

Recording SC06

I: Yeah, that should be okay. And I am going to start by asking you to just explain a little bit about your role?

R: Yeah. So my role - I'm a XXXX Manager for the Post-Hospital Review Team. Now, what the team does, is our role is basically to support people that are being discharged from hospital. So they come out with either - they come out on a six-week pathway, which is either/or going into a discharge-to-assess bed, or going home with an enablement type of package of care at home. Yeah, so it's up to six weeks, so our team would predominantly review all the referrals that come in from most of the hospitals within [County], and some Out of County hospitals as well. So we would review all those people that have been discharged. At the moment, as Covid has happened, we've been limited in what we can do in terms of going into the homes and assessing, so we have to be quite creative. Most of the homes - I mean, we've tried telephone, we've tried... We do try video, we've tried letters, we've tried anything we can to engage that person in their assessment. So that's what we've been doing, predominantly.

I: Okay.

R: And really just trying to get them either enabled as much as possible, return them back to their home if they're in a care home, or move them on to what we call their forever home of choice, [?after they get home 01:44], yeah.

I: When it comes to the video consultation software, what kind of stuff do you use?

R: So we've got MS Teams, and that's normally what we use within our organisation, and probably a lot more do. I don't know that - I think there is an issue with Zoom, that we can't get that on our work laptops, so we can't really use that. What we've been trying to do is trying to link in with the homes who do have MS Teams, to try and maybe facilitate a meeting or a discussion. And it's mostly been via the telephone, but limitations with that is, it's kind of con-... You know when you have that contact, it's the human contact with somebody, understanding, and on the telephone you can't really see their gestures. You can't really see how they're feeling, and you can't really make eye contact. The eye contact is one of the - in my experience - is one of the most important things, to look and see how they're feeling, and talk to somebody in there are... Look them in the eye and have an honest conversation, and it's often about very important decisions, like moving... It could be to move home, which is a really, really kind of predominant in their life decision that they have to make.

And also people that are - have dementia or sometimes lack capacity, people with a hearing or a vision impairment, that's going to be quite challenging for them to do over the phone. Having a conversation on the phone is just so much more difficult, and on the video than being there in that room. And, yeah, so that is really challenging, and can often take longer, can often take three or four, or five times having different parts of the conversation. So you could start off with we'll find out how they are, and then the next conversation you'll have to

plan and say, well, now I'm going to talk about this, or now I'm going to talk about this. So it can take longer.

I: Yeah. And have you noticed a difference - I mean, obviously, you've identified a difference between being there face-to-face and using other types of technology, is there a difference between using the telephone and using a video platform?

R: I think the video is nicer, if you can follow it and it's quite clear, and you can have... For people without an impairment, I think it's okay to do. I think there have been some successes. The telephone, again, it's quite limited, but what we try and do is get either a carer that probably knows them, to sit with them while they're having that phone call. And, again, that has been quite good, but other times, not so good. It just seems like a series of questioning and interviewing, whereas face-to-face it's more of a conversation. And because you need to get that information quickly, and on the phone, it just feels like it's more of a hindrance than anything else.

I: Right, okay. Well, we'll come onto that in a bit, for a bit more detail, but have you... Did you feel that you were familiar with the technology before you started using it for your job?

R: Well, we started using it - I guess we started using technology, but that's mostly... And things like Skype I've used before, and so there was always a way. I mean, in our team we've actually been sponsored by our, what we call our Dragon's Den, so we have been given some funding to get some tablets. So it's those technology, so the tablets. And we've been - we've got some funding through [Organisation] where we can actually... People that are isolated, they can have one of these tablets, as a loan, to get in touch with communities and day centres, and communities that are going on shopping, so they can do their online shopping. And also now we're promoting them to the care homes as well, so that may be people that can use it could keep in touch with their loved ones through it. So we've kind of done that ourselves, really, and that was before Covid.

I: Okay. So it wasn't a totally new concept for you to use that?

R: No.

I: And when you're talking about how you're using it, am I right in thinking that you're using it primarily for your interactions with care home residents, with the people themselves, or do you also use it for sort of professional conversations?

R: Yes. So we have meetings probably most of the week, so we use it as part of our meetings now as well. So when we're having conference calls and things, and even safeguarding we would have it, we would use it also.

I: And that includes sort of external professionals as well as within your team?

