

# Are we meeting the needs of stroke survivors in care homes?

Findings from a study exploring the  
process and outcomes of  
6 month reviews in care home settings

Dr Emma Patchick, Research Associate for CLAHRC Stroke Programme  
Greater Manchester

Email: [Emma.patchick@manchester.ac.uk](mailto:Emma.patchick@manchester.ac.uk)

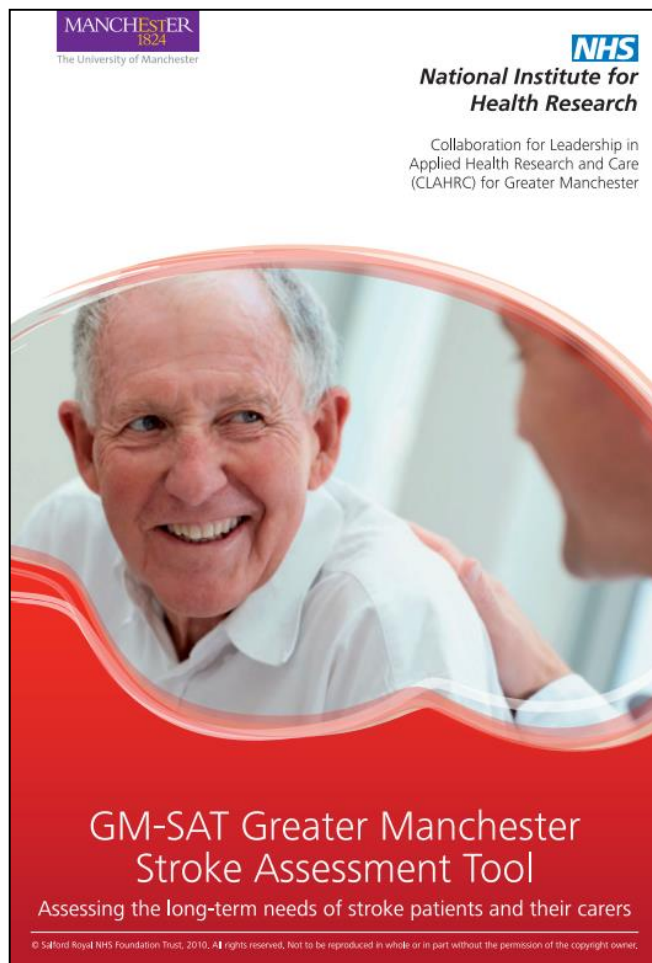
Tel: +44 (0) 161 206 3439

# Are we meeting needs.....?

1. Find stroke survivors in care homes
2. Identify their needs & actions to address
3. Deliver / Follow up

# TIMING

# Background





- CLAHRC reviewed literature + worked with patients, carers and professionals
- Identify common long-term problems across health, social and emotional domains.
- GM-SAT launched in 2010:

<http://clahrc-gm.nihr.ac.uk/our-work/our-work-2008-2013/gm-sat/>


# The GM-SAT – review form

<b>Mood</b> Do you often feel sad or depressed?	Yes   No	Score= _____
<b>Anxiety</b> Do you often feel anxious or tense?	Yes   No	
<b>Emotionalism</b> Do you laugh or cry more since the stroke?	Yes   No	
<b>Personality changes</b> Have you or anyone else noticed any change in your behaviour or personality since your stroke?	Yes   No	
<b>Relationships</b> Do you have any worries about relationships after stroke?	Yes   No	
<b>Fatigue</b> Do you feel tired all the time or get tired very quickly since your stroke?	Yes   No	
<b>Sleeping</b> Do you have any new difficulties sleeping?	Yes   No	
<b>Memory, concentration and attention</b> Do you have any new difficulties remembering things or concentrating?	Yes   No	

*National Institute for  
Health Research*

Collaboration for Leadership in  
Applied Health Research and Care  
(CLAHRC) for Greater Manchester



**GM-SAT Greater Manchester  
Stroke Assessment Tool**

Assessing the long-term needs of stroke patients and their carers

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# The GM-SAT – review summary

National Institute for  
Health Research

## Stroke Six Month Review: Summary Report

Name:			
D.O.B:		NHS number:	
Reviewed by:		Date of review:	

