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From the Editor

Emma Morriss considers what it takes to be 'Outstanding' and how CMM can help you on your path to quality.

Aspiring to be 'Outstanding' is fantastic, and highly-commendable, however in such a tough market it can feel difficult to achieve. It requires time, dedication, consistency and more. As such, this issue of CMM has pulled together a number of different considerations on what it takes to be 'Outstanding'.

SHARING EXPERIENCES

When it comes to quality, there is a lot that providers can learn from each other. As the number of services being rated 'Outstanding' increases, patterns are starting to form.

Care England's Professor Martin Green is bringing together a group of 'Outstanding' providers to share experiences, support each other to maintain their 'Outstanding' ratings and mentor other providers who aspire to become 'Outstanding'. In his feature on page 25, he explores the characteristics and consistency

that make services 'Outstanding'. There is a lot that can be drawn from

Another example of an 'Outstanding' provider is Partners in Support, the subject of this month's Business Clinic, on page 28. The feature explores how the learning disability provider is achieving personalised, 'Outstanding' support on a deliberately local and small scale model. Our panel considers whether this model is replicable, or whether individualised support is, as a rule, easier for larger providers.

BEST PRACTICE

Also in this issue, we're exploring best practice that can contribute to quality care – from clear guidance on deprivation of liberty, to innovative dementia care and nutrition best practice.

Deprivation of liberty can cause providers considerable concern.

Practices can vary, leaving providers, understandably, confused. Stuart Marchant from Bevan Brittan's article, starting on page 20, tries to clarify the subject. Not only is a good understanding of deprivation of liberty important for the welfare of the people you support, it is also identified in the Care Quality Commission's Key Lines of Enquiry and relates to quality ratings. Stuart breaks down what makes a provider 'Good' at deprivation of liberty. Get that right and you can strive for 'Outstanding'.

We also have our final article

from Des Kelly in his role as Executive Director of the National Care Forum. Des has been a wonderful supporter of CMM, and I'm delighted he has been able to share his reflections on the sector from what has been an 'Outstanding' career. He focuses on the road to quality. A path he suggests has been long and winding, and is yet to reach a conclusion. It's fantastic to have Des' contribution to help keep the sector moving forward on the continuous path to quality care. We, at CMM, are incredibly grateful to Des and wish him all the best for the future.

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Is it just me...?

Editor in Chief, Robert Chamberlain, reflects on a new report that describes the underfunding of adult social care as a sector 'narrative' rather than a reality.



In March, The Centre for Research on Socio-Cultural Change (CRESC) released a Public Interest Report. 'Where does the money go? Financialised chains and the crisis in residential care.' The report considers the financial activity of the largest care provider 'chains' and auestions whether there is indeed a financial crisis in residential care or if this is a 'narrative' designed to protect them from their losses.

To quote from the citizen's summary, 'The chains are effectively asking for a bail out when they are squeezed between austerity fees and rising wage costs. Through threats of home closure, they are now trying politically to spook the State into paying a higher price for residential care, which will protect them from the losses that are an ordinary risk of capitalist businesses. Their own financial engineering is a major contributor to chain fragility and care quality problems so that private gain comes at the expense

of costs for residents, staff and the State.'

RESEARCH OVERVIEW

To give an overview, the report claims that:

- The large chains' call for Government action to address the residential care crisis (autumn 2015) was based on fees paid by local authorities being too low. This is viewed as a 'trade narrative' in the report, designed to serve the interests of the chains.
- The financial activity of these chains, including cash extraction, debt leveraged buyouts (resulting in inflated sale prices), results in the cashflow becoming inadequate to cover the financing costs.
- Financial engineering by the chains is hidden in complex structures enabling tax avoidance and opacity. The uncertainty of where the care fees go to means that such accountability is impossible. This

engineering and lobbying activity represents business models aiming to create a high return sector while shifting risks and costs on to the State, residents and staff.

- Higher care fees would effectively be a bail out, representing the privatisation of gains and socialisation of losses by the chains. Their development of 60-plus bedded 'standard institutional' style homes is driven by a need for return on capital; an operating model it describes as incidious.
- Though Britain leads the way in outsourcing residential care, other countries have been more successful in developing such care provision in more domestic settings. Public policy should encourage social innovation to rebuild adult social care.
- The Government should act to create low cost finance for providers, to enable the development of care services at

a more appropriate 5% return on capital rather than the 12% return sought by the chains.

IS IT JUST ME?

The collapse of Southern Cross was undoubtedly a wake up call for commissioners and the sector alike. The move by the regulator to monitor the finances of the largest providers is a reassuring measure but the CRESC report raises concerns about how thorough this action can be. Better transparency of how the money flows into care businesses would result in greater accountability, but just how this can be achieved in the context of what the report describes will be a huge task.

However, my issue with this research is the dangerous message that there is no financial crisis in residential care and that it's the big firms' attempts to make greater returns. To describe the crisis as a 'trade narrative' communicated by the 'chains' (who they claim speak for the sector) is provocative at the least. I would also take issue that the 'chains' speak for the sector.

Added to this, what about the majority of providers, who are not considered in this research and who also struggle to survive on current local authority fees that fail to keep pace with rising operational costs. The existing and well-established care associations play a major role in speaking for the sector to represent the concerns of all providers, from small to corporate. I'm sure that I'm correct in saying that underfunding of care fees is an inherent business challenge, regardless of the size of a provider. I'm unsure how this fits with the 'narrative' being communicated to the public by this report.



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NEWS

CQC fees increase

Following a public consultation last year, the Care Quality Commission (CQC) has outlined the fees that providers of health and adult social care in England will pay from April 2016. This is to cover the costs of its regulation.

CQC's regulatory functions are funded both by fees paid by providers and by grant-in-aid from the Department of Health. Government policy requires CQC to increase the fees it has to charge registered providers, so that it can move towards fully recovering the chargeable costs of regulating health and adult social care.

In its consultation, CQC outlined proposals to achieve full chargeable cost recovery for all of the sectors it regulates over a period of either two or four years. The responses COC received expressed a strong preference for the four-year option.

However, following the Government's Spending Review, the level of grant-in-aid available to COC for 2016/17 means that to fulfil its statutory functions, it has had to recommend the two-year option, except for dental and homecare providers.

The Secretary of State has consented to these recommendations. CQC has published a fees calculator on its website to help providers work out their exact fees for 2016/17, alongside detailed fees guidance.

Impact of National Living Wage

The introduction of the National Living Wage (NLW) will push services caring towards breaking point and a care provider crisis closer to reality without new social care funding being provided, the Local Government Association (LGA) has

The LGA said councils support the new NLW, which came into forse on 1st April, but warns it risks destabilising the market by adding a significant cost to the social care system. Councils have already had to close a £5bn funding gap in social care since 2010 and are continuing

to struggle with major ongoing pressures.

The LGA has previously estimated it could cost councils an absolute minimum of £330m in 2016/17 to cover increased contract costs to homecare and residential care providers but warn the true cost is likely to be much higher.

