

Transition to District Nursing Service

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Section B - Working in the community nursing setting

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The aim of this Chapter is to:

- Consider the role of the carer and the impact that carers have in the community
- Explore nurses reaction to carers and highlight partnership caring
- Look at ways to enhance the carer experience

The role of the carer

When discussing caring for the adult at home it would be impossible to discuss care without recognising the role of informal carers. Carers provide unpaid care by looking after an ill, frail or disabled family member, friend or partner. Most of us will look after an elderly relative, sick partner or disabled family member at some point in our lives. However, whilst caring is part and parcel of life, without the right support, the personal costs of caring can be high (Carers UK 2012).

The Care Act 2014 sets out carers' legal rights to assessment and support and commenced in April 2015. The Care Act (2014) now gives carer's the right to be assessed by local authorities and this assessment will consider the impact of caring on the carer. Previously the carers did not have a legal right to receive support so the assessment will now consider the carer's needs and identify whether caring is jeopardising their individual needs. Following the assessment a support plan will be developed with the aim of meeting carer's needs. Further details can be accessed at www.careact.org.uk.

Carers act as expert care partners in providing high quality care and make valuable contributions to social services and NHS service providers. There are an estimated 6.5 million carers in the UK today and an expected increase of 40% rise in the number of carers needed by 2037. The financial value of this care is estimated at £87 billion per year (Carers UK 2012). The informal workforce, who provide significant amount of unpaid care, may not be able to meet the demand, leaving a significant 'care gap' (Kings Fund 2012).

It is imperative that important issues such as carer identification, assessment and education and partnership working are acknowledged. Carers have a tendency to ignore their own health needs and are categorised as a high risk group for health problems (Simon 2011). The role of the health and social care professional is to be able to carry out carer assessments, in order to fully understand the carers' experiences and then to implement strategies in order for carers to feel supported in care delivery (Chilton et al 2012).

Overall the carer plays a significant role in keeping the patient at home and preventing hospital admissions. Caring can be a very lonely role and as a member of the District Nursing team should you be in touch with carers and aware of their needs. It is advisable to direct them to a carers forum where they can talk to other people in a similar situation and get support and recognition for what they are doing. There are various support mechanisms in place, such as organised days out and

'Building up a rapport with patients and their relatives is very satisfying.'

workshops for carers and these outings help give carers their life back. For many carers this is a lifeline and gives them the determination to carry on.

For more information on support for carers, contact <http://www.carersuk.org/forum>

Nurses reactions to carers

'...building up a rapport with patients and getting positive feedback from them and their relatives is very satisfying.'

Nurses recognise that without carers looking after their loved one, it would be impossible to carry out their role as well as they do now, as there would be a much larger drain on the district nurse and community nursing workforce. However, there is the danger that nurses can expect too much of the carer, which in turn can put the health of the carer at risk. Carers save the UK economy an estimated £87bn per year. It is for this reason that the carer and the District Nursing team should develop a partnership to ensure the well-being of the carer as well as the well-being of the patient. The nurse has a duty to inform the carer that they are entitled to an assessment. 'Caring for Carers' (DH, 2006) developed a strategy which values and supports the role of carers and considers the health, education and personal needs of the carer. www.dhsspsni.gov.uk.

As the demography of UK society is changing and there is a large multicultural mix, it is inevitable that there will be an increase in the number of carers from all ethnic groups.

A study carried out in 2007 claimed that 17.5% of carers were of an ethnic minority background. Working with these carers will require sensitivity in planning and sharing the care, as many people from a minority ethnic background see caring as their 'duty' and often will not have requested the services of professional nursing. Diplomacy in working with such groups is essential, as the aim is to work together to give patient and carer the best possible support.

It is estimated that Black and Asian Minority Ethnic (BAME) carers save the state £7.9 billion a year, in contrast to the support that is provided to enable them to care. The research shows that BAME carers provide more care proportionately than White British carers, putting them at greater risk of ill-health, loss of paid employment and social exclusion. There are approximately 503,224 BAME carers in England; 10% of all carers are from a BAME background

and 60,120 BAME carers in England are in 'poor health'(Carers UK. 2001). District Nurses caseloads are demonstrative of this demographic profile, so those working in the District Nursing team must not overlook these statistics. Support should be provided to all carers regardless of their background. The District Nursing team should signpost carers to a carer's website or other resources – www.carersuk.org

As mentioned in Chapter 7, the number of young carers in the UK is growing and young carers may spend up to 50 hours a week caring for a member of their family, who may be a parent or a sibling. This will have a significant impact on their social skills as well as their educational needs. This group of carers will require support that is meaningful to them and this should promote confidence that those being cared for will not be disadvantaged if they take up additional support. Working with this group of carers will require an element of emotional intelligence, which is mentioned in Chapter 10. From April 2015 the law changed for young carers and a social worker from the local authority must now visit to carry out a 'young carer's needs assessment'. This support will assist in recognising what additional support the young carer may require.

