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1 Quality in Care team achievements 2017-2018

Helped reduce the number of safeguarding incidents in 43 Care Providers	Saved £60K since April 2017 in Medicines Management	Supported an overall cost avoidance in excess of £1,447k
Helped improve the “Well-Led” ratings of 16 Care Providers	Contributed to 5 Bucks Managers being awarded ‘Outstanding’ overall by CQC,	Created and run 53 Study days and Nurses Forum
Created and delivered 335 in-house workshops	Dealt with 230 referrals for assistance	Collaborated with CCG to deliver 38 MUST awareness to Care Homes
Promoted Diabetes Care in line with Buckinghamshire Transforming Diabetes Programme	Led and managed a Chair-Based Exercise Project in collaboration with Public Health	Supported Care Providers in Preventing Falls via continuous study programme
Run Buckinghamshire Annual Dignity in Care Awards	Manage the Healthwatch Bucks ‘Enter and View’ contract to promote Dignity in Bucks	Created a focus on Dementia through the rolling out the Tier 1 and Tier 2 Dementia training
Participation in the “Dementia Finding” project.	Contributed to the promotion and usage of A&E Grab Sheet and Health Passports	

2 Background

The Quality in Care Team (QiCT) is a small multi-disciplinary team whose aim is to support domiciliary care, care home (residential or nursing), day services, respite centres and Supported Living providers to deliver high quality care in today's challenging environment. QiCT is funded through the Better Care Fund (BCF), which seeks to joining-up health and social care services. Therefore, its governance is structured through a multi-agency steering group which meets on a quarterly basis and sets the overall direction of the team's work, ensuring that all partners' priorities are delivered effectively. This is reflected by the team's work plan which is monitored by the steering group. The 2017/18 structure of the QiCT, reflects the multi-disciplinary expertise required to deliver the team's functions – see Appendix A.

The Quality in Care team has successfully operated within its budget and has supported cost avoidance in excess of £1,447k alone through focused work on two key areas of work (namely medicines optimisation and reduction in A&E admissions), with other additional beneficial impact on reduction in safeguarding incidents, enhanced quality of care and skilling up the workforce.

3 Market Oversight and Business Intelligence

Data is collected by the QiCT from the Care Quality Commission (CQC), Bucks Healthcare Trust (BHT), Buckinghamshire Commissioning Group (CCG), Bucks Safeguarding Adult Board, Bucks County Council's contracts team and providers on a regular basis, informing work priorities and data referrals. The results of our analysis of this information are routinely shared with all of these services and organisations to support sound partnership working.

The Quality in Care team participates in relevant meetings aimed at supporting services most in need, such as the bi-monthly Quality Surveillance Group and the provider concerns response group. This assists effective market oversight and joint working between partners.

4 Service Offer

Most QiCT interventions are multifaceted and include management support and up-skilling of care staff. The team work in partnership with health and social care colleagues and signpost providers back into these services if and when appropriate.

Referrals are accepted from providers and health and social care professionals who have concerns about the standards of care being delivered by an organisation. Referrals are prioritised by the level of risk and severity of the impact on individuals in care and service delivery, based on data analysis.

QiCT has dealt with 230 referrals for assistance since April 2017, 82 of these were self-referrals by organisations to access preventative support. All other referrals were in response to concerns identified by multi-disciplinary professionals

In carrying out work the team has worked with:

- 58 residential care homes
- 35 nursing homes
- 17 domiciliary care services
- 8 Supported Living services
- 2 regional organisations
- 7 day care services

The QiCT does prioritise working with providers that are rated inadequate or requires improvement by the regulator, the Care Quality Commission, to help rapidly improve care delivered.

The service offer recording successes are as follows:

- Reduction in the number of safeguarding incidents reported in 43¹ providers over a twelve-month period following intervention (estimated at 175 safeguarding incidents avoided)
- 45% of services who were referred into QiCT for support subsequently showed reduced non-elective A&E attendance, by an average 40%².
- Reduction in the number of A&E admissions by 22% with a subsequent estimated overall saving of £1,387k in hospital admissions and ambulance call-outs (during a 9 month period)³
- Has improved the “well-led” ratings of 16 providers (those that have been re-inspected after QiCT intervention)
- Made 53 referrals to partner’s organisations, including 19 to the pharmacist teams since April 2017.

