

A Teaching Care Home pilot



An introduction to the ‘Teaching Care Home’ pilot

April 2017



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Background

This pilot is a Department of Health funded programme of work, led by Care England (the leading representative body for independent care services in England). The pilot was conceived after the Care Sector Nursing Taskforce called for a programme of work to respond to some of the most prescient challenges facing the sector. Namely, to empower and embolden the workforce in care home nursing, with a desire to harness and promote care, knowledge and skills development. Nurses in care homes are at the forefront of delivering health, wellbeing and end of life care to residents and yet it is often argued the sector is beleaguered by poor recruitment and retention, training and development and low levels of innovation. Yet as we know many of these judgements are not fair, not true and misguided.

This pilot set out to change these perceptions: recognising that the key to sustainability in the sector will be through workforce training and development and through this delivering improved health and care outcomes for residents. With access to NHS funding for professional development often closed for the registered nurses in care home settings, there has never been a greater need for innovation and energy coming from within the sector.

A Teaching Care Home Vision Statement

This vision statement has been produced by the members of staff in the five care homes who contributed to the Teaching Care Home pilot, with support from the Foundation of Nursing Studies.

This vision statement was developed through a collaborative and iterative process. The initial content was created by the pilot participants. During the course of the pilot, this has been reviewed and debated through a series of tweet chats and roundtable discussions. These involved the wider care sector, the nursing profession and care home residents and relatives. As the Teaching Care Home's model becomes embedded the statement will be visited and refined further.

Teaching care homes demonstrate an ongoing commitment to person-centred care and ways of working, which will be experienced by all who live, die, visit and work in the home. They are centres for learning, practice development and research, actively engaging with staff, students, residents and the community. They have strong working relationships with academic and education providers and are a resource for other care homes.

Residents and relatives will experience person-centred care in a home that:

- Has comfortable personal and communal spaces
- Feels safe and has a friendly atmosphere
- Recognises the uniqueness and diversity of individuals by:
 - Understanding what matters to them
 - Respecting and supporting their dignity and privacy
 - Supporting and enabling personal choices and decisions
- Nurtures and maintains healthy, caring and empathic relationships

- Is part of the local community and embraces partnership with others to create a holistic care experience for the resident

There will be:

- Person-centred leaders and role models who are visible, accessible and involved in care
- A spirit of working together as a team, having a sense of well-being and benefiting from a commitment to learning and development for all
- A team that feel:
 - Supported, listened to and have a sense of worth
 - Their learning and development is a priority
 - Engaged and enthusiastic, able to think and act independently and with confidence
 - Proud of and celebrate the good work that they do

The teaching care home (with support from the provider organisation) will:

- Ensure appropriately skilled and competent permanent staffing to provide person-centred, safe and effective care
- Support the development of a positive learning environment providing both workplace learning and formal education and training (informed by individualised learning and development/career pathways that are consistent, robust and flexible to meet the needs of both staff and residents)
- Forge partnerships with academic and education providers to:
 - Promote and increase student nurse, apprentice and other MDT placements within the home
 - Provide access to learning and development opportunities for staff, including mentorship training
 - Become active participants in practice development and research
- Support and enable positive and effective communication within the home
- Facilitate the integration of the care home with wider communities and health and social care partners and stakeholders
- Actively promote the positive work that care homes do

1. Objectives of the project

To develop a Teaching Care Home model with 5 nationally prominent existing care homes spread geographically across England. These homes will be supported to become centres of excellence in person-centred care with learning embodied in spirit and practice; delivering improved care for older people through staff empowerment and education.

- To ensure we have a workforce which has pride and desire to work in long term care settings, championing the vital role of nurses and protecting the future flow of recruits into the profession.
- To improve the image and visibility of care home nursing to undergraduate nurses and across wider spheres.
- To enhance the health and wellbeing of residents.
- To champion and mentor the broader care home workforce.
- To increase learning opportunities for all care staff and continuing professional development to

nurses in the sector.

- To create an environment where practice development and improvement is embraced and used to find innovative solutions to address the key challenges faced by the adult social care sector.