The LGA will be organising urgent talks with care providers to tackle growing concerns that the ongoing social care funding crisis and the introduction of the NLW will see care providers pulling out of the market or going bust.

New Care Act guidance

The Department of Health has published a new edition of the Care and Support statutory guidance. It supersedes the guidance issued in October 2014 and considers regulatory changes, feedback from stakeholders and care

sector developments following the postponement of the funding reforms. It has been revised for accuracy or clarity, including more substantial updates on safeguarding and the postponement of the funding reforms.

Carers' Strategy consultation

The Government is seeking views on a new Carers' Strategy. In the consultation description, the Government said, 'We think that we need a new strategy for carers that sets out how more can be done to support them. It needs to reflect their lives now, their health and financial concerns, and give them the support they need to live well while caring for a family member or

'To help us develop the strategy, we want to hear from carers, those who have someone who care for them, business, social workers, NHS staff and other professionals that support carers.'

To find out more about the Carers' Strategy and why providers should respond, read Heléna Herklots, Chief Executive of Carers UK's Straight Talk on page 50.

APPOINTMENTS

FOUR SEASONS HEALTH

Robbie Barr has been appointed as Chairman of Four Seasons Health Care. Ian Smith steps down to become Special Adviser to the Board.

DANSHELL

Danshell Healthcare Group has appointed Mel Ramsey as its Chief Executive Officer. She joins from New Century Care.

GMHSCP

Jon Rouse has been appointed as Chief Officer of the Greater Manchester Health and Social Care Partnership (GMHSCP), the body overseeing devolution of health and social care in Greater Manchester. He will be leaving his post as Director General of Social Care at the Department of Health in July.

357

Zara Ross has been appointed Chief Executive of the automotive charity, BEN and will start in July. She replaces David Main who is to retire.

LEONARD CHESHIRE DISABILITY

Clare Pelham is leaving Leonard Cheshire Disability after five years as Chief Executive.

BUPA

Bupa has announced that Stuart Fletcher has stepped down as Chief Executive, with Evelyn Bourke, the Chief Financial Officer, becoming Acting Chief Executive until a permanent appointment is made.

EVENBREAK

Evenbreak welcomes two new Non-Executive Directors, Tracey Proudlock and Raj Mehta.

APPOINTMENTS

NMC

The Nursing and Midwifery Council (NMC) has appointed Dr Geraldine Walters as Director of Nursing and Midwifery Education, Standards and Policy.

CARTERWOOD

Carterwood has announced further expansion of its team. Emma Dent joins as Practice Manager, Stuart Hunter as a Senior Analyst, and Aishling Barrett and Bethany Rathbone join as Analysts.

ALZHEIMER'S SOCIETY

Alzheimer's Society has announced Stephen Hill as the new Chair of its Board of Trustees.

HOWDEN

David Waters, founder of CHIS and PrimeCare, has retired from Howden. Howden acquired CHIS and PrimeCare last year.

BARCHESTER

Barchester's Development Planning Adviser, Harry Kelly, has stepped down.

SKILLS FOR CARE

Skills for Care has announced its first Fellows.

They are Anita Astle, Owner, Wren Hall; Clenton Farquharson, Clenton Farquharson Training and Consultancy; Peter Hodkinson, Managing Director, Westward Care; Professor Jill Manthorpe, Director, Social care workforce research unit, Kings College; Bill Mumford, Chief Executive, Eden Valley Hospice; Bridget Robb, Chief Executive, British Association of Social Workers; Julia Scott, Chief Executive, College of Occupational Therapists and Melanie Weatherley, Chief Executive, Walnut Care at Home.

Survey of local authority commissioning

The Care Association Alliance is surveying the sector to gain a better understanding of local authority commissioning practices across the country. The provider representative body was set up two years ago to represent the many

local care associations around the country. One of the main themes of its meetings is anecdotal stories about local authority practices. However, there was no collated evidence to support it. As a result, it has launched the State of

Commissioning survey to provide robust feedback on the practices of local authorities. All providers are encouraged to share their experiences via the online survey at www.surveymonkey.co.uk/r/ stateofcommissioning

Positive impact of volunteers

Bringing volunteer members of the public into care homes can have a profound, positive impact on residents' wellbeing, according to new analysis of a three-year project, run by the National Council for Voluntary Organisations (NCVO) and funded by the Department of Health.

The project piloted bringing volunteers into care homes in five separate clinical commissioning group areas. Local volunteer centres recruited, trained and placed volunteers in care homes. Volunteers undertook befriending or activity-based roles, engaging residents in activities such as arts and crafts. Over 250 volunteers contributed nearly 10,000 hours of volunteering time.

Analysis by NCVO's Institute for Volunteering Research found positive outcomes for residents, staff and volunteers. 89% of staff and 75% of volunteers thought the involvement of volunteers had contributed positively to their care home. Interviews with residents and relatives revealed positive impacts especially from befriending relationships.

However, researchers also found that due to pressures, including a lack of staff time, many care homes struggled with volunteer management, leaving some volunteers feeling unsupported. The project has developed a new toolkit for volunteer management for care homes, based on learning from the project sites.

New leadership campaign

Health Education England (HEE) has launched a campaign for leadership in learning disability services. The campaign comes in response to Sir Stephen Bubb's report which highlighted lack of leadership as a contributing factor to the abuse at Winterbourne View. Strong leadership is vital for the delivery of change needed to achieve the

aims of the Transforming Care programme.

Stories of leaders who work across learning disability services will be shared across social media and digital platforms, and a central hub has been created on the HEE website to outline leadership courses and resources that are available.

Nurses in adult social care

Skills for Care has published a new report and briefing on registered nurses in adult social care. It is based on estimates and analysis from the National Minimum Data Set for Social Care (NMDS-SC). It found that in 2014, there were an estimated 49,500 registered nurses working in adult social care. The main workforce issue facing

employers of registered nurses is recruitment and retention. While making up only a small part of the overall workforce (circa 1.55m), Skills for Care says that it is absolutely vital that the sector can attract and retain these professionals. The report looks at key characteristics of nurses working in adult social care.

Nursing shortages

The Migration Advisory Committee (MAC) has reluctantly recommended that nurses remain on the Government's shortage occupation list (SOL) to address the nursing shortages - while criticising the health sector for failing to maintain a sufficient supply of UK nurses.

In its latest report, Partial Review of the Shortage Occupation List: Review of Nursing, the Committee said the current nursing shortage is mostly down to factors which could, and should, have been anticipated by the health, care and independent sectors. Many of these issues including an ageing population, problems with staff training, pay and recruitment - have been compounded by the squeeze on NHS budgets, according to the MAC.

Department of Health evidence to the MAC suggested it will be another three years before there are enough UK-born nurses to meet demand.

Equality Act and Disability

The House of Lords' Select Committee on the Equality Act and Disability has been examining whether the Equality Act 2010 'adequately supports the fight against disability discrimination'. The report, The Equality Act 2010: the impact on disabled people states that there are over 11 million disabled people in the UK, and it is the responsibility of everyone to remove the barriers that prevent some people with a disability from participating fully, and equally, in society.

