

Worcestershire Health and Care NHS Trust

Service Evaluation of Carer and Staff
Experience of Carer Initiatives on
Woodland, Meadow & Athelon ward

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Introduction

Being admitted to a hospital environment can potentially be scary and disorientating for an older person living with dementia or functional mental health difficulties, and may have a detrimental impact on their well-being (Age UK, n.d.).

The impact of admission for older people living with dementia and their carers

It has been found that often, people living with dementia are admitted to hospital for a longer period and experience poorer outcomes than the general population. On many occasions the person living with dementia deteriorates significantly and is unable to return home following their stay in hospital. This has a devastating effect on the person living with dementia as well as their family (Age UK, n.d.). Evidence suggests that involving carers of people living with dementia from admission through to discharge results in better quality care, improved patient outcomes and a better experience for the individual and their family (Age UK, n.d.). When a person living with dementia is admitted to hospital, their ability to communicate effectively with strangers may be limited in this strange or unfamiliar environment, meaning that they may be unable to actively contribute to discussions about their care. Involving carers in discussions about the care of their relative is essential as they can aid communication, ensure continuity of care and share their invaluable knowledge of their relative with their care team (John's Campaign, 2014). They can also provide support and comfort.

The impact of admission older people with functional mental health difficulties and their carers

According to the Joint Commissioning Panel for Mental Health (2013), there are some misconceptions about the experience of mental health in older people. It is often assumed that dementia is the primary difficulty experienced by older people when in fact individuals may continue to experience depression, anxiety or schizophrenia, or present with thoughts of ending their life and misuse of substances. These difficulties may be long-standing or may develop for the first time in later life, perhaps in response to their experience of ageing. They may have experienced difficulties with their physical health or feel lonely, and may need more physical or emotional support from their family. The experience of mental illness can have a huge impact on an individuals' well-being as well as their carers, family and friends (Department of Health, 2008; Joint Commissioning Panel for Mental Health, 2013). The Department of Health (2014) identified that carers can encounter barriers to providing care to their loved one, such as trying to manage their own responsibilities and have their own life, as well as taking care of their own health and well-being.

The importance of working with carers of people living with dementia or functional mental health difficulties

The National Carers Strategy (Department of Health, 2014), NHS Constitution (Department of Health, 2015) and the Five Year Forward View (Mental Health Taskforce, 2016) emphasise the

importance of working in partnership with carers, fully involving them in their relatives care and recognising their expert knowledge. The beneficial impact of a carers input on their relative is clear however, carers also need support (Department of Health, 2014; NHS England, 2014; Mental Health Taskforce, 2016) and should not feel alone during this challenging time. The presence of obstacles or barriers to supporting their loved one should be minimised.

John's Campaign (2014) is one initiative that extends traditional visiting hours so that carers can visit their loved ones and stay with them for as long as they wish. There is the option to stay overnight if a carer deems that this would be beneficial to their relative. Lifting the restriction of set visiting times can reduce service user's anxiety and disorientation (Age UK, n.d.) and represents a cultural shift from the visiting restrictions that have been in place historically within the NHS. The Francis Report (2013) highlighted that visiting restrictions within a hospital environment were unnecessary and required review, particularly as this was not outlined within national policy documents and can be negotiated by each individual organisation. This report recommended the introduction of open visiting hours and this was driven further by John's Campaign (2014). Liz Charalambous, an ambassador of John's Campaign, could not find any evidence to support the restriction of visiting times. She reported that flexible visiting did not have a negative effect on infection control and that it can be prevent delirium (Charalambous, 2016).

Central Manchester University Hospital NHS Foundation Trust (2015) evaluated the impact of open visiting times on their ward for patients who have had a stroke. This report stated that 59% of staff members thought that communication between staff, patients and their relatives had increased as a result of the open visiting times. All of the patients and relatives who completed the questionnaire reported that staff were available to discuss the patients care needs. In addition, relatives were encouraged to engage in the patients review meetings. The report suggests that an improvement in communication is further evidenced by a reduction in formal complaints when the open visiting hours were being piloted. During this time there were no complaints recorded compared to four reported during the same period in 2014, prior to the pilot.

Another difficulty faced by carers is access to information about their relative's diagnosis. The Alzheimer's Society (2010) and the Department of Health (2009) stress that providing carer's with good quality information about dementia is paramount. Despite good quality material being published, carers continue to report that such information is provided late or not at all (Alzheimer's Society, 2010). The Social Care Institute of Excellence (2006) state that being provided with information at an early stage enables carers to understand what is happening and make preparations for the future.

Additionally, the difficulties experienced by the individual living with dementia or mental health difficulties have a profound impact on their family (British Psychological Society, 2013; Department of Health, 2008) and the psychological and physical consequences of caring for a person

living with dementia have long been documented. A meta-analysis by Pinquart and Sörensen (2003) highlighted that there were increased levels of depression and stress, and poorer physical health and self-efficacy in caregivers when compared to non-caregivers. Carers UK (2012) surveyed 3,400 carers and found that 91% were anxious or stressed, 53% were experiencing depression and 83% reported a negative impact on their physical health. The Health and Social Care Information Centre (2015) surveyed 57,380 carers. Their report highlighted that 24% of carers surveyed had a long-standing illness, 20% had a physical impairment and 8% had a mental health difficulty. Thirty-five percent of carers surveyed were caring for someone living with dementia and 20% were caring for someone living with a mental health difficulty. The British Psychological Society (2013) stresses the importance of identifying the potential needs of carers. In line with this, The Care Act was introduced in 2014. This outlines the rights of carers to access additional support. As a result, Local Authorities are required to carry out an assessment of the carers needs, provide support or signpost them to the relevant services where they can access additional support. Such support should aim to enhance an individual's well-being during their role as a carer (Department of Health, 2014, 2016).

Policy Context

There are numerous policy initiatives that have been driving the importance of considering the needs of carers. The Carers Trust (2013a, 2013b) developed The Triangle of Care for Dementia and individuals with Mental Health needs. These documents ensure that carers of individuals who are admitted to acute hospitals are identified and supported. The Triangle of Care documents outline six standards to achieve improved collaboration and partnership with carers. This includes:

- 1) Carers and the essential role they play are identified at first contact or as soon as possible thereafter
- 2) Staff are "carer aware" and trained in carer engagement strategies
- 3) Policy and practice protocols regarding confidentiality and sharing information are in place
- 4) Defined posts responsible for carers are in place
- 5) A carer introduction to the service and staff is available, with a relevant range of information across the care pathway
- 6) A range of carer support services is available

Worcestershire Health and Care (2016) have developed a policy that draws on the guidance provided by the Triangle of Care Documents. This policy highlights the importance of identifying carers and providing them with additional support, given the important role they play in their relative's care. The Trust recognises the importance of involving carers in their relative's care given their invaluable knowledge. The Trust states that carers should be provided with information about the ward, additional support services and a carer's assessment. Staff should also establish whether carers would benefit from additional support.

Additionally, the NHS Institute for Innovation and Improvement (n.d.) launched the “High Impact Actions” national initiative. In keeping with this, Worcestershire Health and Care (n.d.) have identified ten different areas which they consider to be paramount in improving patient care. One of the areas encompasses being more “Carer Aware”. It helps the organisation focus on carers and work towards offering carers the best possible experience. This includes identifying carers and their essential role at first contact or as soon as possible, offering carers an introduction to the service and relevant information, signposting carers to support services, respecting carers experiences and involving them in care-planning and service development, and supporting staff who have an informal caring role.

Worcestershire Health and Care Trust (n.d.) have also outlined five quality aims that they are striving to achieve. One of these quality aims related to improving the experience of patients and carers accessing our services. This involves collaborating with patients and carers to gain a better understanding of their needs and highlight any issues that are acting as barriers to quality care. This quality aim is also in line with the trust’s core values to be responsive and ensuring that our patients and carers have the best experience possible. The Trust has also signed up to the Worcestershire Carers Charter (Worcestershire County Council & NHS Worcestershire, 2010). This charter outlines what carers can expect from support services in the county.

Carer feedback at Woodland, Meadow and Athelon ward

In line with the literature outlined above, New Haven (Woodland and Meadow ward) and Athelon ward have introduced a number of initiatives to support the needs of carers. John’s Campaign was first implemented across the three wards in October 2015 and promotes open visiting times from 10am to 9pm, with the ability to stay overnight if the carer requests it. There is also a Carer Link at the two sites who contact the carers a week following their relative’s admission to complete a Carer Link assessment. This assessment examines whether the individual has any additional needs and how they can be provided with the best possible experience and support during their relatives stay in hospital. This assessment examines whether carers have been provided with relevant information (i.e. relating to their role as a carer, the ward and support services), offered a carers assessment and whether they need any additional support. Additional support can be provided by the psychologist, the Carer Links or externally such as Worcester Integrated Carer Hub (WICH) or Admiral Nursing.

A carer’s room has also been created where individuals can access information or find support from external organisations. An information board and carer’s welcome pack contain all of the information which is deemed important for an individual caring for a person living with dementia or functional mental health difficulties. At New Haven (Woodland and Meadow ward) and Athelon ward, Carers Rights Day was promoted in the reception area and displayed a number of leaflets for carers to take away with them. In addition, carers are regularly invited to their relatives care reviews to facilitate their involvement in care-planning. Details of their relatives care team are also shared with

carers following admission and they are offered a meeting with their relatives named nurse to discuss any concerns or receive support.

Systems currently in place at New Haven (Woodland and Meadow ward) and Athelon ward, to gain feedback from carers include a weekly Carers Forum. Carers are also able to attend weekly patient forums if they wish. These informal drop-in sessions enable carers to contribute to discussions about the ward and their relatives care.

