Health Needs Assessment of the Residents of Nursing Homes in South Tyneside

Executive Summary – January 2011

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Introduction

This is a summary of the Health Needs Assessment for Nursing Home Residents, which has been developed for South Tyneside PCT to:

- Provide information on current health and well-being needs of nursing home residents in South Tyneside
- Provide information on current healthcare utilisation of this population
- Inform the South Tyneside Commissioners (jointly commissioned by the PCT and Adult Services in the Local Authority) and others involved with the care of nursing home residents about where services need to be focused to achieve quality care that is equitable to other older people living in South Tyneside

It builds on current research, health surveillance, consultations with healthcare professionals across acute, community and primary care and public consultations with nursing home staff, residents and their relatives.

Local Context

The healthcare needs of people in nursing homes are complex and these residents require 24 hour nursing care. Many nursing homes already provide professional healthcare support to their residents but more work needs to be done to understand the complex health needs of this population. In the past year, incidents regarding the quality of care in South Tyneside nursing homes resulted in unnecessary suffering and distress for residents and their relatives. Consequently, the investigation and remedial actions incurred major expenses for both the Primary Care Trust (PCT) and the Local Authority.

Healthcare for these residents requires input from a multidisciplinary team of NHS healthcare professionals from the Acute Trust, Primary and Community Care working collaboratively with the nursing staff based in the nursing home. Currently in South Tyneside, the PCT is dependent on private sector care homes to meet the complex health needs of these residents and cross-organisational coordination of care is essential.

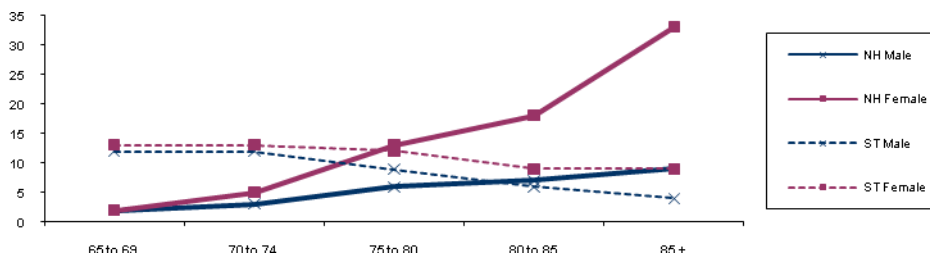
The findings from this health needs assessment are needed to plan for future as well as current healthcare provision for this vulnerable population. It is projected that the population aged 85 years and over in South Tyneside will increase by 71% over the next 20 years. It follows that there will be a similar increase in the number of residents that will require 24 hour nursing care. This work is in keeping with the North East strategy for Better Health, Fairer Health and the vision for later life and a good death.

Population

This Health Needs Assessment uses data on all residents who were in South Tyneside Nursing Homes during 1st April 2009 to 31st March 2010 for whom the PCT was paying either the nursing or continuing health care tariff. The nursing tariff is currently nationally set at £108 per week and may have an additional £10 per week for residents with elderly mental illness, such as dementia. This is roughly equivalent to 1-2 hours per day of nursing time.

There were 240 residents in nursing homes during this period. The mean age of residents was 82 years with males being on average 2 years younger than females. The majority were women (173, 72%). Although there is a trend for a higher proportion of women in the over 65 years population in South Tyneside, this difference is magnified in the nursing home population, especially in the over 75 group (Figure 1).

Figure 1. Proportion of over 65 year old residents that are male and female in each age band in South Tyneside (ST) Overall and in South Tyneside Nursing Homes (NH)



Health profile of residents

Information on residents current health problems, long-term conditions and relevant past medical history were abstracted from the GP records. Primary care practices in South Tyneside gave Caldicott Guardian approval for this work to be undertaken and information on 230 residents (96%) was obtained.