Partners

- Overall direction and leadership from Care England, the largest representative body for independent social care services in the UK, with expert guidance from Deborah Sturdy.
- Five leading care homes, Lady Sarah Cohen House (Jewish Care), Rose Court (HC-One), Berwick Grange (Methodist Homes Association), Millbrook Lodge (Orders of St John Care Trust), Chester Court (Barchester) chosen as centres for innovation.
- Manchester Metropolitan University developed a framework for a Teaching Care Home and explored the learning environment for both team and undergraduate learning.
- The Foundation of Nursing Studies developed a bespoke development and support programme for each of the five homes.
- The International Longevity Centre – UK are the lead research and impact partner.

Principles

- **Collaborative** – Partnership working was key to the pilot and encouraged at all levels: with all care home staff, the broader health and social care community and local academic institutions.
- **Pioneering** – Being innovative with both design and conception, showcasing a new model for nursing care homes to the sector.
- **Co-produced** – All participants were engaged from the outset as equal contributors to developing the Teaching Care Home model. Each home was supported to work with staff, residents and relatives to identify a focus for their individual improvement pilots.
- **Person-centred** – This applied to all residents, relatives and staff and was recognised as a key pillar of a Teaching Care Home.

2. Key interventions

Identifying five nationally prominent care homes to take part in the pilot. Each home led a key improvement pilot that would add value to local care practices and the wider sector.

Creating a vision for the Teaching Care Home model. This was a collaborative and iterative process starting with the pilot participants and later involving the wider sector and profession, residents and relatives through tweet chats and roundtable discussions.

Strengthen the leadership and care culture. A programme of development and support was led by expert facilitators with a focus on person-centredness, leadership, culture and learning. Additionally, one to one coaching focused on individual learning needs.

Sharing learning to reach centres beyond the pilot. Liaison with a wide range of sector staff and experts to identify the best ways to share and disseminate the learning so it can be adopted and applied sector wide. This approach is intended to focus on reaching across localities/ regional populations.

Building local university partnerships. The pilot developed strong partnerships to support ongoing staff development, create learning placements and promote care home nursing to undergraduates. The teams involved in the pilot will, through their academic partnerships, have the opportunity to share their progress and development with nurses on undergraduate programmes of nursing.

Improving the image of care home nursing. This was done through ongoing communication and stakeholder engagement to create momentum and traction for the pilot and its broader aims of promoting care home nursing.

Spreading the outcomes. Throughout there was a strong commitment to work with other national care and nursing organisations to promote and raise awareness of Teaching Care Homes and the learning and development opportunities it provides through their networks.

3. About the pilot sites

In Focus – Activities within the Care Homes					
	Berwick Grange	Chester Court	Millbrook Lodge	Rose Court	Lady Sarah Cohen House
Area	Harrogate	Northumbria	Gloucester	Manchester	London
Provider	MHA	Barchester	Orders of St John Care Trust	HC-One	Jewish Care
Focus of Project	Address nursing shortage by helping non UK nurses prepare for and achieve UK registration with the NMC	Improve nutrition of residents Reduce hospital admissions as a result	Improved hospital admissions and discharge for older people	Reflective Practice across all staff	Training, development and communication
Specific Activities	Support for foreign nurses to pass the International English Language test and demonstrate clinical competence Onsite bespoke language training and support	Working with residents and staff to review nutrition and mealtime practices. Adopting a more person-centred approach Greater flexibility in timings, choice and location of eating for all residents	Introduction of 'Red Bag' inspired by Sutton CCG vanguard projects Introduction of checklist medication, glasses, hearing aids, personal belongings	Formalised time, support and structures to encourage all members of staff to reflect on their everyday practices across the home	Hosted student nurses from Middlesex University Introduction of Apprenticeship Scheme Regular and formalised team meetings

Millbrook Lodge, Gloucester (Order of St John Care Trust)

Improved hospital admissions and discharge for older people.

The focus of this project was improving hospital admissions and discharge procedures for older people in their care home. Many staff felt that there was often a lack of a person-centred approach when a new or existing resident was discharged from hospital to the care home. Some staff felt that pressure was put on the care home to take patients in order to free up hospital beds, when not everything was in place for them to be discharged e.g. medication. As well as not being good for patients/residents, it was also having a negative impact on working relationships between hospital and care home staff.

