A study of handover at shift changeovers in care homes for older people

“It's part of our job. It's part of our care and we can't do right and good care if we don't have [] handover”. CH4, I2 RN

Research Team
Caroline Norrie caroline.norrie@kcl.ac.uk
Rekha Elaswarapu rekha_elaswarapu@yahoo.co.uk
Valerie Lipman Valerie.Lipman@kcl.ac.uk
Jill Manthorpe Jill.Manthorpe@kcl.ac.uk
Jo Moriarty Jo.Moriarty@kcl.ac.uk

King’s College London,
Research Ethics Committee
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Aims and Background

Aims: Investigate the content, purpose and effectiveness of the handover of information between two different sets of care home staff.

Background: anecdotal evidence

Questions:
• How are changes in individual residents’ needs, wishes and circumstances communicated between shifts?
• What are the dynamics between the staff giving and receiving handover?
• What are considered by staff and stakeholders as key elements of an ‘effective’ handover in a care home?
Methods

1) Literature review

2) Case-studies *in 5/6 Care Homes*
   In each:-
   Interviews (n=6) and Observations (n=2/3)

3) Focus group with SCWRU service user advisory group (n=15) and additional *stakeholder interviews* (n=2)
   - Experienced care assistant
   - Employee of company supplying care homes with electronic care plans and handover systems
Literature review – background

- Studied extensively in the hospital clinical settings with nurses and doctors and transfers (e.g. between home and hospital).

- Little attention to care homes and non-nursing staff.

Studies address:-

- Poor handovers - one of the major contributors to medication and diagnostic error /accidents/delays/poor safety/ poor patient satisfaction.

- Face-to face/verbal/notes/IT

- Where handovers take place (eg bedside or over-computer)

- Guidelines/Standardised models (eg verbal SBAR or H-T-T)

- Other functions of handover - eg information, social and educational
Literature review – handover in care homes
(16 studies identified/ 5 meet criteria)

1) Tariq et al. (2015) explored records from three residential homes in Sydney, Australia, and found that poor handovers contributed to prescribing errors.

2) Lynhe et al, (2012) Hybrid paper/electronic system in a care home in Australia. Found duplication of information, a lack of standardisation and a lack of obvious guidelines and protocols and information sources. Electronic systems have potential.

3) Zhang (2011) Australia - staff opinions on benefits of introducing an electronic record system (positives).

4) Gaskin et al. (2012) – Information exchange in 5 care homes in Australia. Ranged from all paper to paperless (mobile devices). IT has the potential to enhance handovers, in care homes. But complex – some unexpected outcomes – actually increased documentation time or made no difference.
Wheeler and Oyebode (2010) explored the quality and effectiveness of communications for people with dementia in nine homes in the West Midlands using staff focus groups. They found that handovers typically took place three times a day, were brief, relaying only pertinent information from the previous shift. In one third of homes (3), handovers only involved the senior carers (care workers) on duty, although in one home a key worker system was in place for handovers. They also reported some homes as having separate handovers for nurses and healthcare assistants and ‘demarcation’ was seen as a potential source of conflict.
Lit review – CQC

CQC guidance for providers – handovers referenced 14 times as part of the Key lines of enquiry (KLOEs) (CQC 2015).

- CQC says handovers are an important tool for assessing lots of things (e.g. safety, effective communication, working together, person-centred routines) – but no guidance that says what constitutes good practice.
Case-study sites

Site 1) Independent Family home - (residents = 50) Family-run. Mostly paper.

Site 2) Small chain - (residents n = 60 residents). It is part of a chain of three homes which are independently managed. Hybrid; care plans electronic, other documentation paper.

Site 3) Small privately owned/ voluntary not for profit (residents n = 26).

Site 4) Part of a large well-known Chain (residents n = 100) Gujarati clientele. Hybrid; care plans electronic, other documentation paper.

