Shared care recording in community care

Shared care records are catching on. **Rogan Wolf** explains why they are proving so popular

Abstract

This article details the results of a pilot study of shared care recording between elderly people with multiple needs who live at home and their care helpers and providers

Key words:
shared care record, pilot study

At the heart of community care is the principle that services should support people in their own home and locality. Users of care services also have a right to be active partners in their care and to be consulted on its delivery.

Shared care recording exemplifies these principles. It invites everyone involved in a person's support to contribute to a record of care that is owned by the service user and kept at home.

This simple tool provides a channel for clear communication and gives a feeling of real partnership between the service user and all carers.

The idea is not new. It is an extension of the patient-held record system pioneered by maternity services two decades ago. Since then, it has been adapted and developed for people with diabetes, families with young children, people who are homeless, people with HIV and, most recently, people with mental health problems.

A number of service providers and trusts are currently looking at ways of extending shared care recording into all areas of community care.

A version pioneered by the Cornwall Healthcare NHS Trust and now used across the county was highly commended in last year's *Health Service Journal* management awards.

The Kensington experience

The success of a pilot scheme in London has led to funding for shared care recording to begin in four central London boroughs.

The pilot, funded jointly by the Royal Borough of Kensington and Chelsea and Riverside Community Healthcare NHS Trust, covered the Earl's Court and central Kensington area. It will now be extended to Westminster, Hammersmith, Fulham and the rest of Kensington and Chelsea.

The service users who took part in the pilot study had multiple needs and most of them were elderly. They were being visited regularly at home by a care manager and a district nurse. Most also had a home help and some were receiving a range of other services.

Before they were recruited into the study, either the users or their carers were given a full introduction to record-keeping and had given their consent to taking part.

The scheme addressed a common problem associated with supporting people at home: to enable an elderly person who is confused and has physical disabilities to continue living in a familiar environment. This eventually involves intensive home visiting by many different services.

Each service has its own assessment procedures and recording systems it has developed over the years. In some cases, their very distinctness has become a matter for professional pride.

But what is the effect on the service user? Someone may, for example, just have returned from hospital and, in the space of a week, be visited by three strangers who each put them through similar risk assessments and ask exactly the same questions. What is it like to have your home turned into a sort of railway station of scurrying professionals, all from different organisations and all, to a degree, unsynchronised?

The recording system

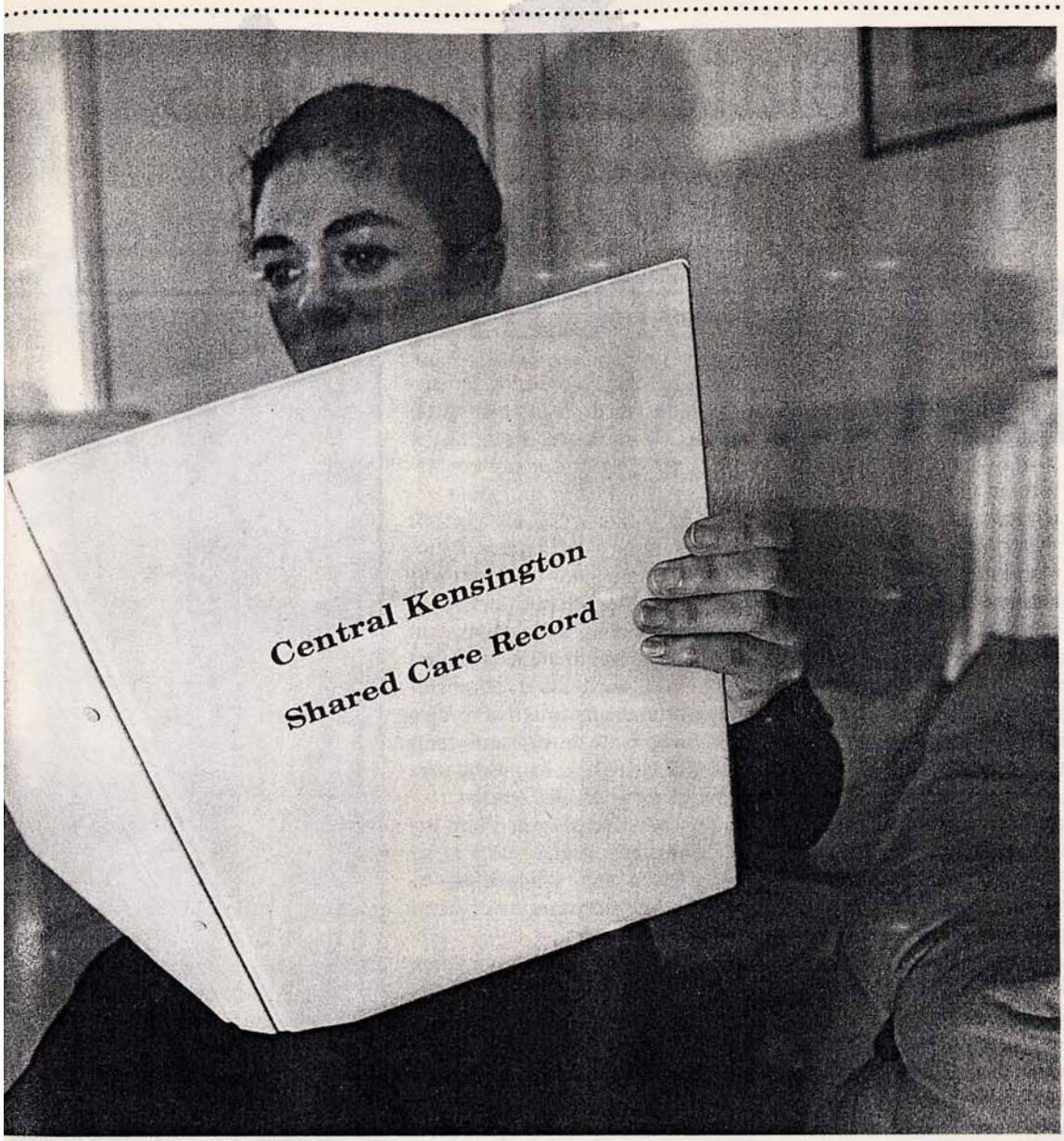
The pooling and simplifying of recording systems can reduce some of the duplication and improve communication between services.