Once this challenge was identified, the care home manager began to establish relationships with key people within the local hospital by emphasising the possibilities of working together to improve the experience of transferring residents for all those involved. A stakeholder group has now been established, involving people from the acute healthcare sector and from the social care sector. As part of their work together, they have looked for other successful schemes from around the country which are addressing the same challenge. They identified the Sutton CCG Vanguard project, also known as the 'Red Bag Project'. This red bag is given to residents who are living in care homes who go in to hospital. The bag includes documentation of vital information on the resident's health and wellbeing, including medications being taken and pre-existing health conditions, as well as a check list of the personal belongings that they have taken with them. The stakeholder group are now exploring how a similar scheme could work for them, reviewing the documentation and considering whether it would be helpful to have care home staff visit the residents when they are in hospital.

Name of care home: Millbrook Lodge	Provider: Orders of St John Care Trust
Area: Gloucestershire	Number of beds: 80
Number of managers: One	Number of care workers: 74
Number of registered nurses: 11	
<p>About the care home: Millbrook Lodge is an 80 bedded care home set within Brockworth in Gloucestershire. It is part of the Orders of St John Care Trust which is a charity provider. Millbrook prides itself on the range of activities it is able to offer the residents and a high level of community engagement.</p>	
<p>What was the focus of the project? Staff held an informal meeting where they were encouraged to discuss the ways in which the care home could improve the care experience for residents. Many staff felt that there was often a lack of a person-centred approach when a new or existing resident was discharged from hospital to the care home. Some staff felt that pressure was put on the care home to take patients in order to free up hospital beds, when not everything was in place for them to be discharged e.g. medication. As well as not being good for patients/residents, it was also having a negative impact on working relationships between hospital and care home staff.</p>	
<p>What was implemented? Once this challenge was identified, the care home manager began to establish relationships with key people within the local hospital by emphasising the possibilities of working together to improve the experience of transferring residents for all those involved. A stakeholder group has now been established, involving people from the acute healthcare sector and also from the social care sector. As part of their work together, they have looked for other successful schemes from around the country which are addressing the same challenge. They identified the Sutton CCG Vanguard project, also known as the 'Red Bag Project'. This red bag is given to residents who are living in care homes who go in to hospital. The bag includes documentation of vital information on the resident's health and wellbeing, including medications being taken and pre-existing health conditions, as well as a check list of the personal belongings that they have taken with them. The stakeholder group are now exploring how a similar scheme could work for them, reviewing the</p>	

documentation and considering whether it would be helpful to have care home staff visit the residents when they are in hospital.
<p>What were the outcomes?</p> <p>Millbrook Lodge reported that since the project inception, there has been improved dialogue between the local hospital and the care home.</p> <p>It was also highlighted that quick hospital discharge has been found to be even more important in residents with dementia. One nurse stressed that “the longer they are in hospital, the more confused they are and the more mobility they lose”.</p>
<p>What were the key learnings and factors for success?</p> <p>Millbrook Lodge staff believe that key to implementing this pilot successfully will be the building of good relationships with hospital staff. To do this, their approach was not to ‘point fingers’, but to have an open discussion with the hospital, asking “how can we help you/work together to make the hospital discharge run smoothly”. Contact rate with the local hospital was increased a lot to make sure this was a success.</p>
<p>What were the challenges?</p> <p>When they looked at the Sutton Red Bag Vanguard, the team felt that the checklist provided in the red bag was too long, which could result in things being missed. It was therefore decided that the checklist for the Millbrook Lodge bag would be kept to one side of A4.</p>
<p>What are the future steps?</p> <p>Millbrooke lodge are now planning to set up training for hospitals to improve the person-centeredness of hospital discharge. They are hoping that the improved relationships and dialogues they now have with the local hospital will mean that the training is a success. In addition to this we have created a wider pilot group for the project spanning across a number of local providers.</p>
<p>Status: Progressing</p>

Chester Court, Northumbria (Barchester)

Improved nutrition of residents.

The focus of this project was to create a person-centred approach to nutrition in the care homes. Poor nutrition is a significant reason for hospital admissions from care homes, and the team wanted to find ways to improve this.

