

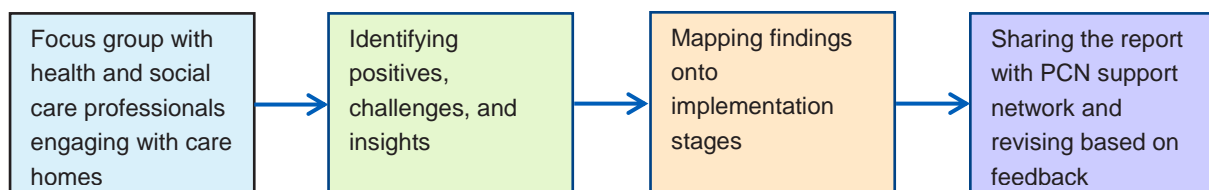
## Understanding Implementation in Care Homes – Summary Report

### Background and purpose:

At the Yorkshire and Humber (Y&H) Patient Safety Collaborative (PSC), we have been working on a number of patient safety projects over the past five years. More recently, we have been working in partnership with colleagues across health and social care. Through this work, common challenges and useful approaches to implementing change ideas have been noted. The aim of this report is to understand the specific barriers and facilitators to meaningful and sustainable engagement with care homes.

### Method

A facilitated focus group was hosted by the PSC, where health and social care professionals from across Yorkshire & the Humber were encouraged to share their insights about working with care homes. Discussion was framed around what works well and what challenges do they experience. The focus group was conducted on 13<sup>th</sup> May 2022. Participants had the option to attend the focus group either face to face or virtually through MS Teams. The focus group was attended by 12 participants and lasted approximately 2.5 hours. Participants had a variety of roles, all which worked with care homes on a daily basis. The analysis was guided by a rapid analysis method called the Stanford lightning report<sup>1</sup> which categorises the collected data into positives, challenges and insights. These findings were then mapped onto the four implementation stages outlined by the Active Implementation hub to offer practical advice for those looking to implement changes in care homes<sup>2</sup>. The initial findings were then shared more widely to validate with members of the Primary Care Network (PCN) Support network on two occasions and some small amendments were made. The methodology is summarised in the following illustration.



This report is a summary of the discussions and provides a practical framework for future patient safety work with care homes. Table 1 presents the lightning report based on the focus group data.

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**Patient Safety Collaborative**

*The AHSN Network*

## Stanford Lightning Report: Understanding Implementation in Care Homes

### Executive Summary:

- The key to working with care homes is to recognise the priorities and needs of care homes and building respectful, inclusive and ongoing relationships with them.
- Care homes are resource constrained which needs to be considered while implementing any changes.

### Positives

#### Establishing ongoing relationships

- Establishing continued and ongoing relationships with care homes works well in implementation. This helps in building rapport, establishing trust, and acts as a means of offering continued support.
- Demonstrating and ingraining respect in all work done with care homes is helpful in nurturing ongoing relationships.

#### Recognising care home priorities

- There is no 'one size fits all approach'. Each care home should be treated as a unique entity with different needs, and engagement strategies should be devised accordingly.
- It is important to consider the needs of care home staff. The approach should be supportive rather than directive, with an awareness of their individual challenges (e.g. COVID outbreaks).
- Considering the needs of care home workers whose first language is not English is key to their engagement.

#### Demonstrating benefit

- Being able to demonstrate that an initiative can reduce a care home's current workload can improve engagement and also help in getting support from the care home leadership team.

#### Celebrating success

- It is important to celebrate positive outcomes and to appreciate those who go above and beyond to make innovative changes.
- Positive word of mouth helps other care homes to reach out to services.
- Providing everyone an opportunity to share their insights. An inclusive approach towards all care home staff and valuing everyone's contribution including kitchen staff, domestic staff, maintenance staff etc.

Care Homes

Challenges

**Balancing stakeholder perspectives**

- It can be challenging to balance the different and often opposite perspectives of different stakeholders involved in the implementation process.

**Culture of blame**

- It is essential to move away from a culture that is focused on problems rather than solutions, as this can act as a barrier to implementation in care homes.

**Hierarchical ways of working**

- Hierarchical and siloed ways of working in the health and social care system can act as a barrier when it comes to implementing changes in care homes.

**Lack of feedback loops**

- Often, once a change is implemented or a project is completed, the outcomes and results are not shared or fed back to the care homes which can be a barrier to future.

Insights and Ideas

**Transferability**

- Offering training passports for care home staff can be beneficial to individual staff and the system, as staff will not need to repeat training when they move to a new care home.

**Meaningful evaluations**

- It can be useful to use case studies and case-based scenarios as a means of evaluation.
- It is important to avoid "*Getting wrapped up in numbers*" and to consider person centric and meaningful measures

**Commercial element of care homes**

- It is necessary to consider the commercial side of care homes in implementation, as care homes are business entities and may have a different appetite towards sharing information. Additionally, large care home groups can be resistant to revising their policies.