At your review your blood pressure was: \_\_\_\_\_ / \_\_\_\_\_

At your review we identified that you have some unmet needs in the following areas:

Medicine management	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Daily activities	<input type="checkbox"/>	Sleep pattern	<input type="checkbox"/>
Medicine compliance	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Memory & concentration	<input type="checkbox"/>
Blood pressure	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Falls	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Anti-thrombotic therapy	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Mood	<input type="checkbox"/>	Transport and travel	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	Swallowing	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Activities & hobbies	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	Emotionalism	<input type="checkbox"/>	Work	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Weight management	<input type="checkbox"/>	Personality changes	<input type="checkbox"/>	Money & benefits	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	Pain	<input type="checkbox"/>	Sexual health	<input type="checkbox"/>	House & home	<input type="checkbox"/>
Healthy eating	<input type="checkbox"/>	Continence	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Carer needs	<input type="checkbox"/>
Other:							

Summary of your unmet needs:

Actions for you (the stroke survivor):

Actions for us:

Actions for your GP practice:



## Summary of your unmet needs

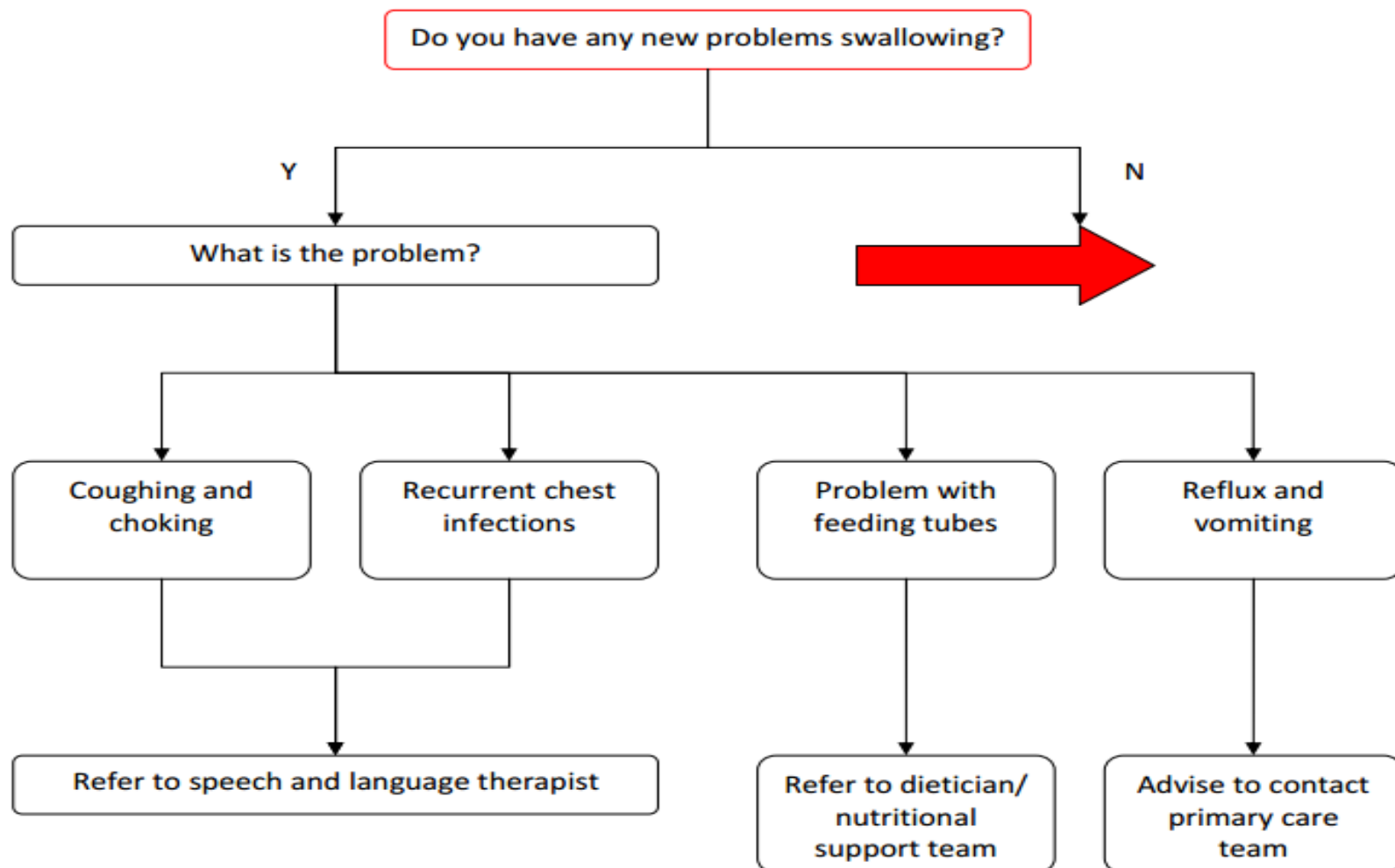
Actions for you

Actions for us

Actions for your GP

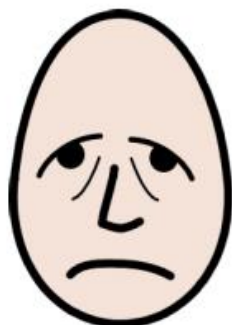
# The GM-SAT - algorithms

## Swallowing



# The GM-SAT – easy access

Do you often feel **sad** or  
**depressed**?



yes

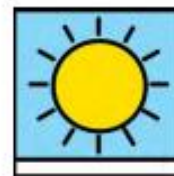


no

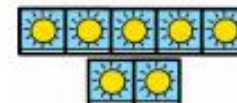
How long **ago** did the problem  
start?



1 hour



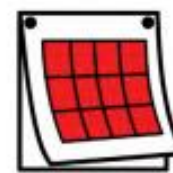
1 day



1 week



1 month



1 year

# GM-SAT revisions for care homes

## Added questions

skin problems	foot care
oral health / hygiene	care home staff concerns

## Removed questions

work	driving
------	---------

## Modified

Recording client consent to review: “yes, but” added
“sexual health” question becomes “relationships”



- 3 within-study components

	Record unmet needs & actions ID'd	Experience of reviewees	Opinions of reviewers
Method	Collect review summaries at participating sites	Qualitative interviews ASAP (stroke survivors, family, care home staff)	Qualitative interviews (stroke professional reviewers)
Numbers	N = 74 (target was 72).	N = 13 (8 stroke survivors; 3 family; 2 care staff)	N = 12 reviewers.

Stopped early  
(not included in rest of presentation)

