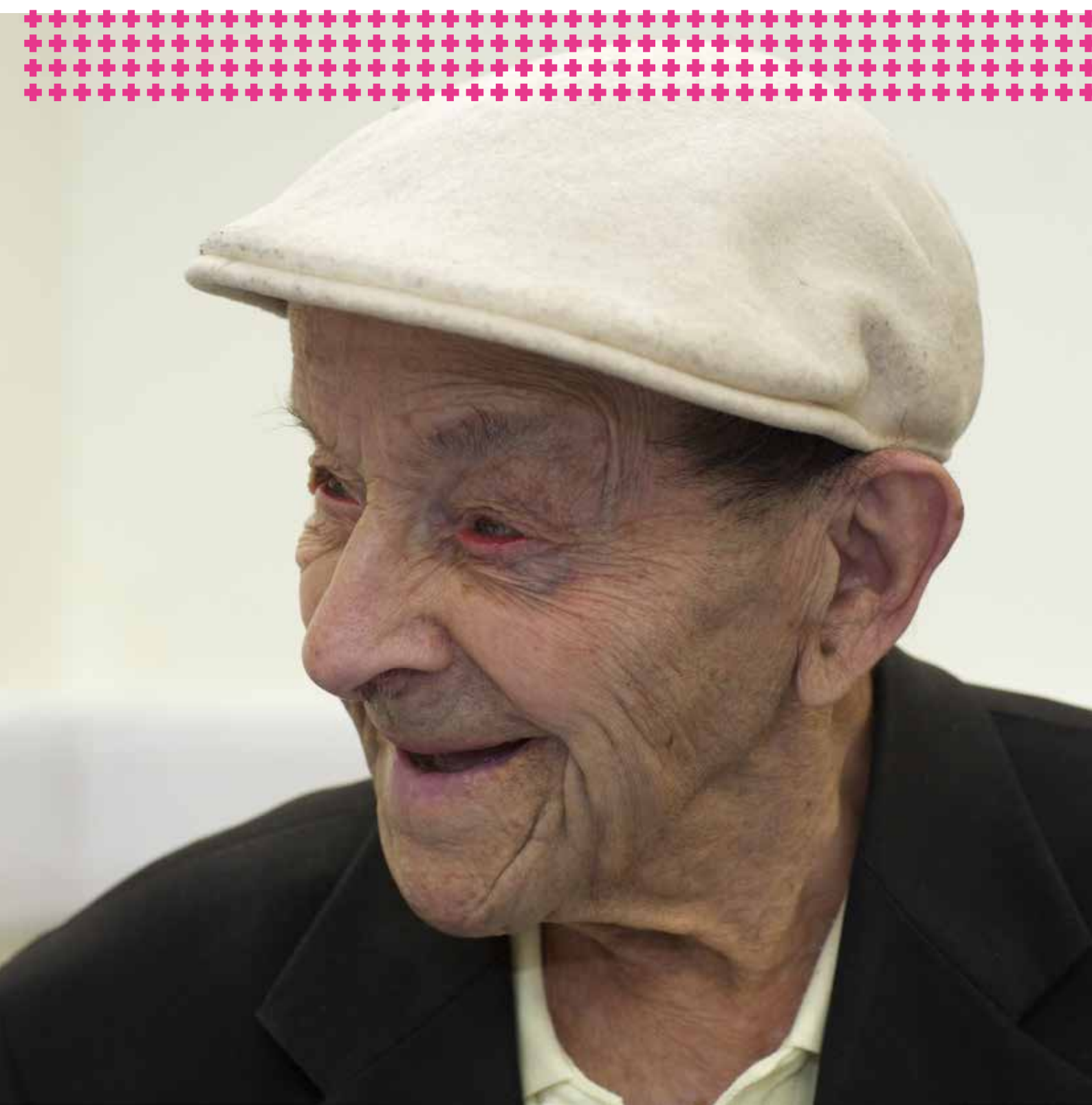


Transition to Care Home Nursing

Section A - Thinking about Working in a Care Home

Chapter 2 - Making the Transition

A resource in the QNI's 'Transition' series, designed for registered nurses with an interest in working in a care home with nursing and for those who are already in this area of practice, who would like an update on current practice and approaches.



