

# A STUDY OF HANDOVERS AT SHIFT CHANGEOVER IN CARE HOMES FOR PEOPLE WITH DEMENTIA IN ENGLAND

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# WHY LOOK AT THIS TOPIC

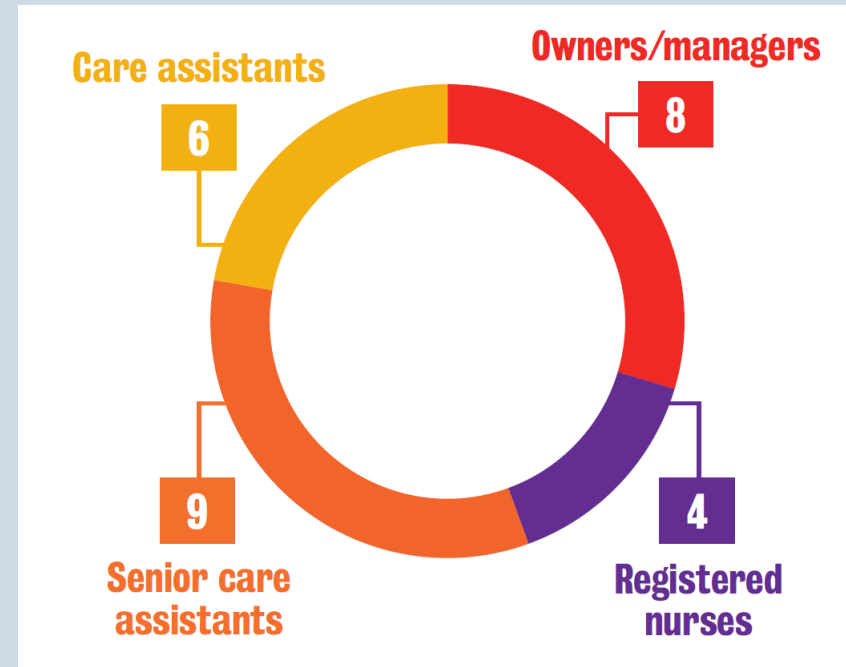
- Extensive literature on handovers in hospitals
  - Nursing shift handovers symbolise the transfer of responsibility for patient care to the oncoming group of nurses (Davies et al 2017)
  - Encompass more than the exchange of information, including opportunities for teaching, team building, peer support, and social exchanges (Kerr, 2002, Schneider et al, 2010)
- But very little research on handovers in care homes

# SURPRISING BECAUSE....

- Homes provide 24 hour care and so need workers to work different shifts
- Homes are often described as offering a 'liminal position' between hospital settings and people's own homes
- Evidence people living in care homes have more complex health conditions
- Huge variation in English care home sector

# METHODS

- Exploratory, micro-ethnographic, qualitative approach to study the handover process at shift changeovers between two groups of staff
- 27 interviews
- 12 observations of handovers at different times of day



# FIVE CARE HOMES

1. Private family run, for profit care home with nursing
2. Small, for profit, private chain care home with nursing
3. Small, not for profit care home without nursing
4. Large for profit chain with nursing
5. Small for profit care home without nursing



Care home in Paris. Not in the study!

# FOUR TYPES OF HANDOVER IN NURSING SHIFT HANDOVERS IN HOSPITAL

- Bedside: located at the patient's bedside, which promotes patient and nurse face-to-face interaction and encourages patients' verbal participation
- Verbal: located in an office setting, the nurse responsible for a group of patients exchanges relevant documented information.
- Non-verbal: located in an office setting, nurses inform themselves by reading the patient health record, including progress notes, medication and observation charts and nursing care plans
- Taped: located in an office setting, the nurse in charge collects the relevant information and records this onto an audiotape so that the oncoming shift can listen at a convenient time.

(Smeulers, Lucas and Vermeulen 2014: 3)

# TYPES OF HANDOVER AND RECORD

Participating care homes				
Care Home 1	Care Home 2	Care Home 3	Care Home 4	Care Home 5
Private family-run, for-profit care home – with nursing. Residents n=50	Small, for-profit, private chains (of three) care homes – with nursing. Residents n=50	Small care home run by a voluntary/not-for-profit organisation – without nursing. Residents n=26	Large national chain with nursing. Residents n=150	Small care home – without nursing. Residents n=22
Paper based system. Four handovers, mainly registered nurses	Paper-based handover system, 'clock in' (record of staff entering and leaving the home) is electronic. Up to three handovers per day, mix of staff	Hybrid documentation system, where care plans are electronic, but other notes are on paper. Two handovers, all staff	Hybrid documentation system is in place: care plans are electronic, but other notes are on paper. 'Physical' handover in which staff went from room to room to see residents (but some flexibility especially for residents with dementia). Two handovers, cascade registered nurses to staff	Electronic system is in place and members of staff use an application on their mobile phone to update daily handover notes at the point of care.

# BENEFITS AND DISADVANTAGES

Personally, the one by the beds, I actually prefer it, because when I work, I always want to see residents within 45 minutes I've started work, so if you do the handover at the nurses' station, I don't feel safe. [...] but people don't like it because it's time-consuming, especially if it's on different floors; it's not popular, that one.



# DEMENTIA AS NOT 'NURSING' WORK

Most of [residents with dementia] are still sitting down there. It's only one goes to bed, so... and others is watching television in the room, so we can see and then we just... we say, oh, they watching television and they just keep... it's not like the nursing, as I said. It's so difficult in nursing, you have to... because most of them here are not really sick, it's just... they needed to be in with... some of them, they had dementia and nobody can look after them at home, so... and they keep saying, oh, you're doing a good job, but it's nice.

# DISCUSSION

- Hospital literature on handovers emphasises safety aspects and need to monitor changes, especially when patients are not able to communicate own needs
  - Paediatrics, high dependency, post-operative
- ‘Othering’ of people with dementia?
- What can handovers tell you about the wider home culture?

# LIMITATIONS

- Small exploratory study
- All the homes had 'good' ratings from the Care Quality Commission except for one that was waiting to be inspected
  - Likely that homes agreeing to take part are more confident about their practice
- Under-researched topic – stepping stone for more research

# BEGINNING NEW STUDY

1. What do **residents** think about the way staff communicate with each other at the start and end of shifts? Do they like what happens – any comments about information sharing and communications at this time?
2. Have **relatives** any comments on shift handovers?  
Do they know what practice is and have they views on this?  
How do they think it affects residents?
3. What can be learned from **observation** of handovers when being with **residents** and seeing their reactions and interactions (if possible)? What does this add to the understandings of the home's culture and working ethos?



# COULD YOU HELP?

- Please share any ideas or thoughts with Katharine.Orellana@kcl.ac.uk

# How do handovers happen?

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

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<https://www.kcl.ac.uk/sspp/policy-institute/publications/Handovers-in-care-homes.pdf>.

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