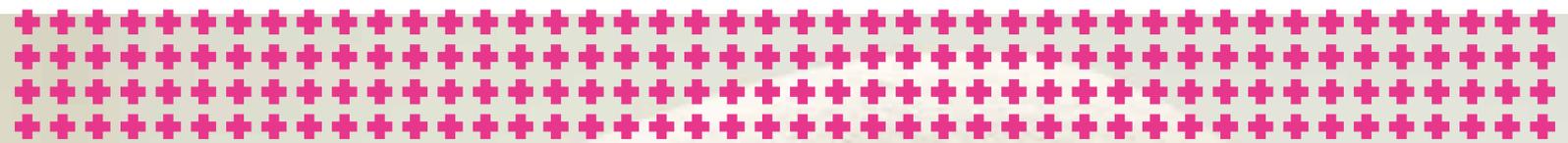


Transition to Care Home Nursing

Section B - Working in the Care Home with Nursing Setting

Chapter 6 - The Effective Multidisciplinary Team

A resource in the QNI's 'Transition' series, designed for registered nurses with an interest in working in a care home with nursing and for those who are already in this area of practice, who would like an update on current practice and approaches.



Section B - Working in the Care Home Setting

Chapter 6 - The Effective Multidisciplinary Team

Completing this chapter will enable you to:

- explore good practices of working within a multidisciplinary team (MDT)
- know more about working collaboratively with health and non-health professionals to achieve good care outcomes
- ensuring right staff with right skills provide care in right place
- develop a working culture of learning from events
- keep effective records.

'There might be tensions between medicalising and normalising the care home environment. Some practitioners can forget that care homes are homes first, and places where disability and illness are managed second. The visiting GP may want the care home to run with the clinical efficiency of a hospital ward, whilst the care home staff want to maximise residents' comfort and foster warm relationships.'

Professor Steve Iliffe, Researcher in Primary Care for Older People

Introduction

The QNI has been campaigning for the right balance of skills in community healthcare teams – the Right Nurse, Right Skills Campaign has been running since 2012. If more care is going to be delivered in nursing homes, it is vital that there is more investment in well-trained staff, including health care assistants, who have the time and the expertise to give high quality, compassionate and person-centred care to the most vulnerable members of society (QNI 2012).

Within a care home with nursing the majority of the workforce will be unregistered carers, who you will have direct management and responsibility for. You will need to develop skills in promoting good team work, which includes working well with colleagues within your immediate team, talking with experienced colleagues, holding regular meetings, building a network of support, reminding each other to gather up-to-date information, using reflective practice and being prepared to talk about your concerns openly.

Collaborative Ways of Working

Genuine collaborative working is the coming together with a common purpose with clear goals. Multidisciplinary teams work with the sole purpose of delivering effective care to the residents in the care home. This is not just a matter of being told to carry out a certain task, it involves discussion, debate and reflection about what is best for the resident. All members of the team should be involved in the discussion as every team member will have a valuable contribution to make.

The philosophy of collaborative working should be to ensure that the resident is at the centre of all discussions and their need should far outweigh those of the professional involved in their care. There should be clear links between public and voluntary services so that a whole systems approach to care is carried out. Access arrangements and clearer discharge planning are essential to a successful whole systems approach to care.



Activity

If you are already working in a care home, answer the questions below.

1. Who makes up your multidisciplinary team, when caring for people in your care home with nursing?
2. Are the people in the team the right people?
3. How does it feel to be a member of your team? Do you feel valued?
4. What works well in the team? Which areas need improvement?
5. Can you identify ways to make the team work more effectively?
6. How could you make stronger links with other teams, medical and non-medical?
7. What impact would this collaboration have on you as part of the team?
8. What are the potential pros and cons?
9. Thinking about the ways multiple agencies communicate, what are the strengths and weaknesses of communicating via email, phone, face to face, and video conferencing?

Working together enables everyone to agree a course of actions and for the collaboration of support services to work together in a holistic way in the best interests of the resident. In this way information and responsibility is shared among the team members and everyone has a part to play. However while this is undoubtedly the most effective way to work with residents experiencing co-morbidities who may have contact with numerous services, it can hold some challenges if the professionals do not agree upon a course of action. It is key that the patient is as central as possible to the decision-making process and that team members are open to explaining their actions to the wider team.