Aims

The aims of this service evaluation are:

- 1) To explore what is currently going well in terms of what is currently offered for carers
- 2) To explore the barriers and potential drawbacks of what is currently offered for carers
- 3) To gather feedback on what improvements can be made to further meet the needs of carers

Methodology

Design

This is a mixed method design incorporating both quantitative and qualitative elements. The quantitative data consisted of the prevalence of specific responses on the carer link assessments. Participants were interviewed to obtain qualitative feedback about their experience of carer support during their relatives stay or whilst they were working on the ward (please see the Procedure section for further details). Information regarding complaints and compliments was obtained from the Patient Advice and Liaison Service (PALS) and provided a quantitative and qualitative element to supplement the data.

Sample

The Carer Link assessment tool was completed with 80 carers by phone a week after their relative had been admitted. The Carer Link assessments were administered approximately between December 2015 and December 2016 when the data was collated. Four carers completed more than one assessment following further admissions. Fifty-three of these individuals were female and 32 were males. Forty-nine of the individuals completing this assessment were spouses and 22 were a son or daughter (see Table 1 for other relative distribution).

Table 1.

	Number of Carers who are in this role in the family
Spouse	49
Son / Daughter	22
Niece	5
Brother	2
Daughter-in-law	1
Friend	1
Unknown	5

Nine members of staff working across Woodland, Meadow and Athelon ward were interviewed face to face. This included two ward managers, two qualified nurses, two healthcare assistants, one Doctor and both of the Carer Links. The ward managers and Carer Links were specifically targeted for feedback as they have been actively involved in implementing the initiatives on the wards. Other members of staff across the three wards were obtained via opportunity sampling. The Carer Pathway Adviser at WICH also engaged in an interview, given their heavy involvement in providing Carer Support across the three wards.

Of the 80 individuals who completed the Carer Link assessment, 32 were contacted via letter to see whether they would be willing to take part in the evaluation. This included individuals who were currently involved with one of the three wards and carers whose relative had been discharged up to three months prior. Three months' post-discharge was selected following consultation with current literature examining patient or carer experience. Twenty-three of the carer's relatives had been discharged more than three months prior and 11 had passed away. The details of 11 relatives could not be found on Care Notes. Additionally, it was documented that three individuals did not wish to be contacted. Five individuals responded to the letter and were subsequently interviewed. One interview was conducted face-to-face, the remaining interviews were conducted over the phone at the request of the participants. One individual responded to the letter in writing, outlining her experience of her relatives stay in hospital. A follow-up phone call was actioned thanking her for her feedback and enquiring whether she had any suggestions for improvement.

Procedure

All of the completed carer's link assessments were collated and the prevalence of specific responses was noted. There are two different versions of the carer link assessment as this has been improved following feedback from staff and carers. The earlier version does not include some of the questions that are in the most recent version, therefore it was not possible to obtain this data. Carers were contacted via post to ascertain their willingness to engage in an interview providing feedback on their experience of the carer facilities available on Woodland, Meadow and Athelon ward. For those who were interested, they were encouraged to complete a permission slip and return this to New Haven or approach staff members working on the ward. These individuals were then contacted to arrange a suitable time for interview. Interviews were also carried out with staff members and the Carer Pathway Adviser at WICH.

The interviews were semi-structured and aimed to gather information regarding the positive aspects of what is offered for carers, the barriers and potential drawbacks, and what can be done to further meet the needs of carers. The interviews consisted of five or six main questions however follow-up questions were utilised to elicit further information. Interviews were not audio-recorded and participant responses were recorded as verbatim in writing.

Ethical Considerations

Participants were advised that taking part in this service evaluation was not a requirement and that their participation was entirely voluntary. There is no identifiable information written in the report.

Analysis

Due to the nature of the data elicited from the Carer Link assessments descriptive statistics were used to indicate the prevalence of specific responses. Template analysis was utilised to analyse the qualitative data obtained from the semi-structured interviews. Template analysis is a form of thematic analysis and can be “used within a range of epistemological positions” (King, 2004; p. 256). Template analysis involves developing a coding template which encompasses important areas that the researchers would like to capture in the data. Typically, the coding template includes broad overarching themes which are broken down into more specific themes which come to light as the data is examined more closely. In this evaluation, template analysis was utilised to identify and describe prevalent themes relating to the positive aspects of what is offered for carers, the barriers and potential drawbacks, and what can be done to further meet the needs of carers. The written responses from the interviews were themed for each question. Template analysis is recommended as appropriate for interviews that are structured by set questions (King, 2004).

Results

Quantitative data

Carer Link assessment data

Awareness of and contact with relatives care team

Of the 85 Carer Link assessments reviewed, 53 (62.3%) individuals were aware of whom their relatives named nurse was. Only 25 (36.2%) individuals had been offered a meeting with them. Three individuals did not want to have a meeting with the named nurse. Sixty-four (75.3%) carer's were aware of who their relative's consultant was and 59 (69.4%) individuals were aware of who their relatives care coordinator was. Please see Table 2 for further information.

Table 2.

	Yes	No	Unclear / Not Documented	N/A	Additional Information
Aware of Named Nurse	53 (62.3%)	25 (29.4%)	7 (8.2%)	0	
Named Nurse Meeting Offered	25 (36.2%)	29 (42%)	15 (21.7%)	16 (question not included on earlier version of form)	3 - did not want to have a meeting, 2 - had meetings with other members of the nursing team
Aware of Patients Consultant	64 (75.3%)	18 (21.2%)	3 (3.5%)	0	1 - did not want to know
Aware of Patients Care Coordinator	59 (69.4%)	17 (20%)	8 (9.4%)	1 (1.2%)	10 - not allocated yet, 2 - did not want to know

Awareness of what is currently offered for carers

Of the 85 Carer Link assessments reviewed, 59 (69.4%) carers were aware of the extended visiting hours that were in operation, in line with John's Campaign and the carer's room had been highlighted to 64 (75.3%) individuals. For the 65 individuals who travel by car to visit their relative, the car park concession was highlighted on 57 (67.1%) occasions. Please see Table 3 for further information.

Table 3.

	Yes	No	Unclear / Not Documented	N/A	Additional Information
Aware of Visiting Times	59 (69.4%)	21 (24.7%)	4 (4.7%)	1 (1.2%)	1 - did not want to know
Aware of Location of Carer's Room	64 (75.3%)	10 (11.7%)	8 (9.4%)	3 (3.5%)	2 - did not want to visit, 1 - did not want to know
Aware of Car Park Concession	57 (67.1%)	8 (9.4%)	8 (9.4%)	12 (14.1%)	

Access to information regarding or pertinent to their relative's stay

Of the 38 Carer Link assessments reviewed (earlier versions of the form did not include this question), 31 (81.6%) individuals were informed of and / or offered carer's resources. On the occasions that information was not known by the carers, the Carer Link provided this verbally over the telephone or sent this via the post. This is documented on the Carer Link assessment forms where necessary. The Carer Link assessments highlighted that a carer's pack had been received by 63 (74.1%) of the individuals contacted. On Woodland and Athelon ward, a patient welcome pack was reportedly received by the relatives of 53 (81.5%) of the carers. Seventy-eight (91.7%) carers were provided with the ward phone number and 60 (87%) were advised about the consent to share form. Please see Table 4 for further information.

Table 4.

	Yes	No	Unclear / Not Documented	N/A	Additional Information
Informed of / Offered Carer Resources	31 (81.6%)	4 (10.5%)	3 (7.9%)	47 (question not included on earlier version of form)	
Carer's Pack Received	63 (74.1%)	13 (15.3%)	8 (9.4%)	1 (1.2%)	
Patient Welcome Pack Received	53 (81.5%)	5 (7.7%)	7 (10.8%)	19 (Meadow Ward)	1 - did not know
Ward Contact Number Provided	78 (91.7%)	1 (1.2%)	5 (5.9%)	1 (1.2%)	1 - quick discharge
Informed about Consent to Share Form	60 (87%)	4 (5.8%)	5 (7.2%)	16 (question not included on earlier version of form)	

Support for carers

Of the 85 Carer Link assessments reviewed, a carer's assessment had been offered to 15 (17.7%) individuals. Of the 54 individuals not offered an assessment, 11 (20.4%) individuals would have liked one and six (11.1%) individuals were considering it or required further information. Twenty-five (29.4%) individuals reported that they were not coping. A further 43 (72.9%) carers' highlighted that they were currently receiving support from others, including friends, family and other professionals, such as their GP, WICH, Admiral nursing and outreach for their own mental health difficulties. Individuals also reported receiving support from staff on the ward, including nursing staff, the Carer Links, the psychologist and the consultant. Eighteen (21.2%) individuals thought that they may require some additional support and were signposted towards WICH or the psychologist. Please see Table 5 for further information.

Table 5.

	Yes	No	Unclear / Not Documented	N/A	Additional Information
Carer's Assessment Offered	15 (17.7%)	54 (63.5%)	11 (12.9%)	5 (5.9%)	1 - quick discharge, 1 - did not live nearby, 1 - did not want contact with patient
Of those not offered, who would like one	11 (20.4%)	34 (63%)	3 (5.5%)	0	6 – maybe (11.1%)
Is the Carer Coping?	39 (45.9%)	25 (29.4%)	20 (23.5%)	1 (1.2%)	1 - did not want contact with the patient
Current support	43 (72.9%)	6 (10.2%)	10 (16.9%)	26 (question not included on earlier version of form)	
Does the Carer require additional support?	18 (21.2%)	23 (27%)	40 (47.1%)	1 (1.2%)	3 – maybe (3.5%)

Involvement in their relative's care

Of the 69 Carer Link assessments reviewed, a main point of contact was established with 66 (95.7%) of the carers contacted. Of the 41 people who were asked, 22 (52.4%) individuals reported that they had had the opportunity to share their views and / or knowledge with their relative's team. Of the 23 people asked, 15 (35.7%) individuals reported that they were regularly updated on their relative's care. Please see Table 6 for further information.

