Top Tips for working safely in escalation in the urgent care system when increasing acute bed availability through fast track discharge

directors of adass
adult social services

Context

These top tips are produced to provide advice for Directors of Adult Social Care and their colleagues working in urgent care systems under pressure. In recent years the need to increase acute bed availability has sometimes led to NHS colleagues purchasing homecare and community beds at pace. There are safety, market, consumer, legal and human considerations for the DASS in this context. This document seeks to identify what the DASS should seek to be assured about in terms of those responsibilities.

"Home first" is the expectation nationally for people leaving acute hospital. Systems should plan ahead for winter, map additional capacity and demand ahead of time and commission effectively for the right outcomes for people. However, where demand exceeds availability this guide should prove helpful.

In any activity taken in escalation it is essential to keep the person and their significant others at the heart of everyone's thinking. We must be focussed on ensuring that they are kept informed of what is happening, why, what that means, what will happen next, what they will have to pay and who to contact if they have any questions. Information and advice should conform with the Competition and Markets Authority consumer advice. We must also provide this in writing. People's needs and outcomes must remain the main focus in everything we do.

1. Purchasing additional home care

Additional homecare provision isn't available waiting to be purchased "off the shelf" as this wouldn't be financially viable for providers.

It needs to be grown through providers seeking additional hours from current staff or recruitment. When asked to provide it with a short lead-in time, the likelihood is at it will be "grown" from agency or casual staff, who work across a range of providers. When this happens there are two risks: a) that this simply shifts the staff resource available and b) that it increases cost.

You will want to be assured of the following:

- If Health are paying the provider more than you would pay on your local homecare framework, are you assured that staff aren't simply transferring from other agencies and that this in effect is not increasing overall capacity but simply increasing market cost?

- If the provider is offering to take on significant numbers at once, have they clarified whether the additional staffing required is through sustainable contracts to avoid hand backs/urgent hand backs at a later date? If it's being achieved through current staff working additional hours, it is necessary to be assured that this is on a sufficiently long-term basis to avoid urgent hand backs.

- You will want to be assured that the care home provider is not under any contractual restrictions or subject to any safeguarding investigations.

- You will want to be assured that there are sufficient staff to deliver safe care. If there is an over reliance upon agency staff this will impact upon care delivery.

- Ensure the provider is under some form of QA Framework, has a reablement focus and has equal access to clinical support from OT/ physiotherapy, district nurses and GPs.

- Ensure the provider is not already on a Framework being used by the Local Authority and that purchase by the NHS isn't therefore simply increasing cost.

- Be really clear with the provider about the timescale for when they be able to start their first care packages. If that is weeks away, it's likely that you might have other quicker routes to resolve this.

- Have all other solutions been exhausted, e.g. checking whether incentives or incentive payments can help external or in-house providers to secure additional hours from current staff?

- Clarity about funding and charging should be determined and appropriate advice on any charging provided in writing to the people who will be using the services. It will be important to take account of requirements relating to not charging for the first six weeks of intermediate care and that people are clear that they will be charged thereafter.

2. Purchasing additional residential care beds for those waiting for homecare or waiting to go home where another delay is causing this

You should consider the following:

- If a residential/ nursing home is agreeing to take a high number of people in a short period of time, you should be concerned as to whether their offer is deliverable and safe for the patients in terms of care quality. A good benchmark to follow is that a home shouldn't be offering to take more than 1 person a day and less where staffing levels are lower (eg at weekends). If they are offering to take more you will want to be assured about capacity to do this without impacting the individual's safety. You will also want to be assured about staffing levels to accommodate new placements at different times of day (e.g. whether it is appropriate for people to arrive in the evening, when staff levels are lower). Assurance should be sought about whether agencies from other areas are placing in the same home at the same time, meaning that the home has insufficient capacity to provide appropriate and safe induction and care planning for new residents.

- Assurance must be sought as to whether there are sufficient care / nursing staff and GP cover to deliver safe care. If there is an over reliance upon agency staff in a home this is very likely to impact upon the quality of care delivery.

