by the physio, and it has really made a difference to that lady’s hand; she’s got more movement”.

Staff Impact

Key themes identified relating to the impact of the vanguard on staff involved training, service provision, networking and relationships. The following paragraphs give an overview of the respective findings.

Staffing

As mentioned in [Resident Impact](#); staffing is considered to be one of the main factors for care homes struggling to deliver certain vanguard interventions. According to interview and survey responses, this may be due to high levels of staff turnover, and management not having the staffing capacity to release existing staff whilst maintaining the same quality level of care. Staffing is seen as a significant challenge for paid care home staff, as they are quickly keen to comment on the *“low staffing levels”*, which subsequently results in carers and other individuals *“not being made aware [of the interventions]”*.

Training

Training was perceived as a positive universally. However, several managers have stressed their frustrations with limited resources preventing the likelihood of releasing staff for training, which in itself advocates that the managers would like their staff to be trained on one or more interventions.

The interview transcriptions show consistency of the perceived potential impact the MDT has had on staff, and the learning element that training has introduced, along with improved job satisfaction. Our findings suggest that staff have an increased awareness of available services and respective contacts; quickly able to obtain appropriate advice when required, in order to improve quality of patient care. It has been noted that the MDT makes staff feel empowered and more confident as a result of receiving training:

“There has been a lot of empowerment, and staff can be empowered if they are willing to listen and take it on”.

“Staff have a better understanding and are more confident. If residents ask them about or for something, the staff can give rationale why. In the past they couldn’t or would ask the managers. Staff feel more empowered by making decisions. I think it’s definitely made an impact”.

Where care homes received POAL training; this appeared to have a positive impact on the staff, by not only improving relationships with the residents, but by also raising the profile of dementia. The training has had the same positive impact on staff delivering POAL to tenants in the independent living sites; so much so that care workers have shown an interest in wanting to continue delivering this particular intervention. This would potentially benefit the residents and ensure high-levels of skill amongst all care home staff, according to some respondents.

“The staff really enjoyed doing the training, and I think it’s made them look at residents differently, and they’re now more proactive in obtaining life stories which then enables them to give a more personal effective care, because they know more about the person”.

“...the training has been in making their care more person-centred; how effective it will be; how much more confidence they have got...”

Service Provision/Support Networks

Changes to service provision and support networks since the vanguard started were other themes that emerged, including the presence of the MDT and other organisations.

Some of the care home managers interviewed raised negative comments around the MDT, describing it as *“another level of scrutiny”*, and the MDT being perceived to fail to communicate recommendations following their visits to see residents. This is in contrast to the majority of the care homes who praised this particular intervention, remarking that processes have been streamlined:

“...I think we need to look at how they approach situations, how they communicate their role, and where the limitations are, because what is the point of us referring to them if there’s a limit to what they can take on”.

“...you feel like you’re always doing something wrong with the Vanguard [the MDT]. It just feels like another level of scrutiny, and it doesn’t always feel like it’s a two way thing”.

“We’ve accessed services quicker, and some things that we might have struggled with; they’ve [the MDT] been able to point us in the right direction. I think it’s good for the staff because they can get someone else’s opinion. The hot clinics, any problems they have had have been actioned straight away; it seems to have streamlined everything, and everything just seems to be quicker”.

The findings suggest that consultees clearly had different interpretations of the MDT, with some finding their presence uncomfortable, whilst others welcomed their services and the changes that the interventions introduced.

The quick turnaround regarding medical attention was briefly mentioned in [Resident Impact](#). However, the interventions not only impacts residents, but they also have an effect on staff and managers by providing them with quicker access to services; seeing the benefits in terms of faster response times, more individual and tailored care packages, more integrated visits from the MDT, and seeing reports from consultants.

“The consultant geriatrician has definitely been good, she’s had an impact on the service users and their family, and the staff, it’s sort of benefitted us because we’ve seen their reports, and we learn a lot from her. It is really supportive”.

According to the respondents, the vanguard has improved the alignment and integration of all partner organisations operating within care homes, such as MDT and Age UK, and has been highlighted as significantly improving communication and information sharing, leading to improved professional relationships, enabling staff in care homes to seek advice when required, feeling less isolated.

“...working in the private sector is really isolating as you don’t have those support networks. I’ve found being part of the Vanguard has been invaluable, it brings in those support networks”.