Section A - Thinking about working in a care home

Chapter 2 - Making the Transition

Completing this chapter will enable you to:

- consider your own concerns about starting a role in a care home
- to develop a better understanding of care home nursing
- think about when to share resident information and data protection
- use some models of reflection to guide your continuous learning
- record your reflections whilst doing this online resource

Initial Concerns

As you consider moving into the care home setting, it might be useful to consider what some concerns are. The QNI surveyed registered nurses working in the care home setting to establish what some of those concerns might be. The nurses surveyed were overall very positive about making the move and gave some constructive advice:

Figure 2.1 Areas of concern

Area of concern	Percentage of nurses who cited as a concern
1. Isolation	25%
2. Not enough knowledge about working in the care home sector	40%
3. Not enough knowledge about health conditions	30%
4. Lack of skills expertise	30%
5. Not enough management support	25%
6. Anxiety about clinical decision making	60%
7. Apprehension about risk	45%
8. Apprehension about being the only registered nurse on duty	60%

These concerns may be familiar for you, or you may have some of your own, but the support and learning from this resource should encourage you that you are not alone in your work and should support you to take steps to address any concerns at an early stage, so that they can start your role in a confident and positive way.

Understanding the Care Home Setting

The best way to develop your knowledge and understanding around how care homes function is to visit various care homes in your local area. This could include a 'care home with nursing', and 'care home without nursing'. It might also be good to visit a local authority, charity and privately funded care home to get a sense of whether this impacts

on the type of care being delivered.

A fundamental change when working in a care home will be that you are working in a person's home or a place that they now view as their home. It will not be your role to try and change the care home into a ward setting but to acknowledge that care home residents have a right to choose and live how they wish to, and to have input into the way in which they are cared for. It will however require you to apply the same anti-discriminatory practice and behaviour that you would have practiced in any other setting.

It is important that this shift in the balance of the resident-nurse relationship is not underestimated. You will need to develop skills in managing relationships with residents and relatives, ensuring that these relationships are positive. This may be achieved by contacting residents as early as possible, spending time to understand their individual needs and building trust. It will also be about how you advocate for the residents you care for. This relationship is unique and will require you to maintain a professional relationship that protects both you and the resident.

Helping people to make the Transition into the Care Home setting will be further discussed in Chapter 8 - Supporting Relatives and Friends with Transition of Care.

Many nurses new to care homes also highlight the isolation they can experience as the only registered nurse on duty, having come from a ward or hospital environment where there is always someone to talk to and to ask for advice. It will be important that you identify your sources of support very early on, so that the feeling of isolation can be minimised.

Confidentiality and Data Protection

Care home nursing will often require working with very vulnerable people and building relationships with them, so it is key for you to have strong knowledge about information that you collect and information you share with other professionals. This knowledge will also give you confidence when negotiating difficult circumstances and cases such as frailty, mental capacity and best interest

decision making. Many agencies may be involved with your resident (local authority housing, safeguarding teams, health) and by sharing information correctly you may be able to help advocate for your patients' needs by explaining relevant health information.

However, as a registered nurse you will appreciate your duty to respect people's right to privacy and confidentiality (NMC (2015)). Confidentiality and data protection are fundamental principles of professional healthcare practice. There are, however, exemptions where it is your duty to share information, to safeguard a vulnerable adult at risk of harm, and where you have gained consent to share specific information with other members of a multidisciplinary team.



Activity

Think about your consent to share information, the differences such as working in an area local to where you live, what information cannot be shared and what information might be shared with colleagues, and wider multidisciplinary teams.

The Data Protection Act (1998) has eight principles that must be upheld. It is crucial that you familiarise yourself with these principles, as well to ensuring you maintain your accountability to your profession and your employer.

These principles are¹:

1. Personal data shall be processed fairly and lawfully and, shall not be processed unless – (a) at least one of the conditions in Schedule 2 is met, and (b) in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.
2. Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
6. Personal data shall be processed in accordance with the rights of data subjects under this Act.
7. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
8. Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

You should also familiarise yourself with your own employer's Data Protection policy for further information.

There are changes coming to General Data Protection Regulation (GDPR) which will apply to the UK in May 2018².



“ It will be important that you identify your sources of support very early on, so that the feeling of isolation can be minimised.



Activity

What are the eight key principles of the Data Protection Act and how do you think they will apply to your work as a care home nurse?

Managing the Work

Another challenge will be to manage your time effectively, while trying to ensure that you fulfil the requirements of this role. Whilst wanting to spend time building up a relationship with residents, relatives and your staff team (which is vital) you will also need to keep to a schedule and balance the time spent with all of the residents under your care. Over time, the experienced care home nurse can hone the skill of presenting themselves as having enough time to meet all her residents' needs, whilst underneath planning the day to day running of the care home.