QiCT is demonstrating continuous improvement of quality of care in Buckinghamshire, as demonstrated by the Annual Survey’s findings – see table below:

Q5) Do you feel that we have helped you to improve the quality of care?	2014	2015	2016	2017
Significant improvement	13%	31%	29%	43%
Noticeable improvement	60%	45%	38%	40%
Moderate improvement	20%	21%	22%	12%
Some improvement	3%	2%	7%	5%
No improvement	3%	0%	4%	0%

End of Intervention Survey

An anonymous survey is sent to providers following the closure of a referral. The table below reflect levels of satisfaction and impact on care following service offer by respondents from April 2017 to March 2018:

¹ As of 15/03/2018

² Estimated on data collected 3 months pre & post QiCT intervention

³ Estimated on data collected 3 months pre & post QiCT intervention for non-elective Ambulance call outs reduction, (51.8% of admissions with an average of 7.8 days stays in hospital – Health Data)

Rating the following:	Strongly Disagree	Disagree	Neither Disagree nor agree	Agree	Strongly Agree
The QiCT offers an accommodating service				25%	75%
The QiCT offers valuable support/advice				30.5%	69.5%
The QiCT has helped improved quality in care				36%	64%
The QiCT has helped improve staff's knowledge, skills and confidence			3%	25%	72%
There has been a significant change in culture and/or workplace practice as a result of the QiCT's input			16.5%	44.5%	39%
In terms of an overall experience, the QiCT are professional in their conduct				25%	75%
I would engage with the QiCT again				19.5%	80.5%

5 Pharmacists Reviews

QiCT contributes to CCG objectives by providing support to providers in medicines management and medicines optimisation services in care homes. In total, QiCT saved £60K since 1st April 2017 in medicines management (reducing waste, stopping or optimising medication of residents) in residential and nursing homes.

The table below covers all medicines optimisation carried out by the QiCT care homes pharmacist during 2017/18.

Clinical Effectiveness	Total
Number of residents for whom medication is stopped (as no longer indicated)	198
Number of medicines stopped (total for care home)	247

Medicines optimisation (actual)	Total
Number of residents reviewed	202
Cost saving for medicines stopped or optimized	£ 26,052

Waste reduction	Total
Annualised Saving	£ 34,291

Total Cost Saving	Total
Total cost saving (waste, medicines optimized)	£ 60,343

6 Supporting the Development of a Skilled Workforce

Training

The Quality in Care team is continuing to improve knowledge, skills and confidence amongst the care workforce in Buckinghamshire as demonstrated by the Annual Survey – see table below:

Q6) Do you feel we have helped improve staff knowledge, skills and confidence?	2014	2015	2016	2017
Significant improvement	25%	22%	23%	42%
Noticeable improvement	50%	56%	43%	47%
Moderate improvement	21%	17%	25%	7%
Some improvement	0%	5%	9%	5%
No improvement	4%	0%	0%	0%

Study Days

Study days have been organised by QiCT to provide high quality full or half days clinical and non-clinical training to care workers in partnership with Buckinghamshire Healthcare Trust specialist nursing and medical teams, Oxford Mental Health Trust, CCG medicines management, service users and provider partners.

The study days generated an overall income of £11,318 in 2017/18 which covered venue and speaker costs.

The QiCT created and run 53 study days and nurses fora since April 2017, up by 61% from the previous year, providing training to 559 Bucks care home staff, up by 11% from the previous year.

The attendance at these study days represented 86.6% of all beds from nursing homes and 50.6% of all beds from residential care homes in Buckinghamshire.

Workshops

Clinical and non-clinical workshops are provided at the providers base by the QiCT to form an interactive session with staff that aims to embed best practice into the day to day running of care provision. Our goal is to provide increased knowledge, skills and confidence to at least 50% of the workforce in order to ensure theory is translated into positive practice improvements.

In 2017-18, QiCT has delivered 335 in-house workshops, involving 2,307 care home staff, covering over 52% of all residential and 40% nursing home beds.