**Staffing challenges**

- There is a need to consider major challenges being faced by care homes during implementation, such as staff shortages, staff movement and reliance on agency workers.

**Variability across care homes**

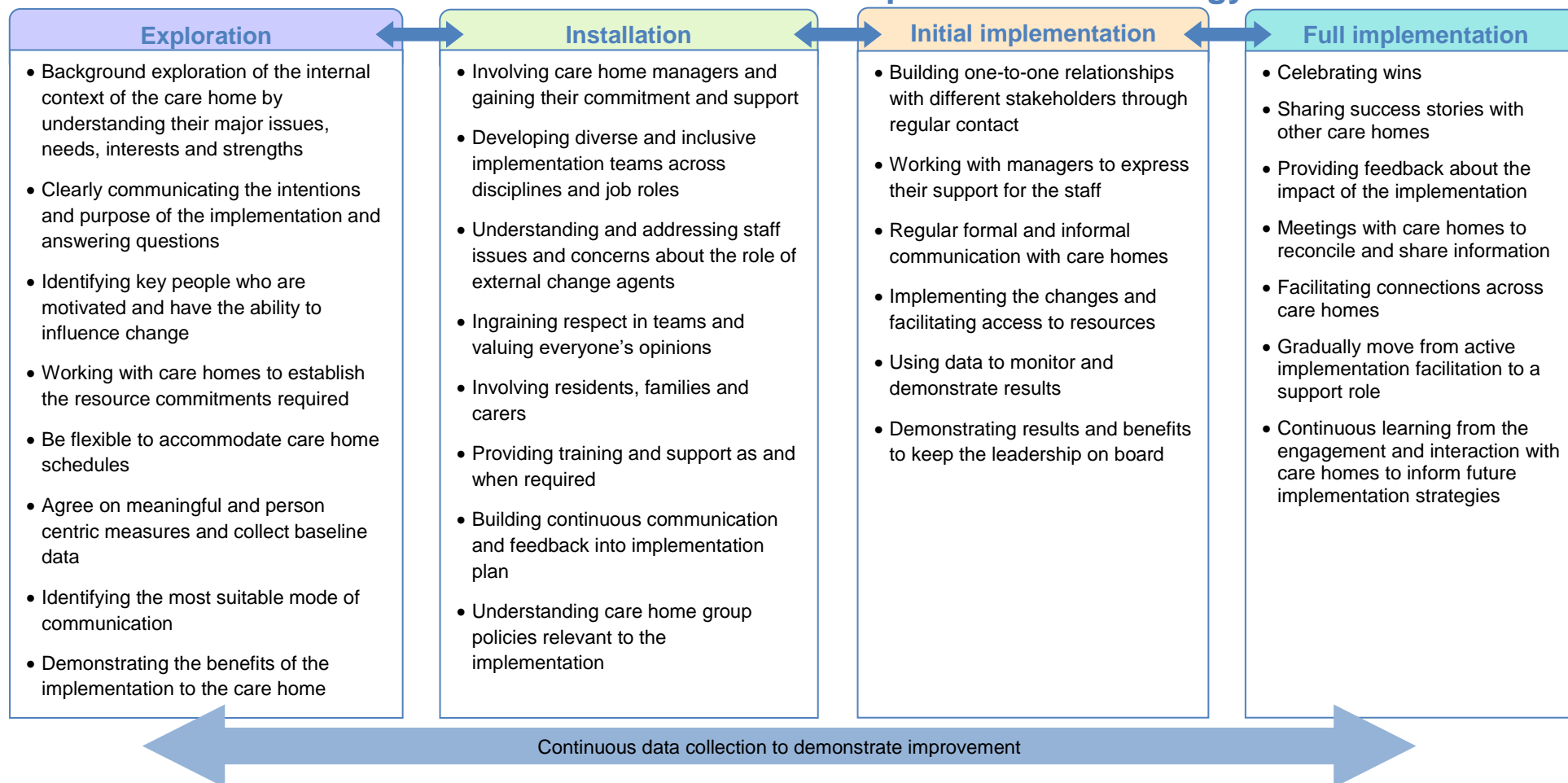
- There is a lack of robust reliable data available in care homes and each home may record different things with different definitions. This can make it difficult to measure impact.

**Existing mistrust**

- There can be a lack of trust and scepticism in care homes about the 'agenda' behind any efforts of engagement and change, especially for those in assurance roles.

The following framework maps these findings onto four implementation stages to offer a practical outline for implementation teams:

## Recommendations for an implementation strategy



1. Brown-Johnson, C., et. Al (2020). The Stanford Lightning Report Method: a comparison of rapid qualitative synthesis results across four implementation evaluations. Learning Health Systems, 4(2), e10210.

2. National implementation research network, Active Implementation Hub, Framework 2: Implementation Stages. <https://nirn.fpg.unc.edu/module-1/implementation-stages>

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