Table 6.

	Yes	No	Unclear / Not Documented	N/A	Other	Additional Information
Main Point of Contact Established	66 (95.7%)	0	3 (4.3%)	16 (question not included on earlier version of form)		
Opportunity to share views /knowledge	22 (52.4%)	19 (45.2%)	1 (2.4%)	43 (question not included on earlier version of form)		1 - does not want to, 1 - no review as yet, 1 - Dr on leave
Updated Regularly on Care	15 (35.7%)	7 (16.7%)	18 (42.8%)	43 (question not included on earlier version of form) 1 - New Admission (2.4%)	1 – sporadically (2.4%)	1 - not required, 1 - no review as yet, 1 - Dr on leave

Qualitative data

Interview data obtained from staff

1) *What did staff know about what we offered?*

Staff members identified that the following measures are being offered to carers:

Support for carers

- A weekly telephone call from their relatives named nurse (identified by one individual)
- The Carer Link role - Contact made with carers a week following admission to see how they are coping with their relative's admission (identified by eight individuals)
- The Carer Link sends out letters following admission inviting carers to meet with WICH (identified by one individual)
- The Carer Link can make referral to WICH (identified by four individuals) or Admiral Nursing (identified by one individual) if they require further support
- The Carer Link can share carer concerns with the psychologist or the Doctors (identified by one individual)
- The Carer Link can refer individuals for carers assessments (identified by three individuals)
- The Carer Link also can signpost individuals to external organisations (identified by three individuals), such as Reconnections which is a befriender service in the community (identified by one individual)
- A weekly carers forum run by the psychologist and ward managers (identified by six individuals)
- Access to the psychologist for additional support (identified by six individuals)

- Informal contact with nursing staff when carers visit the ward (identified by five individuals)
- An off ward room for carers (identified by one individual)

Involvement in their relative's care

- Invited to attend MDT and discharge meetings (identified by seven individuals)
- If carers cannot attend these meetings the Doctor meets with them separately (identified by one individual)
- An opportunity to meet with the Doctors (identified by three individuals) and the pharmacist (identified by two individuals)
- Receive regular updates on their relative's care (identified by three individuals)
- A chance to support relatives through meal times, personal care and occupational activities (identified by six individuals)

Access to information regarding or pertinent to their relative's stay

- Access to outside resources, such as WICH, Admiral Nursing and Age UK (identified by four individuals)
- An information pack for carers (identified by five individuals)
- Videos outlining what to expect when a relative is admitted to hospital (identified by one individual)

Making regular visiting obtainable

- More flexible visiting times, including the opportunity to stay overnight, in line with John's Campaign (identified by eight individuals)
- Reduced parking fee (identified by one individual)

Providing feedback

- Making a complaint via the ward manager or PALS (Identified by one individual)
- Family and Friends Test (identified by one individual)
- 'Disney walk round' to encourage carers to make comments and suggestions about the environment (identified by one individual)

Participants did not mention the information board that has been created for carers. Additionally, there was a reflection that "what [the carers] are supposed to have and what they receive are two different things". The service is trying to offer all of the support mentioned above for carers, however this is not always offered consistently or in a timely manner. It is recognised that there are improvements that can be made to ensure that the carer's needs are being met. This is discussed below.

2) What did staff like about what we offer for carers?

Giving carers a louder voice

Participants highlighted that carers are supported to express their views whether this be positive or negative. The Carer Link was identified as spending time with carers "listening to their fears, concerns and queries". One of the participants stated that "it is another professional involved, as well as the Doctors". One individual stated "We allow them / give them permission to express their views, opinions and complaints". There was an acknowledgement that carers often think that expressing their views may "affect the care of the person" and that staff working on the wards "openly ask them for that information" as this is "coming from their point of view, not the patient". There was a hope that "people feel able to raise concerns before it snowballs into a bigger issue, then [staff] can address it".

Being transparent

There was something around being transparent with carers in terms of John's Campaign and the role of the Carer Links. One individual stated that "John's Campaign is fantastic; it breaks down the stigma and barriers". They explained "with the old visiting times everything had been set up and activities were run as staff knew that people were visiting. Here you are able to walk on the ward and see it as it is – it is a working ward". Another individual reflected on the role of the Carer Links and felt that carers were kept more up to date regarding their relatives care as a result. One of the participants reported that they liked that "we are approachable and any relative could come here and ask any member of staff". Another individual stated "I like it when carers feel comfortable enough to ask. If we cannot help them, we find out from someone else". One of the participants reflected that they liked that carers were kept updated by and were in touch with the Doctors. They felt that this helped "reassure them that we are going to look after their relative".

Working in partnership

Working with the carers stood out as important for several of the participants. The idea of "working in partnership" with the carers was shared whereby there is "more of a two-way conversation rather than us telling them and them listening like in a more medical model". Other individuals stated that they liked that the staff team are flexible and that they ask carers whether they have any ideas. This encourages an "open dialogue". One individual thought that this approach "breaks down the barriers. Instead of us being a walking uniform it gives us a human face and is more of a partnership". One participant commented that they liked that the visiting times are less restrictive. All of these things enable carers to be more involved in their relatives stay on the ward.

Continuation of the caring role

One of the participants reflected that individuals can continue their role caring and providing support for their relative despite their admission to hospital. They stated that "it enables the carer to be part of the process and journey with their relative. The main focus is on the patient but carers can attend so they feel part of it and continue their relationship. It allows the carer to be involved and helps enhance patient and carer experience by encouraging an open dialogue".

Making a difference

Being able to make a difference, no matter how small was highlighted by one individual. They reported that the ward had received a letter from a carer thanking them for allowing them to sit with their relative at mealtimes as it had been months since they had eaten together. Another individual reflected on the change that can be seen in some carers over time. They stated that "I like it when they come in feeling anxious and leave feeling supported. You can tell by the way they act. You can see that the help we are providing is working".

Caring for the carers

The caring and supportive nature of the staff team was identified by some individuals. One participant stated "people in the team are genuinely caring and want to make the process as nice as it can be. The nature of their training is very reflective". Another individual felt that "the staff take time to understand carers and listen".

Signposting and support

Being able to assess a carer's level of need and then provide them with support both within the trust and through external agencies was also well received by the participants. One individual reflected that being able to offer support from outside agencies meant that "people can talk to someone in confidence, with knowledge, who is not working in the NHS". Another individual stated that "carers/families are more willing to express emotions when meeting with [WICH]. [They] are not health and social care and are a link to other professionals". This individual felt that this encourages more of an open and honest relationship. Another individual stated "I like talking to relatives and reassuring them that someone is there for them as well". They went on to say that attending the John's Campaign conference in London really emphasised the importance of supporting the carer and that "somebody needs to be there for them as well as the patient as it is just as stressful for them as well as the person in hospital". Another individual reflected that "they value that [support] more than anything else. People have been caring for that person for a very long time. They are frazzled. People struggle on even when they know there is support in the community. The feelings of guilt and failure are huge when they have not been able to help their loved one".

Feeling appreciated by the carers we work with

There was something around being appreciated for the work that the participants have been doing. Individuals spoke about receiving compliments and appreciation from carers that they are working alongside. One individual reflected on a letter written by a carer whose relative was staying on the ward and commented that they were touched by this. They added that another family made a donation to the ward to thank them for helping them and being flexible with visiting times hours to when their relative was dying.

Exceeding expectations

Some of the participants felt that the trust had exceeded expectations by implementing some of the measures for carers. One of the participants felt that the Trust had gone "above and beyond what is expected" by implementing John's Campaign, the carer's drop-in and the carers link roles. The implementation of John's Campaign was felt by one individual to signal that the trust is "moving forward". This participant also spoke about being involved in discussion with the psychologist about potentially introducing Namaste Care. They felt that both of these measures was evidence of "being at the cutting edge of good practice. This makes you feel that you are, as a team, providing good care". It was felt that the design of New Haven had "a lot of thought put into it" and this included a private, off ward room for carers to access.

One individual stated that "the whole approach [of the carer being recognised] is unique. You cannot just treat the illness. There is so much else going on. There is a bigger picture". There was a recognition that these measures were successful because they were "being driven by the psychologist, Carer Links, matron and ward managers". The implementation of John's Campaign has been backed in particular by the psychologist. One individual stated that "the psychologist is really pushing John's Campaign and is looking to expand [to other services] which is just brilliant. It is impressive".

Being flexible

The availability and flexibility of the psychologist was highlighted by one individual. One of the participants stated that "meeting when it suits them and outside of the 9-5 is really good as they are trying to live their lives, which is what we are encouraging them to do". Another individual reflected on the flexibility of the ward Doctors and stated that "carers are invited to reviews but they can ask nursing staff if they want to see the Doctor outside of the review. They are available to meet informally and can contact them directly".

3) What difference has it made to staff?

Increase in knowledge

Participants highlighted that their knowledge of what is available for carers has increased as prior to these measures being implemented they did not know what was available for carers in the community. One individual commented that "you learn a lot of things and can answer a lot of questions on the ward". An increase in knowledge regarding support for carers means that staff members know where to signpost or refer individuals on to, particularly in the Carer Link role.

