Learning lessons from the CLIC Clinical Skills Programme 2015-2017

Cumbria Learning and Improvement Collaborative (CLIC) have delivered a transformational programme of Clinical Skills for registered (Phase 1) and non-registered (Phase 2) health and care support workers (H&CSW) across Cumbria (2015-17). The programme focussed on eight clinical areas that were considered to be of most benefit for the improvement of patient care across Cumbria and was funded by the Health Education England (NW) 'Forerunner funds'. The programme and funding will end in March 2017. Common themes have emerged from these transformational programmes which we believe constitute 'key principles' for successful collaboration in cross –organisational education and learning regardless of staff group. We recommend that these key principles are recognised and incorporated into future developments for Clinical Skills Training programmes across the system.

Key Principles for successful learning across health and care systems

1. Learning together across organisations
2. Embedding learning through a reflective model
3. Regular and ongoing high quality training
4. Encourage & promote collective leadership at all levels
5. The importance of building networks
6. Involve the people who use our services

1. Learning together across organisations

The opportunity to learn together across organisations brings many benefits and is highly valued by staff. Learning together has provided staff with the opportunity hear new perspectives, generate ideas and to problem-solve around common issues. This training model has built staff confidence and has given them permission to question current practice and challenge the status quo. It has given staff the opportunity to build networks, to meet others and feel less isolated in their work.

Case Study: A Health Care Assistant working on an in-patient ward in a Community Hospital described her learning following attending the Medicines Awareness training

"I could really see the advantages of learning together with staff from other organisations and roles, and the value of taking time out to think. I really enjoyed being questioned about my current practice to check out whether it was in line with best practice, and I now I feel much more confident to challenge practice. It has really built my confidence in both my practice and in supporting other staff and new starters which is part of my role. Particular examples of my learning included; what to do when finding medicines in a patient's bed and the importance of considering a patients ability to self-administer their own medication on discharge as part of the rehabilitation process. The training and discussion with others reinforced the difficulties that arise with take home medicines and importance of communication with community staff on discharge".

2. Embedding Learning through a reflective model

Through this collaborative training model many nurses and health and care workers have been able to update their awareness of good practice or develop new clinical skills. The model has been underpinned by a strategy for competence through the development of 'competency frameworks' around each clinical skill (registered) or 'learning record' (H&CSW) and 'follow up' support in the workplace.

Case Study: A private residential care home manager outlines the benefits for their staff and clients of attending Skin Care & Pressure Ulcer Prevention training

I am pleased to say that our care home is a good one although there are always things we can improve on and I had encouraged as many of my staff as possible to attend the CLIC training programmes. We don't have any performance issues or concerns & our inspections have been positive so far. So it was a bit of a surprise for us that when we attended the training we realised that there were still lots of changes that we could make that would improve the care we provide for our clients. Some of the most important changes we have made are to put 'SSKIN bundles' in client care plans and to regularly use pressure care charts so that there is consistency in our assessment of the clients pressure areas. We have also re-assessed all the clients who use continence products as recommended on the training to make sure they are the right for the client's needs and to reduce the likelihood of a pressure area. We are also much more aware of the importance of pressure relief; we regularly explain the importance of changing position to clients, asking them to do this for themselves if they can to encourage independence. We have also started checking all pressure-relieving equipment on a daily basis. All these changes have directly resulted in improvements in pressure areas for six of our clients. A grade 4 pressure ulcer, a grade 2 pressure ulcer & 4 moisture lesions have all now completely healed and are being maintained.

As a manager I am delighted with the success of the training and the effect it has had of motivating the staff to be as proactive as they can in improving things. Most importantly the clients & their relatives have really noticed a difference and it has improved their quality of life.

This approach is designed to embed learning in practice and promote a reflective learning culture. Case studies have clearly demonstrated evidence of practice improvements using this model and also supported many registered nurses with the new NMC revalidation requirements. Positive feedback from staff about the benefits of this training model has prompted some organisations to re-visit their policies and approach to professional development and supervision.

3. Regular and ongoing high quality training staff

The people who use our services across Cumbria are our shared responsibility; they may show up in any part of the health & care system at any time and expect that staff have the skills and knowledge to deliver a good standard of care. Phase 1 of the programme clearly demonstrated that our registered nurses did have significant gaps in their basic clinical skills and needed 'back to basics' training. This has prompted some organisations consider what training could be delivered collaboratively to avoid duplication and provide value for money across the system. There was also recognition that the skills of the specialist nurses were valued, but where they were in specialist roles away from non-specialists, this has led to a de-skilling and reduction in confidence of non-specialists nurses. There should also be consideration of the importance of the role of education and coaching by specialist nurses to non-specialist staff in maintaining their skills and confidence and to improve patient's experience of care.

4. Encourage & promote collective leadership at all levels

Case studies from the programme have highlighted that where staff were given permission by their manager to be innovative and put small changes into practice, significant improvements resulted for patients. The programme has demonstrated that clinical skills training built confidence to reflect on and question current practice

Case Study: A Care Home Manager describes the benefits of the Catheterisation Training

"Before the registered nursing staff from our home attended the training we had a male patient who had to be admitted frequently to hospital each time there was an issue with his catheter. Our nurses were able to change a tracheostomy, but not a male catheter, which was incredibly frustrating for them. As he required a ventilator and an IV drip, this involved calling an ambulance to transport him to hospital and staff from the home to accompany him. Now that the nursing staff are trained they are able to assess the situation and change the catheter immediately if needed which saves time, avoids calling out an ambulance or taking up a hospital bed. Most importantly, the gentleman is not in discomfort and is saved from the trauma of the transfer to hospital or spending time away from his home in unfamiliar surroundings."