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Construction begins in High **Wycombe**

Work has started on site at the 260-home Hughenden Gardens Retirement Village in High Wycombe, due to open to residents by the ExtraCare Charitable Trust in Summer 2018.

Hughenden Gardens Village is being built on a five-acre site to the north of High Wycombe town centre. It will be home to more than 350 local people over 55, and will offer an active lifestyle with a host of social and leisure events each week. Apartments will be available for purchase, shared ownership and

Compassionate Employer

The National Council for Palliative Care has launched the Compassionate Employer programme to help employers support their staff during bereavement.

The programme provides practical resources developed by experts in bereavement support to enable employers to help their employees following the death of someone close to them.

The programme also covers guidance on support that may be

needed for an employee caring for someone with a terminal diagnosis, how colleagues can support the bereaved employee on their return to work, as well as the impact the death of a work colleague can have on the workplace.

The resources that are available to organisations that sign up to the Compassionate Employer programme include training workshops, guides, leaflets and practical support to develop a bereavement policy.

United Response merger

United Response, is pleased to announce its merger with Robert Owen Communities (ROC). The merger took effect from 1st April.

United Response has been operating for over 40 years and supports around 2,000 people with disabilities and mental health needs, across the country, and is recognised as a leading provider of personcentred learning disability services. ROC has had a strong presence in Devon and Cornwall, for the last 25 years, and now supports some 400 people with learning disabilities.

United Response already

operates in Cornwall, Bristol and North Somerset. The merger will help to secure the long-term future of existing ROC services at a time when the sector as a whole is seeing a continued reduction in public spending. United Response will also be embracing opportunities to learn from ROC's success in the South West.

As of 1st April, ROC became a wholly-owned subsidiary of United Response. ROC will continue to trade under its current name and branding until 31st March 2017, when services will be relaunched under the United Response name.

VODG welcomes investors

The Voluntary Organisations Disability Group (VODG), representing leading not-forprofit disability organisations, has announced the first round of companies joining its investors' programme. The investors' programme is designed to enable industry experts to actively support VODG and its members in the pursuit of progressive, high-quality care and sustainable services for disabled people. The organisations joining the programme are Agenda Consulting, Capita Specialist Insurance and Trowers and Hamlins Law Firm.





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Meeting the challenge of care costs

Academics from Cass Business School, City University London, have sought to find a solution to the social care funding challenge. In a paper, Paying for Care Costs in Later Life Using the Value in People's Homes, Cass Professor of Statistics, Les

Mayhew, Senior Lecturer in Actuarial Science, David Smith and Duncan O'Leary, Research Director at leading cross-party think tank, Demos look at two financial arrangements that could meet this challenge. These new financial arrangements, designed to

meet the needs of people in different financial circumstances, are based on releasing equity from the home: an equity-backed insurance product and an equity bank that lets a person draw down an income from their

Petition to increase funding

Hft has revealed the shocking reality of how the National Living Wage (NLW), which became law in April 2016, will impact on the already vulnerable lives of people with learning disabilities. It is calling for people to sign its petition to the

Chancellor, George Osborne, calling for action to address the shortfall in funds

The charity estimates that by 2030 the number of people with learning disabilities will have increased by 240,000 and this will have a devastating effect on a care system which is already struggling, particularly in poorer areas. An unfunded NLW will leave a funding shortfall in the sector of up to £1.3bn by 2020. The petition can be signed at http://bit.ly/NLWshortfall

New Dewsbury care home

A brand new purpose-built care home will open in May, creating up to 70 jobs, thanks to a £3m development package from Yorkshire Bank. Oak Park care home will specialise in care for the elderly

and, once complete, will host a residential, dementia and dedicated nursing unit. Oak Park, part of Darrington Healthcare, will contain 66 beds when it opens.

The new home is being built

on the site of derelict a council building, and will cost £4m in total. It's the third care home Darrington Healthcare has built in the region and the group is currently looking at other sites in West Yorkshire.



What is your quality rating?

Outstanding

Good

Requires Improvement

Inadequate

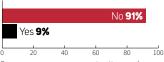
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April's results

Are you involved in any new model development programmes?



Source: www.caremanagementmatters.co.uk Figures correct at time of print.



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Delphine Court - Cockerton, County Durham Leased by DC Care to a specialist operator

Delphine Court Leased To Specialist Operator

DC Care is delighted to have completed the lease of Delphine Court, a former residential care home in the village of Cockerton, County Durham. The property had been a residential care home run by a charity for a number of years, before being bought by our client, Mr G Shaw. Mr Shaw completed a substantial refurbishment of the building and contacted DC Care to find a new operator to lease the property to. DC Care found a specialist operator looking to establish a service in the area, for clients with a range of learning disabilities, in a supported living environment.

Mr Shaw commented: "When I met Alison, I was keen to find the right people to operate the home. We are local and it mattered a great deal who we worked with. Alison was professional, knowledgeable and importantly, kept her word. She understood exactly what we were looking for and was able to advise us every step of the way. I am looking forward to working with her again, should the opportunity arise."

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Malhotra Group

An innovative partnership has been created in the North East between the NHS and the private sector to share expertise in the provision of social care. Northumberland, Tyne and Wear NHS Foundation Trust (NTW), the North East's mental health and disability care provider, has signed an agreement with Newcastle-based Malhotra Group PLC which will enable them both to share their knowledge and experience in estates management,

property redevelopment and accommodation needs to help deliver enhanced health and social care solutions in the region.

The partnership will see the Malhotra Group - whose subsidiary, Prestwick Care, provides nursing, dementia and residential care for elderly and vulnerable people across the North East - work closely with NTW in combining their individual capabilities to deliver increased value to the NHS.

Guidance for improving rehabilitation services

NHS England's Improving Rehabilitation Services Programme has published Commissioning Guidance for Rehabilitation in response to requests for support and guidance from commissioners. The interactive PDF has been developed to support commissioning of 'effective, high-quality rehabilitation services, covering the whole

life course and the full range of rehabilitation for both mental and physical health'. Although directed at Clinical Commissioning Groups, Lindsey Hughes, Improving Rehabilitation Services Programme Lead said, 'it also contains important information for patients, their families, clinicians and provider organisations.'

End of life care experiences

The Co-Care project: research into volunteer-led support for caregivers is looking for end of life care experiences. This project is supported by the National Council for Palliative Care (NCPC) and Dying Matters. Funded by the National Institute of Health Research (NIHR),

researchers from the Faculty of Health Sciences, Southampton University, together with NCPC, are conducting a survey of how volunteers provide support for family caregivers at home. The survey and more information is available at www.surveymonkey.co.uk/r/Co-Care

Healthcare student funding

The Department of Health has launched a consultation on how changes to student funding for nurse, midwife and allied health professional degree places can be implemented. The plans will also offer student nurses, midwives and allied health professionals typically around 25% more financial support while they study than currently.