Increase in understanding and improved relationships

Being more understanding about what the carer has been through has a beneficial impact on the relationship between staff and carers. One participant reflected that "it makes you appreciate what people have been through and understand the guilt they have experienced by handing their relative over. Previously when carers complained I struggled to understand their reaction (i.e. shouting, frustration) as all you are trying to do is help their relative, whereas now I am more open to talking to carers when frustrated. They are then more willing to explain what is behind that frustration". Having a better relationship with carers means that "we have a better rapport" with the carers who "feel more understood, involved and supported". Feeling more confident has meant that one individual is speaking to relatives on a more regular basis and being "transparent and upfront what we should be offering". They reported that this enables them to feel more comfortable talking to relatives that they have not spoken to before. They reflected that "the majority of the time people are happy and contented with what we do. The minority that do have concerns can be sorted quickly. We also ask carers for their ideas".

Increase in job satisfaction

Participants across different job roles, at different levels highlighted that they were more satisfied with their job role. One individual reflected that "it makes work life easier and better". Another individual stated that "it makes you a better clinician, having the links with the carers and keeping them updated".

Some individuals reflected on the impact of the support provided on the carer's wellbeing. One participant stated that "it took me a while to understand how important the [Carer Link] role was but we have helped a few people which is really rewarding". One individual reflected on being able to visibly notice a difference in a carer that they were working with. They stated that this individual was receiving support from the psychologist and that you could immediately see the effect on her level of anxiety and thinking style. They stated that this individual "can now come onto the ward and interact with her relative". She was "interacting with him differently and walking away from the ward with a smile. It had an impact on me, other staff and other visitors as she was getting other people involved by showing the memory book and discussing it. It was meaningful to her and other people". The

relief experienced by carers once they know what is happening to their relative was highlighted by one individual. They stated that "I get a lot of satisfaction out of seeing how more relaxed and how different the carer feels once they know what is happening". Another individual reflected on "keeping the loved ones in the loop. They know what is going on and the patient is being looked after. The stress of the carer goes down".

Feeling that you have helped others and were recognised for this by carers was highlighted by one individual. They stated that "I'm pleased to see that we do a good job, that we have done our best and couldn't have done any more". They spoke about it being recognised that they have done a good job outside of work when seeing carers in the community. The representative from WICH reflected on the relationship that has been developed with the teams across the three wards. They stated that "it is really nice to work in partnership with a team that is working really hard to make improvements and have welcomed us".

Continuity of support

Being able to provide continuity of support was highlighted by one individual. They identified that support was available whilst their relative is staying on the ward and that this can be continued in the community through an organisation such as WICH.

Reassurance that carer needs are being met

Having a structure to follow to ensure that the needs of carers are met was commented on. One individual stated that "it gives me reassurance that we have systems in place that we are addressing carer's needs as well as patient needs". These systems "give us a structure for people to follow".

Knowing that the needs of carers are being focused on and spoken about by other professionals [as well as those specifically designed for carers] was described as "really powerful" by one individual. They reflected on "the momentum that they have gained around John's Campaign and the difference that it is making to carers. When people do push and make the changes it can have a huge difference on carers. It has changed the way we approach caring. It is a more holistic approach, considering the whole picture".

4) What have been the benefits to carers, staff and the service?

Staff

Reduced pressure on nursing staff

Participants thought that it had taken the pressure off of nursing staff. One individual stated that "if carers have concerns these are handed over to the Carer Links who then follow this up. This

helps as the ward is very busy". Another individual stated that nursing staff could actually refer individuals to the Carer Link for support. The open visiting hours were reported to put less pressure on the nursing team as the amount of visitors are more spread out across the course of the day. If staff need support in providing information to carers they can also contact WICH for advice. Carers were also reported to help nursing staff with their relatives care at times. One participant stated "carers help give medication and support staff, particularly if a patient [does not trust the staff]". Another individual stated that "sometimes [the patients] are a bit more motivated because their relatives come". Involving carers in some of the activities of daily living means that nursing staff can focus on other aspects of patient care.

An opportunity to learn through working with others

Participants reported that the implementation of carer support increased the confidence of more junior members of staff through working with skilled and confident trained staff who model good practice. It was reported that "staff lead by example and have an open and friendly personality to all. They are not scared to apologise or ask what the carer's expectations are. This gives the team confidence to do something about it". One individual reflected on working with the psychologist. They stated that the "level of support we get from knowledge, shared practice, techniques and assessment tools make staff better, more confident and more skilful". This is "important in order to implement. If people do not understand they will avoid it".

Greater understanding of the patient and their care

Participants stated that having a greater understanding of the patient and their care was a benefit of having the carers more actively involved in their relative's care. One individual reported "with the relative being there you can find out more about the patient which helps you to treat them". The Carer Link assessments were highlighted as being particularly important for gaining "a greater understanding of the patient which I can then share with the wider team". One individual felt that "the patients get better quick with all of this good communication, helping us to support the patient in the manner that they need".

Greater understanding of what is going on for the carer

Participants stated that having carers more actively involved in their relative's care increased their understanding of what was also going on for the carer. One individual stated that "staff know more about the discharge through their contact with carers. This makes staff more understanding and not so frustrated as to why we cannot get people moving". Another individual stated "sometimes there have been barriers for people to go home. By talking to relatives you can find out what the barriers are and see whether you can help get the person home / to placement". One individual reflected on the ward environment and how this is very different to an individual's home. They stated "it is an ongoing learning process. We can learn from carers as the ward environment is very different

to the community. On the ward we hold the responsibility, in the community this is handed over to the carer and this can be very frightening". Working in partnership with WICH also facilitates a greater understanding of the carers wellbeing as feedback from discussions with carers is shared with the psychologist and the Carer Links.

Greater understanding of carer support

As highlighted above, participants reported that their knowledge of what support is available for carers has increased which enables them to signpost or refer individuals on, particularly in the Carer Link role. Having the measures in place "gives a bit of structure and process [for staff] to follow".

Improved relationships with carers

As highlighted above, a benefit to the staff members is that they have experienced better relationship with the carers and have been able to build rapport with them. One individual stated that "it has made our role more interesting as we get involved with our carers more. We build rapport and get to know them as well as our patients. They then leave feeling reassured that their relative is being looked after". Another individual thought that carers would feel "more understood, involved and supported". One of the participants stated that staff are "more keen to interact with carers as they know what is going on. The relationship has improved. We are open right from the beginning, take concerns on board and can nip it in the bud and prevent it snowballing into a bigger issue".

Carers

Giving carers a louder voice

The impact of asking carers for their opinion was reflected on by several participants. One individual reflected that "it gives carers more of a voice and makes them feel more valued". Another stated that "we are able to ask carers what they want rather than what the system has decided regarding the patients wellbeing. It is more tailored to the individual". One of the participants highlighted that the staff team "get to understand them and where they are coming from – their needs and expectations. We support them if these cannot be met and try to find an alternative solution". Another individual stated that "because we are open right from the beginning. If they have concerns they are more confident about bringing it up".

Increased level of support

As a result of the measures that have been implemented across Woodland, Meadow and Athelon ward carers have access to and receive more support. One individual stated that the service "pick up on relatives needs as well, not just looking after the patient but looking after their loved one

too. We get to know them and can help them to". Another individual reflected that "they value that [support] more than anything else. People have been caring for that person for a very long time. They are frazzled. People struggle on even when they know there is support in the community. The feelings of guilt and failure are huge when they have not been able to help their loved one". Another individual stated that "I know that they are going to be going into an environment where they are going to be recognised and given information. That is incredibly rare. They do not have to take up anything they know the service is there if they want it. That is quite reassuring". This support can be formal or informal and aims to meet their needs as a carer. The importance of having a point of contact was also highlighted (i.e. the Carer Link's). Participants also reported that there are more resources available for carers.

The role of WICH was highlighted as being able to "offer information, advice and support. [They] help carers identify areas of need and where they think the gaps are in their caring role. [They] get them to recognise that they need a break and know where to get that support". Being able to access support from WICH was felt to be a particular benefit to carers. One individual stated that "carers/families are more willing to express emotions when meeting with [WICH]. [They] are not health and social care and are a link to other professionals". This individual went on to say that "it is a non-medical point of view which hopefully gives a different perspective and allows them to look at it at a different angle".

Improved relationships with staff members

As highlighted above, staff members are able to develop rapport and better relationships with carers. Participants stated that this can make carers "feel more understood, involved and supported" as "[we] get to know them as well as our patients. They then leave feeling reassured that their relative is being looked after". One individual highlighted that carers can gain a better understanding of their relatives needs through communication with staff. They stated that this was achieved through "making sure that we are available if they want to chat and ensuring that we pass it on to the rest of the team". One individual thought that it was important to have a laugh with carers as "they are leaving their relative in our hands which can be quite frightening as you do not know who they are and what they are doing".

Feeling valued

Participants reflected that having carers more involved during their relatives stay and openly asking them about their concerns or opinion makes them feel more valued and welcome on the ward. One individual stated "if they have had a loss in role, make them feel an important and integral part of the ward team by getting them involved in meal times, personal care and reviews and make them feel more of a partnership in terms of their relative's care". It was also reported that carers appreciated it when the Carer Link's give them a ring.

Increased time with their relative

The implementation of John's Campaign was felt to be of benefit to carers as they can spend more time with their relative. One individual reported that "if the relatives have come from a distance the visiting hours are longer so we can accommodate them". They are also encouraged to take part in ward activities with their relative.