The folder chosen for the Kensington pilot study was a strong, A4 ringbinder file in bright yellow. It was divided into five sections: basic information, a care plan, hospital discharge details, a risk-assessment profile and record sheets.

Everyone involved in each client's care was asked to use this record by referring to the information contained in the first sections and briefly recording their visit at the back of the folder.

As a result, helpers had swift and easy access to essential information; service users and their carers had greater control over what was written about them and spent less time answering duplicated questions.

The Kensington pilot study had two catalysts — one was a local multidisciplinary group that was ready for a new venture in cooperative working, the other was a project in Paddington assessing how a similar system of record-keeping answered the needs of people with mental health problems.



Christopher Woods

A shared record kept at home not only provides information for patients, carers and health care staff, but may also be a comfort to patients

A refreshing aspect of the Kensington project, and perhaps one of its main strengths, was that its chief instigator and all the members of its multidisciplinary steering group worked at ground level.

The steering group, chaired by an experienced senior social worker and helped by a sessional support worker, designed, produced and distributed the record, coordinated a training programme for staff and designed and coordinated the evaluation.

The experience showed that ground-level expertise and creativity have a vital part to play in the planning, development and successful implementation of ground-level service delivery.

It was also encouraging to see how readily resources and support were offered and how swiftly the project's potential value was recognised.

Benefits of the system

The evaluation results highlighted a range of examples to demonstrate the benefits of the new system.

One example illustrated the case of a GP on a home visit who found all the information she needed to help her reach her decisions in the file.

In another case, the service user took the file with her into respite care. 'She took comfort from her file,' wrote the care manager. 'It contained her son's telephone number and that of her case worker in case she forgot them. It was a link with home and somehow represented order for her.'

When the woman returned home, the respite workers wrote a summary in her file to give her daughter an impression of how she had been.

The evaluation also included comments from those involved in the study. A home help reported: 'Mrs H gets her friends to read what's being written about her. One day I wrote that she had been bright-eyed and bushy-tailed. The next day, Mrs H asked me what on earth I thought I meant by that.'

Another helper reported how a carer had forgotten the correct way to use the hoist. 'I said: "No. Look, the file says you do it that way",' she said.

A service user had this to say: 'This worker didn't know what I'd had for breakfast. She should have looked in the book. It's bright enough, isn't it?'

Of course, there were major worries about confidentiality, ownership and partnership. The project showed that time and opportunity must be allowed for staff in the scheme to explore such concerns for themselves and to come up with their own answers.

In some ways shared care recording is not so much a new idea as an obvious next step, a catching-up with developments and a triumph for common sense. It is a great deal more than a different way of recording information — it implies new and better ways of practising, both individually and in partnership.

As use of the system becomes widespread, service users and carers will have more control, not just over information but also over care they receive.

A carer who wrote a heartfelt comment about how she could at last stop worrying about her mother's care signed off with the question: 'Why didn't we have one of these records ages ago?' **NT**

For more information on the Kensington model call Rogan Wolf on 0181-969 2434 or Eileen Ball on 0181-846 6739

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