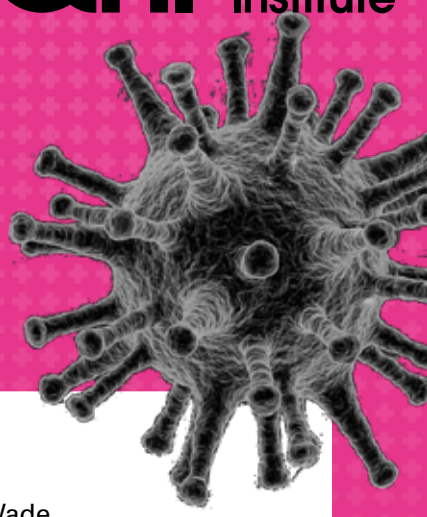
The Queen's Nursing Institute

Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

District Nurses Supporting Skin Care in South Warwickshire Care Homes



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Personal details

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Job title: Team Leader, District Nursing
Employer: South Warwickshire NHS Foundation Trust

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Please describe your practice innovation.

Over the last three years one of the Team Leaders in our locality has taken a keen interest in working with, and supporting our local residential homes – of which we have twelve. About a year ago the Trust decided that each locality should establish a team to look after the homes specifically. As a result the Team Leader took over the leadership of this new team along with her own team. In reality, due to staffing levels both teams now tend to work together to support patients in the community and the residential homes.

By developing a good working relationship with the managers and care staff we have been able to work with them to meet the needs of all residents, including those requiring nursing intervention. We had already reviewed all their Waterlow scores and associated risks, and ensured pressure relieving equipment was provided for those at risk - and we monitor any changes occurring regularly.

Just prior to COVID spreading in the UK, the Team Leader had been working with tissue viability, planning a programme to teach care home staff how to care for simple wounds. This was to be undertaken by one of the reps - whose products are on our Formulary, but during COVID this training was not possible.

We were asked to reduce our case load so as to prepare for unexpected work demands across the Trust, and felt that by enabling the homes to look after simple wounds, residents care would be improved and our workload reduced. A team member with a teaching background, along with two members of the Residential Team, undertook to deliver this training. We arranged teaching in six Homes before COVID began to affect them. Two homes had nursing wings so provided nursing care during COVID, and three declined us visiting except for essential nursing care. Once things settled down, training in these homes commenced.

Training was mostly delivered to the senior carers as they prefer to take responsibility for any wound care. Some theory was covered before demonstrating how to care for wounds. This included:

- How to cleanse the wound;
- How to rescue the skin when folded back to allow primary healing;
- The application of the dressing and how to mark it with a sharpie pen to show change date and direction to remove it;
- How to remove the dressing at dressing change to avoid trauma to the delicate skin;
- How to recognise possible infection or deterioration and to refer to us.

Each home was supplied with a box of dressings per floor. These dressings were for the initial dressing when a wound occurred. A pack of documentation including a blank patient care plan and guidance on the procedure for ordering more dressings was included. We have a system to top the box up each month.

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

Where a resident has a simple wound or skin flap, the carers can act immediately and apply the dressing correctly as demonstrated (and if necessary save the skin flap if curled back) – this can prevent infection, reduce healing time to 21 days as opposed to up to 6 weeks or more and avoid untimely visits by the nurses.

During the training we also addressed the recognition and prevention of pressure damage. As a result we have now offered to provide training related to this and skin care including moisture lesions for the carers, as we do notice that the resident is often not referred until there is damage. Also, when we are visiting residents, we sometimes observe that pressure relieving equipment is not in use and we have not been informed.

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

The homes were keen to embrace this care as they felt it was much better for residents and for them, as in the long run it saved time and they felt they were respected and trusted to take this care on (some said they used to do it).

Because of the relationship we have developed in the homes, we also worked very hard to support the managers and carers through what was to be a very harrowing and distressing time for them, as some of the homes lost a considerable number of residents over this period. At one point we worked with the GPs via video conferencing to meet the care needs of the dying residents, and we and the senior carers can now use this as a means of communicating with them at other times.

When things were really bad we and the GPs from our Practice went and clapped outside the homes on two Thursday evenings to show our respect and support for all they were doing.