5. The importance of building networks

The programme has demonstrated the value of helping staff make connections across health and care services with others who have an interest or expertise in their area of work. Networks help staff to develop a bigger picture and provide opportunities to access further information, advice and support across the system. Networks are important at every level, introducing new possibilities and ways of working to improve, build relationships and trust and problem-solve together for the benefit of patient care.

Case Study: A Clinical Skills Nurse Educator describes the feedback she received from the staff at a Residential Home in West Cumbria following CLIC Falls Awareness training

Both staff and carers were encouraged by the home manager to attend the CLIC Falls Awareness training. When they completed the training they were inspired & motivated to set up a working group within the home which discussed possible improvements that could be made with staff and carers and as a result they have implemented a series of changes. The working group supported staff to raise awareness of the potential 'hazards' in the home environment that may result in a fall. Staff now regularly check equipment to ensure that it is safe to use e.g. replacing worn ferrules on the bottom of walking aids, and they have identified where there is poor lighting & made changes to reduce the likelihood of falls. The staff have introduced a falls risk assessment to identify those clients at risk of falling & an action plan to minimise any risks. Following training the staff now realise how helpful it would be to link up with falls experts and relevant services in their area & have identified a network of support for staff & carers which provides them up to date information and resources for staff, carers & relatives.

6. Involving the people who use our services in our learning

In phase 2 of the programme we made a commitment to involving the people who use our services in the development and delivery of the programme. They have provided a pragmatic and realistic balance to the planning, review and monitoring of the training which has been invaluable in ensuring that we kept the patient and their carers' central to the

programme at all times. They have initiated ideas and developed resources that have been key to the success of this programme. Going forward, we believe that it should be standard practice that people who use our services and those who are experts in their condition are involved at every stage of future programmes.

Case Study: A Cumbria County Council manager describes the care of a lady at a nursing home and the subsequent learning and improvements that were made after receiving CLIC Pressure Care Awareness training

Working in the care sector it is imperative we are all able to give a good quality service ensuring all holistic needs of each service users are met and completed to a high standard. This comes through learning and experience. Pressure care unfortunately was something we relied heavily upon the community district nursing team for which in hindsight, should not have been the case and was due to staff's limited knowledge in this area. However I'm delighted to now say this has greatly changed and has done so by Cumbria care staff attending both the CLIC pressure care awareness training as well as the pressure care pilot scheme within our home.

It was through the CLIC pressure care training we were able to identify all contributing factors and the steps we should take to treat, manage and prevent pressure damage.

Mrs B is an elderly lady of 84 with several health issues including heart failure, Vascular Dementia, chronic kidney disease as well as Diabetes type 2 and osteoarthritis. Through failing health and significant deterioration in Mrs B mental health she is no longer independently mobile, relying heavily on support staff to carry out all manual handling tasks for her. Mrs B is doubly incontinent and again relies on staff's full support to manage this. She has for a long time suffered with poor skin integrity, her sacrum often becoming red and sore and on these occasions we have contacted the district nursing team for support and followed their direction and advice. Since attending the CLIC Pressure care training we are now able to identify when areas of the skin are becoming compromised and we are able to put in place a pressure care regime to help support and manage the area as well as seeking district nurse advice when needed.

Recently, Mrs B developed a grade 2 pressure area despite being on a pressure care regime of 4 hourly pressure care in moving her position to redistribute Mrs B weight so pressure was not able to build in particular areas of the body; she also had an airwave mattress in place to help manage and maintain good skin integrity. She was prescribed topical creams which were being applied as directed and sat in a high pressure Hydro chair provided by the OT department to help with manual handling difficulties. Despite this, unfortunately Mrs B still developed a pressure sore.

The team, along with the district nursing team were able to look at this case more closely. We identified Mrs B had recently had her medication changed which was an increase in frusemide which is prescribed to expel excess fluid from the body through increased urination. We now know through CLIC training that this is a factor needing considerable attention as excess fluid being expelled from the body meant moisture was constantly lying on the skin, putting the area at greater risk of pressure damage. The staff in the home and the district nursing team knew this was one of the biggest issues needing dealt with to treat and manage the area.

We decided with the family's consent to a short term catheter, introduced to eliminate the issue of excess moisture to the vulnerable area. We also increased pressure care to two hourly as we know regular redistribution of weight takes pressure away from areas currently at risk. Again, through the CLIC training we knew it was important to monitor fluid intake as hydrated skin is able to heal and repair itself faster than dehydrated skin. We also included a high protein and zinc diet which also had the same effect. Within 72 hours this area had significantly changed. It was no longer a grade two pressure sore but a small lesion which in a week would totally disappear and the short term catheter could be removed.

This lady continues to be at high risk of developing pressure damage and is frequently seen by the district nursing team as a precaution. Support staff continue to follow the pressure care regime in place and all directions are highlighted in the care plan and are all delighted that Mrs B has had no further areas of concern. Our relationship with the community district nursing team has significantly changed. We no longer rely on them so heavily but still receive advice and support for pressure related issues. We, as a home are delighted that the district nursing team and tissue viability nursing team now see this home as a low risk healthy home. We are able to confidently put in place pressure care regimes in place for those at risk of developing pressure damage as well as preventative regimes for those not currently at risk to ensure they never will be.

By attending the CLIC pressure care training we as supervisors have been able to successfully cascade the knowledge and skills down to support staff which was extremely easy to do as they are highly motivated and passionate about the care they deliver. We are now able to all support each other in our practices as well as gaining the ongoing support from the district nursing team.

All the staff are extremely proud of their efforts and the fact they are able to do something to help and protect the service users in their care, We continue to work closely with the district nursing team in constantly developing our practices and we ensure all those in our care have a pressure regime in place for all the staff to read and adhere to.