

Briefing Sessions about the Single Assessment Process with the Managers from Residential and Nursing Homes: October 2004

Introduction

Four briefing sessions were held with managers of residential and nursing Homes. The briefing material reflected the Single Assessment Guidance and the policies agreed by all Single Assessment partners.

These notes represent the opinions and experience of delegates. Some of these experiences, if accurate, indicate that much could be done to improve assessments of older service users referred to residential and nursing homes.

Inclusion

The key issue: residential and nursing care managers wanted to contribute their skills and knowledge as part of a multidisciplinary approach to the care of their residents. Single Assessment should enable this more integrated and interdependent approach to be achieved.

Referrals to Residential and Nursing Homes

A common criticism about current practice is that full assessments are often not completed before a decision is made to refer a service user for residential/nursing care. Older people should have a **comprehensive assessment** before a decision is made about their needs and how these can best be met.

It is essential that full confidence can be given to assessments received at the time of the referral. Currently criticism concerned:

- Assessments are not always accurate or honest with the result that Home representatives go to hospital or a service user's home to carry out their own detailed assessment
- Assessments are not always up to date and may not always include up to date assessments of risk relevant to the service provider for both the safety of the service user and staff
- Assessments are not always sufficiently comprehensive and may not include key information from relevant professionals
- Key information often missing, e.g. financial needs, cultural needs, level of dementia, mobility, wandering, equipment required to meet needs
- Categories of care wrong
- There is considerable difference between various hospitals in making assessments and involving different professionals in doing this in a multidisciplinary way
- Inconsistency within same hospital in level of cooperation at post-referral discussion in hospital depending who is on duty on wards.
- Some managers have experienced difficulty getting information about their residents during their hospital stay
- Accurate information about current medication not always provided at admission or following an episode of acute hospital care.

Need for Care Coordination

For comprehensive assessments to be completed properly there must be an identified care coordinator responsible for coordinating the specialist assessments and then completing the Single Assessment Summary and care plan.

Accurate comprehensive assessments will enable res/nursing Homes to decide whether they can meet the service user's needs. If real needs are not identified then the placement may fail.

Information and understanding about what residential and nursing Homes can provide

Lack of understanding in hospitals as to the role and capacity of residential/nursing Homes. Local initiatives needed to develop a shared understanding of the homes and the kind of service users that they can manage.

Service User Held Record

Important that all the agencies that have signed up to Single Assessment Process should now start using the Service User Held Record. It is a most important initiative that will go a long way to improving communication between agencies and professionals.

- also a way of improving care pathways for care home residents experiencing acute hospital admissions.
- Following a period of respite care, home managers could record a summary of each short stay to inform others of important issues/events/outcomes

Updating information

If res/nursing Homes have Contact Assessment data or other service user information which is out of date, then res/nursing Home has responsibility to make the changes so that others reading the data know what is current. If other professionals are involved the homes also need to ensure that they know the changes.

Resolving issues

The briefing sessions made it clear to the Home managers what they should be able to expect from Single Assessment and the part that they could play in the process. In specific cases where the expectations are not being met then issues should be taken up with the staff member(s) concerned or their manager as now.

These notes were made by Stephen Casson, the facilitator.

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