# Methods

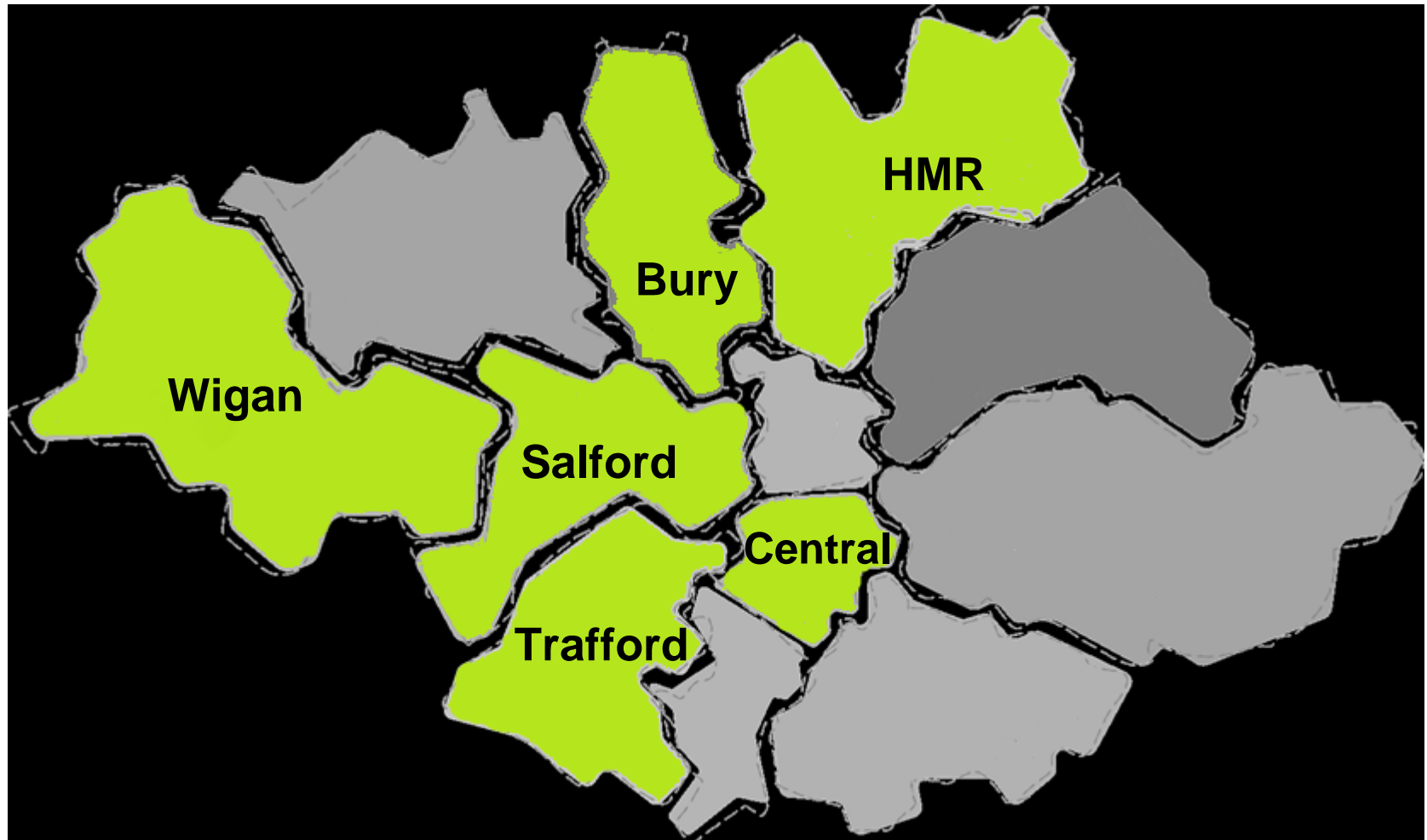
- 3 within-study components

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