“Where residents have been screened individually, it’s had more of an impact, mainly on the staff and linking with other services, advice on what to do, it’s had more of an impact on the team and staff rather than on our residents because it’s made things easier for the staff like challenging or difficult behaviour and having advice on how to deal with it makes it easier for the staff...”

The word [support](#) was used universally by those consulted when describing the vanguard, specifically relating to the MDT. Care home managers have reported their staff to be more engaged with other partner organisations, using the available services such as hot clinics and Age UK, as a result of the non-critical support that they are now in receipt of.

Staff in the independent living schemes also reported that being linked with organisations such as Age UK and Carers Wakefield has been invaluable, providing a really useful resource for staff to access and gain advice and support.

It was noted that Carers Wakefield have also had an impact on care home staff, by providing practical support to relatives and making it easier on staff.

“Carers Wakefield, they have helped residents, but also people that are looking for beds and funding, they’ve offered a lot of support that way, making it easier for staff and relatives”.

Partnership working

The increased awareness of the services available has been communicated to care home staff and managers through the different interventions, which has had a potential impact on partnership working. Interventions have seemingly encouraged conversations between staff and residents, and have helped build good relationships. For example, Age UK have implemented successful intergenerational projects in independent living sites and the MDT has opened links with other services for the care homes.

According to consultees, partnership working is what has made the biggest impact to staff, as this is evident across all the different vanguard interventions. Consultees reported it would have been difficult to deliver the different interventions, without having the high levels of communication at the implementation stage. Communication and coordination appear to be key for obtaining access to services and respective information required to meet the needs of staff and others, and to conduct effective assessments and evaluations.

“A real positive has been working with the managers and seeing that the managers have taken the changes on board and how the different bits of the programme have been embedded, by care homes and by the staff”.

“... the Activity Coordinators are networking [with each other] more as part of it”.

Telemedicine, although not part of the HAT, has had mixed feedback from members of staff which came across during this evaluation. Some have welcomed this new system, whilst others have found it *“difficult”*, reporting that it *“hasn’t made any difference”*. A number of care homes were optimistic when discussing telemedicine, reporting that it has had a positive impact on nurses within the care home, as they’re now able to seek immediate assistance via the hub. Whereas previously, they would have been known to contact their colleagues off duty for further guidance.

Further information can be found in [Communication](#).

When reviewing the completed surveys in conjunction with this evaluation; there were 3 particular comments made in answer to *‘Is there anything that you think could be done differently with the programme(s)?’*, which included:

“Arrange timed visits”

“Needed more input regarding portrait. Hard to get hold of”

“Time constraints around portrait of a life. Need extra support to help create portrait of a life album”.

All the above could impact on the staff, as they might feel pressured to delivery services in a timely manner, and if they don’t have the relevant capacity to do so, then the services may possibly fail. In addition to this, staff have commented that the timing of visits coincide with particularly busy times, which upsets routines and respective handovers.

Relationships

Participants of the surveys were asked for their opinion on the different programmes, and rated each intervention on the following 4 areas for the vanguard elements that they were familiar with:

- [Ease of implementation](#)
- [Resident wellbeing](#)
- [Relationships between staff and residents, and](#)
- [Relationships with other organisations.](#)

Table 1.3: Relationships between staff and residents, below shows the quantitative data, collated from a question in the care home staff survey, for each intervention. Whilst there is a discrepancy in the total participants completing this section, there is a clear trend that the majority of staff perceive all the different elements of the vanguard to be [good](#) or [very good](#) when rating the specified intervention(s). This trend is also reflected in the care home managers’ survey.

Table 1.3: Relationships between staff and residents [staff]							
Intervention\Rating	Very poor	Poor	No effect	Good	Very good	Don't know	TOTAL
LEAF-7				3	3	1	7
Pull up a Chair				1	3	1	5
POAL			1	9	12		22
MDT			1	7	15	2	25
Carers Wakefield				1	6	1	8
TOTAL			2	21	39	5	67

The smaller figures shown above for LEAF-7, Pull up a chair and Carers Wakefield can be explained by the participants not being familiar with these programmes. Evidence of this can be found with further analysis of the question: 'Have any of the following programmes been carried out in your care home?' Over 65% of participants confirmed POAL and MDT, whilst 22% selected Carers Wakefield, with only 8-11% confirming LEAF-7 and Pull Up a Chair.

Carer Impact

This section of the evaluation details findings from the interventions which have specifically had an impact on unpaid carers and/or family and friends of residents. In summary, it covers consultations, support, awareness, and other information captured in interviews and extracted from the surveys.