Figure 2 shows the proportion of the total group who had these conditions recorded on their GP record. The most common health problems were related to:

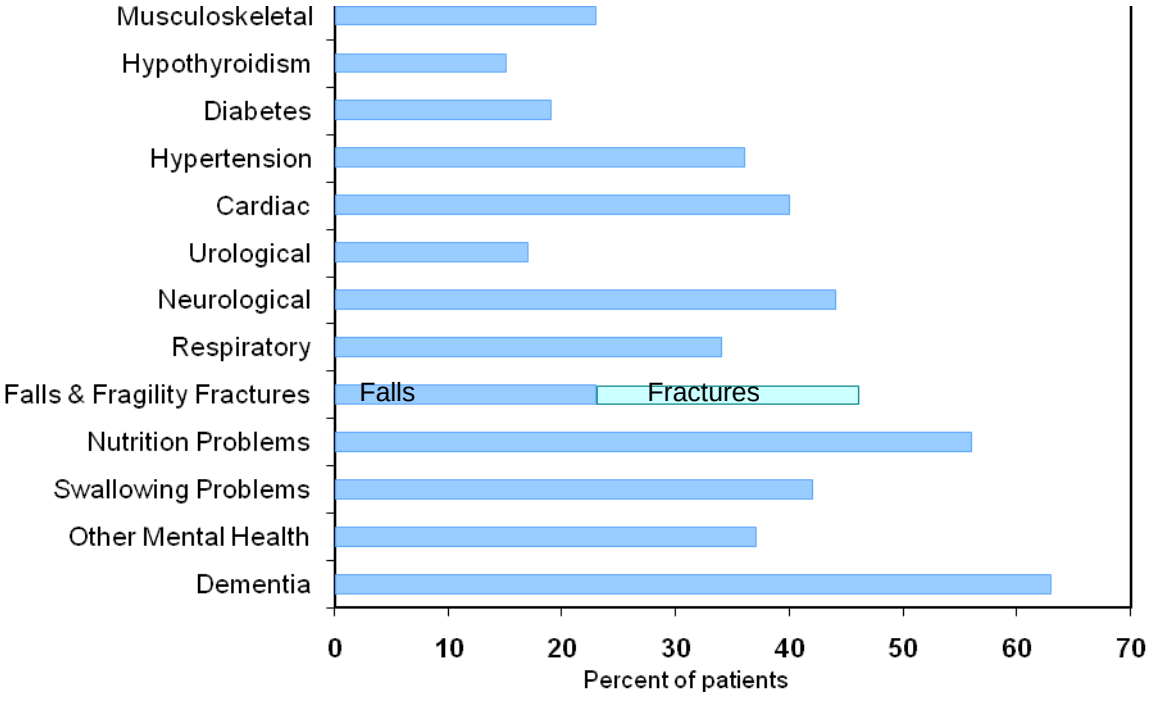
1. Mental health with over 145 residents having dementia (63%) that was sometimes associated with challenging behaviour. Other mental health problems were common and included depression (38, 17%) and anxiety or agitation (31, 13%). Additionally, there were some more complex conditions requiring closer monitoring, such as bipolar disorder (16, 7%).
2. Swallowing (96, 42%), weight loss, malnutrition and dehydration (131, 58%) were also very common and contributed to patients requiring thickeners and nutritional supplements. Additionally, these problems with feeding led to other acute disorders, for example, inhalation of foreign bodies and aspiration pneumonias that required hospital admissions.
3. Falls were documented for 52 residents (23%). Overall, there were 53 fragility fractures (23%) with the majority of these being fractured hips (43, 18%) and in some residents a history of multiple fractures. During the year we studied, there were 6 fragility fractures, 4 hips and 2 ankles.

Figure 2 also shows the proportion of patients with long-term conditions that require on-going monitoring:

1. Neurological conditions such as CVA (Stroke), Parkinson's Disease and Epilepsy (122, 43%)
2. Cardiovascular conditions such as heart failure, atrial fibrillation (93, 40%)
3. Respiratory conditions such as COPD, Asthma - some with acute chest infections (78, 34%)
4. Hypertension (82, 36%)
5. Diabetes (43, 19%)
6. Hypothyroidism (34, 15%)
7. Musculoskeletal conditions including rheumatoid arthritis, osteoarthritis and back pain (54, 23%)

Residents often had a combination of these long-term conditions with 177 (77%) having 3 or more. It is important to note that this does not include the fact that these residents may also have communication problems related to hearing (27, 12%) or vision loss (17, 7%). Additionally, they may have other disorders commonly associated with older people such as speech impairment, cognitive decline and problems with bladder & bowel continence, which were not consistently documented.