Workshop Attendance	Total	County Bed Nos	% Beds Covered
Care Home Nursing	911	2238	40.7%
Care Home Residential	1082	2057	52.6%
Day Care	75		
Domiciliary Care	136		
H/O	39		
Other	7		
Supported Living	56		
Total	2306	4295	

Furthermore, providers who have responded to the Annual Survey felt that in-house workshops are the most useful source of support – see table below:

Q8) Which support provided by us do you find useful?	Total
Assistive Technology Support	10% (5)
Management / Staff Support	26% (13)
Medicines Management	19% (10)
Other	2% (1)
QICT Webpage	33 % (17)
Signposting	19% (10)
Study Days	43% (22)
Workshops	83% (42)

7 Project programmes

- The key priorities for 2017/18 have been identified from collaborative working with our health and social care partners, along with data intelligence collated. This, together with national quality improvement initiatives, have steered the various work streams undertaken. It has included:
- Chair-based exercise sessions – the QiCT successfully led and managed the Chair-Based Exercise Project in 8 care homes, with a core group of 63 residents, showing improvement in stability and promoting independence at the end of the project – [See full report](#). Following the success in 2016/17, the project has received further funding from public health for continuation. The new cohort started in September 2017, involves the participation of 79 residents (core group) across 12 different homes.

Clinical

- Sepsis and Acute Kidney Injury – the QiCT is offering workshops on Sepsis Awareness and Acute Kidney Injury Awareness, developed in collaboration with NHS Think Kidneys Campaign, BHT Sepsis Lead Nurse and CCG Infection Control Nurse. A total of 15 Awareness sessions have been delivered in 2017-18.
- Diabetes Care - QiCT continues its integrated working with the district nurse service and CCG medicines management team to implement the Good Practice Guideline for residents with diabetes in care homes, diabetic hypos and dysphagia, and insulin safety. Additionally, QiCT has coordinated 9 sessions on blood glucose monitoring and 15 study days on diabetes awareness, for nurses and carers.

Continence

- Continence pathway - the QiCT is supporting the countywide review of the Continence pathway, aiming to deliver a more efficient and patient centred approach.
- Catheter Care - the QiCT has started a review of data to establish whether a reduction in A and E attendances for primary diagnosis catheter problems, and a reduction in symptomatic urinary tract infections (UTIs) in the community has been achieved. The audit intend to present recommendation for best practice in Buckinghamshire on catheter care.
- Continence and catheter care awareness – the QiCT is offering awareness sessions on continence and catheter care to care homes and a total of 14 such sessions have been delivered across care homes in 2017-18.

Dementia

- Dementia Findings - the QiCT has continued working with the Dementia Partnership Board and the Memory Service to support the use of the DiADeM tool in care homes through the Dementia Finding Project. A total of 76 additional Dementia Assessments were carried out as a direct result of this project in 2017-18.
- Dementia Awareness - 27 Dementia themed workshops were offered to various providers to enhance awareness of Dementia, improving care for people living with

Dementia in care homes. QiCT is now delivering both Tier 1 and Tier 2 Dementia training.

- Depression and delirium – a new service offer has been made available in 2017-18 to include depression, delirium and sleep hygiene to enhance better care for people receiving care.

Dignity in Care

- [Healthwatch Bucks Enter & View](#): - 24 Enter and View' visits and reports produced within agreed timescale (following contract from 2016/17 with similar criteria). Additionally, generating referrals to QiCT should Healthwatch Bucks identify concerns or issues during their visit but that are outside their role under the Dignity in Care agenda. QiCT now works more closely with the providers where recommendations made by Healthwatch Bucks have not been implemented. A new process has been applied in March 2018 whereby a data referral is generated to offer further support.
- [Dignity Award 2017](#): - QiCT coordinated, promoted and delivered successfully the Annual Countywide Dignity Awards Ceremony in 2017, with over 100 people gathering at the Oculus in Aylesbury on 19th May to celebrate examples of best practice where dignity and respect was demonstrated across our care services in Buckinghamshire.
- Dignity in Care training - QiCT has developed a new “Dignity in Care” workshop which is now available to all care providers, to enhance knowledge, skills and Confidence for Care Staff to provide dignified assistance for people living in care settings.

Falls Prevention

QiCT has continued to support providers to reduce falls for care home residents. 19 workshops and 1 study day were provided, targeting a total of 156 care staff. QiCT has built relationship with South & Central Ambulance Services (SCAS) and have agreed to share data in order to identify homes with the highest incidences of falls thus targeting resources efficiently in 2018/19.