Consultations

During the semi-structured interviews with care home managers and program leads, there was a common theme that emerged; associating the consultant geriatrician with supporting carers in planning end of life care, using counselling techniques. According to the respondents, the requirement to maintain this particular service is invaluable to families, and is evidenced in the following statements:

"The geriatrician that comes in, she's really helped with the families that have been a bit in denial and has helped get the anticipationaries in a lot quicker than we can, and has spoken to the families to help them understand and have helped get the DNARs¹ in place".

"[The end of life care planning] made it better for them because of the counselling that's been offered and the consultant geriatrician has been along to carers support groups and done some work with the relatives on old age and frailty, and the links they can get in to help and support them".

"The consultant geriatrician – she's come in, she's quite good, she comes and sits and talks to the families, she gives it to them straight. I think she's a benefit to the families... if we think a resident is deteriorating and they might not be here much longer, we get the consultant in and she will just tell the families, so it's like a proper consultation, and I think they sometimes appreciate the bluntness. Sometimes it can be hard for them to take in, I mean the relatives do know that, you know, mum, dad are deteriorating, but when it comes from the consultant it's sort of like, it's held a bit more highly".

Support

Carers Wakefield and other supportive carers groups have been identified as being partnered by the vanguard. Feedback from consultees affirm that this has been a positive change, and has impacted relatives by providing them with practical support.

"Carers Wakefield, they have helped relatives, but also people that are looking for beds and funding, they've offered a lot of support that way, making it easier for staff and relatives".

¹ Do Not Attempt Resuscitation

There was also an understanding from the other parts of the holistic assessment team that Carers Wakefield are having a big impact and they have a very important role to play:

“Massive need for Carers Wakefield and the befriending side of things.”

Awareness

Out of the 15 participants whom completed the carers’ survey; it was identified that 80% were aware of Portrait of a Life (POAL), 60% were aware of the MDT, whilst only 13% knew of LEAF-7 and Pull Up a Chair. These results are consistent with the feedback collected from the care home staff survey.

A total of 14 carers answered ‘Yes’ to the programmes having an impact on them as a carer, but only 50% of those elaborated on their answer by giving a reason in the comments box. From the feedback, it is apparent that the interventions have helped the carers by offering support and reassuring them that the people they care for are valued. Some of the quotes are as follows:

“We have peace of mind that my fathers’ needs are being taken into account”

“Staff get assistance if needed, thus taking pressure off me to arrange things”

“A beneficial tool to engage” [POAL].

A section of the survey was allocated to provide the carers with an opportunity to share any information about the programme(s). There are some consistency in the comments, whereby a number of carers are unaware of the programme(s), as per some of the comments below, suggesting that the programmes have not been communicated effectively.

“Although I understand that Vanguard has visited the care home no one has spoken about it to me”.

“Not being made aware of LEAF-7 and 'Pull Up a Chair' programmes”.

“[MDT] Still in infancy stage. Don't think all staff fully understand the programme. Training should be delivered to care staff working hands on with residents”.

Communication

During the evaluation, we encountered a vast range of positive and negative feedback specifically concerning communication which had or had not materialised as a result of the vanguard introducing various interventions. Areas which are covered in this section of the report include: staff turnover, trust, dissemination, and engagement.

At the stage of implementation, the communication was reported to be *“fantastic”*, but has since deteriorated, with one respondent suggesting the focus has been lost.

“...communication could be better now. It was fantastic at the start and you really felt a part of it, but it's sort of died a death”.

“In my personal opinion the vanguard has lost track of what it should have been”.

The following paragraphs detail possible reasons for changes impacting communication between the vanguard and the participating care homes and independent living sites.

Staff Turnover

Analysis of the transcriptions clearly highlighted staff turnover to be challenging, as this directly impacted the information sharing of the vanguard's objective, interventions, and respective changes. It was apparent that consultees felt the high turnover in staff resulted in wasted resources particularly from those who had received training. The training has been found to offer an awareness to individuals, but the retained information learnt cannot be shared whilst there appears to be a high activity of staff turnover.

"Still now we can go into a care home and some of the carers will say they don't know what the vanguard is or what it does".

"I didn't really know what they [the vanguard] were, I just saw them in the diary; it was only once they turned up that I knew what they were about".

Trust

Some consultees considered trust to be a key part of the programmes, as some saw it as the foundations of building relationships between the different organisations involved. It was noted that care homes initially perceived the CCG to be a threat by making assumptions their intention entailed them reporting the care home to the Care Quality Commission (CQC), of which the vanguard's true intention was later communicated, resulting in now having built good relationships.