The changes are part of a wider plan from the Government to ensure the NHS can adapt to the changing needs of the population, train more nurses in England and reduce the

reliance on agency and overseas

Interested organisations and the public are asked to contribute to the consultation, which looks at how the changes can best be implemented. This includes looking at opportunities for students who apply for nursing, midwifery and allied health professional training as a second degree to be eligible for a student loan.

The consultation is available on www.gov.uk and will run until 30th

IN FOCUS

Patients Association proposes Commission on the Future Funding of care and health

WHAT'S THE STORY?

The Patients Association has proposed to establish an independent Commission on Funding of the NHS and Social Care.

ANOTHER COMMISSION?

It would appear so. In recent months there have been various similar calls. Liberal Democrat Health Spokesperson (and former Care Services Minister) Norman Lamb recently launched proposals for an unprecedented cross party commission into health and social care. He has received the backing from Conservative and Labour former Health Secretaries, Stephen Dorrell and Alan Milburn.

This initiative follows work at The King's Fund by the independent Barker Commission, which proposed a new settlement to end the historic divide between health and social care by moving to a single, ring-fenced budget and a single commissioner of local services.

In addition, the Public Accounts Committee's (PAC) latest report stated that 'there is not yet a convincing plan in place for closing the £22bn efficiency gap and avoiding a black hole in NHS finances'.

AND?

Katherine Murphy, Chief Executive of the Patient Association has said, 'The crisis in the NHS is growing by the day, with no sign of resolution...A financial deficit of nearly £3bn for Trusts in England is devastating and means that local

managers and clinicians are facing a meltdown in their organisations.

'It is clear that substantial proportions of the additional monies announced by the Government to support the NHS are simply being used to address existing deficits. That is why we are proposing the establishment of our new independent Commission on Funding of the NHS and Social Care.'

The news of the proposal comes alongside the launch of a new film by the Patients Association which highlights the present crisis being faced by patients. The film calls for a new Million Pound Fund to finance vital helpline activities to support patients and meet soaring demand.

WHAT WOULD A NEW **COMMISSION DO?**

The Commission plans to examine the current and future needs of the NHS and social care in all aspects, and will assess funding and mechanisms for providing the resources required for a sustainable service. It will start from the principle of free treatment at the point of care and will consider how much we need to spend as a society, as well as possible sources of additional funding including tax, national insurance contributions and ringfenced funding.

WHAT HAPPENS NEXT?

A case of 'watch this space' as it is not an issue that looks to be going

National minimum wage in homecare

A new report from UNISON on payment of the national minimum wage in homecare is warning that, 'Tens of thousands of care workers across England and Wales are still being paid less than the minimum wage because councils are not insisting that homecare companies pay staff their travel time'.

Using a recent Freedom of Information request, UNISON found that 76% of councils in England don't stipulate in their contracts

with homecare providers that firms must pay employees when they are travelling between appointments.

The report, Calling Time on Illegal Wages in the Homecare Sector, says that the situation is even worse in Wales where 9% explicitly instruct employers to remunerate staff for the time they spend on the road.

According to UNISON, councils are breaching statutory guidance that came into force alongside the Care Act last year. Guidance

states that homecare staff must be paid for the time taken to get to appointments.

The findings represent an improvement on a year ago when UNISON last carried out an investigation. At that time, 7% made payment of travel time a contractual obligation for homecare providers.

Ray James, President of the Association of Directors of Adult Social Services, welcomed UNISON highlighting this important issue.

Royal Star & Garter

Stepnell has started work on The Royal Star & Garter Homes' new residential home for disabled exservicemen and women and their partners in High Wycombe. Due for completion towards the end of next year, the £17m, four-storey, high-specification building has been designed and built to create a welcoming and stimulating environment for disabled veterans.

Orders of St John Care Trust

The Orders of St. John Care Trust (OSJCT) has invested over £1m towards enhancing the dementia care and facilities at two of its homes. OSJCT is midway through a refurbishment project at Coombe End Court in Marlborough, Wiltshire, and has officially announced a £795,000 refurbishment project at The Poplars,

Market Rasen in Lincolnshire.

The Poplars is set to undergo an extensive renovation project that will see the number of dementia beds increased to meet a growing demand for additional specialist care within the local area. As part of the extension, 11 new en-suite dementia bedrooms will be added

along with additional living, dining and communal areas. The scheme will be linked to the home's existing A-wing corridor to promote seamless integration and movement of residents.

Meanwhile, the £240,000 dementia renovation project at Coombe End Court, which began in November 2015 is refurbishing and redecorating the 60-bed care home. It's intended to improve the physical and social environment and will also see its ground floor, 20-bed household undergo a major refurbishment to incorporate best practice dementia design. In addition staff will receive enhanced training.

Audley launches Mayfield Villages

Audley Retirement has launched Mayfield Villages as part of an ambitious five-year growth plan to meet a critical market gap. Following on from the huge growth of Audley in the premium sector and the successful acquisition of Audley by the Moorfield Audley Real Estate Fund for £170m, the company has been assessing further growth opportunities.

Designed to address a growing demand for high-quality, modern housing with central facilities and flexible care in the midmarket, Mayfield forms part of the company's plans to double its platform over this timeframe. £200m is being invested in Mayfield Villages over the next five years.

Recognising a significant gap existed, and that there were 4.5 million potential customers in this section of the market, Audley undertook extensive research to determine the potential for contemporary mainstream retirement accommodation. The result is the launch of Mayfield Villages. With the cost of the apartments starting from £200,000, Mayfield prospective owners will be likely to own family homes worth £200,000 to £400,000 depending on location. Mayfield will purchase sites for two villages per year over next five years, amounting to 2,500 units over the next five years and bringing retirement village living to a broader demographic.

Eden Alternative

High Mount, an Accord Housing Association service, has become the first home providing care and support to people living with learning disabilities to achieve a place on the Eden Alternative UK Register of Homes.

LNT Care Developments

LNT Care Developments has received planning permission to build two 64-bed care homes, one in Welwyn Garden City and the other in St Neots.

Welwyn Hatfield Planning Committee approved the planning application for a 64-bed care home in Welwyn. Once complete in September 2017, Country Court Care will own and operate the home providing residential and dementia

The St Neots' planning application, also for a 64-bed residential and dementia care home, was approved by Huntingdonshire District Council. Anchor is set to become the owner and operator, with a completion date scheduled for April 2017.

Community Integrated Care

Community Integrated Care has announced a new partnership with Helen Sanderson Associates in its new specialist dementia care service, EachStep Blackburn. The partnership will see the organisations work together to implement leading approaches for providing support that will enable people living in the service to enjoy full, happy and active lives.

EachStep Blackburn is a £5m dementia care home that is opening in May. The 64-bed specialist service will provide a range of dementia care and support. It has been planned

in partnership with Blackburn with Darwen Council.