However, increased workload has been shown to have an adverse impact the quality of attention that the care home nurse can give to residents, which can lead to dissatisfaction and guilt. This guilt at times can manifest itself in the workplace and you may be able to pick up on a 'culture' of nurses that fail to take regular breaks and work beyond their employed hours, in order to 'get through' their allocated work. It will be imperative for you to manage your personal workload so that you take regular breaks and try not to be drawn into this culture.

Acuity and Dependency

One way in which workload is being addressed is by the introduction of acuity tools and dependency scoring, which is something you will come across. Resident acuity refers to the severity of a person's medical condition. A higher acuity would indicate a more serious condition or likelihood of deterioration³. In the care home setting, the emphasis on deterioration is even greater, as residents with multiple long term conditions require a higher skill level of nursing. Two people with the same degree of acuity may exhibit the same level of complexity; however, they may still require different levels of nursing input according to factors such as their physical condition, mobility and mental capacity. This is known as 'resident dependency on nursing'. Dependency, therefore, is the cost driver of the nursing resource consumed.



Exercise

As part of your learning for this chapter, find out what resident scoring tools are being used, if any, in your work setting.

Managing Stress

As in any area of nursing these days, stress can be a factor and in the care home setting if not managed properly this can lead to nurses taking time away from work. Factors such as emotional demands, staffing problems, work pressure, responsibilities and expectations, social issues, poor management and safety concerns can be linked with

psychological distress and emotional exhaustion. Other reasons leading to stress may include lack of replacement staff and the inability to take leave for personal, medical or professional development. Having an awareness of stress will assist you when trying to develop some resilience to these pressures and how to cope with this transition. The care home nursing team will be key in assisting you to make the change.

Team Working

The whole team working in the care home will be key in assisting you to make the transition and at times will feel like a 'lifeline' in assisting you to make changes and to address some of the above stresses. The role of the registered nurse is that of developing and motivating staff within the team and supporting other team members. As a team leader, it will be down to this person to ensure that other team members feel supported to perform their role and to give individual support if needed. Care home working is built on the foundations of good effective partnership and team working and excellent communication. One area where you can access support will be during resident handover meetings, whether this is with your existing team or the wider multi-disciplinary team (MDT), where you can share your experiences of delivering care and in particular any interpersonal aspects of the caring relationship.

Support

Whilst completing this resource it is advised that you identify a mentor that can support you during your learning. Your mentor must be someone who has had experience of working in care homes setting. The main role of your mentor will be to assist you with your development, both in terms of making the transition to the care home and identifying any additional support you may need. Ideally, you should try to meet with your mentor weekly to reflect upon your week's learning and to get an experienced registered care home nurse's perspective on the challenges you may face.

Preceptorship

If you are a newly qualified registered nurse, the NMC strongly recommends that all 'new registrants' have a period of preceptorship on commencing employment (NMC (2008)). The role of the 'preceptor' is to:

- Facilitate and support the transition of a new registrant
- Facilitate the application of new knowledge and skills
- Raise awareness of the standards and competencies set that the new registrant is required to achieve and support to achieve these
- Provide constructive feedback on performance.

Providing feedback is a crucial area of support, as the first year in practice is often a stressful time. The learning that has occurred at university in order to develop a level of knowledge and proficiency produces highly motivated and professional individuals. However, it is acknowledged that

the nature of practice, with all its resource issues and other frustrations can lead to a demoralised nurse very quickly. A good preceptor will be someone who will support the consolidation of knowledge and skills, be a listening ear and be positive in their approach to ensure that there is a low attrition (drop out) rate.

For more information access: Department of Health (2010) Preceptorship Framework - for newly qualified registered nurses, midwives and allied health professionals <http://www.nhsemployers.org/your-workforce/plan/education-and-training/preceptorships-for-newly-qualified-staff>

Clinical Supervision

In some areas, you may have regular clinical supervision sessions. Clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It has the support of the NMC and fits well in the clinical governance framework, whilst helping to ensure better and improving nursing practice. The RCN have developed guidance on clinical supervision: http://www.rcn.org.uk/_data/assets/pdf

In autonomous roles, where there are greater risks involved, clinical supervision is all the more important to help support and guide future decision-making. As part of their inspection process, the Care Quality Commission (CQC) may want to establish that nurses are accessing necessary clinical supervision time. If you work in the NHS, contact your Clinical Commission Group Lead Nurse or equivalent regarding what arrangements are in place for clinical supervision in your local area.