"There's a lot of relationship building, working to gain trust with the care homes and the care home staff but equally with partners across the wider system like the local authority, MYHT², voluntary and community sector".

"...at the beginning the care homes were very worried... they didn't realise it was very much a supportive role... it did take a while to build that trust up".

Dissemination of Information

The way in which information was disseminated amongst staff was perceived differently across respondents. Where consultees considered positive changes to communication; they claimed that the vanguard had provided legitimate platforms for sharing good practice, for example: manager's network meetings.

A number of consultees shared concerns about poor attendance at the manager's network meetings, vanguard and other partners failed to attend meetings on regular occasions, resulting in poor connections with the care homes. Little or no feedback has also been recognised and discussed by several consultees, regarding referrals and actions. It is believed that these observations are subject to the care home, as one particular respondent reported their view of the manager's network meetings has changed the way care homes interact with each other and developed more peer to peer support in an "*open forum*".

"The registered manager's meeting, although not brilliantly attended; some of the managers have used it as a peer to peer support, it's chaired by care home managers and it takes place in a care home as well. There's been some movement there, interaction between the care homes has changed".

"The care home manager's meetings have brought people together, but me personally, it's had no impact because I've not been able to attend a lot of them".

² Mid Yorkshire Hospitals Trust

Whilst the MDT has reportedly established links with care homes and other services, some consultees expressed their anxieties with reference to the lack of communication between GPs and the vanguard, expressing that this creates difficulties.

"The GPs don't listen to the Vanguard team either. I had an issue recently where the Vanguard team completely backed my decision for what the resident needs, but the GP still ignored us all anyway".

"The main difficulty is that the letter doesn't always get translated on to SystmOne that the GPs use. It's particularly difficult at evenings or weekends because if it's a GP that not a named GP or they don't particularly know the resident, then they're not willing to make that call if that letter has not been on SystmOne for them to see that".

Engagement

In addition to the above, our findings also focussed on the consultees' awareness of the vanguard and the benefits attached to the respective interventions being delivered. Consultees described the vanguard with a range of mixed views; some reported that it was: *"frustrating"*, *"difficult"*, and *"badly communicated"*, whilst others gave praise stating it was: *"brilliant"*, and *"really accommodating"*. Evidence of this was identified during the interview process, and is highlighted in the following statements:

"It was frustrating to start with, it wasn't always clear what the role of the MDT was for and this caused problems and made it difficult".

"... It was badly organised, badly communicated and we felt we had started to lose the plot... There were too many fingers in the pies with their own agendas, all rushing round..."

"..All these things started popping up and saying we are from the Vanguard. We didn't know what was what..."

The MDT have been identified as helping raise the awareness of the complex demands of the care homes, as a result of broken barriers between the independent sector and the health sector. They have done this by a means of carrying out assessments in hospitals on behalf of the care home(s). Additionally, it has been reported that the vanguard have increased awareness of the available support and relevant contacts, which has had a positive impact on carers [staff] and subsequently has been really useful for the different organisations involved.

"The vanguard has had an impact on carers [staff], there's more awareness of what support is available, and they know who to contact, they pick up the phone and call the vanguard team".

Challenges

As part of the evaluation, some interesting findings were captured concerning the challenges that the care homes have had, as a result of the vanguard introducing various programmes. The challenges impacted care homes and individuals in different ways, which are demonstrated in the following paragraphs under headings: financial, time and capacity, information technology and collaboration.

Financial

Funding is perceived to be inconsistent across settings in the Wakefield District due to the constant shifting priorities, and residents requiring a different levels of need.

Recommendations are perceived as being too expensive by some homes. This can cause multiple problems, if the home cannot afford specialist equipment. Funding has been identified as an issue across some of the care homes,

particularly when the MDT recognised an issue and recommended apparatus better suited to the residents' needs. However, some consultees had concerns with the recommended equipment not being appropriate or competitively priced. Throughout discussions concerning costs; one particular care home raised a question of whom should be paying for the equipment recommended by the MDT, as it was unclear to them where the monies/funds would be sourced.

"... but then we'll get recommendations saying that they need a specialist chair which can be a £2,000 expense and if that's written down on a piece of paper and it hasn't been done then it creates problems, but there is no funding there for it".

"It's unclear who should be paying for it [equipment recommended by MDT], it's a lot of money and it adds up, but should it be the CCG, the care home or the relative that pays?".