Figure 2 Proportion of Nursing Home Residents with Conditions Recorded on the GP Record.



Note: In some instances patients were on medications but the corresponding condition this would have been prescribed for was not recorded. For this reason it is likely that this graph is an underestimate of the proportion of patients with these conditions.

Healthcare Resources Utilised

Foundation Trust
Hospital Episodes Statistics for 1st April 2009 to 31st March 2010 were used to evaluate this activity.

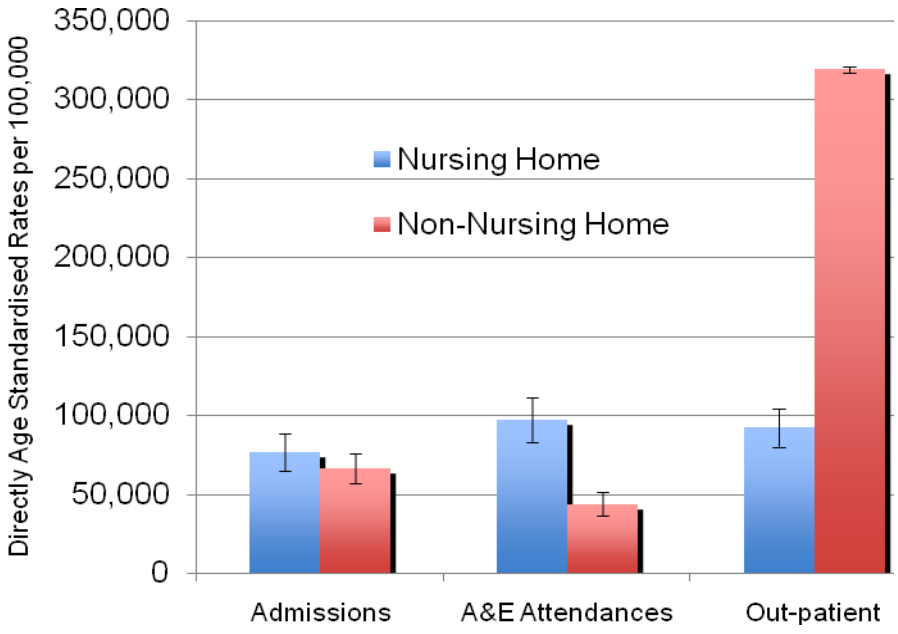
Hospital Admissions – There were 167 hospital admissions made by 94 of the nursing home residents; the majority of these were emergency admissions (82%). These admissions accounted for 1,595 bed days including 26 day-cases. This would mean that on average at least 4 beds in the Acute Trust are used for nursing home residents all year round. Only 7 admissions were for longer than 30 days. Some patients had multiple admissions with 23% having 3 or more admissions during the year. The total cost to the PCT to the Acute Trust for these admissions was approximately £400,000 and additionally the PCT would have continued to pay the nursing homes to keep the bed reserved for the resident (full amount for 6 weeks and then a reduced amount after this time). Age standardised rates of admissions for nursing home residents was 16% higher than for non-nursing home residents in South Tyneside but this was not significantly higher (Figure 3, note that the error bars overlap).

Using Payment by Results (PbR) data we were able to ascertain reasons for admissions. Some of these admissions were potentially avoidable and/or could have been managed in the community. Common reasons included acute infections, such as respiratory (23) and urinary tract infections (6), swallowing and nutrition problems (11, including inhaled foreign bodies), gastrointestinal bleeds (7) and hip fractures (6).

A&E Attendances - There were 184 A&E attendances made by 103 of the nursing home residents; the majority of these were taken by ambulance (177, 96%). The outcome of these attendances was 127 (69%) admissions, 47 (25%) discharged to follow-up care with GP, 3 deaths and 5 referrals to outpatient clinics (including 2 for fracture clinic). Age standardised rates of A&E for nursing home residents was 124% higher than for non-nursing home residents in South Tyneside, which was significantly higher (Figure 3, note that the error bars do not overlap).

Outpatient Attendances - There were 218 Outpatient attendances made by 75 of the nursing home residents. There was an additional 35 appointments that residents failed to attend. Age standardised rates of outpatient attendances for nursing home residents was 71% lower than for non-nursing home residents in South Tyneside, which was significantly higher (Figure 3, note that the error bars do not overlap). This might indicate that the residents of nursing homes were less likely than non-nursing home residents to be under specialist care despite having complex medical needs.