- You should seek to ensure a rehabilitative element of care is in place. This is to ensure that people going into short-term care don't then inappropriately end up in long-term care. This is vital to ensure independence continues to be promoted. In selecting homes. Consideration will need to be given to the layout of the home as some buildings lend themselves less well to rehabilitation than others. You would also want to ensure that if patients do go to residential care that there are adequate therapy services (7 days per week) to maintain or improve people's function and independence. In an escalation situation where resources are already tight, solutions might include visits from social care Occupational Therapists or homecare reablement workers during any rota gaps alongside other medical and clinical input.

- You will need to ensure that adequate primary and community health services are available.

- There should also be a clear escalation pathway and protocol relating to people who deteriorate to ensure that they do not unnecessarily and inappropriately get readmitted to hospital.

- You should seek assurance that the commissioners have considered whether the care home selected is not under any contractual restrictions or suspension, subject to any safeguarding activity or if any intelligence is being held by the LA CCG or CQC about quality concerns.

- You should consider the CQC rating for the home. As a benchmark only “Good” or “Outstanding” homes should be used. If a home rated as “requiring improvement” is used, consideration should be given to the breaches and whether and how they will impact on the care. ADASS has committed to encourage its members not to make new placements in establishments that are rated as inadequate, on the basis that they are not able to care for those people that are already there. If a home considers that it has improved, then it may be possible to ask CQC to bring forward a re-inspection.

- You should consider the registration status and the need for an early conversation with CQC. This document (particularly on page 7) provides advice on that. https://www.england.nhs.uk/publication/framework-for-maximising-the-use-of-care-homes-and-use-of-therapy-led-units-for-patients-medically-fit-for-discharge/

- Discussion should take place with clinicians to ensure that there is an established agreement regarding ‘medically fit to transfer’ or “medically optimised” in order that the care home understand the potential level of dependency of the patient, as this is quite a different criteria to ‘fit for discharge’.

- Measures should be put in place to ensure quality of care is maintained where homes are being asked to take higher numbers of new residents than usual. This might include additional assurance visits which need to be used proportionately as these can tie up staff time, potentially removing them from overseeing care.

- The following checks need to happen as a matter of course:

    - Is GP access available?
    - Have friends / relatives been notified?
    - Has advocacy been arranged for residents who do not have significant others?
    - Have CQC been informed (as CQC conduct unannounced visits they need to be made aware)?
    - Clarify with the home what information they will be provided with on admission.

- In placing people, has consideration been given to nearness to home, bus routes for family and friends and accessibility. In areas of lower car ownership or poorer public transport, contact with family and friends will be crucial for offering the best opportunity for on-going recovery and independence.

- Consideration should be given to information for families and friends including how family members can help promote independence, the adult's rights and the ways family members can support these, information about how to raise quality concerns with the CQC, CCG or local authority, information about the services and how to access carer support services. Information about the home’s track record in helping people get back home will also be significant.

- It is vital to be clear in commissioning the extra beds who is responsible for the care of person, i.e. the care home rather than the hospital. This might seem obvious but in a crisis might become confused/ blurred. It is also vital to ensure that it is clear who is responsible for arranging for the person to return home and that the person, their significant others and the home has those contact details. This is especially important if the home is in a different CCG or LA area to where the person normally lives.

- Clarity about funding and charging should be determined and appropriate advice on any charging provided in writing to the people who will be using the services. It will be important to take account of requirements relating to not charging for the first six weeks of intermediate care. Are people aware of what they will get, what that will mean, what they will have to pay and when?

- You should seek assurance that proper consideration is being given to the requirements of the Mental Capacity Act in implementing the fast track discharges.

3. Purchasing additional intermediate care beds

All those points at number 1 (above) apply. In addition, you should ensure sufficient rehabilitative capacity is in place.

4. Purchasing additional nursing beds

All those points at number 1 (above) apply. In addition the points below are relevant.

- Assurance should be sought that there are sufficient qualified nurses to deliver safe care. If there is an over-reliance upon agency staff this will impact upon care delivery.

- Ensure a process is in place with regard to on-going assessment and discharge. This is vital to ensure that further to placement people are not “lost” with no professional assuming responsibility for the next stage of their care or that people haven’t been led to believe that their move is short-term when it is actually long-term.

- Ensure sufficient rehabilitative and clinical support is in place including GP cover and out of hours GP cover. Assurance should be sought that the home’s GP is able to provide cover for all patients who arrive over the weekend or in the evenings.