"We can't always pay for the things they want us to get".

The CCG programme leads also acknowledged that an 80% reduction in funding meant fewer resources, which led to the work programme being changed mid-project in order to deliver the programme.

Time and Capacity

This evaluation highlights capacity as being one of the biggest factors when studying the challenges. This particular element was discussed by some of the consultees covering: staff turnover, availability, pressures, repeat messages, and project management. Some of the care home managers that were consulted reported the interventions conflicting with existing priorities and demands; all of which required their full attention and added commitment of their time to deliver the programmes effectively.

The general consensus is that the care homes feel that the capacity of the MDT is an issue by which the vanguard are perceived to be *"stretched"* as a result in the reduction of onsite visits. The MDT focus group reiterated this as a matter of fact, stating that the number of homes to manage is now too great resulting in poorer results. They have less ability to follow-up on advice, and therefore the relationships with the care homes suffer. The CCG programme leads mentioned the difficulty of managing all the different complex elements of the vanguard programme; not being able to solely commit to one aspect of the programme per care home.

"I get that feeling too that they're a bit more stretched now. When we first joined them they were here all the time, but recently we hardly see them at all and I think that is because they are a bit more stretched".

"The issue is the fluidity of the staff... we now don't have the time to go back and explain what the vanguard is".

"Don't think people realise how big the vanguard is, I think that there's many different elements to it, you know the MDT could take up all your time, developing their role and working with the homes could be one persons' role constantly".

"We are focussed on it [the vanguard], but because we've got so many other jobs to do, it's not always our priority. When they come into the home, it's as though it's the priority, they are there as the priority, and we've got to embrace them as the priority, and it can be a bit of a burden sometimes".

Following the semi-structured interviews, it became apparent that a range of tasks regarding the vanguards' interventions were considered to be time consuming. This could include individuals managing their time to attend meetings, especially where travel was essential, committing time for staff training, and building relationships between all partner organisations and particular care homes and independent living facilities, as a result of limited resources in the first instance.

“There’s a lot of relationship building, working to gain trust with the care homes and the care home staff, but equally with partners across the wider system... that all takes a lot of time”.

“The facilitators of the training course couldn’t accommodate us on a Wednesday, if they did it on a Tuesday I’d got half the team working and half the team on their day off; people on their day off couldn’t come in, or wouldn’t come in on their day off, and the other team were working and I couldn’t release them off their job”.

“I’ve probably only attended half a dozen, this is because of the resources in the home”.

Information Technology

Primarily, information technology (IT) caused problems in care homes, due to a number of reasons consisting of: skills gaps, connectivity, and equipment. The CCG programme leads raised an issue they had with data sharing, which made it difficult for them to evidence what they were doing. POAL reported similar instances, whereby their training was dependent upon care home staff being reasonably IT literate, as the training was delivered with the use of laptops. During the consultation period, it became obvious that the IT connectivity within care homes was poor; with consultees branding it as *“unreliable”*.

“In our organisation, they’re reasonably IT literate and have a good grasp and access to IT; whilst this is quite the opposite in care homes”.

“The biggest hurdle was the IT connectivity not being reliable in the care homes, with lots of buffering, the videos didn’t work, and people were all on different levels; not because of their abilities, but because the IT wasn’t keeping up”.

Collaboration

Consultees reported that the initial time to setup and engage with all the different elements was quite a challenge. The success of the vanguard was, to a certain extent, reliant on care home managers having a level of autonomy, to help adopt the programmes and deliver the interventions successfully. Our findings suggest that there are significant differences between the level of engagement and subsequently implementation of the vanguard interventions between the different care settings. In some cases this appears to be due to the care home manager failing to see the possible benefits of the vanguards’ interventions, and feeling under additional scrutiny. It is possible that the care home managers felt like this as they weren’t necessarily afforded the level of autonomy that is required to successfully embed the vanguard approach within all care homes.

“Larger chains have more fixed policies and procedures, more reluctant to deviate from that, they have compliance managers and sometimes it’s a struggle to get past that. Some of the smaller ones, it might be a local owner, who is more accessible, if you can speak to them, they can be more flexible”.

“It’s probably been most challenging within MYHT; had to spend a lot of time talking about what the vanguard is because there was a bit of misinformation, or maybe misinterpretation about the programme”.

“The extra level of scrutiny from; public, care quality commission (CQC), safeguarding, residents, families and staff... it’s all very critical criticism”.