Figure 3 – Directly Age Standardised Rate (per 100,000) for Acute Trust Utilisation 2009/2010 for Persons Over 65 in South Tyneside Nursing Home and Non-Nursing Home Populations



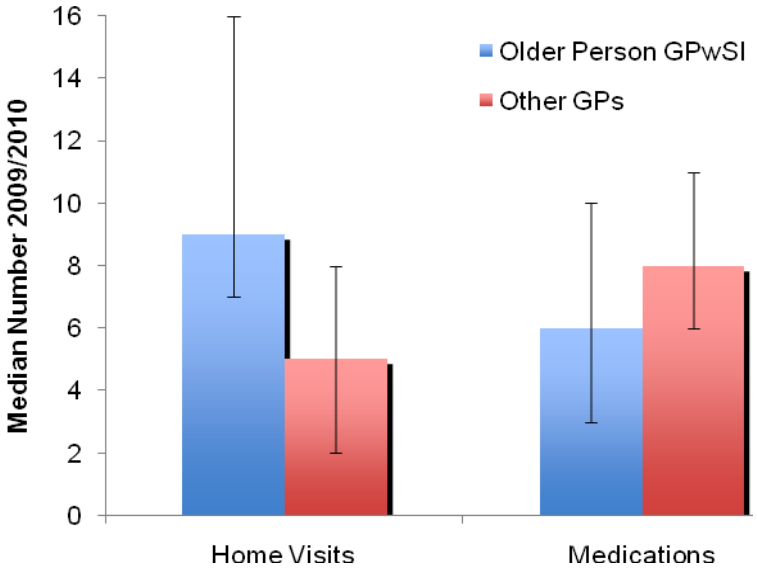
Note: Directly age standardised rates per 100,000 reported with 95% Confidence Intervals [CI]. When CI do not overlap then differences between groups are significant

Primary Care

There are 29 GP Practices in South Tyneside and 27 of them have at least 1 patient who was in a nursing home during 1st April 2009 to 31st March 2010. The majority of nursing home residents (especially those in the Jarrow and Hebburn homes) are registered with a GP who has a Special Interest in Older People (Older People GPwSI) at The Park Surgery (81, 34%) with the other practices having between 1 and 15 residents registered with them. The Older People GPwSI goes to each nursing home once a week and has a clinical practitioner (paramedic background) who also goes to the homes once per week. Patients registered with the Older People GPwSI had on average 9 home visits (range 0 to 33) over the year (1 April 2009 to 31 March 2101) compared to an average of 5 home visits (range 0 to 18) for the other patients combined. Conversely, patients registered with the Older People GPwSI were on average taking 6 prescription medications (range 0 to 15) compared to 8 prescription medications (range 2 to 28) for the other patients combined (Figure 4). However, the group of patients registered with the Older Person GPwSI did not have fewer acute hospital admissions or A&E attendances than patients registered with the other GPs but they did have fewer out-patient appointments.

Figure 4 – Comparison of Number of Home Visits and Prescription Medications between Patients Registered with Older Person GPwSI vs. Other GPs

Note: As this data is skewed median values are presented and error bars represent 25th and 75th percentiles.



Community Services

It is difficult to quantify service utilisation of community services as data is not readily accessible and the following is an overview of what services are available.

District nurses – Provide nursing care to housebound residents of South Tyneside for all nursing care needs that can be met between 8.00 AM to 5.00 PM 7 days a week. District Nurses do not routinely go into nursing homes but will in exceptional cases help for short periods (for example, to set up a syringe driver).

Intermediate Nursing Care

The Intermediate Care team based at Boker Lane provide out-of-hours District Nursing support from 5.00 PM to 8.00 AM and do provide support advice and care to residents of nursing homes during this period. Data available on service utilisation for the out-of-hours service for September 2009 to March 2010 reports 9 visits for care and 2 contacts for advice. The care requested was mainly for re-catheterisation out-of-hours if staff were not trained in this and for administration of lactulose enemas. Advice requested was for wound care and around verification of death.

