

A Teaching Care Home pilot



The voices of those who participated in the pilot

April 2017



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Introduction

This report provides a chance for the voices of the care home staff who participated in the Teaching Care Home pilot to be heard. Far too often, care home staff are underappreciated and far too often, research focusses on the larger-scale, macro picture. The purpose of this report is to allow the true voices of the care home sector to come to the forefront. The opinions of registered nurses, care workers and managers on what needs to change, what will help them achieve this change, and what lessons have been learned from being a part of this Teaching Care Home pilot.

Care homes are often the bedrock of local communities. They may be homes for our grandparents or parents, and we know that one day we may need to move in to one. They are also a boost to local economies, providing employment opportunities to many. But the hidden voices inside the care homes are too often ignored.

This report has been informed by several sources collected during the Teaching Care Home pilot. These include appreciative interviews with members of staff at each Teaching Care Home site; managers, registered nurses and care workers. Evidence is also drawn from blogs written by participants of the programme about their personal journeys and telephone interviews conducted with key stakeholders involved in the care home sector in England.

Chapter 1

In this section, we highlight the key themes that emerged from the appreciative interviews that were carried out by Manchester Metropolitan University. Face to face interviews were conducted at each of the pilot sites, with managers, registered nurses and care workers. We have looked at the interviews through two broad themes; what the interviewees thought is going right in the sector, and what they think needs to improve.

Registered nurses

What is going right in the sector

The registered nurses who were interviewed often spoke positively about the person-centeredness of their work. This was contrasted with nursing in the NHS; in a care home setting, some of these nurses felt that they had the opportunity in their job to form meaningful bonds with both residents and their families. One nurse, who went into care home nursing after doing a student placement there said “I really liked those sort of long term relationships and [the residents] recognising me”. One nurse noted there was often a lot of humour and emotion involved in the job, as they often have more time to develop a connection with the residents and families than they would have if working in acute hospital care. The importance of leadership and good management was also highlighted in retaining talented nurses in the sector. One nurse was particularly enthusiastic about their manager, and crediting them for continuing to work there. They stated “I said I would stay until [the manager] retired”. Another said that they “value my seniors sitting down with me and listening to my concerns... I feel I can be open and honest... Improving standards. Looking at individualised care. I feel I’m listened to”. At the heart of the pilot was the emphasis on using the ‘care home as a

classroom', and this was appreciated by the registered nurses involved. One nurse was enthusiastic and grateful for the responsibility placed in them by the care home company, saying "I wouldn't have put myself forward in the first place but now I feel very confident to deliver training... it's education in a way, it's happening all the time, you are supporting other staff whether you look at it like that or not".

What needs to improve in the sector

The nurses also called for more access to continuing professional development (CPD) - in terms of both developing their own skill set and achieving their career goals. One nurse had the goal of becoming a nurse prescriber, another nurse to become a care home manager. However, they had not mentioned it explicitly to management in the care home. A number of nurses expressed support for continuing to strengthen relationships with universities, colleges and care homes, in order to further CPD. One stated there was a lot of benefits to be had in face to face teaching as there is a danger in e-learning that staff "come in and try to skip the beginning and do the questions... I think you learn more face to face in a more informal setting than a classroom setting... ticking boxes doesn't mean you learn anything". Another nurse also stated that "in-house, hands-on training works better in a care home setting; a lot of their carers "are scared of the classroom experience". As we know, workforce challenges often dominate care homes. One nurse linked the need for investment with more education and training, suggesting that working in a care home needed to be seen as a valid, interesting and rewarding career option, and good education and training on the job can attract high-quality people to the sector. They said "we want to attract people in because they want to come in... it wants to be a place people feel like they can grow and they can be supported and companies have to look at staffing levels". Many of the people involved with the pilot spoke passionately about the existing talent already in their care home. One nurse argued for more investment in training staff already in the care home, who they knew they could rely on, rather than spending money on recruitment just to see the new member of staff leave after a few months. Another nurse argued for clearer career pathways, as "at the moment in this company the staff can't grow... there's a lot of talent we could use there and it's just finding the pathway".

Care workers

What is going right in the sector

Throughout the interviews with care workers, it was clear that a passion and drive to improve the lives of the residents they care for underpins everything they do. They were proud to provide this care and support to their residents and the families of residents. One carer spoke passionately about their drive to provide a home to their residents that is person-centered and as similar to their previous home as possible; they said that family members had cried when they came to the home "because they thought... this is it, my mum will never come out of this place again and yet she was out, active in the community, and it is those kind of things that make the job worthwhile".