R: So a lot of people are set up on the MS Teams now, so it's been quite good to have that contact.

I: Yeah. And how many times - do you know how many times you've used it to interact with care home residents? Is it a lot, or...?

R: What, as in video.

I: Yeah.

R: Video? I can say - I mean, I think it's a weekly thing and people do try.

I: Okay, so you are using it very regularly?

R: Yeah. So if it's not - it could be an assessment, and if it's possible to use it, they will use it, if it's on a... Yeah, if they have a facility, but I think it's about also the home having the facilities to do it. I don't think it's always possible, but I'd say...

I: And what do you mean by that?

R: So the facility to have the conversation over the video, so they don't have the equipment probably to do that.

I: Okay.

R: And the person might not have a smartphone, or they might not have a tablet to actually be able to do that.

I: Yeah, okay. And so are there any sorts of real advantages to using the video, to offer other ways of communicating?

R: I mean, the advantage is you get to see that person over the video, and I think that is important, rather than just a phone call. So when you're doing a face-to-face visit, and then you introduce yourself and maybe then you go again, and they'll say, oh yeah, I remember you. But on the telephone, it's really hard, like voice recognition, and they probably speak to so many people all the time. It's harder to kind of understand who that person is, and remembering that they've been in hospital and probably spoken to quite a lot of people, so it's important that familiarity is quite - if we can get it - is that is important. And I think that you get that through the video, rather than the telephone.

I: And do you want to tell me a bit more about some of the challenges then, and some of the disadvantages that you found?

R: What, for video?

I: Yeah.

R: Video, yeah, okay. So the challenge - yeah, again, the challenges are more about the home not having the equipment to do that. So I think that all the facility, and also the staff to be able to facilitate that, because they would have to set it up and make sure that... There are some people, if they are familiar with technology and it's their own tablet and equipment, they probably could do that quite well. But some people aren't, and they would need to - somebody would need to sit with them to do that, so that takes a lot of time. And that's

quite challenging, and some other challenges would be with the video that actually people... People with a visual impairment and also a hearing impairment, there are some difficulties with hearing, or visually it's difficult sometimes for them to keep the conversation going. And really kind of - what's the word I'm trying to look for? Sustaining that, and I think sometimes people just think of it as a chore rather than an assessment: you're on the screen, so it doesn't... It kind of defeats the purpose, really.

I: Yeah, okay. And can you describe a bit more about the types of tasks that you would use the video platform for? What sorts of things are you - it's assessments, is it, and...?

R: Basically assessments - assessing that person and their needs. You could have it for meetings with that person, so if you're doing a mental capacity assessment sometimes. So mostly assessments, and also meetings with the homes, so that's what we've used it for.

I: And so have you had occasions where you've suggested using Teams, for example, and the home has said we haven't got the facility to do that?

R: Yeah, quite a few times.

I: Oh okay.

R: Yeah, [over speaking 11:14].

I: And that's a lack of tablets or laptops?

R: Yeah, lack of equipment, like laptops, because obviously you need something that's portable, it's [unclear 11:23] the staff to be able to sit with them to do that. So you have to kind of book that in advance, yeah. Yeah, so that's basically the hindrance of it.

I: And what about - have you had any issues with signal, like wi-fi or anything like that, network issues?

R: I don't think - I haven't heard of anything, really, about the actual wi-fi itself, and that hasn't been... Yeah, I think we're pretty good, I mean, we do suffer a little bit, but you can always get back on it quite quickly.

I: And so when you have used it, thinking about occasions where you have been able to use it to do your assessments, do you schedule it like you would do any other meeting? Is it a sort of scheduled time that you would set up to hold those assessments?

R: Yeah, so I don't see - I mean, when I'm advising my staff, I see it as a normal, so just take it as if you were going to visit and set it up so that it's a convenient time for the staff, and the service users. So avoiding meal times and medication times, and set it up like that. So we've all got time to find and prepare for that, rather than saying I need to do an assessment now. I think it needs to be treated the same way as you would if you were going to visit.

I: Yeah. And does that work okay for the homes where you have used that?