Record Keeping

Record keeping is a way of collaborating with all those involved in the care of your resident. It is a way of passing on vital information to those involved in the care of your resident. It can document safeguarding issues which give critical historical context if the resident is at risk of harm or causing harm to others.

Accurate record keeping and documentation is essential to professional nursing practice. Once something is written down, it is a permanent account of what happened and what was said. Without a written record of events there is no evidence to support a decision made or an audit trail from which to follow a sequence of events. It is therefore crucial that accurate and consistent records are kept at all times. Ensure you are familiar with other records e.g. from hospital, district nurse, or social care.

The NMC Code¹ includes direction on record keeping. Nurses must keep comprehensive records at the time of care and then store and transfer them securely.

These records must identify any risks or problems and be:

- clear and accurate
- factual and consistent
- attributable.

In most areas you will be using specific computer systems for record keeping, medicines management and for clinical information. You should receive appropriate training and regular updates to enable you to use these systems effectively. It is important to know which agencies can and cannot access the system you are recording on, as this will influence the format you use to share information.

The other element of accurate record keeping relates closely to investigations and serious incidents.

The principle definition of a serious incident is:

'..serious incidents are events in health care where the potential for learning is so great, or the consequences to residents, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.'^{2'}

Learning from Events

Significant event analysis is an increasingly routine part of practice. It is a technique to reflect on and learn from individual cases to improve quality of care overall. Significant event audits can form part of your individual and practice based learning and quality improvement. The process mirrors that of your own reflections on practice.

Whether clinical, administrative or organisational, the significant event analysis process should enable the team to answer the following questions:

- What happened and why?
- How could things have been different?
- What can we learn from what happened?
- What needs to change?
- What was the impact on those involved (resident, carer, family, clinician, the team)?

You may be familiar with the above questions as they are also applied when considering serious case reviews involving the death or serious injury. This reinforces the importance of accurate record keeping. It is essential that these



“ It is key that the patient is as central as possible to the decision-making process.

records are kept up to date so that they can be shared with other members of the multidisciplinary team each time they visit the resident.



Reflection trigger point – what would you do if?

These reflection triggers are for you to get together with your mentor and if appropriate other team members to debate possible solutions. They could be used as a basis for a discussion or even a teaching session. We are aware that the solutions to these triggers may vary from Care Home to Care Home according to local policy and procedure. We are also aware that there may be no ‘right or wrong’ answers to how certain situations might be tackled and therefore it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

- You are working with a GP who does not respond to your calls and when he does, he presents as irritated by being called and tries to avoid having to address your concerns and won't visit to see a poorly resident.
- A number of your clients have mental health problems and you are feeling overwhelmed and unsure how to help them?
- You are working with a colleague who seems to arrive early at work and is always the last to leave in the evenings? She seems to get very heavily involved with the residents she cares for and does not appear to appreciate professional boundaries.



Summary

This chapter has explored the importance of teamwork and collaborative ways of working within a multidisciplinary team. It stresses that all members of the multidisciplinary team have a responsibility and all members of the team should be invited to participate in discussions regarding their residents. If a multidisciplinary team is going to be effective there must be respect across all of the disciplines which will foster a positive environment.

The overall aim of collaboration is to encourage health and other professionals to work together and communicate in the most effective and efficient way to produce the best health outcomes for residents. This is especially important when working with older people because of the difficulties and challenges of keeping up-to-date knowledge of changes. This chapter has also highlighted the importance of accurate record keeping, emphasising that no matter how insignificant a task may seem, it must be written down or otherwise in a court of law there will be no written evidence available to support the perspective of the care home nurse regarding the interventions with the resident.

References

1. Nursing and Midwifery Council, 2015, The Code [pdf] Available at: <<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>> [Accessed 19 December 2016].
2. NHS England, 2015.

Further Resources

- NHSE – Quick Guide: Clinical input into Care Homes Transforming Urgent and Emergency Care Services in England <http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-clinical-input-to-care-homes.pdf>

Notes on the chapter