Hospital Transfer Pathway

QiCT is supporting the CCG in implementing a pilot project to improve the hospital transfer pathway in Buckinghamshire – also known as the Red Bag Scheme. The scheme is modelled on the Sutton Vanguard project, to ensure that residents living care homes receive safe, coordinated and efficient care should they need to go into hospital in an emergency.

Learning Disabilities and Domiciliary Care

QiCT has strong relationships with providers supporting people living in the community. QiCT works very closely with the Learning Disability Managers Forum and the Community Learning Disability Team. This has resulted in an increase of support offered to Supported Living and domiciliary care providers at times when this market is experiencing multiple pressures.

QiCT has continued to support use of Health Passports and A&E grab sheets to all providers and are encouraging services to request health checks and the yearly medicine reviews in line with CCG key priorities.

My Home Life

- My Home Life Leadership Programme - QiCT manages this national programme here locally in Buckinghamshire. So far, this has contributed to 5 Bucks provider managers being rated 'Outstanding' overall by CQC. Additionally, a further care provider received an "Outstanding" rating in the "Caring" domain, following participation in the programme. QiCT is currently supporting a further 22 care home managers to participate in My Home Life Leadership programme in 2017/2018.
- FaNs Community Engagement - QiCT supported the development of the South Bucks FaNs (Friends and Neighbours) in partnership with South Bucks District Council. FaNs is the first "not for profit" community organisation supporting greater continued inclusion of care home residents within their neighbourhoods.

Nutrition & Hydration

- Malnutrition Universal Screening Tool (MUST) - QiCT is working in close partnership with the CCG prescribing support dietician team to support care homes in preventing and treating malnutrition, implementing the MUST tool and Food First Programme. QiCT offers MUST Awareness session to carers and catering assistants across the county. A total of 38 such sessions have been delivered in 2017-18. Additionally, 2 study days have been coordinated on Enteral Feeding, 4 study days on Dysphagia and 4 study days on Nutrition for Caterers.
- Hydration - 2 study days have been delivered on Managing Hydration and QiCT is working in partnership with the CCG to minimise risks of dehydration for people most at threat.

8 Communication

The [QiCT Webpage](#) offers multi-disciplinary resources, tools and information from all relevant partners in Buckinghamshire to support all providers. The website has been accessed by 42,296 individual users, with a total of 374,722 pages viewed from April 2017 to March 2017.

The QiCT produces quarterly newsletters which are disseminated to all relevant partners and providers in Buckinghamshire for effective communication and promotion of good practice. Safety Alerts and any other relevant information are also disseminated as and when relevant to all providers

The 2017 Annual Survey showed that communication with providers is effective – see table below:

Q9) Do you feel the amount of communication we send is?	2014	2015	2016	2017
Too much information	0%	0%	2%	0%
Just about right	90%	100%	92%	98% (49)
Not enough	10%	0%	6%	2% (1)

9 Key Priorities for the Coming Year

The key priorities for 2018/19 will be identified from collaborative working with health and provider partners and understanding the needs of their staff and service users along with data intelligence received from a variety of sources including CSU data, CQC and professionals. This together with national quality improvement initiatives will steer future work streams. Priorities already identified include:

- Increasing resources and capacity to support providers in Buckinghamshire with inadequate and requires improvement CQC ratings or those with data indicating quality issues, and making better use of the one dashboard (inter-agencies data gathering) to inform priorities.
- Working in partnership with BHT, CCG, OHFT partners to create standardisation of clinical education (Care Homes Pilot Project).
- Coordinating a pilot project on management of hydration in care homes in partnership with CCG and Health Education Thames Valley (HETV).
- Supporting the CCG in its key priority to achieve medicines optimisation in care homes.
- Influencing policies in Buckinghamshire to embed dignity in all aspects of health and social care delivery, improving engagement with the Dignity in Care (DiC) agenda by updating and improving communications to include webpage, newsletter, strategy group and events.
- Supporting the Red Bag Scheme pilot project in Buckinghamshire in partnership with all relevant partners.
- Auditing standards of catheter care across Buckinghamshire to support best practice in Buckinghamshire.
- Delivering and evaluating the Chair-Based exercise across 12 homes.
- Evidencing falls reduction, working in partnership with SCAS.
- Organising and coordinating the 2018 Buckinghamshire Annual Dignity in Care Awards.
- Continue to support providers through the delivery of high quality study days, with a target to achieve full cost recovery on venues and guest speakers.
- Managing the 2018/19 Healthwatch Bucks 'Enter and View' contract (24 visits).
- Managing the 2018/19 My Home Life Programme and further supporting the Leadership Programme for registered care home managers.
- Supporting the development of a FaNs organisation in the north of the county.
- Participating in the Enhanced Health Care Homes community of practice.