We also discussed our concerns about some of our patients with diabetes in the homes and asked the Diabetic Specialist Nurse to review the regimes of these patients, along with those in the community. As a result, it was possible to stop insulin for one or two patients, and the regime for others was simplified (for example introducing one of the more recent Diabetology medications where appropriate). Where the resident was very stable, the senior carers were taught to undertake blood glucose monitoring and to administer insulin. The carers have managed really well, which gives them pride and respect as they feel they are doing the best for their residents with whom they have well established strong relationships, and can administer their care in a timely way to suit the residents' lifestyle and pattern of eating.

As a result of the work with the Homes we have reduced the number of active patients on our case load from 100 to 12.

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

There is still some way to go with the training regarding skin care and pressure damage prevention, but we definitely see this and wound care as being embedded in future practice and the way forward, and would envisage the need to repeat the training of both sessions as a rolling programme, as staff leave and new staff come. There could be the potential to roll this training out to carers in Home Care agencies, as they would also benefit as would the patients in their care, but this would be a huge undertaking. We can also see how video conferencing may also prove useful and helpful – whilst not replacing face to face care.

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Please describe any particular challenges you had to overcome.

This educational initiative was about to be implemented just as COVID evolved locally, so we and the homes quickly came under increasing pressure due to workload. We felt that time was not on our side – and we were correct. It is difficult for homes to release staff at the best of times, so we needed to work round days and times that suited them, sometimes coming in on our days off. Often a home can only release three or four staff at a time, which is time intensive for us, but we feel it has been worth it.

The skin tear training session had been devised by someone else, so it is not quite as easy delivering a session that you have not devised yourself but once familiar with it we fell into a pattern. We have been able to develop our own session on skin care and tissue damage prevention.

Eventually we had to stop the training when COVID took hold and everyone was focused on the crisis of caring for ill residents and community patients, and it would have been inappropriate to bring staff together in a group anyway. We hoped we would be able to pick up again when things began to settle down.

Although we get on really well with the carers, some of the homes are more hierarchical and the carers seem to feel that it is not their place to suggest a resident may need equipment or express a concern, even when reporting to the senior carer. When teaching we have tried to say that everyone's views are important – better be wrong than a resident miss out on an aspect of care that may help them. As a result they now catch us when we are in to raise any concerns or ask questions

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Please describe any continuing challenges you would like to address.

Time and pressure of work will always be an issue for the homes and for us. With so many homes in the area and with a large population of older people in South Warwickshire, the need for carers is excessive both for the homes and the community, and carers are constantly changing.

We currently have three staff self-isolating, two of four Team Leaders re-located to work in temporary COVID-related bedded units, along with having several vacancies. In addition, several nurses in the Team have had COVID, and although back at work it is evident that some are struggling (perhaps with COVID fatigue). This is on top of the challenges already recognised as faced by District Nurses prior to COVID, with large case loads and pressure of work.

Teaching can be hard for us and the carers, having to wear masks, socially distance, etc. There may be times when we could do this teaching via MS Teams if we had the equipment to do this – especially should we have another wave of COVID.

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

Access to Journals On-line e.g. Journal of Community Nursing, Wound Care Journal etc.
https://www.reactto.co.uk/resources/react-to-red/
https://www.wounds-uk.com/download/wuk_article/7938

9/

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

It would be good to have a Laptop that we could use to share our teaching with the homes.

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Please give any individual examples, quotes or other information.

When we finished the session last week the senior carers stated how good it was and repeated this in an email. We also had a management student with us who said she was very impressed and what a good idea it was. She had been working as a carer until recently so appreciated this - and agrees that carers would benefit from a better understanding of skin care and prevention of pressure damage and recognising when it may be present. She also enlightened us about the hierarchy of senior carers and carers.

I received an email from the manager of one of homes, who enabled nine carers to attend, to say how much they had valued it and that some of the carers told her all about it and what they should be doing (for the skin care and prevention of tissue damage). We had a senior carer who attended the skin care and prevention of tissue damage who said the session was 'much better than the one she had had at the Hospital' where she was on the Bank.

> By developing a good working relationship with the managers and care staff we have been able to work with them to meet the needs of all residents, including those requiring nursing intervention.
>
> Sian Wade