The team at EachStep will fully integrate person-centred practices that help staff to understand how people want to be supported and their aspirations, and Community Circles, through the direct support of Helen Sanderson Associates. Part of the Each Step team will be a Community Circles Connector, who will focus on enabling people to remain connected with their loved ones and to continue to enjoy the things that are important to them in the community.

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Believe in better

Employee Engagement Survey

The Voluntary Organisations Disability Group (VODG) and the National Care Forum (NCF), have joined forces with Agenda Consulting to tackle social care workforce challenges through a Social Care Employee Engagement Survey.

In an environment of tight financial constraints, the social care sector is managing significant recruitment and retention issues. The turnover of staff is adding unnecessary costs into the system, when we know a highly-engaged workforce leads to lower turnover

and absence, higher levels of performance and better services for people supported.

To directly tackle these issues, the Social Care Employee Engagement Survey will provide deep insight into what influences workforce engagement in social care in order for organisations to better plan and develop their workforce. The survey has been shaped by a reference group of leading experts, comprising HR directors across the VODG and NCF membership. More information is available on the Agenda Consulting website.

Regard in Norfolk

A new supported living service for people with learning disabilities, autism, acquired brain injury and mental health needs is to open in King's Lynn with the creation of up to 10 jobs for the local community.

Bishop's House is made up of six self-contained flats developed by

Regard. The organisation has been in consultation with local authorities including King's Lynn and West Norfolk Borough Council, identifying the needs of people with care requirements in the area. Regard has plans to develop further services in the area.

Delayed transfers of care

Almost three million hospital bed days have been lost between June 2010 and January 2016, at a cost of £910m, according to a new report by Age UK.

Findings for the charity reveal that between just two years (Jan to Dec 2014 and Jan to Dec 2015), there has been a 28.4% increase in the number of hospital days lost due to a lack of social care provision available for people being discharged from hospital. This increase came in the first year of the Better Care Fund (from April) when it was hoped that pooled funding would reduce delayed discharges.

Age UK's accompanying report, Behind the Headlines, explores the complexities around hospital discharge and looks at the situations often facing older people and their families when it is clear they need follow-up support but none is available.

The charity argues that a combination of acute shortages of good health and care services to help older people recover, poor co-ordination and sometimes downright buck-passing between the NHS and care services, lack of information and general confusion about what's available and who is responsible for paying for care are the main problems behind most delayed discharges of older people from hospital wards.

Firsthand experiences of care

The Care Quality Commission is asking older people, and their friends and families, to share their experiences of health and social care. It would like people who are

aged 60 or over and receiving care, or friends or family members of someone who is, to share stories about the care people have received, whether that is good or bad.



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Public understanding of autism

Poor public understanding of autism is pushing autistic people and their families into isolation, in some cases leaving them feeling trapped in their own homes, a new survey has revealed.

In response, the National Autistic Society (NAS) has called for better understanding of autism, and has launched a new campaign to help the public learn more about the condition.

The NAS report, Too Much *Information:* why the public needs to understand autism better, surveyed more than 7,000 autistic people, their family members and friends, and professionals and found some stark conclusions.

For example, 87% of families

said people stare and 74% said people tut or make disapproving noises about behaviour associated with their child's autism, while 84% of autistic people reported that others judge them as strange.

This is driving many autistic people and their families into social isolation: 79% of autistic people and 70% of family members feel socially isolated.

Yet awareness of autism is at an all-time high, with more than 99% of the public saying they've heard

But only 16% of parents and carers of autistic people told NAS that the public understand how autism affects the way they may behave in public.

Every Vote Counts campaign by United Response

United Response is helping people with learning disabilities to get registered, get informed and get voting in the EU Referendum.

As a charity, United Response has successfully campaigned to open up the democratic process to thousands of people with learning disabilities since 2010 and in the last General Election saw 43% of the people the organisation supports actively using their right to vote.

With the 5th May Local and Mayoral Elections less than a month away and the EU Referendum vote taking place on 23rd June, the national disability charity is once again delivering the tools to ensure that people with learning disabilities have their say, get registered and use their right to vote.

Nearly 770,000 names have been removed from the electoral register due to changes made by the Government in how people need to

register as individuals rather than households.

A large proportion of the names removed from the electoral register will be people from disenfranchised groups. This will include a disproportionately large number of people with learning disabilities.

United Response is encouraging everyone to check that they are registered to vote.

The easiest way to check is via the local electoral registration office.

The deadline to register to vote for EU Referendum is Tuesday 7th

United Response is committed to creating a society where disabled people are equal participants and have access to the same rights as everyone else. In order to achieve this aim, the charity has created various resources and tools.

To find out more, visit www.everyvotecounts.org.uk

Greensleeves care home opened

The Mayor of Diss, Councillor Julian Mason, has officially opened De Lucy House in Diss.

The 60-bed care home offers

dementia and residential care to residents in South Norfolk. The home is managed by Greensleeves Homes Trust.

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Is all clear with Deprivation of Liberty Safeguards?

BACK TO BASICS – THE LAW

On 19th March 2014, in the case of P v Cheshire West and Chester Council, the Supreme Court established an 'acid test' for what constitutes a deprivation of liberty. The acid test states that an individual is deprived of their liberty for the purposes of Article 5 of the European Convention on Human Rights if they:

- 1. Lack the capacity to consent to their care/treatment arrangements.
- 2. Are under continuous supervision and control.
- 3. Are not free to leave.

Importantly, all three elements must be present for the acid test to be met. If the acid test is met, the deprivation of liberty must be properly authorised, otherwise it will be unlawful.

If a care home provider is depriving a person of their liberty, this must be authorised under the Mental Capacity Act (MCA) DoLS provisions through an 'urgent authorisation' or 'standard authorisation' by the Supervisory Body (usually the local authority). If a person is being deprived of their liberty in their own home, by virtue of a community care package, then the Court of Protection must authorise it.

In some complex cases, the Court of Protection may also be involved in care home authorisations.

THE IMPACT OF CHESHIRE WEST

Figures submitted by local authorities show that applications for DoLS authorisations rose more than ten-fold in the year after a landmark Supreme Court ruling triggered a surge in referrals. 116 of 152 local authorities in England returned an audit showing that 113,300 DoLS applications were received in 2014-15, more than ten times the 10.900 cases the councils handled in 2013-14.

Of these, 36% of applications were granted and 10% rejected. And the rest? Due to backlogs in dealing with all of the cases, 54% of applications made in 2014-15 had not been signed off or had been withdrawn in the year. In the previous year, just 3% of cases had not been processed or were withdrawn.

Simply put, local authorities can't cope. They are having to prioritise cases, usually based on risk and vulnerability of the person concerned. In reality, this means people who are receiving the care they need from a provider are likely to be lower down the order of priority and not have applications processed in time.

The following is an extract from Department of Health (DH) guidance issued in October 2015.

'Health and care providers will understandably be concerned should applications made to local authorities not be assessed within statutory time-limits. Whilst this is not ideal, it is an inevitable consequence of the unexpected large increase in applications that local authorities are now charged with processing. Providers should not delay in sending DoLS applications to local authorities for individuals whose circumstances they believe may meet the Supreme Court's acid test.