- R: The majority, yes, I mean, you do get the times where that staff member is off sick, or anything like that. But apart from that, it does usually work better than to say I need to speak to so-and-so in the next ten minutes, or something.
- I: **Yeah, okay. And have you ever had any sort of communication issues using it? You talked a bit about people with visual impairments, for example.**
- R: Yeah, I think that sometimes it is difficult if you've got interference, and it's difficult to focus, I think. And a face-to-face meeting is so much better, but it is difficult to focus purely on a screen. And if you are hearing impaired, you rely much more on lip reading and sometimes it doesn't... It can be a little bit delayed sometimes, but they've got... I mean, you've got the facility to type one there, which could be an added, and you could use that as an added to their advantage, really, if you do that. So, yeah, so I think it's generally okay, I think, it's not perfect, but we have to work towards it. We have to try and do what we can, don't we?
- I: **Well, yes, I suppose that in a crisis it's - you sort of do what you can, don't you? I guess it's just thinking about what you might be missing, or what it might be better for, because there may be things that it's a better way of communicating for some people, but I'm not entirely sure about that yet. So when you have used it, was there anything that helped with being able to use it, in terms of any support that you had, or support at the other end, or previous experience of using it?**
- R: I think for us it's okay, but for people on the other end, especially if you're not used to technology, you need to have somebody with you, and that helps, that often helps to navigate. And they might need to repeat the question, because they haven't got the question. They might not have understood what you say, so having somebody there, like the carer, it's very important, I think.
- I: **And on the occasions where you've used it successfully, have they always had a carer with them? Has it always been an accompanied conversation?**
- R: Yes, the majority of the time.
- I: **Yeah. Has there ever been an occasion where it's just one-on-one that you've just spoken directly to the resident without anybody else?**
- R: I think there have been a couple of occasions, but again, it's that if it's their own tablet, if it's their own piece of equipment that they're familiar with and they know how to use, then that's fine. But if it's somebody else's, like it's the home's and they don't know how to operate it, they would probably need to have someone there. Or they're a little bit - sometimes it's nice just to have them at the beginning of the first... The beginning of the conversation, just to say this is who I am, this is who I'm... Because even when we do visits, normally face-to-face, they... If they do - if you do them normally face-to-face, we usually get a carer there to be there, or let the care agency... Carer know in the home, and then we will - and they will just sit with us for a little bit, and then they will leave.
- I: **And are you aware of the environment that the person is in when you're having those conversations? So do you know anything about where they're sat, or whether they're in**

their own room, or whether they're in a communal area, or they've been put in a different room when they're having those video consultation conversations with you?

R: Yeah. So what we do, we'd usually try and make sure they're in an environment where they can have it. So when - part of setting up that meeting would be to make sure they're in a suitable environment, to be able to have that conversation.

I: All right. So is there anything about the environment, or the setup, or the way that you've tried to set these things up that has hindered your ability to use it successfully?

R: I think sometimes the service user might forget that they've got another appointment booked. So they might be - it might be during the time where they've got an activity going on, or they actually don't feel like it. That's the only reason I can think of that they don't want it to go ahead.

I: And are there any specific examples of where it's worked really well?

R: I'm trying to think now. I think it's worked where we're doing what we call a - when we had a continuing healthcare assessment. So it's got a few professionals involved, so you've got the family, and that all worked. You've got the family, you've got the person that is representing the nursing side, and you've got the nursing staff and you've got the social workers. So that's worked really well to get everyone together, because it's like an MDT, a multidisciplinary type meeting. So that's worked really well, and one way that we did it also, one of my people I supervise, he set it up. So he set - he phoned the son, so they were all in different parts of the country. So the gentleman was at home, and he was a 90-year-old gentleman, and he put his phone on speakerphone. So we contacted the son by MS Teams, and that way we were all able to communicate, because the service user wanted his son present, but he was in Ireland, so couldn't be present for the assessment. So we set it up this way, and it worked really well.

I: Oh okay. So when...

R: And he was able to take part in the - and have his son there to kind of... Yeah.

I: So in both of those examples, would the normal process not work that way in terms of involving multiple people on one, in one visit? So they wouldn't normally be able to be part of that?

R: They would be, but it would have been set up in a big meeting room, that's what the difference is. But we were able to do it facilitated through the video call, and also speakerphone and the video.

I: Right. Okay, thank you.

R: That's all right. I've just got to respond to one email. Sorry to be a pain.

I: No, no, that's fine and have a breather.

R: Okay, yeah, sorry, go ahead.

I: That's okay. Are you all right?