The Intermediate Care Team also provided support following safeguarding alerts that were made for St Michael's residents in March 2010. This involved 52 general assessments of care and falls risk assessments, which were followed by reviews and advice to nursing home staff over a 3-month period.

Community Matrons – Provide overall case management for residents of South Tyneside with Long-Term Conditions that require ongoing assessment, management and monitoring. They will go into Nursing Homes if requested but currently only see a small proportion of nursing home residents.

Nurse Specialists – Provide specialist nursing care for a range of conditions and health problems including diabetes, tissue viability, bladder and bowel service, falls, infection prevention and control, challenging behaviour teams. Most of these teams have been quite active in South Tyneside nursing homes, especially homes that were failing, and provide education and training for their staff. They will go in on request to review patients and provide input into care plans. For example, the Falls Nurse Specialist conducted 107 falls assessments on nursing home residents during the year 1April 2009 to 31March 2010, (Note: 52 were on St Michael's View residents).

There are some Nurse Specialists employed by Industry, for example continence and tissue viability nurses, who input into nursing homes but concerns have arisen when their advice has been in conflict with NHS standards and this has sometimes resulted in poor quality of care for nursing home residents.

Speech and Language Therapy – Provide assessment and input into care plans, especially with regards to residents with swallowing problems. They also provide education to the nursing home staff about positioning and the use of thickeners for feeds where necessary. Their team has raised concerns about the need to improve education in this area as there is a lack of awareness about how to use thickeners and why the amount required will vary between residents. As thickeners are prescribed this education needs to be extended to cover primary care clinicians.

Speech and Language Therapy also provide input for residents with other communication problems such as dysphasia but as their time is limited the priority has been to focus on swallow problems.

Physiotherapy & Occupational Therapy–These therapists provide a service to residents on referral for specific problems, for example, where inactivity has caused a complication such as a contracture. Referrals can be from GPs, Social Workers, District Nurses, Community Matrons and Nursing Home staff. The model of practice currently commissioned within South Tyneside is goal orientated and time limited, as per intermediate care guidance from the Department of Health. Although this service is available, referral is often delayed until problems are severe and therefore the ability to treat successfully is limited. Additionally, there is not the same level of referral for therapy following an acute hospital admission (for example, following a fractured hip) as there would be if the patient was discharged home or to residential care.

Physiotherapists and Occupational Therapist are specifically concerned about number of older people in nursing homes who are inappropriately 'nursed-in-bed' as this is often a contributing factor to many health problems that result in hospital admissions.

Therapists are not currently commissioned to proactively input into the nursing homes to establish the functional needs and potential of all the older people. This would increase the ability for residents to be more actively engaged in meal times and other activities which is also important for mental health and well-being. These therapists also have the skills but lack the funding to train nursing home staff in effective ways of promoting activity as a means to preventing future health problems.

Health Protection Team

The Health Protection Team, NHS SoTW, coordinates the Winter Flu Campaign to ensure that the over 65 year population and at risk patients under 65 are immunised against flu each year. The Health Protection Team put in place a training programme for nursing home staff during the summer so that ideally residents are immunised in September. However, the Nursing Home providers have often not released staff for training and/or not allowed their staff to immunise patients. Some GPs will send out Practice Nurses to immunise and often the Health Protection Team has taken on this task **unfunded** because they are aware of the consequences of neglecting this vulnerable population. In 2008 (the autumn preceding our 2009/10 year of analysis), 85% of residents were immunised, the majority of whom were done by the Health Protection Team. In the last 2 years the same problems with ensuring equitable coverage to residents of nursing homes has occurred.