Site 5) Small privately owned (residents n = 22) - Staff use mobile phone application to update daily handover notes at point of care.
## Analysis - variations in handovers
### Care Home 1

<table>
<thead>
<tr>
<th>Timings?</th>
<th>Who hands over?</th>
<th>Location?</th>
<th>Processes</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>8am</td>
<td>RN hands over to RN; RN to CA</td>
<td>Nurses station/ or walk around room by room.</td>
<td>Mostly paper</td>
<td>Systematic</td>
</tr>
<tr>
<td>9am (sometimes)</td>
<td>Nurses handover to CAs after breakfast.</td>
<td>(If room by room, CAs listen outside the door no need for 9am handover)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2pm (sometimes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8pm</td>
<td>Handover to CA coming on.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Analysis - variations in handovers

## Care Home 2

<table>
<thead>
<tr>
<th>Timings of handovers</th>
<th>Who hands over?</th>
<th>Location?</th>
<th>Processes</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8am</strong></td>
<td>Night RN to all staff (RNs and CAs)</td>
<td>Nurses station / staff room if confidentiality needed.</td>
<td>Mostly paper</td>
<td>Systematic discussion of all residents following printed sheet with names and inputs/outputs.</td>
</tr>
<tr>
<td><strong>12 midday</strong></td>
<td>Day RN to all staff at 12am.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8pm</strong></td>
<td>CAs to RN throughout day. Day RN hands over to night CAs.</td>
<td></td>
<td></td>
<td>Allocation of residents to staff after handover.</td>
</tr>
</tbody>
</table>
### Analysis - variations in handovers

**Care Home 3**

<table>
<thead>
<tr>
<th>Timings of handovers</th>
<th>Who hands overs?</th>
<th>Location?</th>
<th>Processes</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.45am</td>
<td><em>All staff (day and night shift) and the Manager.</em> <em>(2 Extra staff so all can attend in am)</em></td>
<td>Manager’s office</td>
<td>Hybrid; Care plans electronic, other documentation paper</td>
<td>Exception reporting</td>
</tr>
<tr>
<td>7.50pm</td>
<td><em>CAs handover to 2 Seniors; Seniors handover to 2 night staff.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Analysis - variations in handovers
**Care Home 4**

<table>
<thead>
<tr>
<th>Timings?</th>
<th>Who hands over?</th>
<th>Location?</th>
<th>Processes</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.45/8am</td>
<td>RN to RN by room; then RN to CAs (staff outside door, unless residents already up). <em>(Extra staff so all can attend in am)</em></td>
<td>Room by room unless residents are up in which case it can be flexible.</td>
<td>Hybrid; Care plans electronic, other documentation paper</td>
<td>Systematic reporting. Allocation after handover.</td>
</tr>
<tr>
<td>7.50pm</td>
<td>CAs hand over to SCA before they leave their shift. Then SCA hands over to night RN. Night RN hands over to CAs.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All staff perspectives on handovers – purpose and effectiveness – ‘it’s part of the job’

• Handovers - Intrinsic part of the job
So I know it's part of the job and I assume they know it's part of the job. So it's duty-bound. (CH3, I5, CA).

• Communication enables improved continuity and safety of residents
It’s a rolling and on-going thing. If a staff member was off for 3 days and if a resident is on antibiotic and should not be given milk, the concerned, caring staff should know about it. So if this information is not handed over then it is risky. To keep residents safe. Saves staff from just carrying on without considering the changes but helps to personalise care. (CH3, I2, CA)
Manager and RN perspectives on handovers – purpose and effectiveness

• Mangers and RNs also interested in:-
  
  • Teambuilding
  • Personnel issues
  • Staff training
  • RNs also more focused on clinical issues/medicines.
Managers - strategic overview

Mainly to know they're working as a team, not just information. And also to... making sure everybody's fine and happy. [] I've sent people home sick because they come in because they didn't want to[]. It's nice to see the staff, to even ask if they've had a nice holiday or whether they've got any concerns.[] I can ask them to see me afterwards, or they may want to see me afterwards about some sort of personal issue...(CH3, I1, manager)