Professional Reflective Practice

However much you prepare and try to address your concerns ahead of beginning your career in a care home, you will find that as you practice, new learning, new strengths and new concerns will emerge. Your nursing practice should become the richest source of your learning. In all professional roles it is important to spend time actively thinking back on what happened in practice situations; how you felt, how you managed the situation and what the outcome was. This kind of thinking is called reflection and regular reflection will help to improve your practice. Reflection is critical thinking and is a process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice⁴. It is common for people to reflect back on situations when 'something has gone wrong⁵.' It is good reflective practice to reflect on a variety of situations from practice, including ones that ended with positive and negative outcomes.

Models can help some nurses structure their thinking, when undertaking reflective practice. There are many models of reflection that can be used. The model that is used is not as important as the process of reflection that occurs. One of the most common models of reflection is Johns (1992), the basics of which are:

Johns' model of reflection⁶

- **Description of the experience** - describe the experience and what were the significant factors?
- **Reflection** - what was I trying to achieve and what are the consequences?
- **Influencing factors** - what things like internal/external/knowledge affected my decision making?
- **Could I have dealt with it better** - what other choices did I have and what were those consequences?
- **Learning** - what will change because of this experience and how did I feel about the experience⁷?



“ Having an awareness of stress will assist you when trying to develop some resilience to these pressures and how to cope with this transition.

Models are simply tools that you are free to use to support your own reflective practice. More important than the choice of model itself, are the skills to reflect, read body language, think deeply and laterally, and ask yourself honest exploratory questions with a focus on personal improvement as a nurse.

In the ‘**Gibbs reflective cycle**⁸⁷’ there are six steps to aid reflective practice:

- **Description:** First you describe what happened in an event or situation
- **Feelings:** Then you identify your responses to the experience, for example “What did I think and feel?”
- **Evaluation:** You can also identify what was good and bad about the event or situation.
- **Analysis:** The ‘Feelings’ and ‘Evaluation’ steps help you to make sense of the experience.
- **Conclusions:** With all this information, you are now in a position to ask, “What have I learned from the experience?”
- **Action plan:** Finally, you can plan for the future, modifying your actions, on the basis of your reflections.

The Driscoll Model⁹

Another model to support reflection is the Driscoll Model. It follows a simple three stage process:

1. **What happened?** Describe the event in practice;
2. **So what?** Analyse the event;
3. **Now what?** Take action based on the result of learning from experience in clinical practice.

Johari Window¹⁰

When making the transition in to a new working environment, a model such as the Johari Window might help to raise your self-awareness, personal development and group relationships. Your relationship with your colleagues and employer may feel very different.

Figure 2.2 – The Johari Window

<p>1 Known self</p> <p>Things we know about ourselves and others know about us</p>	<p>2 Hidden self</p> <p>Things we know about ourselves that others do not know</p>
<p>3 Blind self</p> <p>Things that others know about us that we do not know</p>	<p>4 Unknown self</p> <p>Things that neither we nor others know about us</p>

The Johari Window may help you explore your own behaviour and attitudes at a deeper level. By working with others to complete it, you can learn new things about your impact on others. The challenge is to explore and understand a little bit more about yourself using this framework.

By considering the four domains they should assist you to identify what is known by you, what is known by others and what is yet to be discovered. It can assist to get feedback on performance and increase self-awareness of your own practice.

An example: using the Johari Window to reflect on a scenario

A resident is admitted to the care home you are working in, and you observe that their general condition has deteriorated in the last 24 hours. Your assessment is that they present as over anxious and depressed, although their general observations are within normal limits. You feel the need to act as an advocate for this resident and decide to contact their GP.

1. Known self - these are things that you know about yourself and that you may consciously present to others: I felt happy that I had the ability to rely on my knowledge of the deteriorating resident.

2. Hidden self - these are things that you know about yourself but you choose to hide from others: I felt a degree of concern that the GP would not take my word for the general deterioration of the resident especially as her vital signs were not in question. This was giving me a physical reaction to my anxiety and my heart was beating faster.

3. Blind self - these are things about you that others can see but are unknown to you: When reporting back to my senior nurse the anxieties I had about this resident and how I acted, I was somewhat surprised at the amount of faith she had in my ability to cope. She stated that she could see how I had developed over previous months and knew that this type of situation ‘would not faze me.’