'Fundamentally, it is the Department's view that providers that can demonstrate that they are providing good quality care/ treatment for individuals in a manner compliant with the principles of the MCA, and who are following DH and other national guidance, should not be harshly treated for technical DoLS breaches.

'CQC will assess providers on a case by case basis where their DoLS applications have not been responded to within the statutory time-limits. CQC will expect to see that providers are submitting applications for any individuals being deprived of their liberty without delay, and that they are continuing to seek less restrictive options for those individuals' care or treatment in the meantime. Services should be working with local authorities to ensure that appropriate

What is the current situation with Deprivation of Liberty Safeguards (DoLS) and is there any information available to help clarify the process?

Stuart Marchant, Partner at Bevan Brittan LLP

Two years on from the Cheshire West judgment by the Supreme Court on deprivation of liberty, are providers, regulators, local authorities and Government all clear and aligned on DoLS in the care sector?

The answer, unsurprisingly, is 'no'. All parts of the sector are struggling to come to terms with the law, the plethora of guidance, stories of good and bad practice, and the huge pressure on resources being felt across the board. So, two years in (and a good deal more since the Safeguards were implemented generally), it's a good time to take a step back and consider where things have got to.

Providers are at the sharp end both of good practice and in the firing line for criticism – so that's where the focus should be. But, as ever, there's plenty going on around providers that can cause confusion and stand in the way of getting on with care delivery.

prioritisation of individuals most likely to benefit from a DoLS assessment is taking place.'

Taking the DH guidance at face value, the message is that providers should focus on providing care that meets the needs of individuals, regardless of what is going on around them. In doing so, they still need to comply with the administrative requirements of applying for DoLS authorisations and submitting notifications to CQC. Importantly, providers should demonstrate what they are doing to have a structure in place for reviewing that the care is in the individual's best interests and that less restrictive options are always considered.

In its report Monitoring the Deprivation of Liberty Safeguards 2014-2015, CQC commended one to the local authority about the application, plus regular reviews of the individual's deprivation of liberty status recording:

- · Date of last capacity assessment.
- · Date of last best interests meeting on residence (with the meeting recorded fully in the person's care record).
- · Date of next review.

IDENTIFYING A DOL

The Court of Appeal has made it clear that everyone should apply the Cheshire West acid test. In doing so, I advise that the starting point for all providers should be the Law Society's guidance Deprivation of liberty: a practical guide, issued in April 2015. This sets out factors that may suggest a deprivation of liberty in specific

deprivation of liberty.

- If a person consents to their care arrangements at the time of admission and/or at a time before losing capacity, unless the care package is changed significantly, this period covers the period up to, and including, death.
- Unconsciousness is not a mental disorder, therefore the criteria for a standard authorisation is not met if this is how a person is deemed unable to engage in their care decisions.

Some of these are grey areas and, if possible, providers should strike up a relationship with the DoLS team in the local authority and record conversations about any individual's need (or not) to be subject to a DoLS application.

WHAT MAKES A PROVIDER 'GOOD AT DOLS'?

CQC has identified in its Key Lines of Enquiry (KLOE) the characteristics of care, in relation to DoLS, that relates to its ratings system:

Good

Staff understand and have a good working knowledge of DoLS and the key requirements of the MCA. They put these into practice effectively, and ensure that people's human and legal rights are respected.

Requires Improvement

DoLS and the key requirements of the MCA may not be fully understood despite staff attending training.

Inadequate

Staff do not understand what they must do to comply with the MCA and DoLS. They sometimes do not act within the law.

Further guidance on how to be 'Good' is set out in CQC's Monitoring report for 2014-2015. This identified that providers should:

- · Take action to meet the requirements of the MCA, in line with the Codes of Practice for it and DoLS. This includes making sure that their staff understand the MCA including DoLS, have access to training, consistently undertake capacity assessments where it is appropriate for them to do so and apply best interests decisionmaking processes for people who do not have capacity.
- Make sure that they have in place clear policies and processes relating to DoLS.
- Continue to request authorisations when they think that people may need to be deprived of their liberty, while always seeking less restrictive options to meet individual needs.
- Make sure that they notify CQC about DoLS authorisation applications and their outcome (when the outcome is known), so that CQC can fulfil its monitoring role.

REGULATORY HOT ISSUE

The MCA and DoLS are high on CQC's regulatory agenda. Enforcement action has included six providers having locations removed from their registrations for, amongst other things, poor implementation of DoLS and the wider MCA. CQC has also issued dozens of warning notices relating to breaches of requirements regarding the MCA and DoLS.

Ironically, CQC has admitted that too few inspectors have completed their own training on the MCA, despite providers' practice in this area being a key plank of the regulator's inspection regime. CQC Chief Executive, David Behan, has labelled this as 'disappointing'.

However, whilst it is always interesting to hold the mirror back up to the regulator, that is no excuse for not providing care as mandated. The challenge for all is to strive to make DoLS part of good, common sense, care. **CMM**

"The challenge for all is to strive to make DoLS part of good, common sense, care."

care home provider where the registered manager used a chart called the 'Resident Deprivation of Liberty Safeguards Application Record'. The chart listed various information, including:

- · People's names.
- The date of the Deprivation of Liberty Safeguards application.
- If the application had been granted and, if so, the expiration date.
- · If a notification had been submitted

This is simple stuff, but demonstrates effective management and can be a good governance tool if such information relating to all residents is monitored as part of a regular review. I would add to this, dates when standard chasers are sent

settings, including different types of residential care, supported living placements and domestic settings.

In an attempt to provide some clarification, the DH has also issued guidance to social workers seeking to establish that:

- Just because someone physically cannot leave does not mean that that they are unable to leave for the purposes of the test. They may, for example, be able to leave with family assistance.
- If an individual is in a private room and checked every few hours, they may not be under constant control and supervision.
- Where a person receiving palliative care has the capacity to consent to arrangements about their care and does consent, there is no

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"The notion of continuous improvement drives services to attain even greater levels of quality in the future."

> were not convinced that this was a good idea, but as time went on, and there was the opportunity for care providers to be acknowledged for their quality, the system gained a great deal of recognition and support.

When the Commission for Social Care Inspection was abolished and CQC became the regulator, the organisation was in such chaos that many of the advances and developments that had been pioneered by the previous regulator were consigned to history. For the first few years of its existence, CQC struggled to deliver its primary function of regulating health and social care services, and did not have the knowledge, skills or capacity, to develop a quality ratings system.

Following several years of inadequate performance, CQC was cleared out and a new management team, Chair, and set of commissioners were appointed to lead the organisation into the future. The new team had a much clearer focus on the role of regulation, and a commitment to ensuring that the public understood and could differentiate between services on quality.

RATING QUALITY

This has led to the development of the new rating system. Since its introduction, we have seen a lot of services rated as 'Good', but very few who have attained the top rating of 'Outstanding'. There is a significant difference between being rated as

'Good', and achieving the top accolade of 'Outstanding'.