I would empower people, as well, that they feel integrated into the handover and make sure that they are integrated. I don't like it if the handover is too like an exam class, like everybody's tired. Just make it a bit more conducive to learning, stimulating; I like that kind of handover. (CH2, I2, RN)

I think the fact is that they're now structured. It is at the start of the shift. But also, I think we've not just been static in the eight o'clock shift as well. We can do a handover between... even during the day, so if we want something the actual... the nurses know, so if I come along at, say, 12 and say, right, handover to me, they know what to say because they've got the sheets, they've got the information, because they know it's expected, so I think the good thing about it is that they've developed themselves, so the staff have developed themselves. (CH4, I1, Manager)
CA perspectives on handovers - purpose and effectiveness
‘I’m not going into the wilderness!’

• Also:-

• Resident safety paramount

• Being prepared – ‘I’m not going into the wilderness!’
CA perspectives on handovers - purpose and effectiveness

- These old people, all 80, you know, 80, 90, we have 100 years old. 101. You don't know any five minute, anything happen. Because I have experience here, so that's why. It's good, you know, in the morning and before you leave and you check all over and they're fine. They're fine, yeah. (CH4, I6, CA)

- We could be on annual leave for two or three weeks; there's been changes, so we may go to the floor and we don't know nothing, so I think the handover is very, very important, especially if we've got a new service user, that service user could have come in at four o'clock. I'm not here, so I know nothing about that person, which I need to know because, doing breakfast, I need to know if they're diabetic, if they're on puree, if they can have cornflakes. (CH2, I1, CA).
Families’ perspectives (SWCRU advisory group)

- Handover notes allow the resident’s representative to check ‘what’s paid for is being provided’ and the agreed care plan is being implemented.

- Handover notes assist following up on issues if necessary.

- Handover notes help provide a measure of quality of life of the care home resident.

- Handover notes were crucial in charting a resident's progress and enabling the family of a resident to request a review of a care package (which one participant complained would not occur otherwise for his relative.) - ‘the only way to do this is from her records’.
Key elements of an effective handover taken from interviews with different staff groups, stakeholders and service-user group –

“So we have to be punctual, we have to listen carefully, we have to follow it up and we have to handover to the others as well when they come”. (CH2, I4, CA)

• Handovers are viewed as important by management

• Opportunity to ask questions; feedback from all attendees not ignored

• Timeliness encouraged

• Being able to listen/hear i.e. not too many distractions or interruptions

• Confidentiality of clients respected and dignity respected

• Production of transparent and available written records (allow family to review and monitor quality of life changes)

• Guidance on handover available and known to staff

• Open discussion about variables about handover and what suits certain care homes or whether flexibility acceptable E.g. timing, location, who hands over to who, participation, content.
Decisions about timing, attendees, duration and location have implications for residents’ safety/safeguarding

- **Timing of handovers** – A ‘continuous’ process throughout shift or something that happens at the end?
- **Duration** – speed versus thoroughness?
- **Content** – exception reporting or systematic approach?
- **Who hands over to who/Attendees** – balance between team building when all staff attend versus speed of handover if RNs and CAs handover separately?
- **Need to balance risk of staff attending handover and residents being left alone** (costs of providing shift cross-over to ensure all can attend versus staff not being paid for handovers).
- **Location** – room by room may improve safety but time-consuming (which also has safety implications).
Relevance for safeguarding cases

- If doing an investigation in a home, don’t assume handovers will be the same – they are variable with implications for practice.

- Understanding the culture of the home – are handovers personalised or is it a mechanised process?

- Handover documents vary, but can be a good source of information about monitoring of residents e.g. pressure ulcers – do notes correlate with allegations?

- If handover notes are not available, is information updated in care plans or elsewhere?

(Implications of using electronic devices? See data from CH5 to come).