Improvement in carer's wellbeing

Some of the participants felt that some of the measures introduced to support carers had an impact on their wellbeing. One individual stated "because we are supporting carers I would like to think that we are helping their own wellbeing or in any other small way. We encourage carers to get involved in activities on the ward with their relative". One individual reported noticing an immediate reduction in the level of anxiety experienced by a carer on the ward following support from the psychologist. She stated that their "thought process is reframed so they realised that they are still making memories. They can still be a part of the persons care and see that relative is having needs met with dignity. This support allows the person to be a part of someone's care and know that they have a safe pair of hands to catch them if they fall". The carer's drop-in was reported to have been of benefit to some carers. One individual reflected that "the impact was instant, we started the carer drop-ins and you could see the benefit for people".

Service

Reduction in the severity of complaints

It was felt that there were fewer complaints received compared to before the implementation of carer support and that potential complaints are dealt with at a lower level and are not escalated. One individual identified that the majority of the concerns were relating to communication and that "queries and concerns have been dealt with in carer drop-ins rather than being escalated to PALS". Another individual stated that "we have had good feedback from carers already" and "patients and carers are appreciative. We have had a low number of complaints because of the work we are doing. We have received lots of compliments and cards".

A progressive service

In line with the "exceeding expectations" theme above, participants felt that the measures introduced for carers, such as John's Campaign "puts the service in a better light" in that it is a "more progressive service". Liaising with carers and gaining their views means that there is the potential to expand and bring in other measures that may also work and enhance the service. One individual reflected on the inflexible nature of other services historically and stated that "we are able to do our

job and are not restricted by a more rigid service like in the past". Another individual reported that it "opens it up to becoming a more transparent and humanistic view to what it is like being in hospital". Having a structure to ensure that we are meeting carer needs was also considered a benefit to the service.

Impact on the patient's and carer's experience of admission

There was a reflection that taking into account the needs of carers are paramount and that this has an impact on the service as a whole. One individual stated that "you cannot look after one without the other. Taking into the account the needs of the carer and the patient leads to more successful treatment and discharge. It is a more inclusive experience rather than just the patient's view". Another individual thought that patients were spending a shorter time in hospital as a result of carer support and that this had an impact on costing.

Working in partnership

The implementation of carer support has enabled staff across the three wards to work in partnership with WICH who are able to provide help, support and information. One individual stated that together they are "working to be the best place we can be for patients, carers and for staff. We are working towards a shared goal". This has raised the profile of WICH as many of the participants were not aware of WICH prior to carer support being implemented across the three wards. It is reported that many of the carers who access WICH were also not aware of its existence prior to their relative's admission. The involvement of WICH has also reportedly identified "hidden carers" who have not received support before. The team at WICH then work closely with social work teams and follow through with the carers who would like a carer's assessment.

5) What have been the drawbacks and potential barriers to implementation and sustaining the service?

Some of the participants reported that generally there has not been any barriers and that the carer support measures have been well received. As highlighted above, the backing and drive that these carer support measures have received, particularly from the psychologist and Carer Links have been key in implementing and sustaining the service. There were a few difficulties highlighted by the participants which are detailed below:

Reduced peer support

A drawback of John's Campaign is that it reduces the opportunity for peer support. One individual reflected that individuals "miss the 1:1 meeting up and giving each other support".

Apprehension of staff

There were reports of reluctance from some staff members to implement carer support. Participants reflected that some individuals were apprehensive about making changes and implementing something new. This was felt to be particularly prominent in staff members who had worked in the service longer. One individual stated that some staff members question "what is wrong with what we are doing? We have always done it this way and we are going to carry on". There were reportedly initial concerns around open visiting and staff were "uncertain and apprehensive about the impact this was going to have on therapeutic groups". One participant stated that "it takes a while for people to understand and get used to it". It was reported that some staff are open to change, particularly newer members of staff who are more accepting of things as they are and think that carer support is a benefit. One individual stated that morale is impacted on if "things are swept under the carpet and not dealt with when concerns are raised".

Awareness of what support is available

Participants highlighted the difficulty in getting information about what is available across to people and that some staff and carers are not always aware of what the service offers. One individual stated that "John's Campaign is not known by some people. I am so frustrated due to all of the work I am putting in [promoting it]". This individual reflected that they had promoted John's Campaign and the carer's forum through posters but still people were not aware that this had been implemented. Another issue was highlighted around protected mealtimes. One individual stated that "some staff think that they should ask all of the relatives to leave when in fact this means no clinical activity, not no carer contact". There were some difficulties encountered with the open visiting hours. Some of the participants reported that it is difficult to ensure that all of the patients are up in time in the morning before visitors arrive, especially if people need assistance. One individual stated that some visitors were arriving earlier than 10am when patients were still getting ready.

Demands of the ward

Finding the time to speak to carers when the ward is stretched was one difficulty that staff encountered. One participant stated "sometimes you have something on a list and you run out of time to do it. And it keeps getting pushed back and back and back, such as phoning a carer back". Participants reported that time can be a barrier for the more informal level of support. The Assistant Practitioners who fulfil the Carer Link roles are not supernumerary and are often included in ward staffing numbers. Participants recognised that the Carer Links could not always prioritise the carer role due to ward needs. Participants reflected that the Carer Links get "drawn into work on the ward as opposed to their carer role". Ensuring that carers receive a weekly phone call from staff nurses was also difficult due to the busy nature of the wards and was not being actioned. This was despite being hospital policy and being given feedback about this previously. One individual stated that "even when it is set in stone they do not do it. Staff are busy. We need someone driving it to ensure it gets

done. It is not monitored or audited so is one of the things that slides by". The carer's drop-in session was also reported as being impacted on by staffing and has not always been run consistently due to leave.

Connecting with carers

Some participants identified the difficulty of supporting carers when they do not want to receive help. One individual stated that some people "do not think that they are a carer or say that they are coping when they do not appear to be". One individual reflected on how "sometimes relatives can make judgements as they think they know the person better and are losing objectivity". This makes connecting with the carer and providing them with the support they need difficult. Another individual felt that there is "still a long way to go in the implementation of the Mental Capacity Act and championing the rights of carers".

One individual reported that it was difficult to "catch" carers at the right time. They stated that "it is a stressful time leading up to admission and carers are relieved that the person is getting support they need. People are tired and overwhelmed. It is overwhelming for carers to receive letters when their relative has just been admitted. Others are still quite stressed and take a while to think about changes that may happen in the future and may need extra support. You almost want to catch them before their relative is admitted". Another individual identified that carers do not understand what is happening about their relatives discharge and that this can cause a lot of anxiety.

Another individual identified that there has sometimes been a difference between what carers saw when visiting and what the Doctors have feedback. They stated that "we had reported that we were seeing improvement but when the relative visited the patient was having a bad day (i.e. spent the morning in bed). The relative thought that staff were not being truthful". They stated that this has usually been when have been relatives who live out of county have not visited regularly.

Communication

Communication was identified as a barrier by some of the participants. One individual stated that "sometimes things get lost when they are handed over and that can get in the way. If someone visits every four days and you have a change of staff in between that can be a problem". Consistency was also felt to be important and it was reported that staff are not always being consistent. One individual spoke about the protected mealtimes and how some staff allow carers to remain whereas others do not. The use of abbreviations and how this can be a barrier to effective communication was also highlighted as carers may not understand or even try to find out. Additionally, the contact details of the carers are not always available (i.e. if the main carer is the son/daughter or the patient has been admitted from a care home) which acts as a further barrier to effective communication. The importance of timely, relevant and regular feedback was also highlighted. One individual reflected that this "reflects back that it is making a difference and helping".

Practical issues

There were a couple of more practical issues that the participants felt had acted as barriers to the implementation of carer support. It was reported that there was sometimes a delay in care coordinators completing the carer assessments. There was also a delay in receiving chairs for the carer's room.

6) What else can be implemented to improve carer's experience?

Participants felt that what is currently on offer to carers is going well and is "consistently well rounded, understood and used". One individual stated that "I think that we are doing a lot for carers, more than other places I have worked in". Another individual reflected that the "recognition of how they are approaching carers and involving WICH and trying to roll out [across other services]. It is just brilliant". It is also reported that WICH have had positive feedback from carers about staff. However, the importance of continuing to review and develop what is currently in place was highlighted. Some suggestions were made for further improvements that could be made.

Staffing

One of the main issues highlighted in the interviews was related to staffing. It was suggested that having two Assistant Practitioners at New Haven would be beneficial in covering both of the wards. Additionally, ensuring that qualified nursing staff make phone contact with carers on a weekly basis, in line with Trust policy.

Practical

A suggestion was made by one individual for the Trust to purchase some pull-out chair beds for those who want to stay with their relative who is receiving palliative care or has serious physical health needs.

Another individual suggested that the garden be tidied up so that patients can get involved in gardening or sit outside with their family members.

Peer support group for carers

A peer support group for carers was suggested by some of the participants. It was felt that individuals do not have access to peer support and that facilitating a support group would enable them to access this. One individual stated that this would enable carers "to speak to each other and share their experiences". Another felt that this would help support individual's anxiety around discharge. It was reflected that carers had been spoken to and listened to and that this has already been identified as a gap. There are plans to introduce a peer support group in June 2017.

End of life care

There was an acknowledgment that patients are often coming to the end of their life during their admission and a recognition that there are further measures that can be implemented to support the patient and the carer i.e. Namaste Care.

Improved communication around reviews

Two difficulties around relatives being reviewed by the Doctor were highlighted. Firstly, carers often arrive on the ward believing that their relative is going to be reviewed when they are not due to be seen by the Doctor. Secondly carers are informed that the review is scheduled at a particular time and can become frustrated when this is not adhered to. It was suggested that a list of patients due for review be provided to the nursing team. This would facilitate improved communication between the nursing staff and the carers. Highlighting that the times of the review are an estimate and may overrun in the admission booklet or in a letter would also be beneficial.