With regards to learning and training in their places of work, one carer stated they particularly enjoyed training on communication skills: "it has improved the way I communicate to my residents and their family members... my communication has really changed during all this training I have been going through". It was also acknowledged that training in a formal sense has merits, but is more effective when coupled with real life experience in the care home, or experiential learning. A

carer of 13 years described the importance of this whilst discussing dementia care. “I think a lot of dementia care comes from experience... there’s only so much you can learn from a text book”. They highlighted the importance of being flexible and adjustable to each unique situation, and added “we have the dementia awareness training that goes on but a lot of it comes from imparting personal knowledge as well, like the more experienced carers helping the new employees learn”.

When discussing their role in the care home both during the pilot and in a wider context, the carers who were interviewed identified the importance of feeling valued by management and appreciated by other members of staff. Some carers who were interviewed felt that they were often role models to newer members of staff, a role which they appreciated.

What needs to improve in the sector

All carers who were interviewed disliked e-learning as an educational tool. It was seen as just “ticking a few boxes”, and participants could pass the multiple choice test at the end because of a “lucky guess”. Like the nurses interviewed, they were worried that staff do not absorb the required information if it is delivered online. This dislike appeared to be due to the desire to do their job to the best of their ability; one carer said “that might prove that they have done the training but it’s not proving that they are competent in that training”.

The preference for face to face interaction rather than via email with either their mentors or managers was also expressed by many carers. The lack of investment in education and training was seen by some carers as problematic and a restriction on what they want to achieve in their careers, also practical factors such as irregular and anti-social shift patterns acted as a barrier. Whilst there was flexibility for the mandatory courses, the optional ones which could boost their career were not feasible for many care staff with their working hours. In terms of positive changes to be made, one carer suggested an approach to training which is person-centered “there should be time allocated to ensure that people are receiving the right training so you can sit down with people and find out their needs and wants”. Another carer also requested more access to computers during their working day or night. The current situation in their home means that if they need to research a certain condition, they must go to the care home manager’s office. If they had access to a computer “I wouldn’t have to go prodding people to do things for me”.

Managers

What is going right in the sector

In conversations with the managers, it was articulated that the environment and ethos of a care home is key to getting the best out of staff. One manager described the ethos as “we can”; in other words, staff should not just follow a routine and follow the lowest common denominator in terms of providing care. This particular manager was very strong in their belief that the staff shouldn’t “just follow the routine”. Some of the managers interviewed spoke in detail about their approach to managing staff, and how support for all staff in the care home sector is important. One manager pointed out that “If you have a number of deaths, the staff need support as well... it’s about knowing your staff and being able to support them”.

The theme of the importance of supporting staff was echoed by other managers. One discussed the importance of being a visible presence in the care home, regularly interacting with residents and staff. Another highlighted that their office is “opposite the front door”, making the management of the

care home more visible and accessible. As well as supporting staff and being a visible presence in the care home, managers also expressed the importance of acting as a role model to other members of staff. One described how they “try to set a good example amongst the staff group”. As well as the importance of being a role model, three managers also described how they use a ‘buddy system’ to integrate and train new members of staff. One manager said they always use the same two members of staff to act as mentors, who they “trust implicitly with the care and the way they work, they are good examples for anybody new coming in and they are aware of how the induction programme works”.

What needs to improve in the sector

As with the other staff interviewed, these managers heavily referenced more opportunities and funding for training and staff development as a priority for their care home, a lack of financial resources was identified as a main barrier to this. One manager stated this was particularly relevant due to the acute lack of nurses in the sector. The same manager also stated that another barrier, for carers, is the time staff need to spend away from their shift if they are to complete training. The shortages of registered nurses in the sector and the thinly spread carer workforce are challenges that are connected; one manager pointed out that they “explored the nurse practitioner and nurse prescriber, and it is literally impossible because of the amount of time they have to spend doing the training”.

The managers interviewed did have suggestions on how to improve this situation. Some managers stated that a good care home focusses their limited training resources on committed, passionate staff that want to progress in the sector. As one manager said “if they come to work as a carer and want to progress, we could give them the opportunity... for example, go to college and study health and social care”. Another manager added that it is important to recognise “the people who really do want to be here, who really do want to take on board everything that has been said and developing that person”. The preferred method of training was also discussed; one manager felt there was a need for their staff to be able to have more time to reflect on their achievements and challenges in the week. They suggested sitting down at the end of their working week and reflecting “have we done something well today, or even, this upset me today, did it upset anybody else, to talk about issues that they have that maybe they won’t come to me with ... because they are busy on the floor, they don’t get to discuss it”.