Staff asked, and listened, to what residents wanted from their meals, and how they could make them more suited to individual preferences. They asked for suggestions on all aspects of nutrition in the care home, from preferred meal times to their preferred style of tablecloth. They also spoke to a dietician, who recommended different types of food or drink to ensure meals were tasty but nutritious, such as smoothies.

The biggest shift in focus on nutrition was ensuring that person-centeredness guided their approach. Originally, the company set the menu. But as this was the residents’ home, they introduced as much

flexibility as they could for hot meals in terms of times of the day, and introduced an alternative menu with cold meals, which could be eaten by residents at any time of the day.

Name of care home: Chester Court	Provider: Barchester
Area: Northumbria	Number of beds: 41
Number of managers: One Manager and One Deputy Manager	Number of care workers: 16
Number of registered nurses: Five	
<p>About the care home: Chester Court is a purpose built nursing home in Bedlington, Northumbria. The home offers services which include care for those older people with complex needs such as Parkinson’s, motor neurone disease and multiple sclerosis. The home prides itself on strong links to local primary care services, as well as care planning and a well-trained staff base.</p>	
<p>What was the focus of the project? The team at Chester Court decided that the focus of their Teaching Care Home project would be nutrition. Poor nutrition is a large reason for hospital admissions from care homes.</p>	
<p>What was implemented? It was decided that Chester Court’s approach to nutrition could be more person-centered. Staff asked, and listened, to what residents wanted from their meals, and how they could make them more suited to individual preferences. They asked for suggestions on all aspects of nutrition in the care home, from preferred meal times to their preferred style of tablecloth. They also spoke to a dietician, who recommended different types of food or drink to ensure meals were tasty but nutritious, such as smoothies. The biggest shift in focus on nutrition was ensuring that a person-centeredness guided their approach. Originally, the company set the menu. But as the staff say, they had to remember that “this is their [the residents’] home. They introduced as much flexibility as they could for hot meals in terms of times of the day, and introduced an alternative menu with cold meals, which could be eaten by residents at any time of the day.</p>	
<p>What were the outcomes? Anecdotal evidence from staff members of the care home indicated that there was improved weight gain in residents. Chester Court also have a much better network in the local area now, in terms of links with further and higher education, and also local health services, such as the Vanguard in Gateshead/Sunderland. Staff also self-reported increased staff morale in the care home, which is of course crucial for workforce retention. They noticed that “person-centeredness is not just for residents, it’s for staff as well”. A points scheme was introduced for staff that “go the extra mile”, which is rewarded with gift vouchers.</p>	

What were the key learnings and factors for success?

The care home team learned in the project that many of their staff were very knowledgeable already about nutrition, but they just weren't getting an opportunity to share their knowledge. A successful part of the project was giving staff with experience and expertise in dementia care to train other members of staff on how the disease can have an impact on appetite.

What were the challenges?

As part of the Teaching Care Home project, they connected with Northumbria University and received a third year nursing student as a placement. However, she left after a few shifts. Staff at Chester Court "really thought they had failed". When they asked what had gone wrong, it turned out the student had chosen a care home because she wasn't comfortable working in a hospital theatre, and also she thought that a care home was not 'high-tech' enough.

What are the future steps?

To continue progressing in the pilot.

Status: Concluded/in progress.

Berwick Grange, Harrogate (HC-One)

Addressing the shortage of registered nurses by improving language ability of non-UK nurses.

Across the whole care home sector, there are ongoing challenges around recruiting enough registered nurses. There are also challenges around retaining these nurses. Berwick Grange was no exception. Local demand for nursing home places are high; in a four-mile radius, there are 22 nursing homes. However, staff at this Teaching Care Home did identify that they had a number of care workers from overseas employed at the home who were registered nurses in their country of birth. The team at Berwick Grange noted that they "know these people. We know their potential". The idea was to find a way to address the nursing shortages, in a way that stops them "missing this valuable staff resource".

After discussing with staff members, the team found that the biggest barrier to the overseas nurses becoming registered nurses was their English language skills and, specifically, passing the International English Language Testing System.