Interview data obtained from carers

Even before the interviews commenced two of the individuals commented that there should be more evaluations carried out about their experience of their relative's care as this is useful for improving the service.

1) What did carers know about what we offered?

Carers identified that the following measures are being offered to carers:

Support for carers

- The Carer Link role who is available for carers to talk to if they are worried (identified by two individuals)
- The Carer Link can make a referral to the psychologist (identified by three individuals) or WICH (identified by two individuals) for further support
- The carers forum (identified by three individuals)
- Receiving support from the nurses and Doctors (identified by one individual)
- An off ward room for carers (identified by one individual)

Involvement in their relative's care

- Receiving regular updates from the nursing staff (identified by two individuals) and the Doctors (identified by two individuals)

- An opportunity to meet with the Doctors (identified by two individuals) and the pharmacist (identified by one individual)
- Invited to attend review meetings (identified by one individual)
- A chance to support relatives through meal times (identified by one individual)

Making regular visiting obtainable

- More flexible visiting times (identified by four individuals)

One individual stated that initially they did not know anything about what support was available for carers. They reported that they contacted WICH themselves and that they sent through some literature. They stated that this was very helpful. Another individual reflected that they did not know anything about what was on offer to them as it all happened so suddenly and they had not had any experience of the situation before. When asked they did not know about the designated room, welcome pack or drop-in session on offer to carers. They also stated that "I did not receive 1:1 support but I was not looking for it. Staff were caring for him, as far as I was concerned I was just visiting. I did not see myself as a carer whilst he was on the ward. Not compared to what I had to do for him when he came home". Another individual stated that they were not aware that it was possible to stay overnight however she stated that she does not think she would have wanted to.

Carers did not mention the following:

- A weekly telephone call from their relatives named nurse
- The possibility of being signposted or referred to other organisations such as Admiral Nursing or for a carers assessment
- Having an opportunity to support relatives through meal times and occupational activities
- Having access to outside resources, such as WICH, Admiral Nursing and Age UK
- Being provided with an information pack for carers
- Being able to access videos outlining what to expect when a relative is admitted to hospital
- The reduced parking fee
- The information board

2) *What did carers like about what we offer for carers?*

One individual stated that "I like all of it, now I know about it". This reflects the importance of ensuring that all of the carers are aware of what is offered in a timely manner.

Knowing that my relative is in good hands

Some of the carers spoke about knowing that their relative was being well cared for. One individual stated that "I knew that they would look after him like I did. That meant a lot to me". She went on to say that "it took the pressure off me. I could go away and know that I did not have to worry about my husband". This individual spoke about how the domestic staff helped her relative with his washing which took the pressure off of her. Another individual stated that "staff here do not know my husband, they only know him as he is now, but they can see through that. [That is why] I like the This is Me Booklet".

Being kept updated

Being kept informed and updated regularly by the nursing staff and the Doctors was highlighted by some of the carers. Individuals reflected that "staff always ring if something happens" and that "they always have time for you". One individual stated that being kept informed if her husband had had a fall made her feel that "my husband had very good care".

Being made to feel welcome

Being made to feel welcome on the ward when visiting their relative was identified by some of the participants. One individual stated that "staff always made me feel welcome and asked if I want a cup of tea. It made me feel like I was not in the way". This individual identified the Occupational Therapist as someone in particular who made her feel welcome. Another individual spoke about being offered a coffee and stated that "it is the little things that make the difference". One individual reflected on the environment and stated that "I liked the layout. It was very well-designed. The standard of a first class hotel". The domestic staff were reported to have "[taken] the time to talk and my husband really appreciated that. The domestic staff were part of the therapeutic staff and made relationships with my husband which was really positive... The domestics were so good and they made a difference". This individual also acknowledged that one of the ward Doctors "was lovely and made himself so approachable. He made himself much more available and could meet outside of formal meetings. He approached me sometimes and asked me to meet. It is different from someone you see once every few weeks in a meeting".

Not feeling restricted by visiting times

The flexible visiting hours were identified by a few of the carers. One individual stated that "the visiting hours are good as it meant that my son and daughter could visit after work". Another

individual reflected that "I was always able to get to my wife whenever. Sometimes I could not always visit her at the same time of the day so that was invaluable. The flexibility was good. It was there when I needed it but I did not need to use it often". This view was shared by another carer. This individual stated that "we were happy with the visiting but I rarely went in the evenings". One carer stated that "[I] was welcome at any time. It is stressful if you have to work out when you can visit too". She went on to say that "flexibility makes a lot of difference. I was able to stay beyond the visiting hours if appropriate... I was able to help feed my husband at mealtimes".

Feeling supported

This included a range of responses from receiving support from the psychologist to being given privacy and space when visiting. One individual stated that "I was able to access an array of support from nurses, doctors; they were all very helpful. I know that I could approach the staff and I did". One of the participants stated that "I had very good counselling from [the psychologist]. I really appreciated that as I was going through a lot of emotions, denial and had thoughts such as: will my husband ever get better? And what is the point of living if he won't have quality of life? The psychologist reassured me that others also have these thoughts and it really helped me because you think that you are the only one having negative thoughts. She was really special". Another individual stated that "I appreciated that an appointment was made for me, with the psychologist. This made it really easy. If I had to ask for it I might not have done it... The appointments were made around how I was coping and what worked for my husband... The fact that people were coming to me, rather than me having to go to them was different to my previous experiences. Most of the support I get at the moment is incidental to the support my husband is getting. There was support for me as a carer at New Haven which looked at my life as a whole. I could talk about any aspect of my life that was causing difficulty". She also stated that "[the psychologist] was good. She gave me regular opportunities to feedback [and] I was valued as a carer. If the carer isn't up to caring then the whole thing breaks down... I would like to make a relationship with someone [in the community] like I did with [the psychologist]". This participant explained that the psychologist contacted her during her husband's first admission, prior to the implementation of carer support. She stated that "[the psychologist] rang me about something else. I had a lot of family issues going on at the time and she gave me support. She went above and beyond her job description. Concerns are picked up much earlier with the new systems".

One individual reflected on "the support given to my family. They were given a separate room when they visited my wife and gave us some privacy. This showed good understanding". Another individual felt that the carer room was "good for privacy and was welcoming". The impact of being supported on carer well-being was also highlighted. One of the carers stated that "the moral support when things were a bit low. It gives you the heart to carry on and move forward. You know that someone is there that knows more than you do". Another carer stated that "[the Carer Link] is the nurse for carers to talk to if carers are worried. He instigated me talking to the psychologist as he

thought that I needed some support. He was very good". One individual highlighted that "the Carer Link made time to listen to me right at the beginning and introduce himself. I really valued him making contact with me... When you are struggling you do not find the time so it is important for them to reach out to you". She highlighted that she also had the opportunity to provide feedback through the Carer Link.

3) What difference has it made to carers?

Knowing that my relative is in good hands

Some of the carers spoke about knowing that their relative was being well cared for. One individual stated that "it gives me comfort to know that when I leave I know that if he is distressed staff will talk to him". They went on to say that "all staff have been very caring. Nothing is too much trouble". Another individual stated that "it made me feel that my husband is being looked after".

Being able to continue living my own life

The stress of caring for an individual with dementia and the impact that this can have on the carer's wellbeing was highlighted by one individual. They stated that "I was able to have a life afterwards. You get yourself so involved, your brain is like mush. You just have to look after your relative, you don't do anything for yourself. It was a relief for me when my husband came into hospital as I got my life back. I just could not look after him anymore... Without New Haven I do not know where I would be now". Another individual stated that "it took some of the stress away and it was a better experience for me".

Having a better understanding of my relative and being involved in their care

Being involved in their relative's care enabled carers to have a better understanding of their difficulties. One individual stated that "I realised the problems that I never knew before. I had no appreciation as to what was being done". Another individual spoke about being able to choose a home for her husband. One of the carers reflected that "I feel that this is a holistic type of nursing providing support for the main carer, the family and the patient".

4) What have been the benefits?

Knowing that my relative is in good hands

As highlighted above, knowing that their relative is being well looked after made carers feel less under pressure, comforted and relieved. One individual stated that this gives them "peace of mind that he is being looked after. Although I still worry, I do not worry about him being here". This

took the pressure off of her as "I could go away and know that I did not have to worry about my husband". Another individual spoke about feeling relieved as "the care has gone from my shoulders to professionals who know how to help". One of the participants stated that "it gives me comfort to know that when I leave I know that if he is distressed staff will talk to him". They went on to say that "all staff have been very caring. Nothing is too much trouble".

Enabling me to take a different perspective

Being able to see the situation from a different perspective was highlighted by one individual. They stated that they had started to see the benefits and that "meeting with the psychologist has helped me to see that he needed looking after properly. At first I did not think anyone could look after him as well as me".

Receiving support with my relative's discharge

One individual reported that a staff member was very aware of what they needed and gave them a lot of support. This staff member reportedly visited their home and assessed what support they required when their relative was discharged, such as equipment to aid toileting.

Learning through observation of others

One of the carers spoke about learning effective ways to interact with their relative by observing the nursing team. They stated that "I observed how the nurses handled the patients and they were very understanding. I have learnt how to keep my wife active and care for her".

Knowing what is happening

Being involved in the care review meetings and meeting with the Doctors was useful for one of the participants as "it is at the back of my mind how is he and how is he getting on?"

5) What have been the drawbacks of what we offer for carers?

One of the individuals stated that "I think it all works quite well here".

Not knowing the routine of the ward

One individual reflected that "the rules and regulations are different compared to previous placements. It is hard to get your head around when your relative has been admitted. I was in a bad place when my husband was admitted here".

