How the Chapelhow Enablers are Essential to the Delivery of Care

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Abstract
The Chapelhow Framework was established around six enablers; these are assessment, communication, risk management, managing uncertainty, record keeping and documentation, professional judgement and decision making. These six enablers help to make up the foundations that all healthcare professionals need in order to develop their skills to the best potential to maximise the level of care delivered. This article will discuss two enablers: risk management and communication in relation to the care of a 74 year old dementia patient. It was evident that these two enablers link together to provide holistic, patient-centred care alongside the importance of effective communication.

Keywords
Chapelhow, Risk Management, Communication, Dementia

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Introduction

This article will discuss two Chapelhow et al. (2005) enablers and how they relate to and impact on a patient whose care I was involved in whilst on placement. The two enablers that I have chosen for this article are risk management and communication as I think these interlink well and are vital during the delivery of care to the patient.

Chapelhow et al. (2005) state that learning practical and clinical skills is a fundamental part of becoming a nurse and a skilled practitioner delivering holistic care. This is achieved by combining all aspects of care to meet the individual's needs; therefore any tasks that are performed need to be person-centred and tailored to that individual (Chapelhow et al. 2005). This means that we should act differently towards each patient, depending on what they require, whilst also maintaining equity and ensuring that everyone receives a good quality of care. Chapelhow et al. (2005) believe that as a nurse asking questions and listening are vital aspects of care. They state that every individual has their own anxieties and worries, and what is important to one person may not be important to another. Therefore by asking questions and listening to the patient their worries soon become clear and they can be offered reassurance, which will improve their experience in care (Chapelhow et al. 2005).

In accordance with the Nursing and Midwifery Council (NMC) Code it was essential that I gained consent from the patient whose care I am going to be discussing in this article (NMC 2015). The NMC states that as a nurse you have a duty of confidentiality to all patients receiving care and you should ensure that patients are informed about how and why their information is used (NMC 2015). However, the patient, who I was caring for, did

not have capacity to consent; therefore I gained consent from her family who were involved with making decisions around her care. In order to comply with confidentiality any names used throughout this article will be pseudonyms.

The case study that I will be using is a 74 year old lady, called Nahida, whose care I was involved in whilst on placement. Nahida was admitted to hospital with a urinary tract infection and whilst in our care she was found on the floor next to her bed; as she had fallen trying to climb over the bed rails. This led to an x-ray being carried out which did not show signs of a fractured neck of femur. Nahida suffers with dementia which has led to her losing her ability to speak English. Her only language is now Urdu (her first language). In addition she can be very aggressive when staff come into contact with her. Nahida's family come to visit her regularly to assist with meals and communicate with her.

Risk Management

The first Chapelhow enabler will be risk management in relation to the risk assessments carried out during Nahida's care. Chapelhow et al. (2005) state that risk management is not only about identifying the risk but how measures can be put in place to prevent the identified risk from occurring or recurring. As Nahida had a fall, it was important that this was documented and a referral made to the falls team nurses, who subsequently came to assess her condition. The falls assessment that was carried out was vital and enabled the professionals to identify who was at greater risk of falling and why, therefore they can use the information to collaborate and reduce risk (Nazarko 2012). The specialised falls nurses assessed whether there were any further risks of falls taking place and discussed the preventative measures that could be put in place to reduce such risks.

This was the second falls assessment Nahida had during her care, as the NICE (2014) guidelines state that anyone who is age 65 years or older has to have a mandatory assessment when they are admitted to check for any previous falls, and determine the level of risk that they are at (NICE 2014). These guidelines also recommend that a multifactorial risk assessment is carried out for older people who are considered at risk of falling, as this also includes an assessment for any chronic conditions, such as dementia, that could affect mobility (NICE 2014). Therefore, when Nahida was first assessed on admission, her dementia should have identified her as at high risk of falls, and preventative measures should have been put in place to prevent a fall from occurring. According to Age UK (2010) 3.4 million people over the age of 65 years fall each year and this is a major cause of injury and death in over 70's. This suggests that even though the falls risk assessments are carried out on admission, they may not be as effective as they could be, as a high number of elderly patients are still suffering from falls every year.

Also another issue that was present during Nahida's care was the fact that she suffers from dementia and her account of the fall was not very clear, leading to issues of accuracy in the assessment. Schwendiman et al. (2008 cited in: Nazarko 2012 p.231) carried out a study and the findings revealed that patients who were cared for on an elderly care ward were at greater risk of falling compared to patients on a surgical ward due to the complexity of conditions they have.

When the risk assessment was carried out the falls nurses put strategies in place that

were in the best interests of Nahida. This resulted in a falls alarm being attached to Nahida and changing her bed to a low profiling one, so that if a fall occurred again it would not be as severe. These preventative measures were an essential core function in maintaining the quality of Nahida's care as they allowed the professionals to be alerted to any risk (Nazarko 2012).

