

Brent and Harrow CEPN Narratives in Care Home Education

At a meeting of Brent and Harrow GP educators, concern was expressed about the difficulty of providing effective training to staff working in residential care home settings, with a focus on reducing high call out rates to London Ambulance Service.

Background

It was also recognised that, as well as GPs, other agencies were also involved in healthcare provision including the local acute trusts, community pharmacists, London Ambulance Service, palliative care teams, and local hospices. It was strongly felt that they should be also included in any educational process.

The CEPN was created as a pilot scheme, bringing together professionals across different care home disciplines and using narrative reflection in order to explore their concerns and educational needs.

“ It was helpful to discuss the stress, hardship and feelings staff encounter when dealing with residents ”

Care Home Worker Participant

What we wanted to achieve

We wanted:

- to introduce narrative reflective learning into care homes in Brent and Harrow, involving the multi-disciplinary workforce, with the aim of improving their understanding of the care home setting.
- to strengthen the networks between the different providers involved in care homes: primary care, ambulance service and voluntary sector educators. We also wanted to extend the narrative groups to include care home managers and relatives of residents.
- to increase the education and confidence of care home workers

From applying the above, we wanted and for this to lead, in turn, to better patient outcomes for care home residents and improved satisfaction for the front line care workers.

What we did

Our aim was to bring together all the agencies involved in delivering acute care to care home residents and asking them to listen to the experiences of front line care home staff using (Balint) narrative groups and to identify key topics for clinical education for staff in care homes.

To that end we set up narrative-based groups for carers in four care homes in Brent & Harrow that had high Ambulance Service call-out rates. They

were offered 7 narrative group sessions each 2 hours long. To enrich the process we ensured that the group facilitators were from different, related, disciplines.

Before the first sessions we interviewed the care home managers to identify their own perspective on the educational challenges facing their staff.

We took care to arrange the sessions for a time of day when the care home staff would be available, as well as arrange a room for the session that would be free at that time.

Selection of the multi professional facilitators began with two taster sessions run by GP Programme Directors who had experience in running narrative groups. The representatives invited to these sessions included: local GPs and GP trainees, London Ambulance Service Paramedics and trainees, Community Pharmacists and local Age UK staff. Four of these multi-professional workers received further training in narrative techniques. They paired with local GPs and co-facilitated narrative education groups for front line care home staff in the four care homes.

The narrative education sessions were delivered in two phases:

Phase 1

We set up narrative-based groups for front line care home staff in four care homes in Brent & Harrow that had high Ambulance Service call-out rates. The homes were offered 7 narrative group sessions each 2 hours long. To enrich the process we ensured that the group facilitators were from different, related, disciplines. We consulted the relatives groups in the homes to gain insights into carer, residents and relatives wishes.

Phase 2

This extended the narrative groups to staff from nine care homes in total, offering an alternative model. The phase 2 model invited care home staff to attend 4 whole days of training, run by trained multi-professionals, held in a single venue (the hospital postgraduate centre) enabling each of the homes to send as few as 2 or as many as 8 staff for training. The mornings provided personal development and narrative based group work. The afternoons delivered sessions on four key areas that had been identified as priorities in Phase 1.

The priorities focused on included: Wound Care, Managing Challenging Behaviour, End of Life Care and Reducing Falls. For delivery of Phase 2 we recruited 10 multi-professional fellows: 2 LAS Paramedics, 3 GPs who had completed their training in the last year, a Palliative Care Social Worker, a Healthcare Assistant, a Community Psychiatric Nurse, an Occupational Psychologist and a consultant in Old Age Psychiatry.

We collected feedback from carers and facilitators, as well as from care home managers and relatives of residents.



“My understanding of how much carers genuinely care for their residents has greatly deepened. They do a fantastic job caring for people nearing the end of their lives – often for little thanks and little remuneration. I feel that in future, (when I visit the home as a GP), I will take more time to speak with and listen to the carers.”

GP participant

What we achieved

In creating a narrative forum, we enabled the participants to share many emotionally challenging experiences with the narrative group. This form of sharing was beneficial to them individually and also the wider group.

The group discussions also highlighted specific issues where participants felt that they would benefit from further training such as end of life care and supporting residents with challenging behaviour. In Phase 2 of the project, educational sessions on these topics were provided alongside the narrative groups.

We provided the participants with an opportunity to reflect on the work they do and gave them an emotional outlet for anxieties and frustrations generated by their work. In some instances, we helped participants to reconnect with a patient whom they have previously found difficult or upsetting by opening their mind to alternative ways of managing their patient. In some cases, we also enhanced the sense of satisfaction and value in the work of the participants.

A questionnaire used to evaluate the sessions gave us very positive feedback from the narrative groups.

- 91% reported that it was useful to discuss stories of residents
- 78% reported that it was useful to learn about themselves
- 87% reported that it was useful to learn about colleagues
- 100% reported that they felt more prepared to carry out their duties

A major output from this work is a free resource: A toolkit to set up narrative groups and education for front line care home staff. The resource is available free to download from Skills for Care's Learn from Others website.

“I learned that we have to be able to ask and talk about the needs that we are unable to solve in ourselves. We are there to support each other”

Care Home Worker Participant

What we learnt

- We learned that care home workers and managers welcome a forum where they can share their experiences, freely discuss emotional challenges and learn techniques that would make improve their work and working environment.
- From Care Home Managers we learned that all of them found learning with other managers to be of great value. They would also recommend the narrative group format to colleagues and would like the narrative groups to continue, with external facilitators.
- We learned that care home workers - and associated disciplines - feel isolated in their own roles. Participating in narrative groups enables them to appreciate their own value and the dedication and value of workers in other related disciplines.
- From a practical point of view, we learnt important points about preparing, setting up and facilitating the narrative groups. These ranged from the necessity of face-to-face meetings with the care homes to draw them into the project, to an awareness of the size and status of each care home involved. Larger care homes with a low staff turnover are suited to the Phase 1 model, while other care homes are better suited to the Phase 2 model.
- In order to disseminate the skills and knowledge gained during this project, a course manual and web-based toolkit has been developed. This enables us to share the information on setting up, facilitating and evaluating the narrative groups with areas outside of Brent and Harrow.

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Skills for Care Recommends

Skills for Care has helped to develop a range of resources that directly help employers address some of the challenges they face. In addition, we continue to share good practice and learning emerging from health and social care integration.

Health and social care integration

Across England an increasing number of health and social care organisations are working effectively together. This range of case studies provides an overview of the difference they are making.

www.skillsforcare.org.uk/integration

End of Life Care Resources

From guidance to practical training resource and videos, Skills for Care promotes various resources to help strengthen understanding within End of Life care provision.

www.skillsforcare.org.uk/endoflife

Positive behavioural support

Following gathering of evidence from employers, this guidance is aimed at those providing care to people whose behaviour challenges to enable them to provide safe and effective care.

www.skillsforcare.org.uk/pbs

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