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| **Title** | |
| **Armitage G, Adams J, Newell R, Coates D, Ziegler L, Hodgson I.** Caring for persons with Parkinson’s disease in care homes: Perceptions of residents and their close relatives, and an associated review of residents’ care plans. Journal of Research in Nursing. 2009;14(4):333-48. | |
| **Agreement** | **339/680** |
| **Final Agreement** | **634/680** |
| **Agreed** | |
| Lack of PD information  This refers to the difficulties relatives, pwPD and care home staff experience in gaining information specific to PD, but also in relation to the latter party, in applying this type of information to practice. It was rather remarkable that this man who had been so closely involved in his wife’s care that he had visited her every day over a period of 12 months and only found out about her PD by chance:  ‘*When she recently went into the local hospital, they came around with the medications. I just turned round and said “what’s she having?” and that’s when I found out she had Parkinsons’. Relative*  Medicines management was a particular issue, but also the inconsistent nature of PD symptoms.  ‘*there was a problem with the tablets, they were giving her normal sinemet tablets at 7pm, and then a controlled release sinemet an hour later – double the dose – but it was a fight with the staff as they said they must follow the hospital prescription’. Relative WS6*  *One of the drugs is known to cause heart problems and there’s a need to test at least every year but that’s fallen by the wayside’. PwPD C2*  The significant responses were concerned with mobility, medicines management and eating; however, we also include issues of access to clinicians outside the care home who have at some stage played a part in caring for the pwPD  Care provision refers to the interview participants’ perceptions of the care provided. The interview questions were structured according to Damiano’s Framework (ibid). The significant responses were concerned with mobility, medicines management and eating; however, we also include issues of access to clinicians outside the care home who have at some stage played a part in caring for the pwPD.  *Researcher: ‘Have you any thoughts about the way your father’s mobility has changed in recent times?’*  *‘Yes, it’s definitely deteriorated….[but] there’s a certain inevitability about that, because of age. I’m a little critical of the amount of physiotherapy available. Most of the physiotherapy provided has been done privately rather than through state funded resources. There doesn’t seem to be any consistent means of being able to have physiotherapy on a regular basis.’ Relative C8*  ‘*when you come into care, you have arguments with the PCT over this. You’re not deemed to be in hospital and not deemed to be in the community so the domiciliary of physiotherapists is not available to you; now I pay for physiotherapy once per week….it has worked wonders.’ Relative WS1*  Another relative made a similar point but about medical care: *‘I think it’s important to point out that when he left Surrey, and we had to bring him down here there was no follow up, we’ve had no contact from the neurologists whatsoever. Now, because he’s moved districts, we’ve had to get a new GP so there isn’t actually the history that’s built up over the years, and I’m not even aware that the GP is sufficiently informed as to what the situation is’ Relative C9*  Medicines management would seem to be affected by both local problems and broader systems failures. The problem of late medications in PD may be worsened by tablets being sometimes left with residents, who as a result of functional variation, may (themselves) have days when they are literally incapable. Lack of specialist knowledge also meant that sometimes medications were inappropriately administered (e.g. controlled release preparations being broken to aid swallowing).  Our various conversations with care home managers, however, also illuminated an important systems problem. If a resident’s prescription was changed at a hospital appointment with their specialist, it could take two weeks or more for the resident to receive the new regime as the documentation passed from hospital to GP, to community pharmacy and finally to the care home. | |