All the managers of the homes who were interviewed were interested in hosting student nurses on placements and three of the care homes did so. The managers described their plans to bring in more student nurses, and one manager discussed potential problems in taking on student nurses and was frustrated at the type of student nurse that they were sent; they were often sent mental health nurses, rather than general nurses. One manager was frustrated that students are sent to the home as a last resort because they can’t find a placement elsewhere. This made the manager feel the home is seen as second class and they wondered if the students feel this too. The manager also felt the staff at the university did not appreciate the reality of care home nursing. They asked “how many university placement teams have actually walked into good care homes recently... How many have actually had a look around and actually seen what good care home placements are like?” One manager strongly felt the image and stereotype of care home nursing was wrong, and not thought out by those who were in charge of assigning student nurses. They stated that care home nursing

gave students important experience in skills such as leadership, budget management, complex clinical care, decision making, innovation and responsibility.

The managers were all passionate about the need to promote a positive vision of the realities of care home nursing, this could be achieved by attracting more student placements, by getting university placement teams to see what working in a busy, good care home is like as a nurse. Another manager also suggested that it should not only be student nurses they are wanting to attract, it should be student physiotherapists and student occupational therapists. Another manager stressed the need to engage with the wider community to change perceptions; they invite the local primary school in once a week, “as you know so many children don’t have contact with older people, this is the only contact they’re going to have”. As well as the perceived negative image held by universities about care home nursing, some managers identified other groups that often held negative attitudes. One manager felt that CCGs viewed care homes as a “poor relation and Cinderella service... I am fed up of being ‘done to’ instead of ‘working with’”. Another manager felt this view of care homes are held by wider society as a whole, who view the only “proper job” in nursing as being in a hospital. The managers frequently asserted that care home nursing is a specialism, with certain skills required that often make it more challenging than hospital nursing. As one manager stated: “If you want to learn about staff leadership, I’ve got 150 staff that need leading. If you want to learn about managing a budget and appropriately staffing units according to our budget, I’ve got £3.2 million coming in and out. If you want to learn about decisions you make and how they would directly affect an individual’s care, I’ve got individuals here with very challenging nursing needs”.

Chapter 2

The Teaching Care Home model placed the people who work in care homes at the heart of the pilot. Throughout, the participants of the pilot were encouraged to write reflective blogs about their experiences of working in a care home and their thoughts on the Teaching Care Home pilot. Included below are a selection of the blogs written, illustrating the day to day experiences of working within a care home.

Case Study 1: “As a nurse leader, your role is to empower your team”

“As a registered nurse working in a care home I know that even when working on my own, I still need a good team to support me. They are the core of my daily ability to meet the expected standards.

Care home nursing is a challenging area of healthcare. While many people see us as simply custodians of routine and tasks, we are so much more than that. The role demands thorough understanding, knowledge and clinical skills in different areas of care. It also requires commitment, enthusiasm and the ability to work autonomously.

Care home nursing is a challenging area of healthcare.

Being involved in the Teaching Care Home pilot has given me the opportunity to listen and learn, observe and reflect. I want to be better at what I do, a better leader, better role model and overall a better care home nurse, so the opportunity to step away from the home and learn with colleagues

from across the country in our development programme has being beneficial. It's helped me to realise that my leadership impacts on the care team every shift we work together.

I see my role as important in ensuring the unregistered nurses I work with are motivated, keen to learn, able to challenge themselves and to challenge me. After all, the unregistered nursing workforce are the unsung heroes of the social care sector. Without them we could not do our job, our residents would not get what they need and the whole industry would be in chaos. They act as the eyes and ears for the registered nurses.

The unregistered nursing workforce are the unsung heroes of the social care sector.

Not one member of the team has it all. But as a team we can be strong, flexible, adaptable, able to play to our strengths and to support each other in the things we are less able to do. The great thing about a team is the diversity within it which means we can respond to the differing needs of our residents and, if well-led, we can use all our strengths to be the best.

I see my role as that leader and role model and aim to help each team member in their unique contribution to the team. To do this, I need to set the tone, be clear on the team's vision and ensure that I really know my team in order to get the best from them. We all learn and respond in different ways and I have been using reflective practice to help us to learn from the work we do each day. We all consider and evaluate if the actions we have taken that day have brought us to the right conclusion for the best interest of the resident. The team values appreciation from their leaders and I aim to always acknowledge good work.