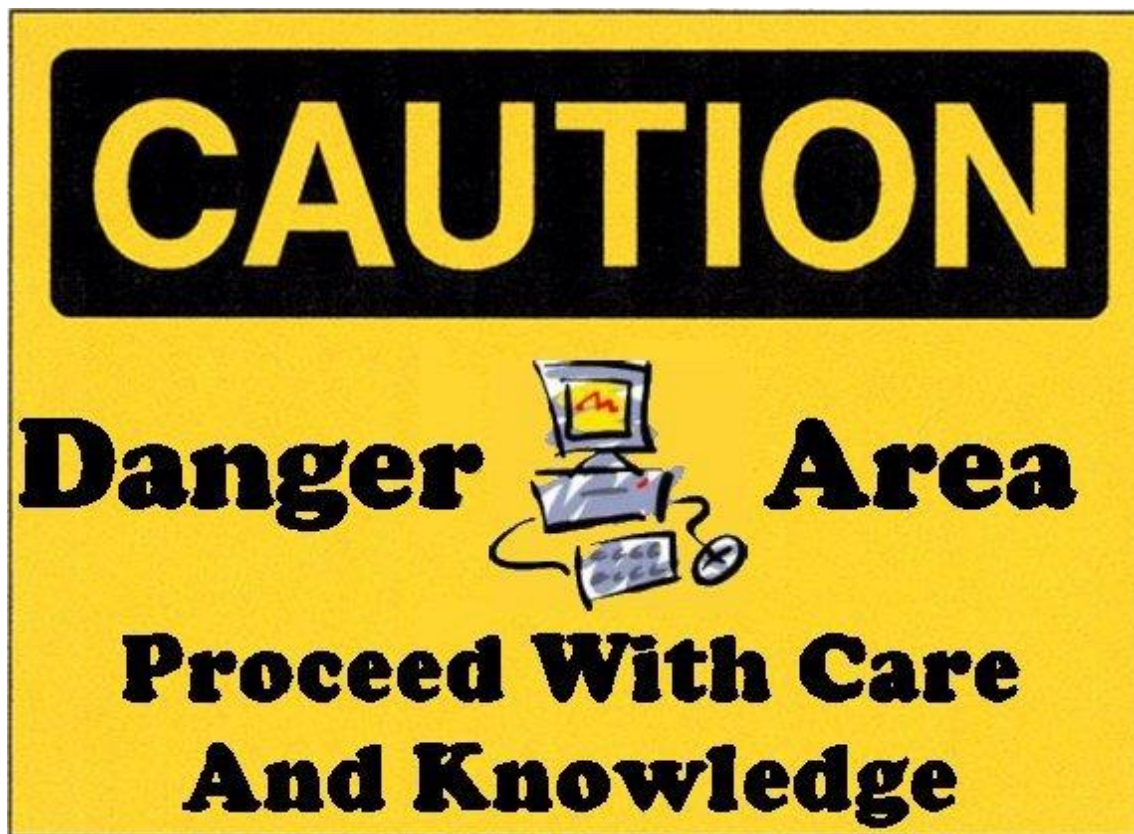
Opinions of reviewers
Qualitative interviews (stroke professional reviewers)
N = 12 reviewers.