4. Unknown self - these are feelings and abilities that you are not aware of and which others have not seen: As I grow in experience I feel that I am working towards a more senior role within the practice and the GP trusts my clinical decisions.



Activity

How well do you feel you engage with residents living in a care home? The Burford Model of Reflection¹¹ is a series of questions designed to promote deeper thinking about a resident and their life circumstances. The tool may help you to reflect on your residents and their relatives.

Although models can be helpful to guide your process, the key to writing reflectively is to structure reflective work into your everyday practice, to be brave and ask yourself tough and difficult questions, to be honest with yourself and to be committed to learn from experiences.

Some questions to use when writing reflectively

The questions you can ask yourself when reflecting are limitless, and the best insights may come from the questions you have thought of yourself. However, as a starting point, here are some questions you could use to think back over an experience to extract key learning to improve your practice.

- Where did the event take place?
- Who was involved?
- What actually happened?
- How you were involved?
- What your feelings were at the time?
- What contribution did you make?
- What happened after the situation?
- What did you learn from this experience?
- Did you gain any new knowledge?
- Did you gain any new skills?
- What does this mean for your ongoing personal and professional development?

When considering the best way in which to reflect on your experiences as a registered nurse working in a care home, remember that your reflection can be used to support your revalidation with the Nursing and Midwifery Council (NMC) to maintain your registration (<http://revalidation.nmc.org.uk/>)

Maximising Learning Time

Think of every experience as a learning one. It can help to 'talk as you go', externalising thoughts and sharing knowledge and insights.

- Capture all learning opportunities, however minor
- Try to promote professional conversations with the mentor
- Develop 'case studies' that you can use to promote understanding
- Try to make time for a short 'review and evaluation' session at the end of each day.

Listening to Experienced Others

The QNI (2017) online survey asked registered nurses experienced in care homes what they most enjoyed about this area of practice. Here are some of the quotes, which you may find helpful to reflect on as you start in your role:

'It is like working with a big family.'

'The interaction between, staff, residents and their families.'

'The challenge of meeting the diverse needs of the residents.'

'I get to use a broad range of nursing skills.'

Familiarity of residents and their families.'



“ The key to writing reflectively is (...) to be brave and ask yourself tough and difficult questions, to be honest with yourself and learn from experiences.



Summary

This chapter highlights different aspects of care home nursing and some of the personal challenges you may have whilst working in a care home. It has raised the complexity around funding in the care home setting and the impact this may have on the way care can be delivered. Finally, it has recommended a reflective approach to learning with the aim to support you to work through this online resource with support and at your own pace.

References

1. Information Commissioner's Office, 2016 Data protection principles. [online] Available at: <<https://ico.org.uk/for-organisations/guide-to-data-protection/data-protection-principles/>> [Accessed: 19 December 2016].
2. <https://ico.org.uk/media/for-organisations/documents/1624219/preparing-for-the-gdpr-12-steps.pdf>
<https://ico.org.uk/for-organisations/data-protection-reform/>
3. RCN (2010) Guidance on safe staffing for older peoples wards (RCN London)
4. Boud D, Keogh R & Walker D, 1985. Reflection: turning experience into learning. Kogan Page, London.
5. Taylor, B., 2006. Reflective practice: a guide for nurses and midwives. Maidenhead: Open University Press.
6. Adaptation from Oxford Brookes University, 2016. About John' model of structured reflection. [online] Available at: <<https://www.brookes.ac.uk/students/upgrade/study-skills/reflective-writing-johns/>> [Accessed 19 December 2016].
7. AFPP, 2016. Johns' model of reflection [pdf] Available at: <www.afpp.org.uk/filegrab/Johnsmodelofreflection.pdf?ref=45> Accessed: 19 December 2016
8. Mindtools.com, 2016. Gibbs Reflective Cycle Helping People Learn From Experience. [online] Available at: <<https://www.mindtools.com/pages/article/reflective-cycle.htm>> Accessed: 19 December 2016.
9. Adapted from Aldridge-Bent S, 2012, Transition to the District Nursing Service [pdf] Available at: <qni.org.uk/docs/1%20Chapter%201%20Transition%20to%20District%20Nursing%20-%20CHAPTER%201.pdf> [Accessed: 2 December 2016]
10. Luft, J. and Ingham, H, 1955. The Johari Window: a graphic model for interpersonal relations, University of California Western Training Lab.
11. Johns C, 1991. The Burford Nursing Development Unit holistic model of nursing practice. Journal of Advanced Nursing. 16(9):1090-8, 1991.

Notes on the chapter