We all learn and respond in different ways.

I have learnt that it takes time to change, but step-by-step I can see how we can move and improve and the changes we are seeing already are positive and enabling. I am excited about leading this change.

Empowering the people you work with simply by giving them permission to try things out makes a long, hard shift much more fun. I encourage the team to ask the "why not?" question rather than first seeing the barrier to change, and to avoid the response "because we have always done it like this".

I encourage the team to ask the "why not?" question.

Empowering the team to take reasonable and rational risk is in contrast to oppressing their creativity, their solution-finding skills, and their freedom to express an opinion.

Our home also doesn't support a 'blame culture' and we embrace practices like reflection to learn from mistakes if any happen. We also utilise 'appreciative enquiry' as a tool to reinforce the actions that went well for our beloved residents and we promote sharing positive success stories to enhance the spirit of the team.

Being a leader is fun, particularly when you support and nurture by providing supervision that seeks the best in everyone. Support and supervision are core to the care home nurse leadership role and it's a privilege to see your team flourish when it's done well."

Minu Mathew, Clinical Lead Nurse at Rose Court Care Centre, Radcliffe

Case study 2: “There’s no need for care homes to feel isolated”

“I chose to work as a care home manager following a busy NHS career latterly in district nursing. Frustrated by the lack of time to do all I had to do, I choose to make a difference in the care home world. I have been in this sector since 1999 and appreciate the challenges and opportunities in equal measure.

The care home world is vast and yet many homes and managers feel isolated. Few have local networks and partnerships with their neighbours, and anxieties about sensitive commercial boundaries often mean people are reluctant to share. Yet, we are one profession and share one objective: to make the lives of those we care for the best they can be.

The need to share is critical and isolation for smaller providers must be daunting. With changes in regulation, registration of nurses and policy, it has never been more crucial to make those links and come together with a strong sector voice.

Some of the myths and paranoia around sharing practice can be quickly dismissed.

Linking across communities can help with learning, particularly around the changes we have to make, and some of the myths and paranoia around sharing practice can be quickly dismissed.

My home was selected to be one of the Teaching Care Home pilots and we have spent the last nine months as part of a development set with four other homes from across the country. We have challenged each other, supported each other, learned from each other and, I think I can speak for us all, in saying we have all felt included. Not one of us has held back in our opinions, sharing of values, approaches and developments. Why would we? We all want what’s best for those in our care.

We all want what’s best for those in our care.

If we can do this across five counties, why can’t we achieve this across our five neighbouring homes?

Being a good neighbour, sharing our challenges and ideas, using each other for revalidation, creating a community of professional sharing: it’s not difficult. Isn’t that what integration is supposed to be about? Not only is integration across health and social care, but also across our providers locally. Surely, this would be better for all.

We need to stop looking through the window into the world and instead invite the world into our home. I think if we did that then we would have a greater profile locally allowing us to create better relationships with our NHS colleagues, share training and learning opportunities, and to challenge each other’s thinking and ideas.

The Teaching Care Home pilot has opened my eyes and mind to new possibilities and ideas.

If we don’t invite people in we are perpetuating the myths of the care home sector as being from a different world, who lack independent thinking and wait to be led rather than seek to lead. Not just managers having a coffee club, but at all levels, shadowing and reflecting together on what we do. A good idea can be adapted to fit your home and circumstance.

Sitting in Greater Manchester the Devo Man ambition of integration of health and social care could be the test bed for building local partnerships amongst homes. The Teaching Care Home pilot has

opened my eyes and mind to new possibilities and ideas about how we invite people in and disseminate our learning. I needed to put my money where my mouth is and we are hosting a roundtable discussion locally to look at the need for more support to care home development and ideas about Teaching Care Homes as a start of that engagement.

I challenge you to think and reflect about how you and your home could engage locally. It's amazing what happens through the looking glass and how much you can learn from what you see."

Karen Davies, Manager Rose Court Care Home Bury

Case study 3: "The hidden talent of the care workforce"

"Music has always been part of my life growing up. My family have always sung and it's been part of how we shared time. Music can make us think of places we've been, people we've been with and can bring back both happy and sad memories.

I've been working as a carer for many years and I can see the impact that music has on our residents.

Our entertainment repertoire has become legendary amongst our community.