Some of the services that have been rated as 'Outstanding' have decided to come together and form a group, which will have two distinct objectives. The first will be to support one another to maintain their 'Outstanding' status, and the second purpose is to support services that are either 'Good' and aspire to being 'Outstanding', or who have been rated as 'Requiring Improvement' and need the help and support of other services to turn them around, and improve their CQC quality assessment.

One of the things that has often been said about CQC, is that it is quite inconsistent in the way in which it makes judgements and I know this has been exercising the senior staff within the Commission. They are making a lot of effort to improve consistency, and to ensure that there is a more level playing field between the different areas that they regulate. This is not an easy task, and I think CQC will admit that it is a long way from where it would like to be. That said, it is making progress and regulation is beginning to improve.

However, I have visited many of the services that have been rated as 'Outstanding', and I think there is a great degree of consistency within this cohort of providers. As I go into the services and talk to residents, their families and the staff, there are certain things which come through time and time again, and which are elements of an 'Outstanding' service.

COMMITMENT

The first thing that is noticeable in 'Outstanding' services is the rigorous commitment to putting the resident at the heart of every decision. 'Outstanding' services understand that they are the servants of the people who live there and everybody is committed to enabling and empowering people, so that they have as much choice, autonomy and control over their lives as is possible. This is no easy task in services where people are living together, but 'Good' and 'Outstanding' services really understand that, above everything else, it is the experience of the people who use the service and the contentment of their families and friends, which is the number one priority.

TRANSPARENCY

Another aspect of 'Outstanding' services, which is really evident, is the way in which they have open and transparent cultures. There is a willingness to be accountable, and when things go wrong, the response of the service is to talk about it and to inform people, not to try to brush it under the carpet. This approach to openness and transparency gives residents and their families a real sense of confidence in the organisation, and it also leads to a culture of learning by experience.

I was talking to a member of the care staff in one 'Outstanding' service, and I asked them how they had found the CQC inspection. Normally when I ask this question, I am greeted with staff who tell me that it was a nerve-wracking and difficult experience, and that they felt under pressure, and under scrutiny. By contrast, the care worker I spoke to said that, 'she and her colleagues were really looking forward to the CQC inspection because they were sure that they would learn a lot from the inspectors, and perhaps get tips and insights on how they could do things better'. This open and positive attitude will have set the tenor for the inspection. Often, if we exhibit negative energy, then it produces a negative response in the person we are dealing with, but in this case, openness led to a positive experience of inspection.

CONTINUOUS **IMPROVEMENT**

One of the things that is so noticeable about 'Outstanding' services is that they never cease to look for ways in which they can improve. Not one service that I have visited that has attained an 'Outstanding' quality rating has shown any sense of complacency or smugness. There is a real feeling that this is a great achievement and that everybody should be congratulated for it, but I have never seen it used as an excuse not to strive

to do better. The notion of continuous improvement drives services to attain even greater levels of quality in the future.

SUPPORTING STAFF

I am also impressed by the way in which 'Outstanding' services train, acknowledge, and support their staff. The quality of a care service is dependent upon every member of the team, working tirelessly together to ensure that the service continuously reaches the quality that the service aspires to deliver. In 'Outstanding' care services, I see, first of all, shared values amongst all of the staff. There is also an acknowledgement that everyone is part of the staff team and this includes all the ancillary and support staff. It was brilliantly summed up for me by one member of the ground staff who told me that his role was to create a lovely environment, and to ensure that people were welcomed into it and enjoyed the surroundings. The fact that he understood why he was creating a fantastic garden and how important it was to the quality of people's lives is also a good example of the way within which 'Outstanding' services make care, support and personalisation everybody's business.

I have also been impressed by the way in which the catering staff in 'Outstanding' services really embraced their role. Not only do they deliver nutritious and appetising food, but they also think about the environment within which it is delivered and how they can ensure that mealtimes are a constant source of enjoyment for the people living in the care service. I saw a brilliant example of a catering team who had developed a Come Dine with Me experience and who had worked with residents to create a menu and then got relatives' families in to taste, and judge it. This was great for residents, and it also was an important way of involving families in the life of the care home

SETTING THE BAR

The first cohort of 'Outstanding' services has set the bar very high for the rest, but I am confident that this sector will rise to the challenge and find many ways in which it can improve its care and deliver services that enable people to have a life, rather than just good quality support. In all the 'Outstanding' services that I have visited, the thing that's characterised them has been the commitment to the quality of people's lives, rather than just the quality of the service. CMM

Professor Martin Green is Chief Executive of Care England. Email: mgreen@careengland.org.uk Twitter: @CareEngOfficial

Are you aiming to achieve an 'Outstanding' rating? Are you an 'Outstanding' service with best practice to share? You can do so on the CMM website. www.caremanagementmatters.co.uk Subscription required.

LOCAL PERSONALISED SUPPORT

It is often said that personalised support, service development and innovation is easier for larger providers. However, Partners in Support is excelling at that, whilst remaining small and local.

Partners in Support is a small, local supported living provider, set up in Hertfordshire in 2007. It supports people with learning disabilities who have behaviours that challenge. Many of its initial clients came from hospitals or assessment and treatment units. The organisation was set up in partnership with Hertfordshire County Council and Hertfordshire Partnership NHS Foundation Trust, who supported Martin Nicholas, Partners in Support's Director, with seed money of £70,000 over two years.

Martin explained how it was established: 'I was fortunate to visit excellent local services such as Partners for Inclusion and Inclusion Glasgow in Scotland. Having worked for a big charity for 14 years, which had increased its provision significantly over that time, I came to the conclusion that, to be able to give consistent high-quality support to people, there had to be a new way of looking at the development of new services. I decided I wanted to be part of something that was new and innovative in its approach and really focused on the needs of the people at the heart of the organisation.

'Coincidentally, Hertfordshire County Council was struggling to commission local services for people who required more bespoke support. Over an informal discussion with the service manager of learning disability services, we established a common vision of responsive person-centred support which led to Partners in Support.'

BUCKING A TREND

Partners in Support's ethos is 'To enable people with learning disabilities to determine the life they live and strengthen their community of family and friends'. The organisation supports individuals to lead the lives they choose as independently as possible within their own homes and chosen communities.

Martin explained why he set up Partners in Support as a highlypersonalised, local, small-scale organisation. 'The company was set up in response to a number of trends in learning disability services. These included:

- The drive to consolidation, which I felt was detrimental to providing truly consistent, person-centred services
- The fact that people with complex needs were still in assessment and treatment units or services that didn't support them to be part of their local community.
- A growth in companies delivering low quality outcomes and paying support staff low salaries.
- An increased use of agency staff and its impact on consistency of support.'

INNOVATIVE COMMISSIONING

This was in 2007. Current policy is still driving the need for bespoke, community-based, local support. The Government's recent *Transforming Care* programme for learning disability services plans to reduce the number of inpatient beds by up to 50% nationally. Central to this will be new, high-quality, community-based services. Local areas will be able to design bespoke services with those who use them. However, this needs forward-thinking commissioners.

