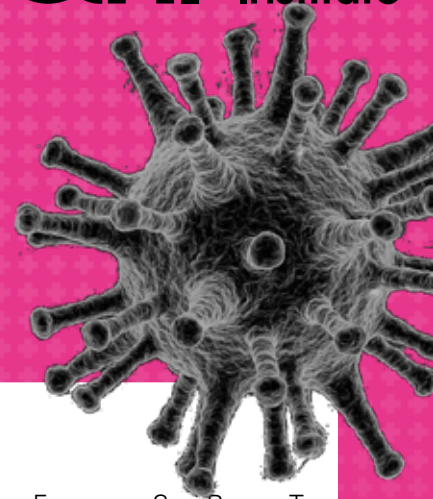


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

District Nurses Responding to Covid Crisis in a Care Home



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Personal details

Name: Liz McCormick, Jayne Ferguson, Suzi Rogan, Tony O'Connor, Anne Donnelly

Job title: District Nurses

Employer: South Eastern Health & Social Care Trust

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Please describe your practice innovation.

On Wednesday 22 April 2020 a developing crisis within a care home necessitated a prompt response. A number of residents in the home had tested positive for Covid-19 as had nursing staff working within the home. The consequence of this was a number of frail, vulnerable people living in this environment required nursing care, but there was a lack of staff available to provide care, as staff were required to self-isolate to prevent the spread of the virus. Added to this, sickness levels in this home were above what was usual.

The initial response from District Nursing teams was an instinctive one. Fellow registrants working within the nursing home sector required skilled nursing support to facilitate the delivery of care to the patients within their care. When the Trust was notified of this crisis a phone call was made to the District Nurses (DN) in the area; this was followed by face to face conversations with staff and was all that was required to pull together a team of four DNs who presented to the home within the hour to offer help and support.

There was a requirement to quickly build rapport and take direction from the staff working in the home. Although the context of care delivery was foreign, the delivery of care was comparable to providing care for patients within their own home. The core principles of assessment, evaluation and keeping the person at the centre of care delivery were the same. What was clearly evident was that District Nurses are adaptable and have the necessary range of skills from the provision of end of life care, wound care, catheter management, medication management to the implementation of robust infection control procedures, to quickly adapt and provide effective care within this context. The core needs of patients are universal regardless of the context; alleviating fear and delivering care with compassion no matter the context is a prerequisite of District Nursing.

Working within this context provided the District Nurses the opportunity to work in partnership with fellow registrants and to show leadership, stepping up and facing the challenge that was presented in the light of Covid-19. This was not an example of doing for or taking over from care home staff, rather this was partnership working with the private sector colleagues.

Innovation is contextual for District Nursing staff and although this was a different environment, with unfamiliar surroundings and culturally distinctive, many essentials remained the same. Still, this was the first time a response such as this had been called for.

The initial response helped to build goodwill and manage fear with regard to providing direct patient care for patients with Covid-19. The District Nursing staff who responded did not question the request for help; they willingly offered their assistance and demonstrated tremendous courage and leadership in their responsiveness. They then encouraged their local and regional nursing colleagues to volunteer to support the nursing homes in crisis during the pandemic.

They dispelled myths and developed a buddy system to support their colleagues in this unfamiliar environment. A Trust-wide team of nursing staff and health care assistants was subsequently developed to supplement the provision of care in other nursing homes across the Trust through a coordinated approach and many District Nursing staff were part of this initiative bridging the gap and meeting a need.

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

The DN team working in partnership with nursing home colleagues helped bridge the gap, addressing a short term staffing crises caused by sickness due to the pandemic. The team were able to provide hands on skilled nursing care in the form of end of life care, management of care for deteriorating patients, wound management, catheter care, personal care and nutrition – everyday events for DN teams. District Nurses enabled patients to remain in the setting that had become home for them, avoiding hospital admission. When patients passed away, the District Nurses had the skill to verify life extinct and provide comfort to relatives all be it by telephone support.

4/

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

Over many years, District Nursing teams within the Trust have forged links with local private nursing home providers with an aligned team approach, to provide partnership working and support, therefore connections had already been established within a multidisciplinary context .These foundations were to prove invaluable. District Nurses traditionally provided support within homes facilitating competency based training and the provision of nursing equipment. Where strong links had been established, individual staff who were already known by care home teams were received with less wariness.

In bridging this gap, the workload of the District Nurses did not diminish; however to enable staff to support care homes colleagues, the wider team absorbed the workload of those going in to the nursing home. There was exemplary cohesiveness, pulling together and team working.

5/

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

This was a temporary adaptation but it has highlighted the need for transformation at a strategic level. District Nursing, throughout this pandemic has continued to deliver business as usual in terms of the nature and volume of work delivered. Patients did not stop dying, varicose ulcers continued to develop, medication needed to be managed, while catheters blocked and required changing. This was an additional service provided on top of the allocated workload.

6/

Please describe any particular challenges you had to overcome.

To provide a balanced and all-encompassing picture, not all staff within the care home sector received the team with open arms. Some staff were suspicious, viewing the help as interference especially if practice was challenged .It was difficult to question the practices of staff for whom you had no direct managerial responsibility and who were used to working in fundamentally different ways in a different cultural context.

Providing support through other teams, such as infection control and enhanced care at home teams, helped to facilitate change to knowledge, practice and customs, as did the informal provision of cake in one facility. Furthermore many within the DN teams were facing their own fears in relation to working through this pandemic; not all staff volunteered to work in this context and many needed reassurance that they would not be required to do so; however there was a readiness to absorb the work of those who did work in the nursing home sector.

7/

Please describe any continuing challenges you would like to address.

A care home nursing work force was developed by the Trust, plus other teams were harnessed to provide ongoing support throughout the pandemic where both crisis intervention and coordinated care was required. It has been recognised that many changes will be required within the care home sector and lessons learned from this unprecedented time in nursing history to ensure that care for this vulnerable cohort of society is enhanced. In time when we look back only then will we realise how far we have come and Covid-19 will have been a catalyst for change.

8/

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

South Eastern Trust daily staff updates, NIPEC digital platform and RCN bulletins.

9/

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

Already supplied through the South Eastern Trust IT system.

10/

Please give any individual examples, quotes or other information.

The measure of any society can be judged on how it cares for its most vulnerable and frail members. This pandemic afforded District Nursing the opportunity to bridge the gap, be counted and when this pandemic is over as a group we know that we did our very best.

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