R: Yeah, it's fine. It's all go on a Friday.

I: Yeah, I'm sure. I'm sure. Yeah, I'll try not to keep you for too much longer. If I just think about those two examples that you've just shared, one with the being able to bring a multidisciplinary team together, and having... And the other one having a family member there, how did that compare to what it would have been if it was a face-to-face? Have you done those meetings, how you would normally do those meetings?

R: So how does it compare to a video call, basically?

I: Yeah.

R: I mean, I think when it works, it works well. I think when you've got everyone onboard and someone can use the technology, and it's fine and it works, I don't see that there isn't... The issue we have is about sharing the documents, so documents are really difficult. So when you meet face-to-face, everyone is given a copy of the document of that you need to refer to, and it's difficult to refer onto the screen, and refer onto your piece of paper as well. So we have things like when you're doing a checklist, a continuing healthcare checklist and you're going through the paperwork and trying to agree what domain, or what scoring someone should be, you follow the paperwork in that order. It's difficult to do it on the screen, and also you've got the paperwork in front of you, because you necessarily won't have printed that out, or... So that's quite difficult, I'd say.

I: Right. Does that slow down the discussion?

R: Yeah, that slows down the discussion, and also we - I can't see what... Because the nurse assessor would be the person in charge to write the write-up of that meeting. So I can't see what she's writing, and then she would have to send it to me.

I: Okay.

R: So that's difficult.

I: Yeah. And do you ever feel like - if you think about those two examples that you gave, do you ever feel that you were lacking any information, whilst having those discussions?

R: Yes, because I think that when you're doing the meeting face-to-face, you're writing... You can write your own notes, and I think it's the process is much more streamlined when you're in the same room. And sometimes what they will send you, they will just send you a copy of where you've got to sign, rather than the whole assessment of what they've written. So you necessarily won't know what you've written - what they've written.

I: Oh okay. And does that impact then on how you're making your decisions?

R: It does impact in terms of what we've said, because it's quite important to record what we've said and what we haven't said, when it comes to like disputes and appeals and things like that.

- I: So then what's the outcome of that, is it just that it causes delays, or are you more conservative with your judgment?**
- R: I guess it can cause delays if you don't - if you disagree with what they've written, or they've misinterpreted what you've written, you would have to then... Because you're signing it to say that you've agreed what's been written, and if you haven't properly seen that and read it as you would normally do when you were there in the meeting, you could be agreeing to something that you haven't actually said.
- I: Right. So then how do you get to share that information then, is it just sent on later?**
- R: Yeah. So you'd have to ask them in advance to see that information, and they'd have to send it to you, yeah.
- I: So in terms of the outcomes from, say, those two examples that you gave, was there anything that was altered by using the... By having to do it all on video, as opposed to if you'd done it face-to-face? Was the outcome the same, or were there any differences, do you think?**
- R: I think there are - the outcome is I think you've just got to be more cautious. Again, you've got to be more cautious about what you say, and remember to ask them to see the paperwork and get them to send. Even though it's added thing that you've got to do, it's important that you also maybe meet the nurse assessor after the meeting, to double-check and go over what has been said, so that you know what you're signing as well. So some - so it is about checking and double-checking, I think. So it's - the process is also extended.
- I: Yeah, okay. And when - and the conversation where you had the relative in Ireland - is it the son that was in Ireland?**
- R: Yeah.
- I: Did you get a sense of how he was able to interact in that conversation? Did that work for him, do you think?**
- R: It did really work for him, and he was quite impressed and he was quite thankful that he got... We were able to think outside the box with regards to thinking about, oh, well, my dad does need to have somebody with him, but I can't be with them. So facilitating that was great, and great for the dad as well. The dad was able to speak for himself, and he's got capacity, and then the son was able to give his thoughts, if he felt that things weren't true, or we were able to say to him, well, you've heard everything that's been said, what do you think kind of thing? So that was - yeah, he was... It was quite good.
- I: And do you think just on that, on the involvement of families during this kind of period, do you think it's had an effect on their involvement in that sort of decision-making in the assessment process, in terms of the information that you're getting? Are you in contact, more or less, or the same with the family?**
- R: Probably the same.

I: Really, it's not really changed how you interact?

R: No, I don't think it's changed. I think it's made it easier for people to be part of the assessment.

I: Right.