# Participating CCGs

6 out of 12 commissioning care home reviews



# Preliminary results



# Stroke survivors reviewed (N=74)

- Gender: female 51 (**69%**)
- Age: mean 83 years (SD 10.1)
- First stroke for N = 43 (**58%**) 10 unknown
- Living at home before for N = 42 (**57%**) 5 unknown
- Cognitive issues in N = 48 (**65%**) 8 unknown
- Known comorbidities for N = 61 (**82%**)
- Moderate to Severe Disability (3-5 on mRS) for N = 64 (**86%**).

Unmet need:

*“a problem that is not being addressed or one that is being addressed, but insufficiently”*

N = 49 (66%) with at least 1 unmet need identified  
(max 7 needs)

# Recorded needs

Type	Total
Meds Management	16
Diet / Weight	15
Blood Pressure	14
Communication / Cognition	12
Mood	11
Mobility	8
Activities & Hobbies	8
Vision	7
Swallowing	6
Glycaemic Control	5
Oral Health	5

Type	Total
Pain	5
Falls	5
Hearing	3
Continence	3
Exercise	2
Foot care	2
Fatigue	2
Cholesterol Control	1
Smoking	1
Skin	1
Transport & Travel	1
Benefits & finances	1

# Example Actions

## For GP:

**GP please reinstate** [regular blood tests and diabetic check-ups].”

.... **urgent review of hypertensive needs.** ....

## For Care Home Staff:

“Teeth discoloured and decayed, Care home staff to **organise a dentist appointment**”

“Tablets get stuck, **monitor swallowing tablets,** consult Pharmacist or GP if required”



# Example Actions

## For 6-month Reviewer

“....Will **send an advice sheet** with communication tips..”

“Poor mobility, high risk of falls. **Re-referred to the Falls service**, will assess and offer support to reduce falls risk”

## For self-management

“continue to **practice exercises** on affected arm”

“participation in activities. **Look into talking books** (daughter)”

# Methods

- 3 within-study components

	Record unmet needs & actions ID'd
Method	Collect review summaries at participating sites
Numbers	N = 74 (target was 72).

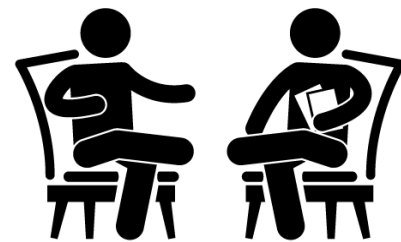
## Opinions of reviewers

Qualitative  
interviews  
(stroke professional  
reviewers)

N = 12 reviewers.

# ID-ing stroke survivors for reviews

- Typically:
  - Review people that have come through service
  - Danger of falling through net
- Alternative model (1 CCG)
  - Master list of stroke survivors due a review with an 'in-area' GP



# Who should do the review?

- Range of professions delivering reviews: assistant practitioners, therapists, nurses, dieticians, Stroke Association

Knowledge of patient history

Vs

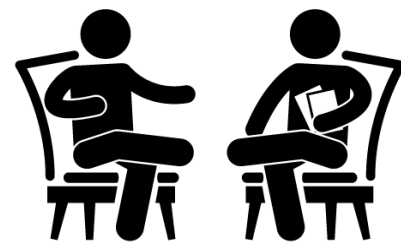
Value of fresh eyes approach:

...Even if the person knows you and has dealing with your team in the past, they might not have been as open, when you're dealing with them, and I think actually, **asking the questions, even if you know the answers, you might be surprised** at the answers.