I work in a home with a fantastic team, always up for fun, and at the end of a busy week we come together and plan how we will make every day count for the people we care for.

Like many people working across social care we go the extra mile. Our entertainment repertoire has become legendary amongst our community, and it brings us together as equals, carers, family members and residents all having fun together.

It's good to be together outside the four walls of the home and there is always a tale to tell for many weeks after it.

We also hold events outside our home in our local community social club. This is a big occasion for residents and visitors alike to dress up and go out. It's a mammoth operation to take our residents to the 'Stars in their Eyes' competition, which is becoming a regular event, but it's good to be together outside the four walls of the home and there is always a tale to tell for many weeks after it.

For those who are unable to join us we hold a repeat performance in the home.

Creating a community and sharing fun is often the hidden talent of the care workforce.

It demonstrates that the skills to care go way beyond physical ones, including skills to help people reach their potential socially as well as physically and psychologically. It helps us build relationships and create a sense of community.

Creating a community and sharing fun is often the hidden talent of the care workforce. This is after all someone's home, a place where they should feel happy, anchored and safe. Being part of an extended 'family' is all about sharing and having a place where you can be yourself.

For some of the people I care for, connecting through music is sometimes the only way they are able to express their emotion, a smile, tear or just a knowing look. I am often asked by one of our residents to 'sing my special song' - we smile, we share a moment and we connect.

It takes a few minutes out of my busy shift but it's a way of feeling connected for her.

My enthusiasm is paid back tenfold.

This is an amazing job and I love it. I really want to give my best and make a difference. The smallest acts of kindest, care, concern or respect create the security and safe feeling we all need. It takes very little to give a lot.

My enthusiasm is paid back tenfold as I go home at the end of my shift feeling that I have been the difference in the day of so many. How many jobs have that impact on us? It's what drives me to do and give more; it's addictive when you realise the impact you have, what you can do and how that will be received.

Is this self-gratification? No. The gratification is knowing that I have an ability many don't recognise or realise exists within them. I love my job; I want to do this, I choose to do this. I don't have the magic touch, I have compassion and that is priceless.

I am so proud to be part of a team that shares my values, my excitement, enthusiasm and sense of fun.

We will probably all get old, be left behind as those we love leave us and will all seek the need for that someone in our day to make us smile, share a song and a moment of connection. I see that in myself and I therefore know it in others.

I am so proud to be part of a team that shares my values, my excitement, enthusiasm and sense of fun about every shift ahead. The stars in my eyes are the sparkle of the fun ahead."

Janet Percy, Care Assistant, Chester Court Care Home

Case study 4: "I'm just a care home nurse"

"I chose this title as that's how people see me: 'just a care home nurse'. But I know that I and my sector colleagues are so much more.

I've worked in the NHS for years and, like many others, I choose to work in social care. I didn't end up here as a last resort or as a desperate attempt to pay the bills. That's the first of many myths of how others see me.

The truth is, registered nurses working in care homes have to be better than the rest. They need to be well-rounded, skilled, knowledgeable and effective. These skills are imperative to deliver good care. Why? Because most of the time you're on your own. In no other sector have I had to make so many decisions - complex decisions - with just one chance to get it right.

In no other sector have I had to make so many decisions.

The multiple comorbidities people live with are often overlaid with poor communication skills as so many of those in our care are living with dementia. Things change on a daily basis, such as a person's responses, but when someone starts to deteriorate rapidly, the skills that come from years of practice of recognising subtle changes in an individual's behaviour, response or demeanour come to the forefront.

The ability to assess those changes and take action is what makes care home nursing so skilled. The longevity in the relationship with residents and investment in building a relationship over time gives us a unique relationship with our patients. The continuity in our care enhances our observation

and assessment skills in a very unique way. It means we see the most subtle changes and can act fast to ensure appropriate and timely intervention. The tipping point and admission to hospital can often be avoided through proactive management of 'crisis'.

We see the most subtle changes and can act fast.

Often there isn't a colleague to consider a dilemma with, or a peer group to turn to, or a rapid medical response, or immediate access to a doctor to consult. Care home nurses have to be 'on their toes' to ensure those in their care get the best.

You can't just be a care home nurse overnight. It is not a job that just anyone can do, you have to have a broad experience to fall back on. You are at the front line when things go wrong so you need experience of multiple condition management, strong clinical decision making ability and assurance and confidence in your practice. Your understanding of accountability and governance is paramount to underpin practice in this field.