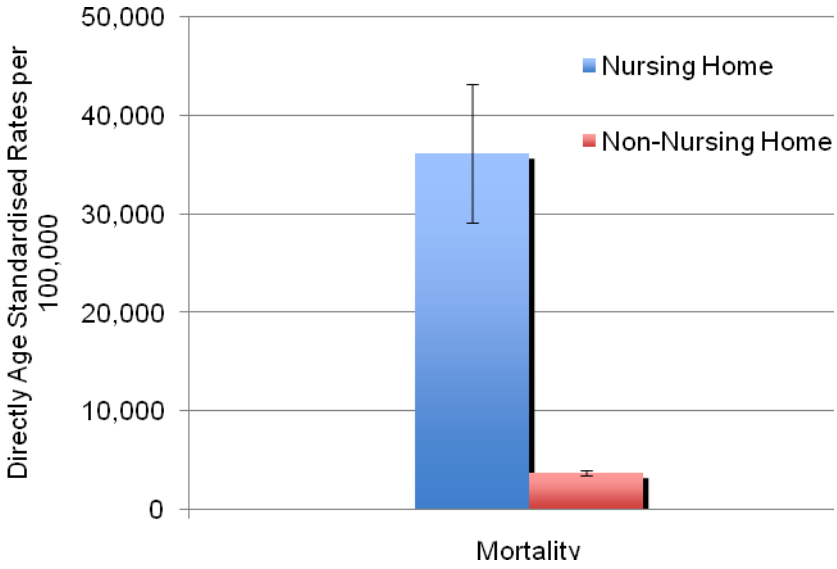
End of Life Care

During the year 98 residents died (41%) with a third of them dying in the Acute Trust. In many of the cases advanced directives were not in place and there was not standard 'do not attempt resuscitation' (DNAR) documentation used between the nursing homes, North East Ambulance Services, Primary Care and the other NHS providers in the Community and Acute Trust. The main reasons for deaths were dementia (22%), cardiovascular disease (21%) and respiratory disease (8%).

Age standardised rates of mortality for nursing home residents were almost 10 times higher than for non-nursing home residents in South Tyneside, which was highly significantly higher (Figure 5, note that the error bars do not overlap). This highlights the priority for initiatives to improve the quality of end of life care for residents of nursing homes and ensure that all relevant groups are delivering this care consistently.

Age UK in South Tyneside have recently launched a 3-year project to support families to ensure they receive practical and emotional support when their relatives are dying. This support was initially not including nursing homes but more recently has decided to include this group.

Figure 5. Directly Age Standardised Rate (per 100.000) for All Age All Cause Mortality 2009/2010 For Persons Over 65 in South Tyneside Nursing Home and Non-Nursing Home Populations



Note: Age standardised rates per 10,000 reported with 95% Confidence Intervals [CI]. When CI do not overlap then differences between groups are significant

Felt and expressed needs from residents and relatives

Focus groups were carried out in eight nursing homes in South Tyneside during October-November 2010. There were 63 respondents, which included 15 residents (service users), 41 relatives and 7 staff. The common theme from all focus groups was that residents had less input not only from NHS staff but also some community groups they used to attend prior to coming into the nursing home. One relative summed it up simply with "…everything stops when you come into the nursing home."

Relatives felt there was less input from the multidisciplinary team once they were in the nursing homes despite many residents being admitted to the Acute Trust. The Speech Therapist was the main therapist to come into the nursing homes. Some relatives said that residents had received physiotherapy while they were at home or in hospital but it stopped once they came to the nursing home. In some homes the GP came once per week (Dr Rose) but in most homes the GP only came when there was a problem. Chiropodists came to most homes every 6 weeks; opticians and dentists came at variable times to the homes. The only access to Audiology (for hearing aid replacement or repairs) was via Palmers Hospital and this was not possible for residents who were unable to travel.

Some relatives felt that the residents they knew had deteriorated while in the nursing home with falls, reduced mobility, chest and urine infections. There was no written information provided to residents and relatives about health conditions, access to healthcare services or promotion of health and well-being. Most respondents felt that their relative would be unable to understand this information but felt they would like more written information. Respondents generally felt that little was done to promote health in terms of remaining active and healthy eating and in one home concerns were raised about the poor quality of food.

Respondents from 7 of the homes felt that activities were offered and it was up to the residents if they wanted to get involved; some felt their relatives were not capable of being involved. In two homes, activity coordinators expressed concern that some residents did not have relatives visiting or getting involved with activities they had tried to arrange. Nursing homes did not always have enough staff to take residents out and relied on relatives or volunteers to help. Outside activities, such as attending the Father James Walsh

Centre, stop once the resident comes into the home. Some relatives and staff bring in children and dogs, which respondents said most residents really enjoyed.

It should be noted that at St Michael's View and Hillcrest, respondents thought that this was a follow-up to meetings that had been held with relatives and staff from the nursing home, CQC, LA and the PCT about concerns within these homes. Respondents felt that there had been little follow-up after these meetings and they were unsure that the issues had been resolved. This highlighted the need for ongoing and more responsive communication with residents and relatives for these homes.