# Who should do the review?

...I think **we presumed that it would be better for nursing staff to do and in reality I think it's... about your skills as a practitioner in stroke** that matter really more than anything

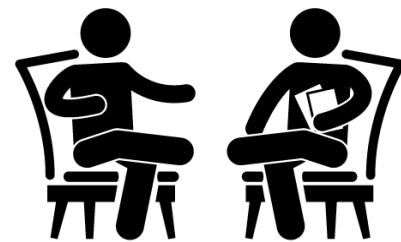


# Strengths of the GM-SAT

Use conversationally or systematically.

Helps 'legitimise' and normalise

[it] is a **very holistic**...you're looking at everything, it's **not just physical**.... you're looking at psychological, you know, the whole transport, everything really. So I personally think it's **really valuable both in the care home and the community**

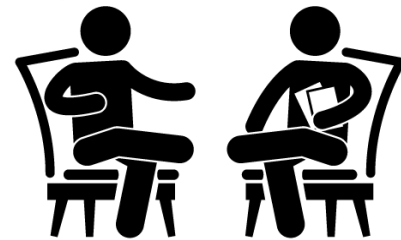


# Improving the GM-SAT

Improve order / grouping

More space for notes

I think maybe in the normal one you should ask the same questions ... because **they'll still have those issues when they're in a nursing home or whether they're at home**

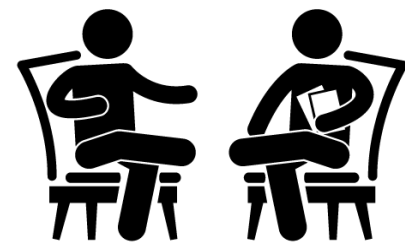


# Following up on actions

Summary report sent to patient, care home staff and GP.

Very few mechanisms for following up

Relationship management with care home staff, who might feel judged or “**under review**” themselves





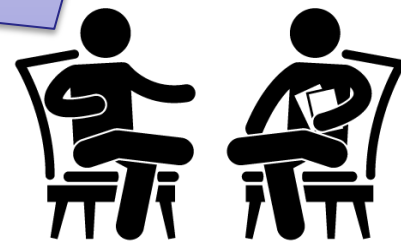
# Are reviews valuable?

Safety net for vulnerable, complex group.

Valuable for care home staff

Reassuring for family

...before I'd done any reviews in a care home I did sort of think, **is this of value?**, because people are being looked after, **but actually** in a care home quite a few things can come up, especially if somebody wasn't in a care home before they had their stroke and they are now in a care home, **there can be quite a few sort of teething problems that we pick up**