Care home nursing is so misunderstood and we are in part to blame for not teaching others about what we do, who we are, the difference we make and the challenges we face. I wouldn't go back to the NHS now. I'm far too skilled and I really believe I would be frustrated not being able to practice with the greatest freedom and autonomy.

This is a speciality where nursing is nursing and there's lots of good practice to share.

If we don't challenge others about their ignorance of our speciality, we only have ourselves to blame and only ourselves to be frustrated with. This is a speciality where nursing is nursing and there's lots of good practice to share.

So, I'm not 'just a care home nurse': I am an intuitive, skilled, insightful nurse. I am skilled, I have longevity in my relationships and knowledge and insight into the needs of those in my care".

Mary Rabbitte, Unit Care Manager, Jewish Care

Case study 5: "Helping new care home managers establish themselves in their new role"

"The care home sector has for some time suffered with a poor image despite the excellence that exists within in it. Like any industry, service or public sector there is good and bad everywhere.

Being a care home manager is not for the faint hearted and the transition from a public sector role to working in the independent sector takes more than a leap of faith.

How can we help people to make that transition?

Problems can arise from these roles being isolated and at times it can be "tough at the top". Buddy schemes for new managers and an induction programme that creates a network of support from peers is crucial to help new managers find their feet.

In larger organisations, home managers have a chance to meet with area and regional managers and peers, but within our communities many managers sit alone in small or single providers. For them in particular the network is crucial, not only to offer support in times of "crisis" but also to share the good work we do.

I am fortunate that my care home is part of the 'Teaching Care Home' pilot programme. This has prompted me to think about learning in our home and how we can share this learning in our community and with others. Being a Teaching Care Home means we are striving to be a recognised beacon within our community and within Methodist Homes.

We aim to be seen as a beacon of good support for newly appointed managers.

Our home is open to visitors from across the sector to share the changes we are striving to make and the culture of learning and continuous improvement we are developing. We aim to be seen as a beacon of good support for newly appointed managers to help them transition into the role, learn about systems, processes, team leadership and home culture and ultimately help them establish themselves in a new role in a very different and challenging environment.

This can be made more difficult by the complexity of the home manager role which is often poorly described or misunderstood.

It's multi-faceted, complex and with a touch of the entrepreneurial about it. Learning about the process and interfaces from the care home perspective with regards to local authority departments, CQC, CCG and local health services is one thing. Internal compliance with new management, budget and governance procedures is another.

Learning how to pace and plan is key.

The home manager role is often a combination of HR, finance, governance, catering, housekeeping, maintenance and PR, with external support in big organisations, but single providers may find they are also their own CEO. Therefore, learning how to pace and plan is key.

The pressures are often great and the clinical and commercial aspects of the role take enormous energy, determination, negotiation and sheer hard work to ensure an efficient safe and effective environment for residents and staff.

Having the ability to spend time with an established manager and gain insight into how a home functions could also be used as an opportunity for learning for potential future managers. At a time when we are struggling to recruit, "growing your own" has never been more needed and we could build capacity within our teaching care home to be a place of learning and a test bed for new career opportunities.

We need to support each other and create networks.

Connecting across our communities is key in sharing the learning, developing skills, and building our future leaders.

We need to support each other and create networks to demonstrate how care home careers can be exciting interesting and changing. With a shrinking pool of talent we have to up our game and offer a new opportunity for the future.

Sustaining the momentum, spreading the word and describing both the challenges and many, many opportunities of working in a care home could help us remind people we are an important part of the health and social care system and a vital part of keeping it going".

Siva Sivanandarajah, Home Manager, Berwick Grange

Chapter 3

Throughout the Teaching Care Home pilot, the International Longevity Centre – UK conducted several interviews with high profile stakeholders from the health and social care sector. In this section, the broad themes of the interviews are analysed and described. The purpose of these interviews was to:

- Monitor awareness of the pilot throughout the life course of the pilot.
- Gauge perceptions on achievements of the pilot, especially relevant towards the end of the pilot.
- Ascertain key learnings to take away from the pilot.
- Gauge perceptions of the wider challenges the care home sector is facing.

The interviewees came from prominent care home providers, regulatory bodies and organisations representing the adult social care sector and care home sector.

Awareness of the pilot

All interviewees were aware of the pilot, but levels of awareness were broad in scope.

Representatives from the care home providers that were involved with the pilot were obviously aware of the aims and objectives, but as they were from senior management, awareness of the day to day working methods of the pilot varied.