R: I think it's made - probably because a phone call is easier than attending an actual meeting, so I just think it's probably easier for them to do that.

I: Yeah, okay. But in terms of the overall how the process is done, you don't think it's impacted that much?

R: I think it's extensive, so it's a much longer process, and that's what I feel. And I think that the families would often rely - they would need to be sent all the paperwork before the meeting, and get that all prepared before the meeting started. Whereas, well, if we were there, we would give them the information and they could have a look, and they could read it. So it's more kind of do that online.

I: And is there anything - sort of on that line, is there anything that you would like to change, going forward?

R: I mean, it - I mean, we want to go back to obviously doing face-to-face visits, and I don't think you can compare. But this is good if we - we don't know what it's going to be like, going forward, it is good when it works. But, again, we have to be - we don't want to disadvantage people, and we don't want to disadvantage people using technology, because we know that it's not everybody and we know we are in the time of technology at the moment, but we don't want to make it the norm. We want to go back, because you get so much more having a visit face-to-face than you do on a video.

I: Do you think it's having an impact on your relationship with staff?

R: I think so.

I: In what way?

R: I think that it's - I think probably the care home staff are there all of the time; they are their hands-on, you can't... They're there all the time, and we're phoning up, making phone calls asking them to do video, we need video assessments. And their priority is to look after them, and we're not and there could be that little bit of - not resentment in so much words - but a little bit like, oh, they can just pick up the phone and just demand. There could be that we're so busy, and they're short-staffed as well, and we're always asking them for information.

I: So outside of the formal assessments, you're having to kind of call up anyway and just...?

R: Yeah.

I: And is that worse than it has been in the past?

- R: Yeah, I mean, you rely a lot on the staff to give you that information, go and find out and look in the records. Whereas when we go there we can just look at the records, look at the care plans, look at that. So we're asking the staff for a lot more, because we can't attend.
- I: **Yeah. And so do you think the video consultation stuff is just an added burden?**
- R: Yeah, it could be - yeah, it could be seen just as an added burden, because once they've introduced, once we've gone there they... We've introduced ourselves, and they stay with them five minutes and ask the person whether they want them to stay, and usually they'd say no, and they can go off and do what they need to do. Yeah.
- I: **I just want to finish off by asking a couple of questions about safeguarding. When you have used the video platform to have these consultations, are you... Have you found that you're able to see anything sort of concerning about what's going on in the home, or about the person themselves? Do you think that you've got any opportunity to observe that?**
- R: Again, it's limited, unless you know what you're looking for. Unless you have a specific reason. When you go into the care homes, you are the eyes and ears of that care home when you go and do that visit. So as soon as you go in, you're assessing to see if there's any smells, anything really that you can visualise. You go past a room and somebody might be calling for help, or somebody might have fallen and they haven't really... Anything like that, when somebody's... You can't - those things you can't tell. You can't tell, yeah.
- I: **So do you have any sort of increased concerns about safeguarding, at the moment?**
- R: Yes. So, like I said, I will go in and I do have increased concerns, because we're not present there, and we're not going into homes as... We won't go into homes as often now. So, yeah, so it is concerning - it is concerning.
- I: **And do you feel like you're able to raise it during your assessments?**
- R: It is, again, what you're looking for, so you wouldn't normally tell unless you are there kind of... For example, somebody said that their bell wasn't working and I couldn't go and test it, but I could ask a staff member to do it, but they might get, well, why are you asking me to do that? So it is a lot more difficult, it is, yeah.
- I: **Okay. All right. Is there any other information that you think it would be useful for us to know about the current experiences?**
- R: Sorry?
- I: **Is there any other information that you think at this point it would be useful for us to know about your experiences?**
- R: Not really. I mean, I think we are trying our best to use it, and we're doing the best that we can. Yeah, I think that's all we can do for now. So it's not going to change for the moment, and we need to protect the people that we work with. So we have to work within these times as much as we can, and we can be creative. And they have achieved good things for now, and there are great ways of... For some of the care homes that do have the facility,

they can show us things that are going on, if they are willing to. And if we do need to see another home, they can show a family a video of another home, that potentially...or the room that somebody might be moving into. So there are good points to it.

I: Okay, that's really helpful. Thank you, Nesh. I'm just going to - I'm going to turn off the recording now.

R: Okay.

End of Transcription