Some of the managers interviewed initially found educating care home staff on the new changes *“challenging”*, and therefore resisted willingness to cooperate. Throughout this evaluation, there were a number of reports of the vanguards’ role(s) being unclear. Consequently, this may have had an adverse effect, making the environment difficult to engage and establish relationships with the regular staff turnover.

“It was frustrating to start with; it wasn’t always clear what the role of the MDT was for and this caused problems and made it difficult”.

"The biggest challenge initially was educating the staff as to why they [vanguard] are here..."

"...It was badly organised, badly communicated and we felt we had started to lose the plot...there were too many fingers in the pies with their own agendas, all rushing round..."

A small number of care homes submitted ideas during the interview process, following discussions concerning their awareness of the vanguard, whereby some felt that this has not been communicated effectively. Suggestions that were captured included having the vanguard avoid unannounced visits, and that the vanguard disseminate their approaches and limitations effectively to all respective parties. Care home managers and staff have expressed their frustrations of unannounced visits, which have been captured within the transcripts, and comments within the surveys are also seen to be consistent. The care homes seek clear guidelines, of which some have evidently experienced the opposite of this when passing comment (as per below examples).

"They say they're the critical friend, so they're coming in to help us make sure we do better. I think we need to look at how they approach situations, how they communicate their role, and where the limitations are, because what is the point of us referring to them if there's a limit to what they can take on".

"We need clear guidelines, and more of a structured approach; know when they're coming in, allocate somebody to be with them, and what they expect us to do, following any recommendations".

At least two participants echoed their concerns with the above, when answering ["Is there anything you have found particularly difficult with the programme\(s\)?"](#), quoting:

"Timing of visits sometimes coincide with particularly busy times at the unit"

"Although I understand the vanguard has visited the care home; no one has spoken to me about it".

Improvements

As mentioned in [Methodology](#), one of the identified themes during the thematic analysis exercise was improvements suggested by consultees. This section of the evaluation focusses on what can be done to improve interventions, and the respective findings to evidence suggestions. The 3 main things that were highlighted in the feedback collated from interviews and surveys consisted of; appointing a key person to act as *"champion"* between the care home(s) and the vanguard, training packages to be firmly structured and delivered accordingly, and a formal contractual agreement be fulfilled.

One of the questions that were asked on the care home manager surveys was ["Is there anything that could be done differently with the programme\(s\)?"](#). The response rate to this was very poor, with only 2 f participants answering this question. One respondent expressed their frustrations with the lack of support with temporary residents, stating they would benefit from support from the vanguard with these residents. Having so few persons' answer this question suggests that the care home managers may be pleased with the way the interventions have been delivered, with few ideas to change the existing implemented processes.

"The problems I encounter and would benefit from support with are usually for new residents. I am unable to ask for support from the vanguard team with these as most of our residents do not come in as permanent to begin with".

Key Person

Consistent feedback from consultees gave proposals of having a key person assigned to each care home, who would be solely responsible of linking them to the vanguard and other partner organisations. One of the consultees that was approached gave this recommendation as a result of introducing the link person as an alternative replacement for hot clinics. Consultees suggested having a single person representing each home could help improve relationships and communication; strengthening links and breaking down perceived barriers. This may also aid the successful delivery of the interventions by communicating messages clearly.

"... realistically, they just need one nurse to come out and review the patient, and then they can decide which other professionals need to be involved and take that back to the team".

"I think they have too many of them going to the different homes. If you have one member of the vanguard team assigned to each home that would be much better".

"Vanguard champion – they know who we are, have a responsibility to let other people know who we are and be that link between us and the care home".

Training Packages

Introducing a workforce development plan was mentioned in conjunction with presenting a robust training package to staff in attempt to make processes more sustainable. Some consultees are likely to welcome a suite of training, as a number of them have expressed positive opinions having attended training, reporting that training was enjoyable and beneficial.

"More of a robust training package, ties in with contractual levers, offer a suite of training, and say at least 80% of staff have to go on that training; a workforce development package".

Agreement

After reviewing the improvements, a need for a formal contract was perceived to be necessary. If an agreement was written, then this may rectify the issues concerning miscommunication incidents; making all parties fully aware of the vanguards' interventions. An agreement would potentially detail expectations from the programmes, and also contributions of the care home and/or independent living facility, giving the different settings some accountability.

"Trying to get contractual levers in place with the care home, a joint contract, we would be able to have a bit more influence with the care homes. There would be more give and take in the relationship, rather than it just being take from the care homes".