Some of the stakeholders from the wider care home sector were aware of the pilot from the Department of Health taskforce on nursing in care homes. Others became aware of the pilot when it was discussed as part of NHS England's plan for people entering nursing homes from urgent care. In these cases, detailed knowledge of the working methods of the pilot was limited. It is hoped that the reports published, and the dissemination involved, will give a more detailed understanding of the pilot.

Perceived achievements of the pilot

All interviewees felt there were positives arising from the pilot, and there were achievements to be celebrated. However, it was mentioned many times that the time frames of the pilot were simply too short to fully assess what the achievements were. One interviewee stated that an achievement of the pilot was “championing that care home nursing is different, specialist”.

What achievement looks like at the pilot's conclusion varied between stakeholders. One person hoped for a positive message to come out from the sector, and it was important that it showed that the sector is continuing to professionalise so that “people feel good about living in them and working in them, which will be positive for recruitment and retention”. This person also said that an achievement would be raising the profile of care homes and nursing homes, more motivated and upskilled staff, the pilots spreading to other care homes and ultimately care homes, and care home providers, “being seen as part of the system, a partner in the health system”. Another stakeholder, who said at the start of the pilot that they “would like to really understand what do individual providers themselves do for recruitment and retention of nurses” thought that the profile had started to be raised, and the pilot had gone some way to demonstrating that care homes can be providing innovative solutions to long term challenges.

One interviewee thought that the pilot, particularly the Berwick Grange pilot, had succeeded from their perspective, in highlighting that it is possible to identify the “hidden talent” that is in the care

home workforce. This was, they thought, their most prominent message to come from the pilot. If the pilot was to continue, they thought that success could continue by developing a template to unlock the talent across the sector so it can be transferred to other care homes. This would be particularly important to enable competent and passionate care workers to become registered nurses. They also stated that an achievement of the pilot was each site strengthened working relationships with outside agencies such as CCGs and hospitals.

One respondent, from one of the care home providers who participated in the pilot, thought the achievements of the pilots were positive on two levels. Firstly, from an organisational point of view, the senior management could learn from the bottom up, which is important for a healthy organisation. Secondly on an individual level, the staff who benefited from the mentoring and training benefited, and performance improved. Beforehand, the pressures staff were under resulted in training being too brief or too infrequent, due to the problems in swapping shifts and general challenges in having enough staff to cover the care home. However, they noted that “the change has been profound”, and is hopeful this will create a ripple effect within the care home. They also agreed with other interviewees that the pilot has put forward a positive vision of care home nursing, which, they hoped, would counter the prevalent bad image it suffers because “people just don’t understand it”.

Key learnings from the pilot and future plans

One person from a care home provider said they were excited about the pilot, and felt it has some great potential in terms of helping carers become registered nurses. They also felt that a key learning was that the care home sector, within itself, can come up with innovative solutions to the challenges providers and local authorities are facing across the country.

Another respondent had initial concerns that the pilot’s working methods were taking too long to be defined, but acknowledged that often that is “inevitable”. They knew that the leadership team within one of the care homes, had received the mentoring, had appreciated it, but they reported that they would have liked more structure and “a bit more of the training”. If the pilot is to continue, these lessons should be acknowledged and learned from. There was also a call for more measurable goals in the pilot, although several interviewees believed the time limitations of the pilot projects, and the funding limitations that lead to the time frames, meant that using defined metrics such as turnover rates and care outcomes would not be viable.

One stakeholder, when interviewed at the start of the pilot, was concerned that the dissemination and communication was “sort of neglecting the digital age”, in terms of the outputs and sharing of learning. The Teaching Care Home pilot did, as it progressed, grow an online presence as the Nursing Times Teaching Care Home microsite became more populated with blogs from those who were participating, and ‘tweet chats’ were held throughout the pilot.

In one interview, whilst discussing the pilot’s aim of raising the profile of care home nursing, it was noted that there are two distinct groups care homes need to attract. Those are newly qualified nurses or those in the early stage of their careers, and those that are returning to the profession after a career break. When asked whether these two groups respond to different incentives, the interviewee thought that interesting further work after the pilots had concluded would be to try to determine whether there is a differentiation in what motivates these two groups.