Normative and expert opinion

Healthcare professionals from the Acute Trust, Community Services and Primary Care were consulted (see acknowledgements). All acknowledged that the current management of residents in nursing homes lacked vertical and horizontal integration and that no specialty took overall clinical responsibility for this vulnerable group with complex health needs. The PCT nominated an investigating officer to conduct an extensive review of five South Tyneside Nursing Homes. This review found concerns not only with the standard of nursing staff and care plans but also highlighted that there were problems coordinating care with out of hours doctors, primary care, community care and the Acute Trust. Nurses working in these homes had limited specialist training in caring for older people and were often temporary staff or agency staff with a high turnover. This has also been noted by other NHS staff providing training to nursing home nurses (for example, bladder and bowel, flu immunisation) who find that the nurses they train have often left within months of training. This makes any piecemeal initiatives to support and train these staff difficult to sustain. Additionally, the clinical benefits and cost-effectiveness of these training initiatives have not been formally evaluated.

In Gateshead, a pilot has been underway in the past year using an Older People's Nurse Specialist, to go in and work alongside nurses in nursing homes to improve the assessment, care planning and healthcare of residents. This work has resulted in a 46% reduction of acute hospital admissions and improved the standard of care in nursing homes. This work also highlighted that they needed dedicated pharmacy time to go into nursing homes and review medications and avoid unnecessary poly-pharmacy. Following this work, they are now developing a Frailty Service model for Gateshead that will be led by a Geriatrician working across Acute Care and the Community. This service is consistent with other successful initiatives that have been reported in 'My Home Life: Review of the literature' which was published in 2007.

The Medical Director of South Tyneside Foundation Trust expressed a desire to promote the role of Geriatricians in the Community, which would encompass residents of nursing homes. The Acute Trust is committed to reducing avoidable admissions and managing patients in the community with the support of Urgent & Intermediate Care Teams. Another South Tyneside GP is involved with the Urgent Care initiative as well as wanting to improve management of long-term conditions and believes that GPs are also keen to work towards a more comprehensive service for nursing home residents.

Conclusions and recommendation for South Tyneside

Residents of South Tyneside Nursing Homes are a vulnerable population of older people with complex health needs. At the time of this report, these residents were not able to access the same level of healthcare services as older people living in the community or residential care homes. The transfer to nursing home is seen by the public as a need to increase the level of healthcare they receive but in reality this results in a barrier to accessing services. Recent issues with nursing home providers in South Tyneside are not unique to this borough and the potential for them to recur is high unless there is more appropriate input and monitoring from NHS service providers and commissioners in combination with greater engagement from the nursing homes to raise the quality of care. This population incurs considerable healthcare and non-healthcare costs without consistent high quality care being provided. There is an opportunity to improve health and wellbeing of this population and provide a comprehensive Frailty Service that is more acceptable to residents of South Tyneside and potentially more cost-effective.

Nursing homes should compliment NHS services in caring for older people with complex health needs.

Residents in nursing homes need to be able to have equitable access to the same quality of healthcare that they would receive if they were in their own home or residential care. This Health Needs Assessment found the following:

- Need for clinical leadership by Geriatrician to work with Older People's Nurse Specialists to develop effective and responsive multi-disciplinary healthcare for this vulnerable population. Establishing a Frailty Service that would take clinical responsibility and coordinate care should be the vision.

- Need to prevent new health problems arising where possible; manage existing conditions and if possible prevent deterioration; and, provide active support to help these people regain as much autonomy and independence as possible.

- Need to provide End of Life Care in an integrated manner and standardised DNAR documentation across all organisations.

- Need for nursing homes to engage and cooperate with the Older People Nurse Specialist and other specialist services so that care plans can be more proactive and comprehensive.
- Need to reduce serious untoward events and safe-guarding alerts by collaborative working between the specialist team and nursing home staff. This needs to be open to reporting errors and safe-guarding issues to learn from these experiences and prevent recurrences.

- Need to provide relatives and residents (if appropriate) with written information about health conditions, what services are available and how they can access these services.

- Need to evaluate the role of the Older People GPwSI with a view to enhancing clinical effectiveness.

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