Nurses who are working with carers to support a vulnerable person living in their home must also consider how they can work together to keep the patient at home and enable the carer to have some independence, e.g. continue to work or to attend school, as many carers are young carers – in 2001 175,000 carers were under 18yrs. Spending time with the carer is key to the overall successful implementation of planned care. If the carer feels that their needs are being addressed, a more positive caring experience for both carer and patient will result and there will be less chance of resentment on the part of the carer. www.publications.parliament.uk This website will give you links to your local MP and will introduce you to ways of lobbying for a change in policy

Enhancing the carer's experience

It has already been mentioned that the community nurse and the carer should be working in partnership to ensure that patient and carer are supported. The DH (2012a) recognises also that by empowering patients and enhancing the patient experience, this will promote a positive patient and carer experience. What is important to the patient and carer:

- Adapting to the care setting and respecting patients' home



- Going the extra mile – flexibility and responsiveness
- Making a difference – support and anticipation needs
- Advocacy role and managing risk to keep patients safe
- Family/ home centred
- Hands on and highly skilled
- Core/key worker is centre
- The 'key' to multi-level care
- Harm free care
- Diversity and disability
- Decision making
- Utilising technology
- Being heard

The above list, adapted from the Department of Health (2012a) covers the whole spectrum of care and reflects the 6Cs of Nursing (Compassion, Courage, Communication, Commitment, Care, Competency).

The dialogue between the nurse and the carer must be ongoing, as what could begin as simple caring tasks, such as bathing and feeding, may become more complex if the patient's condition deteriorates. It is important therefore that the carer's needs are reassessed regularly to ensure their experience as a carer is not compromised. The carer should be informed of the importance of taking a break from caring and information about respite care should be given to them so that they can plan a break for themselves. The patient may then either receive care as an inpatient or where possible more services can be put in the home to enable the carer to take a short break. Having a short break is an opportunity for the carer to 'recharge their batteries' and it also recognises how much they are contributing to the overall care of the patient.

Carers have often said that they feel invisible; therefore the amount of time that the carer gives in supporting the patient to stay in their own home must not be underestimated and not taken for granted.

The Carers Trust: www.carers.org There is a wealth of information on the site regarding how carers can apply for respite care, as well as information on education and finance.

www.hscic.gov.uk This site will give you information on topics related to health and social care.

There may be local organisations that you can access. These may be voluntary, private or charitable organisations, - your team can guide you with this.

Care in Local Communities – A new vision and model for District Nursing (2013) publication highlights the importance of working with carers to provide holistic care for vulnerable patients living at home. One of the objectives of the model has been to review professional pathways focussing on supporting carers. It highlights the importance of creating a therapeutic relationship with patients and carers.

- Does good communication between patients, carers and the District Nursing team promote compliance and trust?
- Look for examples within your District Nursing team
- What are the demographics within your District Nursing team

'The partnership between the carer and the community nurse is essential if care is to be ongoing.'

- caseload?
- Does it reflect the BAME statistics mentioned above?

Case scenario

Patient and Carer Focus

Margaret has dementia and has been referred by home care with skin tear due to a fall. She is cared for by Henry her 75 year old husband who has diabetes and reduced mobility. While assessing her Henry asks if you will catheterise her as she has started to become incontinent and he is finding it difficult to manage.

- Explore issues such as carers needs – does Henry need an assessment himself?
- What support is in place for carers?
- Are there any ethical implications?
- Risk assessment

Possible actions:

You could make a decision to catheterise Margaret as you can see that Henry is not able to manage her incontinence and often cannot get Margaret to the toilet in time.

Refer to continence service for an opinion as better continence aids could resolve this.

- You could arrange for Henry to have some social support in the form of extra help in the morning and evening which would reduce the amount of times that Henry would have to deal with Margaret's toileting.
- Referral to local memory clinic via GP.
- When considering ethical implications what are you looking at? Are you thinking of what is the best action for Margaret or Henry? Should both needs be considered?

Some areas to be considered when carrying out a risk assessment are as follows:

- Is Margaret able to recognise when she needs to go to the toilet?
- Is Margaret capable of making her own way to the toilet?
- Is the home environment suitable for a commode?
- Where would you place the commode in the home?
- What amount of fluid intake is Margaret having daily?
- What times of the day does she drink?
- Is there a particular time of day when Margaret is incontinent?
- Is Henry able to monitor his own diabetes?

- What is Henry's nutritional status?
- What are the restrictions to Henry's mobility?
- Is Henry's restricted mobility a danger to both Henry and Margaret?



Exercise These are just some of the risk factors to consider. Can you think of more?

The QNI has developed an online resource specifically designed for community nurses to enable their support to carers, look at www.qni.org.uk to find out more.



Chapter Summary

This chapter has looked at the important role that carers play in supporting the community nursing service to look after a large number of vulnerable people being cared for at home. The partnership between the carer and the community nurse is essential if care is to be ongoing. However, it was also recognised that often carers could be taken for granted and therefore there must be acknowledgement of the amount of work that carers do in preventing hospital admissions. The diversity of patient needs due to cultural diversity was also addressed.

Overall this chapter has highlighted that without carers there would be so many more hospital admissions, as there are limited community resources to maintain care in the community without the addition of numerous unsung heroes – carers.

References

Carers UK (2016) Carers Rights Guide 2016 Looking after someone, London

Carers UK (2006) The Voice of Carers- Half a Million Voices: Improving Support for BAME carers

Web resources

- www.carersuk.org
- www.ageuk.org.uk
- www.youngcarers.net
- www.macmillan.org.uk
- www.carersinthecommunity.org.uk
- www.healthknowledge.org.uk
- www.communitycare.co.uk/articles/16/08/2011/46026/carers.htm
- www.crossroadscare.co.uk
- www.nhs.uk/CarersDirect
- www.gov.uk/government/organisations/
- www.gov.uk