Parking

The parking at Athelon ward was identified as a difficulty when visiting the ward. One individual stated that "I often parked on double yellow lines. My wife is disabled and disabled parking was not always available. You are driving round and round until someone comes out of a space".

Staff awareness of what support is available

One of the participants stated that sometimes staff members took her husband into the dining room at mealtimes when it might have been better for her to have helped him in his room. She reflected that this would also have helped the staff team out as she would have supported her husband with his meal.

Not being updated regularly on my relative's care

Two of the individuals felt that they were not updated regularly on their relative's care. One of the carers stated that "I would have liked more feedback regarding how he is getting on. We had to ask on more than one occasion". Another individual stated that "I did not always feel as in the loop with the Doctors and what is going on. It was annoying that [my husband's] notes were available to everyone but me. I just did not know how my husband was when I went in. it was critical to know what type of night he had had as this has had practical implications for what I could do with my husband when visiting". She also stated that "it was difficult to get information about how my husband was. Staff were busy and there were not enough of them. It felt like I was always inconveniencing them and being a nuisance. Sometimes I could not get through [on the phone]. It had a big impact on my life, not knowing [how my husband was] on a day to day basis".

There were some difficulties encountered with the review meetings. One of the carers spoke about not being informed that their relatives care review had been brought forward by several hours which meant that they missed the meeting. Another individual stated that they did not always know when there was a review meeting.

More opportunities to provide feedback

One of the carers stated that there could have been more opportunities for feedback where people sought her out for this, rather than her having to go to them. She stated that she "always tried to make contact with the people who were feeding into the ward round and give them my feedback. I found this really hard, trying to find out who was going to ward round as this would often be different each time... The carer knows the person best".

The format of the Carer's drop-in

One individual stated that "I did know about [the carer's drop-in] but did not want to use it. I'm not the sort of person that likes being in a group or a support group".

6) *What else can be implemented to improve carer's experience?*

Some individuals reported that their experience of Woodland, Meadow and Athelon ward was very good and they did not think that anything else could be done to improve the experience for carers. One individual stated that "I was impressed and think that my wife was too". Another asked "what more could you have done?" One of the carers stated that "everybody was extremely helpful and welcoming and looked after my brother well. We were very happy with it all".

Daytime Drop-in's

One individual stated that they do not go out in the evenings so was unable to attend the carer's forums. They stated that it would be useful to offer an occasional day time meeting.

Peer support group

The usefulness of a receiving support from other carers was identified by one individual. They stated that "I like to talk to other people in the same circumstances whilst I was visiting. It helps to know that you are not in it by yourself".

Making visiting and leaving my relative less stressful

Leaving the ward after a visit was identified as a common trigger for the patients on the ward, particularly when relatives put their coat on. She suggested that a coat stand for visitors be put outside of the ward so that relatives can leave their belongings before they enter the ward. This individual also spoke about some of the patients becoming confused about whether they have been seen by the Doctor or not as they are not wearing white coats. She thought that this may help patients remember they have seen a Doctor.

Being supported to understand what is happening

One individual stated that "the first couple of days, it is important for someone to approach the carer and explain what is happening. Maybe give them a card on the first day explaining what is happening, who people are and the ward phone number. When people have just lost the person you love you are not in the right frame of mind to look at noticeboards... You have one thing on your mind that your family member gets better".

Increasing opportunities to provide feedback

One individual identified that it was difficult to make contact with staff to provide feedback on their relative for the review meetings. They suggested that a member of staff contacts the carers before and after the review meeting to obtain feedback from them and share the outcomes of the meeting, or inform the carer who to contact to provide their feedback. This staff member can then confirm when the review meeting is scheduled.

Continuity of support

One of the carers identified that she had been referred to WICH following her husband's discharge and she was still waiting to hear from them. This individual stated that "it would be good to have some continuity by making sure that contact has already been made with WICH".

Written feedback provided by a carer

One of the carers opted to provide written as opposed to taking part in an interview. This individual highlighted that the nursing staff would contact her by phone when her husband had fallen over. The level of carer distress was evident as she said that her husband "did not want to speak to anyone and only wanted me" and that this "had been a very traumatic time in my life" and "was the most stressing time". She spoke about how she felt burdened by her care-giving role. She raised the issue of parking and stated "when you have a husband who is not well this is an extra burden to carry, you do not want to be searching for spaces". Additionally she mentioned that her husband was transferred to another hospital which made travelling difficult for her. She ended the letter by stating that "[New Haven] was full of people who had positive ideas and used their initiatives whenever possible. Naturally the building was very good because it was only completed recently; nevertheless it worked very well throughout and gave [my husband] some motivation other than sleeping". She also reflected on her experience of Athelon ward and stated "all of the members of staff at Athelon ward were very good, who had to look after some very complicated patients and would commend them at any time. I believe that if there was more money available they could employ a few more nurses and decorate some of the rooms". A follow-up phone call was made to thank this individual for providing this feedback and to ask her whether there was anything else that could be implemented to improve carer experience. She stated that she did not think there was but mentioned again how difficult it is to park at Athelon ward.

Email correspondence

Email correspondence between staff members has either requested further information or advice and support. Requests for further information have been directed towards WICH, the psychologist, the consultant, the pharmacist and the Carer Links. Referrals to WICH, Admiral Nursing and psychology services (inpatient or community psychologist, Early Intervention Service) were also made to provide the individual with additional support. Contact was made with WICH and care coordinators if a carer's assessment was felt to be appropriate. The Alzheimer's Society was also contacted and asked to share dates of meetings with individual carers. Some individuals were confused regarding finances, funding and benefits and required support in understanding this.

This reflects the amount of work that goes on “behind the scenes” by the two Carer Link’s. They make the initial contact with carers and continue to provide support should there be any concerns raised about an individual’s well-being. They can then refer people on for additional support as identified above. Their role is invaluable in reducing the potential of crisis for carers and ensures that carer’s feel heard and supported.

Feedback received

Formal complaints

There were 12 complaints received over the last three years. One was received by a patient. There has been a reduction in the amount of complaints received since 2014 when there were eight complaints recorded by PALS. There were two complaints received in 2015 and a further two logged in 2016. Please see Table 7 for an outline of the content of the complaints received.

Table 7.

Type of Complaint Received	Number of Complaints Received	Content of Complaint Received
Care of a patient whilst on the ward	10	Medication, meeting with the Doctor, staffing levels, rushed discharge, food / fluid intake, food allergy, falls, walking aids, missing personal items, assistance with personal care, suitability of placement, delay in belongings being sent to placement
Environmental issues	1	Difficulty using the taps, telephone in the communal area

Compliments

Between April and December 2016 there were 64 compliments received across the three wards. It was not possible to obtain details on all of the compliments received across the three wards; however, a few extracts have been included below to outline some of the positive feedback received from carers.

“Sincere thanks and appreciation for the care of [my relative] during her stay. I was very grateful for the care and attention provided”

“Would like to thank all the staff, doctors for the excellent care you gave to my Mom”

“To [the psychologist], I just wanted to convey my appreciation for your support during [my relatives] stay”

"You all took such great care of our mother for nearly a year. The caring approach and selflessness of everyone at the end of our Mom's life will never be forgotten by all the family"

"To [the psychologist], I just wanted to say how much I appreciated being able to talk to you about my problems trying to cope with what has happened to [my relative]. I still can hardly believe that after 56 years together we are apart now. Our talks were a great help to me and I'm really sorry we won't meet anymore"

"The staff on Athelon and Woodland wards have been fantastic and the care [my relative] has received from all of the staff has been excellent"

"Dear [the psychologist]. I would like to thank you very much for your kind considerations on my behalf. I have already taken notice of your advice to return to my Amateur Radio hobby and this is encouraged by [my wife] and the children. We have greatly appreciated all the help and support we have received from all of the Athelon team and hope that we can keep in touch somehow"

"May I on behalf of our entire family thank all staff on New Haven ward for the kindness and care given to Mum during her stay. You are a truly magical bunch, who give people the confidence to believe in themselves"

"The two members of staff are a credit to the NHS, always approachable, patient and caring. We would like their professionalism and helpfulness to be acknowledged and trust that they will continue to be a great asset to the NHS for many more years to come"

Discussion

The aims of this service evaluation were:

- 1) To explore what is currently going well in terms of what is currently offered for carers
- 2) To explore the barriers and potential drawbacks of what is currently offered for carers
- 3) To gather feedback on what improvements can be made to further meet the needs of carers

The results of the quantitative data indicate that on the whole the service is offering a wide range of support for carers, in line with recommendations made in the Triangle of Care Documents (Carers Trust, 2013a, 2013b) and outlined in the "High Impact Actions" (NHS Institute for Innovation and Improvement (n.d.)). The quantitative data suggests that despite many of these measures having been implemented for some time now, individuals were not always informed of or offered resources pertinent to their caring role or their relatives stay in hospital in a timely manner. This included details of their relatives care team, visiting times, the location of the carer's room and concessionary car parking. In line with recommendations made by the Carers Trust (2013a, 2013b) and the NHS Institute for Innovation and Improvement (n.d.), the service have employed two individuals who are responsible for carers and make contact with them as soon as possible. Additionally, the psychologist is the lead for implementing carer initiatives. The Carer Link role appeared paramount here as they often stepped in to provide such information verbally or in paper form. Not all individuals were offered the opportunity to share their views / knowledge, and reported that they did not feel that they were regularly updated on their relative's care. Less than half of the carers had been offered a meeting with their named nurse. This is not consistent with the "High Impact Actions" which promote the importance of respecting carer's experiences and involving them in care-planning (NHS Institute for Innovation and Improvement, n.d.). This highlights some key areas that can be improved to enhance the experience of carers.