A manual handling risk assessment was carried out as part of Nahida's care. As Nahida could be very aggressive it was difficult to come into any form of contact with her, such as personal care and transferring her as she often gripped onto the furniture or the professionals. This created issues involving the quality of care given to Nahida. At times it was almost impossible to meet her essential needs, as she was at risk of causing injury to herself in addition to the professionals. A risk assessment was carried out to look at the implications of her behaviour on her quality of care and it was decided that Nahida had to be hoisted rather than providing manual assistance, as this reduced the risk of injury to both Nahida and the professionals. This was because many of the professionals had complained about the strain on their backs from transferring Nahida, therefore using a hoist reduced the risk of injury to the professionals and limited the opportunities for Nahida's agression. This reduced the risk for Nahida as she was transferred safely in a hoist rather than the professionals manually lifting her whenever she was moving from bed to chair or vice versa; practice that did not comply with moving and handling policies.

This demonstrates that the risk was managed effectively and in accordance with policy as the Royal College of Nursing (RCN 2017), who state that no professional should

manually lift patients as this can put both the professional and patient at risk, and that specialist equipment should be used. They also state that employers must assess the risk of back injury and reduce this risk to its lowest level by carrying out a risk assessment to assess what equipment will be needed and the number of staff to ensure tasks are carried out safely (RCN 2017).

Communication

Having discussed the first Chapelhow enabler, this article will now explore the second enabler: communication. Chapelhow et al. (2005) regard communication as a fundamental skill that all professionals should have developed to a high level, and it is needed in order to collect accurate and meaningful data during an assessment. During Nahida's care it was very difficult to communicate with her due to the language barrier. This gave rise to some challenges as we could not assess her daily needs. Also due to Nahida's dementia her body and mind were no longer under her voluntary control, which meant that at times assessing her needs was even more difficult as she would often get confused and agitated. This resulted in us having to gauge from her reactions what she needed, and we also had to encourage her family, when available, to translate in order to assist with daily assessments.

As well as the language barrier impacting Nahida's communication towards us, it also affected our communication with Nahida as it meant that we could not explain our actions and why we were carrying out certain tasks. Therefore, tasks such as personal care were challenging and took up a lot of time as Nahida would often fight with us as she seemed

scared by what we were doing. This was difficult and we had to act in Nahida's best interest as we could not let her have poor hygiene as this was not in her best interest and her condition could have deteriorated.

Also, administering medication was challenging as she refused to take tablets/liquids and we could not explain what the medication was and its importance. Nahida would only take her antibiotic medication when her family arrived at lunchtime and in the evening as they could explain what they were; this meant that on many occasions her morning antibiotic was refused which could cause her urinary tract infection to become worse and antibiotic resistance to develop. According to Nazarko (2009) there is an increase in the incidence of antibiotic resistance. This threatens to undermine antibiotics' usefulness which could result in Nahida's urinary tract infection deteriorating further making it difficult for her to recover fully.

The lack of communication with Nahida also caused issues when working in a multi-disciplinary team as documentation, such a National Early Warning Scale (NEWS), was often limited, which meant that this could not be shared with the multi-disciplinary team, as Nahida refused her observations and would often become aggressive when we tried to take them. This meant that professionals struggled to collect information and sometimes the information was inaccurate due to Nahida not being able to communicate how she felt with her consultant, which also meant in the absence of her family she did not have full involvement in her care. This demonstrates how challenging it can be to comply with the Department of Health (2012) guidelines as they state that in order to work

within the 6C's, communication with patients is crucial to ensure that they are fully involved in their care. Also, there should be no decision made without the patient being informed first as this works with the framework: 'No decision about me, without me' (Department of Health 2012).

The level of communication was also an issue with Nahida's family. When she was diagnosed as medically fit and was able to be discharged, her family felt that a nursing home or a package of care best suited her needs. However, Nahida's family were not given much information on these options and found it difficult to decide what the best option would be. This led to a longer stay in hospital for Nahida with a potentially negative impact on her mental health. A research study explored the risks of prolonged hospitalisation and found that depressive symptoms increased during the period of hospitalisation, and that 27.6% of older people met the criteria for minor depression (Chun-Min, Guan-Hua and Chia-Hui 2014).

The environment that Nahida was in also hindered the level of communication between her and the professionals as there was no immediate access to interpreters to aid communication. This links with Nahida's risk assessments as due to the language barrier, the falls nurses could not communicate with Nahida directly and the interpreting service was not available at that time; therefore this meant that her family had to translate for the falls nurses which did not offer the best quality of assessment. McCarthy et al. (2013) reported that nurses found communicating with patients where English was not their first language challenging and that they were concerned about their ability to assess patients

and make informed decisions that form the basis for the quality care provision. These nurses also stated that the use of interpreters would improve assessment; however, accessing the services was challenging (McCarthy et al. 2013).

Conclusion

This case study of Nahida has demonstrated how important risk management and communication skills are in the delivery of a patient's care, and how in order to provide holistic care these skills need to be developed to a high level by all health care professionals. During Nahida's admission manual handling risks were managed effectively by tailoring her patient care plan to her individual needs and using a hoist to transfer her, which ensured that any injuries to professionals and Nahida were at the lowest risk possible. However, the level of communication throughout Nahida's care was challenging which meant that it was difficult to include her views/thoughts in her own care, as interpretation services were limited. This made assessing her condition after her fall and throughout her time in hospital challenging. Therefore this suggests that effective communication skills are required when carrying out assessments in order to appropriately manage any risks, and that the two skills overlap well to ensure that good-quality care is provided to all patients. This shows that it is essential for all nurses to develop these skills in order to maximise the level of care they are delivering to their patients.

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