A plan was put in place to hire a bespoke tutor who would deliver classes on improving their spoken and written English. Crucially, the tutor was flexible, able to alternate the times of the lessons to accommodate those on night shifts. This was seen by staff as a resourceful way to find pathways for members of staff who have great potential, and to eventually increase the numbers of registered nurses from an internal workforce they knew were hardworking, loyal and highly skilled. The home has also made connections with Harrogate college, and taken on three health and social care students, to give them experience in a care home with nursing environment.

Name of care home: Berwick Grange	Provider: MHA
Area: Radcliffe, Harrogate	Number of beds: 52
Number of managers: One home manager One deputy manager	Number of care workers: Four Senior Carers 25 full time carers Six bank carers
Number of registered nurses: Six registered nurses Three bank staff nurses	
<p>About the care home: Berwick Grange in Harrogate offers accommodation for 52 older people. The home is specially designed to promote the independence of its residents, and features a landscaped garden. The care home offers both dementia nursing care and residential dementia care. Because MHA is a charity, profits are put back into the home and therefore staff have traditionally been well-supported by training opportunities. However, as with all providers, underfunding in the sector has meant that there are less training opportunities now.</p>	
<p>What was the focus of the project? Across the whole care home sector, there are ongoing challenges around recruiting enough registered nurses. There are also challenges around retaining these nurses. Berwick Grange was no exception. Local demand for nursing home places are high in a four-mile radius, there are 22 nursing homes. However, staff at this Teaching Care Home did identify that they had a number of care workers from overseas employed at the home who were registered nurses in their country of birth. The team at Berwick Grange noted that they “know these people. We know their potential”. The idea was to find a way to address the nursing shortages, in a way that stops them “missing this valuable staff resource”.</p>	
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<p>What were the outcomes? Staff at the home have also noticed a change in atmosphere and staff morale since they started the</p>	

<p>programme. One member of staff noted that “I feel more assertive and confident”. Another staff member noted that one person started working there just for a temporary part time caring job. Now, because of the environment of working in this Teaching Care Home, she is applying for a nursing degree.</p>
<p>What were the key learnings and factors for success?</p> <p>The care home saw the value of coverage in the local press. After being featured in an article in the local newspaper at the start of the Teaching Care Homes project, an interviewee for a caring role at the home stated that they applied specifically to this home because they had seen the story about the Teaching Care Homes project.</p>
<p>What were the challenges?</p> <p>Some of the staff who had been at the home for a longer period of time were at first hesitant about the project; work was needed to speak to them about any concerns they may have.</p>
<p>What are the future steps?</p> <p>Seven members of staff are currently undertaking the programme to hopefully gain their PIN to be able to practice. The home plans to cascade the scheme to other homes in the local area. Another idea is to make one home a Teaching Care Home, with new staff in the local area doing a placement and receiving training in that home. These staff can then take their new skills to their place of work.</p>
<p>Status: Concluded/in progress</p>

Rose Court, Manchester (HC-One)

Reflective practice across the whole workforce

The focus of this Teaching Care Home was to allow staff the opportunity to self-reflect on their work, with the aim to improve person-centeredness and therefore care outcomes. As one member of staff stated, nobody, from the company to inspectors, had ever asked “what do you do and why do you do it?”. Staff reported they found it refreshing to be asked to think about this.

There was often the feeling that there was no time at the end of a busy working shift for staff to reflect about what happened during their day, what went right and what went wrong.

Rose Court staff created a template to allow for reflective accounts. Staff can use this to think about their day and the purpose of this job, and to reflect on any learnings from challenges they faced that day. One staff member noted the importance of this activity, by saying “the job can be relentless, and often a thankless task. But we need to recognise that the job is complicated and rewarding”. From these self-reflection activities and further training as part of the Teaching Care Homes programme, staff at Rose Court report that they are now working more closely with hospitals around discharges.