10 Key Challenges for the coming year

- Resources as referrals could exceed levels of capacity, especially in clinical areas.
- Risk to meeting target on medicines optimisation reliant on successful recruitment of a full-time QiCT pharmacist.

11 Feedback from providers

"Trainer gave clear information to staff. Also was able to give hand outs on where to find more information. Staff have all said they felt more confident with certain matters regarding the health and well being of our residents".

"Quality in care team were flexible and accommodating. They were friendly".

"Understood, listened and acted accordingly to needs of management concerns and to those of staff and seniors".

"Met objectives, very accommodating, always professional".

"Support the whole team by offering advice, guidance and training. Always respond quickly to requests and not judgemental".

"Training delivered in house, group workshops worked well and all staff feel it has benefitted them".

"Providing a tailored service for the home".

12 Case studies

Case study 1: Chair-Based Exercise

A resident of a nursing home, previously bed-ridden and unable to leave his bedroom, is now able to come down to the lounge following his active and consistent participation in the Chair-based exercise programme.

Case study 2: FaNs

Residents participating in the FaNs visited their local leisure centre and were offered the opportunity to part-take in sport such as table tennis, badminton, volley ball and even football. All of the residents felt exhilarated to be doing some form of indoor sport which can be quite restrictive when living in a care home environment as they can have no space to cater for such activities. As a result, one resident came out of his shell and thoroughly enjoyed himself playing badminton and passing the football. This gentleman rarely takes part in any of the activities held inside the care home on a general day to day basis however, on this particular occasion, he really loved his game of badminton. He suffers from Parkinson's disease and this can deter him from actively concentrating on any particular activity for a long period of time. On the day he came to the leisure centre, his concentration level was particularly high and the different environment rejuvenated his memories of what he used to love doing. Visits to the Leisure Centre are on-going on a regular basis and the gentleman is especially enjoying Table Tennis.



Case Study 3: Diabetes Care

Improving Diabetes Care has been identified as a priority following an audit in Diabetes Management in care homes. For example, one resident had been waking up with an episode of hypoglycaemia every other morning. She had been into hospital following a fall (and her blood glucose was noted to be just 1.8mmol/l) yet she was still receiving a high dose of insulin several times a day. She was at risk of harm from repeated episodes of hypoglycaemia and urgent action was needed. The QiCT Pharmacist worked in close partnership with the Diabetes Specialist nurse and the Prescribing Support Dietician (CCG) to deliver 10 Study Days across Buckinghamshire to improve Diabetes Care for residents. It was hoped that at least one staff member from each care home attend. These individuals were to become the 'Diabetes Champions' who would disseminate information and generally drive the required improvement to support residents to live well with diabetes in all of Buckinghamshire's care homes. As a result of this intervention, this particular resident has had all her diabetes medication reviewed and reduced by the Medicines Management team. She no longer had any hypos and felt so much better as a

result. As urgent diabetes training was arranged for this care home, and also trained the carers to safely check blood glucose levels, her risk of future hypoglycaemia events was reduced. Staff also noticed a visible improvement in her wellbeing, as she was now able to join in home activities.

Case Study 4

Following the delivery of a sepsis workshop in a care home, information was cascaded to all staff to ensure that all were aware of the sepsis pathway.

The following day, a carer, (who had attended the workshop) became concerned about a resident. She informed the nurses who took action. As a result, the resident went into hospital, was diagnosed with early stages of sepsis, and treated accordingly before returning to the nursing home. The resident remains frail but otherwise has recovered.

The team at this particular care home felt that, without this workshop, the outcome for this resident would have been very different.

13 Appendix A: Team Structure

