CAN GSF RESUSCITATE YOUR BUSINESS?

AT A TIME WHEN THE PUBLIC PURSE IS BEING SQUEEZED AND BUSINESS IS HARDER TO COME BY, COULD THE GOLD STANDARDS FRAMEWORK (GSF) PROVE A VALUABLE DIFFERENTIATING FACTOR FROM YOUR COMPETITORS? TOM TANNER DISCUSSES HOW THE PROGRAMME CAN IMPROVE BUSINESS AND SERVICE STANDARDS.

Just like colleagues in the public sector, care home owners know they will be facing increasingly difficult decisions about how to reduce costs as care home fees come under pressure from cash strapped local authorities and the NHS.

Few doubt the benefits of having a team of well trained, highly skilled and motivated employees across all areas of a care home, but as care providers concentrate on essential spending, they also recognise the financial and time costs of staff training. Care home operators can be quick to recognise that training is not always effective and where staff turnover is often high, it can also appear a wasted investment if the individual then moves on to another workplace. When looking at whether to invest in training care providers need to be sure that it will have a positive impact on the whole organisation that then enables owners and managers to look beyond the risks of losing individual employees.

WHOLE TEAM APPROACH

The Gold Standards Framework in Care Homes (GSFCH) programme enables improvements across the whole organisation, having a particularly positive effect on a crucial part of the care journey - end of life care. It involves the whole organisation in the training process to improve end of life care on three levels for the individuals involved, for the home as a whole and for the whole health and social care community around the home. The care provider obtains not just a better trained and motivated workforce, but also improves joint working and communication with GPs, district nurses and other health and social care professionals.

The GSFCH programme puts the onus on two members of staff from each home who attends the four GSFCH workshops to take back the resources and learning and cascade them throughout the home. GSFCH is about organisational change – setting up a new way of managing the care of residents nearing the end of life. The aim is to enable all staff to provide

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CASE STUDY

UPLANDS NURSING HOME

Mandy Thorn is Managing Director of Uplands, an 80 bed nursing home in Upton, Shropshire, owned by Marches Care. There are 40 dementia patients and a 40 bed long term nursing specialist unit for end of life patients.

'Quality end of life care has always

been a priority at Uplands, but I was encouraged to sign up for the GSFCH training programme by the local GP practice.

'Collectively we felt that it would

make sense to get recognition for the good practice we were already implementing. Like most worthwhile things, the programme was hard work. It is top to bottom organisational change and the bar is rightly set very high. But it enabled us to benchmark everything we were doing and importantly

involves all our staff, including the

kitchen assistants and cleaners.

'Staff motivation increased as

everyone felt more involved in and more confident about end of life

to patients and staff, I have

experienced the business benefits of completing the training programme and being one of the first homes to be awarded beacon status.

'It means that commissioners in the

NHS and local authorities recognise this national accreditation and we can use it as a marketing tool. We are the only accredited GSF home in our area. The fact we can demonstrate a nationally recognised award makes it more

difficult for commissioners to impose price reductions.

→ quality care for people nearing the end of life leading to better patient outcomes in line with their needs and preferences as well as greater cost efficiency through reducing hospitalisation and inappropriate use of medications.

ACCREDITED SKILLS

Historically, many care home staff have lacked the confidence to deal with end of life issues or their skills have not been recognised by other healthcare professionals. GSFCH provides staff with nationally accredited and internationally recognised tools and a framework to provide consistent, individualised care for residents. Staff teams are, in the first instance, encouraged to identify those residents nearing the end of life. GSF defines this as anyone who is in the last year of life. 'Advance care planning' plays a key part in helping staff and residents work together to map out the type of care they want and where they want it.

Discussions can then take place with the resident's GP and the resident's preferences are recorded enabling joint planning of the resident's care — using a range of tools including the Prognostic Indicator Guidance (PIG), Needs Support Coding and Needs Support Matrices.

These simple but important steps enable staff to not only better plan their residents' care but also avoid crises caused by unexpected events for which there has been no preparation.

PARTNERSHIPS AND RELATIONSHIPS

With the help of their GSF facilitator, care home staff are encouraged to develop closer ties with local GP practices, district nursing teams and specialist palliative care teams. Care home staff and their external health colleagues can then get together regularly to assess the needs of the resident and plan their care, including the anticipatory prescribing of drugs - ensuring they avoid crises, especially at weekends. Residents nearing the end of life can be flagged to the out of hours teams, further increasing the chances of fulfilling the resident's wishes and avoiding unnecessary and unwanted hospital admissions.

With a system in place, a closer relationship with residents and their families and with other health and social care professionals, staff feel increasingly confident in their role caring for residents at the end of life. This improved communication and co-ordination within

the home as well as with external partners, is another crucial element of the GSFCH programme.

Staff in homes that have been through the programme gain enormous satisfaction from delivering genuine, individualised care to their residents. This in turn increases their confidence and reduces the chances of them leaving the home. In the event that staff do move on, their legacy will be the new systems and structures that GSF has helped them embed in the home – meaning managers and owners can look beyond the risk of losing individual employees in whom they have invested time and money training.

GSF DEVELOPMENT

GSF started in primary care ten years ago. The care homes training programme came on stream five years later and now 16 hospitals are involved in the GSF acute hospitals pilot programme. Care home staff will benefit from this continued spread of best practice. They will share a common language with their counterparts in these different settings. The GSF Centre has remodelled the primary care programme in part using lessons learned in the care homes work. Care home staff's end of life care expertise is now being recognised by their counterparts across primary care and in hospitals.

Almost 1,500 homes have now completed the training programme. One hundred homes a year are going through the accreditation process. Having completed the training homes must undertake self-assessment against 20 clear standards of best practice, submit a portfolio of evidence of integration of the principles and standards of GSFCH, as well as be visited by a quality assessor.

The GSF Centre sends a letter to the Care Quality Commission and to the local commissioners informing them of the award, then Age UK and all the four major care homes organisations endorse the homes

Accreditation provides a platform to differentiate the service in one home from another and provides owners and managers with the opportunity to initiate discussions with commissioners about paying a premium price for premium care.

For more information about how the benefits of the GSFCH programme and how to enrol go to the GSF website. www.goldstandardsframework.nhs.uk/

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