"Moving forward there needs to be some sort of two way agreement".

Other improvements, which were proposed by the consultees, covered the following:

- Having one GP per care home, reducing the demand on the care home;
- Expanding criteria to include residents who are under 65 years;
- Recommendations to be consulted with other partners, and
- Structure meetings to be more innovative and dynamic in aim to gain interest from all managers.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This has been a challenging yet very interesting evaluation to undertake, with many different stakeholders involved and many important viewpoints shared. There has clearly been a great amount of work put into the Care Home Vanguard over the last two years, with varying degrees of success throughout that period. Throughout the consultation process it was clear that certain elements of the vanguard have been more successful than others, and also that the vanguard as a whole has been received very differently within different care homes and independent living sites.

In order to conclude, this section of the report aims to answer the key evaluation questions, as originally stated in the [Introduction](#) section.

1) What is the impact of the different vanguard elements on the residents of the independent living facilities?

Through the work delivered by Healthwatch Wakefield, the tenants of the independent living schemes were consulted, however the tenants that were consulted didn't make many comments about the specific interventions involved in the vanguard. There was also a piece of evaluation delivered by Niche Consulting, which looked at the impact of the community anchors working with the independent living schemes. This report concluded that whilst there were many difficulties in establishing these connections, the work is seen as having a very positive impact on the wellbeing of the tenants.

Through consultations with the managers of the independent living schemes it was clear that there were differing experiences of the vanguard interventions, some positive and some negative, however it was clearly felt that POAL has had a clear positive impact on the residents, improving their wellbeing and interactions with both staff and other residents.

2) How have the Vanguard interventions impacted on residents of care homes?

Feedback from consultees involved in this evaluation certainly suggests that the care of residents in the care homes and independent living facilities is becoming more person-centred. Key to this is the improved relationships between staff and residents, as a result of the Vanguard's interventions, encouraging residents to be more engaged with staff and each other, and interested in life stories. Programmes such as POAL and Age UK have been reported to stimulate residents allowing them to have a better rapport with staff and each other, improving resident engagement and preventing them from being socially isolated.

The findings also evidence that the management and staff have been delighted with the involvement of the MDT, specifically with having quicker access to services allowing them to attend to the residents' medical needs more quickly. Therefore, this is perceived as an important intervention which should also continue in care homes for the purpose of the residents' care and wellbeing.

3) How have the Vanguard interventions impacted on carers?

Carers Wakefield have particularly been a supportive function for carers, by providing regular support groups and tailored information and advice. The support groups have been reported as being well attended and beneficial to use as a platform for sharing information. Another element of the vanguard which have impacted carers is Age UK; they offer volunteering services, and additionally introduced bereavement services into care homes, partially removing the responsibility from the carer to make end of life care plans/funeral arrangements.

Another key intervention that has impacted carers has been the elderly care geriatrician, who has been visited care homes to assist with end of life and advanced care planning. This has been well received by all who have experienced this intervention, with clear acknowledgement of the positive impact this has on carers and relatives at what can be a difficult time.

4) How have the Vanguard interventions impacted on staff?

It is prominent that the training is valued and enjoyed by staff, which is felt to be an essential part of development, by staff and partners. Almost all consultees universally reported the training to be useful.

Although, the feedback suggests that staff welcomed training, the training is sometimes associated with exacerbating existing staffing capacity issues within care homes. It was highlighted that managers have difficulty releasing staff, whilst continuing to provide adequate and sufficient person-centred care to the residents.

Staff capacity was highlighted as the utmost challenging factor within this evaluation. Many of the managerial respondents commented on the inability to release staff and/or be released themselves in order to attend training, meetings and/or other commitments due to the high demand on service delivery.

Staff have been reported as having to quickly adapt to and overcome challenges with service delivery, as a direct result of a reduction in funding. However, this has been facilitated by interventions from the MDT, offering additional support and changing the way programmes are delivered, in addition to volunteers sourced by Age UK. Generally, the information provided by the consultees suggests that some care home managers have embedded changes recommended by the vanguard, which is a real positive for the sustainability and continuity of the programmes.

It was highlighted that the outcome of POAL had a significant impact on staff; improving their confidence and relationships as a result of the training and raising the dementia profile within the care homes. Going forward, the improvement in rapport could possibly contribute towards communicating information more effectively, and making messages to carers more accessible using alternative methods.

POAL is considered by respondents as a valuable resource, which subsequently promotes management and staff to arrange suitable activities and events for residents.