The interviewee had some ideas based on experience; they thought that newly qualified nurses placed importance on mentorship and training, and thought more could be done within care homes to prove that they are serious about attracting undergraduate nurses. Another stakeholder had similar thoughts, saying “traditionally, the sector falls down on mentoring newly qualified nurses”. In terms of nurses who are returning after a career break, or getting disillusioned with NHS nursing, the interviewee thought there were distinctive things about care home nursing that were attractive. “it’s almost what nursing used to be about”, they said. “You’re not mobbed by doctors, it’s independent, ‘proper’ nursing”.

When discussing the possibility of future pilots, it was highlighted by one interviewee that whilst this was specifically focussing on nursing care, a longer-term approach would include the workforce in residential care. This is, according to this interviewee, because the levels of eligibility to receive nursing care will continue to increase as the number of older, more frail people increases in England. With an increasing number of old and frail people requiring care, they said “we will either need nurses in the residential homes, or a much more highly skilled non-nursing workforce”.

Wider challenges in the care home sector

During the interviews, stakeholders were asked for their ‘top asks’ for policy makers right now in terms of the care home sector. One representative from a major provider simply said “train more nurses”. They continued that an idea could be for rotations to be routinely offered for nurses between the NHS and care homes, presumably to improve communication between the health and social care sector and to improve recruitment rates. Another interviewee raised the importance of dialogue and good working relations between the care home sector and health sector, saying that care homes need to be more involved in the Sustainability and Transformation Plans (STPs), as an efficient care home is vital if health care is to be sustainable. One stakeholder said there was a real need to collaborate with the NHS, to “work out what their different remits are, what their strengths are”. They also called for secondments between care homes and hospitals, as “they both treat the same people”.

One respondent said “I really have to say this – the sector is underfunded”. They were critical of some providers who are not funding their employees’ training. They also highlighted the chronic challenges in terms of gaps in the nursing workforce, and the detrimental effect of having to use agency staff, as it “stunts the workforce when turnover is so high, so transient”.

The financial sustainability of the care home sector was raised many times during the interviews, with many respondents highlighting the workforce pressures this results in. One interviewee said that care homes are concerned about the ending of the nursing bursary, and that care homes need to act now to “future proof” the workforce considering the expected fall in the numbers of registered nurses. They said “we are already competing with the NHS [in terms of attracting nurses]. If the numbers go down 30%, we are in a huge problem”. They said that providers offer good pay to compete with the NHS, but they lack the large structural advantages such as pensions which the NHS can offer.

The same interviewee also highlighted that providers are struggling to adapt quick enough to constantly changing fee structures from local authorities. As local authorities are constantly having to readjust budgets due to unprecedented budget restraints, the fees paid by councils to care home

providers change quickly. This interviewee described it as an “Ebay approach”, with different prices and approaches for each local authority. Large providers working over several local authorities have found it challenging constantly adapting to the changing local financial structures.

There was a sense from the interviews that the care home sector was at a crucial stage, with some fearing they were nearing a financial “tipping point”. Many homes are so financially stretched that any money is going on the basics of the home, such as repairs and alterations, and thus training budgets are even more stretched.

One interview discussed the emerging role of nursing associates within the care home sector, and whether this role can alleviate pressures. Their view was that it was too early to say, but overall the feeling was that it will alleviate some workforce demands in the coming years as “based on the projected figures, everything will be growing in terms of nursing demand and care demand for people who need high level care”. The demographic trends and workforce statistics tell us this, and, in their opinion, “I think the nursing associate role is fundamentally a positive thing if registered nurses can then be released to be professionals, become practice leaders and lead planning and delivery of care provision”.

The same respondent said that their ‘top ask’ would be that when looking to improve the care home sector, the same resources that are available through the health system are available to the care home sector to support the development of nursing. The CPD for nurses, they said, was “currently insufficient”. This was predominately because funding is provided through a health organisation, although there are currently some pilots that share resources, “with varying levels of success”. This person said that “it’s no good just finding the money to fund nurses, you need money to train them up as mentors to be able to grow the workforce”. The interviewee pointed out that there was Government support for first year social workers, and the NHS nurse workforce, but there wasn’t a similar scheme for the adult social care sector.

The perception of nursing in care homes, both within the nursing profession and the wider public, is generally perceived to be poorer than NHS nursing, and this was acknowledged by many interviewees. One said that the most important thing this project should challenge was the image of nursing in care homes. They said, “we need people with skill, decision making abilities and empathy. It’s not a job where you just do a medication round and retire... Nursing is only going one way in care homes, it’s becoming more complex”. They also felt that although nursing recruitment and retention is the biggest priority within the sector, they are hopeful this pilot and others will go some way to attract other medical professionals into the care home sector.