It is important to identify the potential needs of carers and provide them with the appropriate level of support (British Psychological Society, 2013; Department of Health, 2014; NHS England, 2014; Mental Health Taskforce, 2016). The results indicate that carer's assessments are not being routinely offered to carers prior to admission. This appears to be a problem nationally, since the Care Act 2014 was implemented. Carers UK (2016) identified that 29% of carers had to wait six months to be seen for an assessment. This survey reported that 28% of all carers had been offered an assessment and 22% of carers actually had to ask for one. Additionally it is important to liaise with the community teams and check what support has been offered to carers. Individuals may have forgotten or not fully understood what has been offered due to feeling overwhelmed or not understanding the terminology used. Again, this is where the role of the Carer Link is important as they are pertinent in referring individuals to the relevant organisations who can then initiate an assessment of the carers needs. There is also the opportunity to check whether individuals are coping and whether they need additional support. Of the Carer Link Assessment's reviewed, many of the

carers reported that they were coping with support from others but there were still a number that were not and required a referral for additional support. This is important because it means that carers who are not coping can be identified by the Carer Link and supported more quickly.

Data from the interviews indicate that staff members liked that carers were given a louder voice and that the service were transparent, flexible and working in partnership with the carers. Staff members felt that carers were able to continue their role as a carer whilst also receiving support from the service or other organisations. This is in line with recommendations outlined by the Department of Health (2014, 2015), John's Campaign (2014) and the Mental Health Taskforce (2016). Staff members spoke about feeling that they were making a difference and that carers were appreciative of this. Many of the carer support measures were considered to exceed what was expected of the service. There is a wealth of literature that highlights the importance of supporting the needs of carers (Carers Trust 2013a, 2013b; Department of Health, 2014, 2015; Mental Health Taskforce, 2016; NHS England, 2014; NHS Institute for Innovation and Improvement, n.d.) and the teams at Woodland, Meadow and Athelon ward have worked hard to implement what is recommended. The progress with supporting the needs of carers has been slow and some trusts are not supporting carers in their own right. It is positive that the service have been recognised as being at the cutting edge of practice however it should become standard practice for Older Adult services, given the plethora of literature. Carers echoed that they felt supported, kept up to date and were made to feel welcome by the staff team. Carers spoke positively about the open visiting times and knowing that their relative was being well cared for.

Staff members reported an increase in job satisfaction, knowledge and understanding which had resulted in improved relationships with carers. Staff members identified that support could also be continued when an individual is discharged due to the involvement of WICH. The measures introduced to support carers provided reassurance to some staff members that the service are meeting the needs of carers. Carers reported that being more involved in their relative's care reassured them that their relative was being well looked after and gave them a better understanding of their difficulties. Some individuals spoke about input from the psychologist and how this enabled them to continue living their own life, alongside supporting their loved one. The level of distress was a common theme evident throughout the interviews, reported by the carers and acknowledged by the staff members. This is in line with other research, outlining the impact of care-giving (British Psychological Society, 2013; Carers UK, 2012; Department of Health, 2008; Health and Social Care Information Centre, 2015; Pinguart & Sörensen, 2003).

There were many benefits of carer support identified for staff, carers and the service as a whole. There was reportedly less pressure on nursing staff and individuals felt that they had the opportunity to learn through working with others. Staff members felt that their understanding of the carer's situation and what support is available, as well as the patient and their care had increased. Staff members also reported that their relationship with carers had improved. This is consistent with

research suggesting that communication improved between staff, patients and carers as a result of open visiting (Central Manchester University Hospital NHS Foundation, 2015).

In terms of the service, staff members highlighted that it enabled cross-agency working (with WICH) and reported that there had been a reduction in the severity of complaints. Records from PALS provide evidence of a reduction in the number of complaints received over the last three years. A large amount of compliments were received regarding the care provided across the three wards. This is consistent with research by Central Manchester University Hospital NHS Foundation Trust (2015) who reported a reduction in complaints following the implementation of open visiting. Staff members felt that the implementation of carer support demonstrated that the service was progressive and that this had an impact on the patient's experience of admission.

Some of the staff members and carers highlighted that a benefit is that it enables carers to access additional support and increases their level of wellbeing. In particular, carers spoke about knowing what is happening to their relative and that they are being well cared for. This is important considering the wealth of literature outlining the impact of caring for a relative living with dementia or a functional mental health difficulty (British Psychological Society, 2013; Carers UK, 2012; Department of Health, 2008; Health and Social Care Information Centre, 2015; Pinquart & Sörensen, 2003). Carers also spoke about being supported to think about their situation differently and learning through the observation of nursing staff. Staff members identified that the implementation of carer support gave carers a louder voice and increased their sense of feeling valued. Staff members thought that carers benefitted from having a better relationship with staff and were able to spend more time with their relative as a result of flexible visiting. Additionally staff reported an improvement in carer well-being as they were able to access support offered by the service.

Drawbacks that were highlighted by carers included not knowing the routine of the ward when their relative has been admitted, the difficulty parking at Athelon ward, staff not knowing what support is available and not being updated regularly on their relatives care. Carers identified that there could be more opportunities to provide feedback. Ensuring that carers are updated regularly and given opportunities to provide feedback is important given that there is evidence to suggest that involving carers from admission through to discharge results in better quality care, improved patient outcomes and a better experience for the individual and their family (Age UK, n.d.). Staff members identified that the implementation of open visiting means that carers are unable to access peer support. Research suggests that peer support groups increase the emotional wellbeing of carers (Thompson et al., 2007) by enabling individuals to share their experiences with others in a similar situation which can help them feel less isolated (Zarit, Femia, Watson, Rice-Oeschger & Kakos, 2004). It was reported that there was some apprehension exhibited by some staff members who were reluctant to make changes and that some staff members and carers were unaware of what support is available despite this being driven by the Carer Links and the psychologist. The Carers Trust (2013a, 2013b) highlighted the importance of staff being aware of what is on offer to carers. Other drawbacks

related to difficulties with communication, the demands of the ward, being able to connect with carers and other more practical issues.

Some of these points can be improved upon and will be outlined in the recommendations section, along with other valuable suggestions for improvement made by staff and carers. The introduction of Namaste Care for individuals who are coming to the end of their life was suggested. Other practice has been researched and looked into, however currently the Palliative Care team at the Princess of Wales Hospital (POWCH) provides support regarding end of life care. There has been cross-agency working with POWCH for other aspects of patient care.

Strengths and limitations of this service evaluation

On the majority of occasions feedback is gained from the service user as opposed to carers and families. In line with the Triangle of Care documents (Carers Trust, 2013; NHS Institute for Innovation and Improvement, n.d.), this evaluation emphasizes the importance of encouraging carers to provide feedback on their experience of their relative's care. Giving carers a louder voice was considered an important factor by both staff and carers in the interviews conducted for this evaluation.

The method of contacting carers to see whether they would like to take part may have contributed to the poor response rate. Letters were sent out direct to the carers. Research suggests that often individuals decide not to respond to requests to take part in evaluation when recruited through a letter. Consideration was given to when to distribute the letters to maximize the potential of carers responding i.e. waiting until after the Christmas period. The reason for this was twofold; to ensure that the authors were available if carers had any questions and to not overwhelm individuals with requests during what is considered by most to be an extremely busy and at times stressful time.

Obtaining the details of carers was very time consuming. If this service evaluation were to be conducted again it would be beneficial to use the log of discharged service users as opposed to relying on Care Notes.

Recommendations

In line with the results of this evaluation, recommendations for the service include:

Support for carers

- Ensuring that the carer is offered a meeting with their relatives named nurse within five days of admission
- Named nurses to phone carers weekly to give them an update on their relatives care and check in on how they are coping
- Making a referral to WICH prior to their relatives discharge to ensure continuity of support
- The possibility of a peer support forum for carers has already been explored and it is hoped that this will be launched by Carer's Week in June 2017

- Explore the possibility of funding for another Carer Link position to provide cover across the two wards at New Haven
- Explore the possibility of the Carer Link roles being supernumerary 3 days a week
- Explore the possibility of offering the occasional daytime drop-in session for carers
- Purchasing pull out beds for those who wish to stay overnight

Involvement in their relative's care

- Staff to contact carers before and after review meetings to obtain their feedback and share the outcome of the meeting, or inform the carer who to contact to give and receive feedback
- Explore whether carers would like to be involved in helping their relative get ready for the day

Access to information regarding or pertinent to their relative's stay

- Providing carers with a welcome pack on the day of their relative's admission
- Providing an individualised pack or card to each carer outlining important information pertinent to their relatives stay, i.e. details of their relatives care team, the ward phone number, the carers room, visiting times and the date of review meetings etc
- Indicating in a letter or the welcome pack that the times of reviews are an estimate and may overrun
- Sharing the Older Adult Mental Health website and carers leaflet with the community teams and encouraging them to show this to the carers prior to their relatives admission

Providing feedback

- Regularly seeking feedback from carers

Raising awareness

- Think of other ways to advertise what is on offer to carers
- Ensuring that all staff members are aware of what is available for carers and why this is important
- Staff members to be aware that some carers who live out of county have raised concerns about their relative's progress being incongruent with feedback that they have received over the telephone
- The importance of language is already being discussed by the psychologist and head of communications in relation to the #Language Matters and #Speak my Language initiatives

Practical issues

- Providing a coat stand for visitors to help alleviate distress in patients when their relative leaves
- Providing nursing staff with a list of patients due to be reviewed by the Doctor

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