5) What have been the challenges of implementing the holistic assessment approaches?

As presented within the findings of this report, the feedback was predominantly positive, but it is nonetheless important to consider the issues and challenges that were raised. In summary, these were:

- Funding;
- Communication;
- Staff Turnover/Capacity;
- Training [attendance];
- Time, and
- Sustainability.

There is some evidence to suggest that the success of the interventions differed in each setting, particularly in the “Phase Two” care homes, but it is suspected that the Vanguard no longer have the capacity to continue to deliver all the elements effectively. It is unclear whether this is a result of managing the programmes between the care homes current complex pressures, or if the vanguard has simply overcommitted.

Funding was a challenge both for the programme teams and for the individual care homes. The vanguard delivery teams had to deal with a reduction in funding mid-way through the vanguard programme, which creates challenges which were managed through system resilience and partnership working. There is a clear issue around funding within care homes, specifically for any additional equipment needed or to allow staff to attend training sessions.

Communication has been a challenge for all involved in the vanguard, with several consultees reporting being confused with exactly what the vanguard was about. There is a clear need for some sort of agreement between the care homes involved and the teams delivering interventions, so that all partners understand exactly what is expected from them and what they will get in return. This should also alleviate concerns about visit timings and training attendance.

Staff turnover has been a challenge within care homes for a long time, and this was evident during the vanguard evaluation. Turnover in staff causes issues with continuity and sustainability of programmes and there is a clear need to find a way to ensure a greater level of staff retention within the care home sector.

Whilst most consultees reported that the vanguard interventions were worthwhile and important, there was a general acceptance that setting up these programmes and allowing care homes and their residents the space to fully engage with the interventions was quite time consuming and sometimes the interventions suffered as a result of care home managers and staff not always having the time.

Recommendations

Based on the conclusions of this report and suggestions of improvements from consultees...

Recommendation 1: Develop a Contractual Agreement

There are clearly several concerns that can be addressed by some kind of contractual agreement between the commissioner and any care homes or independent living schemes who wish to participate in a vanguard programme.

An agreement could certainly help to alleviate concerns around communication, continuity during staff changes, engagement and expectations.

Recommendation 2: Develop a Structured Training Programme

One of the most commonly mentioned important interventions is the training and awareness sessions delivered by the MDT. To build on the success of the training sessions so far, it is recommended that a structured training programme be developed and delivered. This will enable all care homes to benefit from the training and also to understand what can be delivered and when.

Recommendation 3: Embed POAL

As outlined in our findings, POAL was greatly received by all aspects of the care home and independent living scheme sector. The benefits include improved interaction between residents, greater understanding of the residents for the staff (which in turn improves person-centred care), and improved confidence in staff and improved wellbeing for both residents and carers.

It is therefore recommended that POAL is embedded further into care homes, providing additional training and facilitating the sharing of this process between care organisations

Recommendation 4: Enable Access to Information

This evaluation suggests that the key to enabling more coordinated care is allowing care homes to have direct access to SystmOne. This would be an ideal solution for eliminating existing frustrations of care homes not being able to access their residents' patient medical records for updates. Although having access to SystmOne could resolve some issues, the underlying factor mentioned in Information Technology within the Challenges section, details accounts of unreliable connectivity. Therefore, in order to introduce SystmOne into each setting; the IT matters will need to be addressed first and foremost. Additionally, whilst the care homes do not possess access to SystmOne; it potentially encourages collaborative working with partnership organisations.

Recommendation 5: Improve Communication to Carers

Other than Carers Wakefield, the general consensus is that carers don't appear to have an awareness of the other elements of the vanguard. This is perhaps a result of lack of communication, or alternatively, in what manner the information was cascaded and/or distributed. Therefore, a future plan could include improving the level of engagement and collaboration with carers to keep them updated with the available different elements the vanguard has to offer.

Recommendation 6: Arranging Timed Visits

Having all elements of the vanguard programme would limit the disruption caused to the care home staff during their busy periods. It was felt by many consultees that sometimes the ad hoc nature of visits to care homes made it difficult to manage and could create confusion.

Recommendation 7: Introduce Key Link Person

This could work in both directions. Many of the care homes requested that they had a key contact for all things related to the vanguard, which would help to build strong relationships and keep them engaged. It would also then be easier for them to manage the process of having so many different people visiting the care home. It is also recommended that care homes have a "Vanguard Champion" within their staff, who's responsibility it is to communicate messages amongst the care home staff, ensuring that everyone is aware of what is available and what is going on.