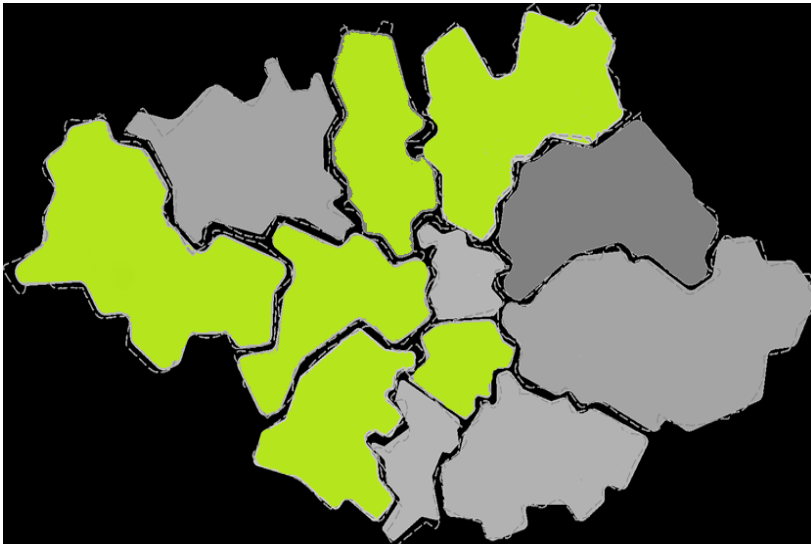


# Are we meeting needs.....?

1. Find stroke survivors in care homes
2. Identify their needs & actions to address
3. Deliver / Follow up

# Are we meeting needs.....?

1. Find stroke survivors in care homes



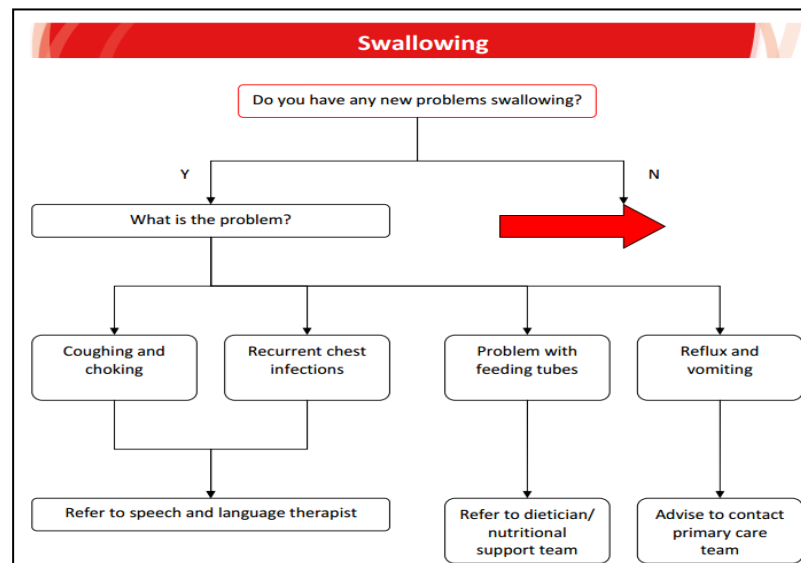
# Are we meeting needs.....?

## 2. Identify their needs & actions to address

Merge  
GM-SAT(s)

Combine  
strengths of  
both

### algorithms



Workforce



# Who is doing reviews in your area?



Royal College  
of Physicians

Sentinel Stroke National  
Audit Programme (SSNAP)

Home Guideline Annual Report Registration Results Research Support

Results > Post-Acute Audit

Clinical audit

Acute Organisational Audit

Post-Acute Audit

National

Regional

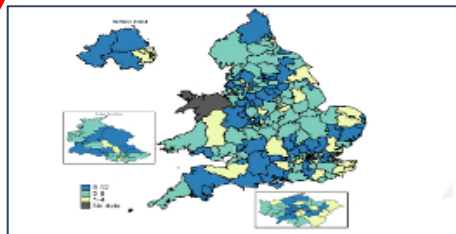
CCG/LHB/LCG

Maps

## Post-Acute CCG/LHB/LCG Results

2015

### Commissioner Specific Report Phase 1



Shows national and commissioner level results for the audit of post-acute stroke services commissioned in England, Wales and Northern Ireland #SSNAPorg

Download Commissioner specific report

[www.strokeaudit.org/results/PostAcute/PostAcute-CCG-LHB-LCG.aspx](http://www.strokeaudit.org/results/PostAcute/PostAcute-CCG-LHB-LCG.aspx)

### Post-acute Stroke Service Specific Report Phase 2

Shows national and post-acute stroke service results specific to each commissioning organisation in England, Wales and Northern Ireland. Reports are for the audit of post-acute stroke service providers and reports are based on which services named each individual commissioners as either their sole or one of their commissioners #SSNAPorg

Download service specific report

Select  
CCG

Download and  
Select 'Other  
post-acute  
results'

# Are we meeting needs.....?

## 3. Deliver / Follow up

Introduce  
GM-SAT

Guidance /  
templates



# Are we meeting needs.....?


## Stroke Specific Training



[www.stroke.org.uk/training](http://www.stroke.org.uk/training)



Education & Training programmes for health & social care workers, including care homes.