Name of care home: Rose Court Care Home	Provider: HC-One
Area: Manchester	Number of beds: 87
Number of managers: 1 Home Manager 1 Deputy Manager	Number of care workers: 80
Number of registered nurses: Six	
About the care home: Situated in Radcliffe, Manchester, Rose Court is a purpose built 87 bedded care home offering general residential, residential dementia, general nursing and nursing dementia care. A key feature of the home is that it is a home for life as it provides a variety of care settings under one roof.	
What was the focus of the project? The focus of this Teaching Care Home is to enable staff to reflect on their work on a regular basis, with the aim of improving person-centeredness and therefore care outcomes. This was stimulated by their involvement in the pilot programme and being asked to critically reflect on their practice. As one member of staff stated, 'nobody, from the company to inspectors, had ever asked, "what do you do and why do you do it?". Staff reported they found it refreshing to be asked to think about this and recognised that reflection is an opportunity for learning and improvement.	
What was implemented? Two workshops were facilitated with staff to introduce them to the concept of reflective practice and to help them to develop their skills in reflective practice. Some of those involved have then worked individually with other members of staff to share this learning. They are currently exploring the ways in which time/space can be created for reflection to be built into everyday practice; time to think about what went well, what did not go well, any learning and ideas for improvement. This includes the development of a template to support the reflective process and the sharing of learning and ideas. Individual and group reflection have allowed staff to explore practice and outcomes.	
What were the outcomes? Staff have developed knowledge, skills and confidence in reflective practice. They now have the skills to reflect on practice, to evaluate and change to meet individual needs. Staff have developed confidence in communicating effectively with their peers, to give constructive feedback and creating ways of developing and evidencing person-centred care.	
What were the key learnings and factors for success? Staff need time to develop knowledge, skills and confidence in reflective practice. Reflecting on positive stories is a powerful way of identifying and sharing learning.	
What were the challenges? Developing the language to constructively review how and what is done and to reflect on how	

<p>effective practice is. To make time to embed the reflection into the team's expectations of the day.</p>
<p>What are the future steps? To continue to work with the team to embed reflection into the daily routine. To use the information to monitor and react to what works for individual residents, the staff team and the home as a community provision. To use the information gathered to evidence how responsive the provision is to the residents' changing needs. To use reflection as a learning tool for individual staff, staff teams and the home. To continue to develop a culture of reflection as a learning tool, and as a crucial part of the culture of the home.</p>
<p>Status: Progressing.</p>

Lady Sarah Cohen House, London (Jewish Care)

Training, development and communication of workforce

The team were interested in exploring how more learning opportunities can be created during the working day, for staff to learn from and with each other. These opportunities would be over and above the more formal training, which is led by the organisation. They could include staff taking the lead at teaching on a clinical area, or opportunities for reflecting together on what is going well and how this can be achieved more often, and what can be improved and creating actions to achieve this. Workshops were held with some staff to explore what it is like to work in the home; what staff value and their ideas for improvement. Posters were created and these are going to be shared more widely to extend this discussion.

A small group was facilitated to enable carers to meet together to discuss their ways of working and to offer feedback to each other. After each of the activities, staff fed back that they valued the time spent together and suggested that this had contributed to improving the way in which they worked as a team and communicated with each other. The care home receives student nurses from Middlesex University, with one of the staff members who is involved in the Teaching Care Home pilot acting as their mentor. For the first time, the care home has taken on nursing apprentices.

Name of care home: Lady Sarah Cohen House	Provider: Jewish Care
Area: London	Number of beds: The home has 120 beds: 40 are situated on the second floor
Number of managers (second floor): One registered manager One care manager	Number of care workers: 24
Number of registered nurses: 8	

About the care home:

Lady Sarah Cohen House provides nursing, residential and respite care for older people and people with dementia. The care home has three floors, each with its own manager and staff team. The nursing team involved in the Teaching Care Home programme were situated on the second floor.

The care home receives student nurses from Middlesex University, with one of the staff members who is involved in the Teaching Care Home pilot acting as their mentor. For the first time, the care home has taken on nursing apprentices.

The home is part of the Betty and Asher Loftus Centre, a unique community hub.

What was the focus of the project?

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What were the outcomes?

After each of the activities, staff fed back that they valued the time spent together and suggested that this had contributed to improving the way in which they worked as a team and communicated with each other.

What were the key learnings and factors for success?

Staff value 'time out' to get to know each other and their roles and to talk about practice.

What were the challenges?

The team have found it difficult to set aside the time needed to plan. This was compounded by a period of sickness for one of the team members.

What are the future steps?

The team want to develop a more robust plan for engaging with all staff, to gain their ideas about how new learning opportunities can be created.

Status: This project is still in its early stages.