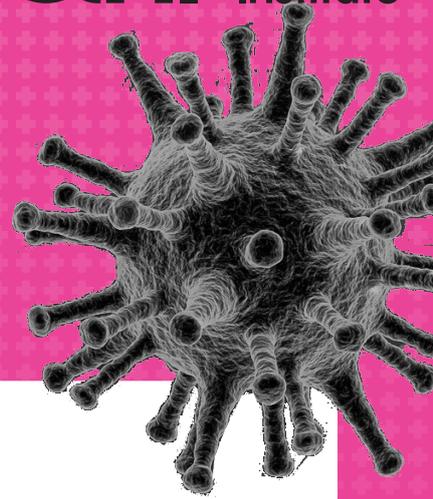


# Community Nursing Covid-19 Innovation/Best Practice

# CASE STUDY

An informal District Nurse training scheme for Newcastle care homes



## 1/

### Personal details

**Name:** Kevin Murphy

**Job title:** Specialist Practice Teacher

**Employer:** Newcastle Upon Tyne Hospitals

## 2/

### Please describe your practice innovation.

As part of our District Nursing service, we cover a total of 46 care homes, both residential and dual registered nursing homes. Unfortunately, many of the residents in these care homes contracted COVID-19, often requiring immediate nursing assessment. Many of the nursing staff visiting the homes noticed carers needed support with PPE technique and had a lot of queries about managing patients with COVID.

We initiated a project team with the aim of providing direct support, guidance and training to every care home in the region. Care homes had received the information from the Department of Health and Social Care but there was not always a clear understanding of this in some of the homes. We also wanted to support the care staff members, who were under enormous pressure dealing with the difficulties of caring for vulnerable patients in the midst of a pandemic. The project required urgency, due to the escalating cases of patients with COVID-19 and the clear need for care home staff to be supported.

As project lead, I used the feedback from care staff to develop a training and teaching plan for the team to roll out and offer to all 46 care homes in our locality.

We used staff redeployed from other areas of the community and formed a working group that made contact with every care home, offering them face to face training and education on the following areas:

- The most up to date information around the coronavirus and the disease COVID-19
- Teaching and physical demonstration in PPE 'donning' and 'doffing' as well as waste disposal and best practice
- Myth-busting, looking at false and inaccurate news stories and common myths that are not supported by evidence
- A Q&A session followed by a focus on wellness and wellbeing for staff throughout the pandemic.

All of the evidence was collected from DHSC guidelines and in conjunction with best practice through the Newcastle Hospitals Trust. This was frequently updated in line with amended guidance and the release of the latest evidence and guidance. A database was developed which contained a template for recording which care homes had been contacted, visited and what had been provided. This was updated regularly by the team after every visit and allowed us to audit and evaluate at regular intervals.

In total, we provided a total of 55 face to face sessions in the space of one month, some of which were repeat visits to care homes so we met as many staff as possible. Although not all care homes accepted the offer of training or teaching, we had consistently excellent feedback from the homes we did visit. The main feedback involved how pleased the staff members were to receive face to face training, the physical PPE demonstration and the focus on their welfare and wellbeing.

**3/**

**How has this enabled you to treat/support patients / residents/families/carers more effectively and safely?**

Our priority is the welfare and wellbeing of our patients. By promoting the most effective infection control measures we can take to keep them safe, we will be helping to reduce the transmission of the coronavirus. Providing face to face education was a key focus of the project to encourage important discussion and practice correct PPE application. By working with the carers and taking an encouraging yet informative approach, we received good feedback from carers about how they will be able to use this training to enhance their care they provide.

**4/**

**How has this enabled you to work more effectively with colleagues/partner organisations?**

This was a real positive from the project. We managed to develop some very good relationships with the care staff and managers, mainly due to our approach. As this project was mainly informal and not competency based, carers and other staff appeared to be very relaxed around us and we held some very interesting conversations. The fact that several of the care homes asked us to come back in the future for updates showed how we had developed a trusting relationship with many of them. We work frequently with our local care homes and consider it an essential part of our work to continue developing positive relationships with care providers.

**5/**

**Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?**

I believe this offers great potential for continuing our positive relationships with local care home providers. Although the project was a temporary measure until a more formal procedure was developed, it has given us a great opportunity to show how our services can both support and integrate into care home settings and work together in the interests of our patients. There is a great deal of work being undertaken within the Trust, focusing on community and patients residing in both residential and nursing care homes. This project has shown how we can continue working together and what we can offer to support care providers.

**6/**

**Please describe any particular challenges you had to overcome.**

Staffing and resourcing was a particular challenge. My role is based within the district nursing team, which was already under significant strain. I managed to recruit some redeployed staff into the community and guide them as to what needed to be done. Unfortunately, the availability of the staff was at times variable and involved training new staff members as other staff returned to their usual roles and departments.

A particular challenge for me was that there was nothing in place for the care homes so this all needed to be started from scratch, so to speak. I felt that since the start of the pandemic, care homes had not received the attention or focus that they clearly so urgently needed. Many of the care home staff in our training sessions felt that they had been 'forgotten about' and not recognised.

**7/**

**Please describe any continuing challenges you would like to address.**

Our care homes need to be able to trust NHS agencies to support them appropriately in order to maintain professional working relationships. As community partners, we need to continue investing time, support and resources into our networks and continually reinforcing the need for high-quality patient care and service integration.

**8/**

**Please list any websites, online platforms or apps that have helped you.**

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

**9/**

**What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).**

Our project had no funding, which in all fairness we didn't need. The only equipment we used was PPE (non-sterile gloves, aprons, face mask and eye protection), which was minimal cost. The teaching was delivered without technology, as I thought this would be a potential barrier and all care homes may not be set up for this.

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Staff feedback

