Exploring night time care in care homes

Heather Wilkinson.

CRFR University of Edinburgh
Today

- The study – background, findings
- Broad messages behind the findings
- Impact, supporting better practice
Why night time?

- Care homes are for 24 hour care
- Research/literature focus on daytime
- Need to better understand night time care
- Sleep vs night time care
The study: (2007 -2009)

• sought the perspectives of Care Commissioners;

• explored night time care experiences of residents, relatives and staff in 3 Scottish care homes;

• sought to identify good and poor practice;

• worked with the homes to make improvements;

• made recommendations for improvement in night time care.
The study

Data
Data

- Interviews Care Commission Officers (8), care home residents (6), direct care night staff (15), managers (4) and relatives (6)
- Observations during night shifts in homes.
- Small, medium, large, private, vol, LA.
- Period of action research (implementation phase 18 weeks) tried out several changes in practice.
Findings

From phase one
<table>
<thead>
<tr>
<th>Finding</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection</td>
<td>Care homes not routinely inspected at night.</td>
</tr>
<tr>
<td></td>
<td>Inspections usually due to complaint or cause for concern.</td>
</tr>
<tr>
<td>Night and day</td>
<td>Culture of keeping the world out. Less visibility than day time.</td>
</tr>
<tr>
<td>Management</td>
<td>Insufficient management involvement in night time supervision and</td>
</tr>
<tr>
<td></td>
<td>practice messages.</td>
</tr>
<tr>
<td>Night staff</td>
<td>Often felt undervalued and isolated from the running of the home.</td>
</tr>
<tr>
<td>Training</td>
<td>Night staff received lower levels of training than day staff.</td>
</tr>
<tr>
<td></td>
<td>Training courses available to night staff were directed to day time</td>
</tr>
<tr>
<td></td>
<td>staffing and not specifically directed to night time issues.</td>
</tr>
<tr>
<td>Environment</td>
<td>Unacceptable levels of noise and light woke residents and caused</td>
</tr>
<tr>
<td></td>
<td>agitation.</td>
</tr>
<tr>
<td></td>
<td>Physical environment unsuitable for people with dementia.</td>
</tr>
<tr>
<td></td>
<td>Disabling rather than enabling.</td>
</tr>
<tr>
<td>Relatives</td>
<td>What if….. Not knowing…. Need for contact</td>
</tr>
</tbody>
</table>
Checking.... Checking....

Routine + indiscriminate ‘checking’ for breathing, falls and incontinence. Linked to ‘what if’ anxiety (duty), lack of clear policy + management. Fundamental concern!
So what changed?

Phase two – thinking behind the practice
Interventions

- Raising awareness + visibility
- Increase management involvement
- Reduction in ‘checking’ (link to continence)
- Night key worker system and care plans
- Reduction in noise and light levels
- Person centred, night time specific, practice based training on dementia & management of continence (and their own health/wellbeing)
- Shift in staff perception and their sense of security
Impact – making night visible

- Ongoing awareness, training, support (policy, senses framework + MyHomeLife).

- Care Commission working group (UK) leading to CQC guidance

http://www.cqc.org.uk/guidanceforprofessionals/socialcare/careproviders/guidance
Key messages

- Make night visible
- Needs of staff, residents and relatives
- Communication, clarity, care plans, management
- Can be a positive care time and some simple effective changes
- Don’t ignore the night!
Messages translated in different ways for different audiences

- Posters
- Postcards
- Summary
- Full report
- Audio

“Sometimes I feel isolated. And it plays havoc with your eating patterns.

At 3 o’clock in the morning I could murder for a Snickers bar, but in the morning I don’t feel like having breakfast and going to bed.

When I get up my kids are home from school and my wife and I get their tea on the table, but I just want a piece of toast!”

www.jrf.org.uk FREE!!!
Providing Good Care at Night for Older People

Practical Approaches for Use in Nursing and Care Homes

Diana Kerr and Heather Wilkinson

With thanks to Diana Kerr and Colm Cunningham.

www.jrf.org.uk