Stroke Fundamentals and Recovery	Supporting Life After Stroke
Stroke Fundamentals	Stroke care pathway
Recovery, relearning and rebuilding	Vision and sensory impact
The impact of stroke on swallowing 	Physical needs post stroke
Supporting communication	Family, carer and relationships
Psychological impact of stroke	Cognitive effects of stroke
Stroke prevention & holistic management	Supporting communication
Stroke prevention	Stroke fundamentals
Stroke and end of life care	Understanding communication
Advocacy skills	Stroke and communication
Holistic assessment	Supported conversation
Goal setting	Living with communication difficulties
We also offer training for trainer courses please see <a href="http://stroke.org.uk/training">stroke.org.uk/training</a>	

### Stroke Qualifications & Distance Learning

Stroke Awareness & Acquired Brain Injury* Level 2	Certificate in Stroke Care Management* Level 3
Delivered via distance learning or group sessions	Delivered via blended learning including work based assessments and taught sessions



# Open access: mapping key competencies to roles & find courses

**Stroke-Specific Education Framework**

[Sign up to get started +](#)
[Sign in](#)

**UK Stroke Forum**  
 Education & Training

[Home](#) | [About](#) | [The Framework](#) | [Role Profiles](#) | [Carer Profile](#) | [Staff Calculator](#) | [Courses](#) | [Links](#) | [Contact](#)

About the SSEF

[www.stroke-education.org.uk](http://www.stroke-education.org.uk)

## The SSEF consists of 16 Elements of Care, mapped to the National Stroke Strategy

In response to the National Stroke Strategy (2007) the UK Stroke Forum developed a training arm with the task of establishing nationally recognised, quality-assured and transferable education programmes in stroke. A Steering Group and four Task Groups developed the **Stroke-Specific Education Framework (SSEF)**, which covers the whole of the stroke care pathway.



The SSEF consists of 16 Elements of Care, based on the quality markers in the National Stroke Strategy and related to the stroke strategies in all four UK countries. Within each Element of Care there are key competencies that reflect the 'knowledge and understanding' and 'skills and abilities' a member of staff should possess if they work in that area of stroke care delivery. The SSEF is a freely available resource for anyone interested in stroke care.

## Levels of knowledge and skills

The levels of knowledge and skills described under Courses and Role Profiles are taken from the definitions used by Skills for Health.

- **Basic** – a generalised understanding that something exists but an individual would not need to know any details
- **Factual** – a knowledge that is detailed on a factual level, but does not involve any more than a superficial understanding
- **Working** – the application of factual knowledge in a manner that takes account of widely understood technical principles
- **In-depth** – a broad and detailed understanding of the theoretical underpinning of an area of practice, including core knowledge and skills

**Stroke Core Competencies**  
 for Health and Social Care Staff

November 22, 2016

[Home](#)  
[Core Competencies](#)  
[Advancing Modules](#)  
[Thrombolysis Masterclass](#)  
[Stroke4Carers](#)  
[About STARS](#)  
[Links and Resources](#)  
[Evaluation](#)  
[FAQ](#)  
[Contact Us](#)  
[Legal](#)  
[Admin](#)

**Stroke Training and Awareness Resources (STARS)**

**Introduction**  
 This e-learning resource provides a learning tool for health and social care staff to enable them to become more knowledgeable and skilful in the challenging area of stroke care. The resource is based on the Stroke Core Competencies which were published by NHS Education for Scotland (NHS) in 2005.  
 The website provides a multidisciplinary resource which focuses on a wide range of core knowledge and skills required by all staff when delivering stroke care.

[Start Core Competencies](#)

**What are Core Competencies?**  
 Core Competencies are those which all health and social care staff working with people affected by stroke should *know about* (knowledge) or be *able to perform* (skills).

**Evaluation**  
 There is a short [evaluation form](#) to complete which will give us valuable information and feedback on the website. Please take a few moments and help us by filling this in.

**Further resources**  
 The [Stroke4Carers](#) website includes 34 film clips which were developed and filmed with unpaid stroke carers and members of the public in mind. You may find them useful for your own training and knowledge. It may also help you to understand some of the issues which stroke carers and families have to deal with. All film clips can be downloaded from the site.

SEARCH SITE  
  
 CREATED BY  
**NHS**  
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 Chest Heart & Stroke Scotland

[www.strokecorecompetencies.org](http://www.strokecorecompetencies.org)

# Acknowledgements

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Care home staff

Stroke survivors and family members



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