Valuing People Now: a new threeyear strategy for people with learning disabilities 'Making it happen for everyone' highlighted the innovative commissioning involved in setting up Partners in Support. 'In Hertfordshire,

the local authority and Hertfordshire Partnership NHS Foundation Trust sponsored the development of a new not-for-profit organisation to work in the county. With seed funding from an innovation grant over two years, Partners in Support was created... Working specifically with individuals who were seen to challenge services, Partners in Support has been developing individualised support solutions based on individuals' person-centred plans, working closely with individuals and their families. As a result, people have been supported to move near to their families into accommodation of their choosing. Each person has their own team employed to work with them, matching staff with similar interests and fully involving the individual and/ or their family in the recruitment process.'

IS SMALL BEAUTIFUL?

Partners in Support fits with the needs of the time, however, as with any successful model, there can be expectations to expand and replicate.

Partners in Support has no such plans. Martin Nicholas explained, 'Despite many organisations having great mission statements and values, I believe the larger an organisation gets and the wider geography it covers, the harder it is for that organisation to continue to offer the same consistent, high-quality support.

'Decision-makers, no matter how skilled, become isolated and further away from the realities on the ground. Positive support is fundamentally about the interaction between the person receiving support and their staff; this requires full and dedicated staff teams, awareness of subtle changes in peoples' lives and regular interaction

with people receiving support and their families. All of which is more challenging the larger you get, as responsibilities become delegated down through many management layers to less experienced managers.

'We have turned down the opportunity to work with other local authorities because, whilst we would love to support more people to improve their lives, we know this would be at the detriment of the people we currently support. From day one, we have stated it is "Hertfordshire only" and that will never change.'

OUTSTANDING EXAMPLE

To add to the service's achievements, it achieved Hertfordshire's first Care Quality Commission 'Outstanding' rating. The inspectorate highlighted the time spent developing ways to accommodate the changing needs of the people who used the service and the innovative and flexible ways it supports people to progress. The report states, 'The registered provider was seen to constantly adapt and strive to ensure people who used the service were able to achieve their full potential...and their support plans and environment adapted and developed to promote their independence.' **CMM**

OVER TO THE EXPERTS...

With policy driving learning disability support towards bespoke, community-based services, is smaller and local a better model for learning disability services? Is it possible for individual providers to replicate Partners in Support's bespoke model? Or are larger providers more likely to have the resources and economies of scale?

ENCOURAGING BUT THERE IS NO 'RIGHT' SIZE

It was encouraging to learn about Partners in Support and its intention to remain small in order to give the very best support. More than 20 vears ago. I started a community enterprise, an arts company of performers and artists with learning disabilities. Like Partners in Support, we were supported by imaginative commissioners, received start-up funding and made the decision to stay small. We felt that the ideas and determination of direction of the company, that was being exercised by its 'members', would be lost if it grew. As wider arts and community funding that gave us our edge was cut, it became increasingly precarious to only be working with one local authority. I wonder if current funding challenges will mean that the innovative commissioning that has enabled Partners in Support to flourish, will eventually be undermined.

I now work for Real Life Options. which, having started small, has

now grown into a much larger organisation. A widely-spread infrastructure means that organisational costs can be more efficient and there are benefits from sharing good practice across the organisation. But it is more of a challenge to be truly local. Empowering staff to be active and creative in supporting people to be a full part of the communities in which they live is essential.

My thoughts are that there is no 'right' size. The baseline question has to be whether any organisation, large or small, is enabling people to take a full role as citizens of their local communities. This will never be possible without a revolution in commissioning in every local authority and an

end of tendering processes where the final decisions to contract are inevitably made on the cheapest price.



THE DEVELOPMENT OF EQUAL PARTNERSHIPS IS KEY

At Think Local Act Personal (TLAP), we have seen great examples of genuine personalised activities that run counter to traditional notions of large scale social care support.

Indeed, a recent evaluation of micro-based organisations from Birmingham University, concluded that, 'micro-providers offer more personalised support than larger providers, particularly for homebased care.' One of our partners. Community Catalysts – set up by the charity, Shared Lives Plus, shows that when organisations take a strengths-based and co-produced approach, it can, 'harness the talents and imaginations of people in communities and organisations to provide creative solutions to complex social issues.'

While our work with local authorities and partners from health, social care and housing offers us examples that suggest small is beautiful, there are certainly levers in place to support large providers

to be as innovative. Mechanisms for this would be the adoption of personal budgets - particularly via direct payments, as well as pooled personal budgets and Individual Service Funds. We know that when the process for getting and managing a personal budget is easy and when the views of recipients are included, people are far more likely to report good outcomes. This was clear in the 3rd National Personal Budget Survey published by In Control, Lancaster University and TLAP last year.

After all, the key ingredient to innovative and successful service development, regardless of resources and economies, is the development of equal partnerships with people who use services, carers and professionals. This co-produced

approach will lead to shared solutions that are tailored. cost-effective and increase community capacity.



Lynda Tarpey Director, Think Local Act Personal

SMALLER IS DEFINITELY BEAUTIFUL

It is pleasing to see what outcomes may be achieved with a collaborative and innovative approach between a small provider, local authority and clinical commissioning group. But therein lies a problem, collaborative and innovative commissioning is geographically patchy, which leaves smaller providers feeling they don't have the clout to push the agenda.

The *Transforming Care* programme should be a manna from heaven for small providers dedicated to enabling those with learning disabilities to maximise their potential. In reality, this seems far from the case as commissioners seem to favour (much) larger providers.

There are many advantages in working with a smaller provider. All of our team develop a knowledgeable relationship with the individual and their family support network. We can focus true person-centred support to the real wishes and aspirations of the individual with the input of our in-house occupational therapist

developing meaningful therapeutic input and outcomes to help achieve these. The decision-making chain remains localised with empowered managers able to access the support, if required, of the managing director almost instantly. Our support teams have a real opportunity to lead and have a say in how they feel their support should be best utilised.

As with Partners In Support, we value highly the dedicated personal support we can give as a smaller provider. We have a clear pathway through our children's and adults' residential services to supported living. This works well with the few commissioners we deal with. Continued development of our services with these commissioners is in our plan and we really hope

Transforming Care can become a part of this. But, fundamentally, in my view, small(er) is most definitely beautiful.



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KENNETH MACKENZIE

Kenneth MacKenzie is Managing Partner of Target Advisers.

REFLECTIONS ON THE LAST DECADE

When I became actively involved in the sector 11/12 years ago, I was hugely impressed with the compassion, care and commitment shown by the care leaders in the businesses I was engaged with. If hours had to be worked late into the evening to ensure care was given, no questions were asked. However, it was very clear to me that the bar needed to be raised; fine people needing greater support and development and the whole sector to mature. With the goal of Investing in Care, Delivering Returns, Target Advisers LLP launched in 2010. Our core principles are to be straight and honest, our word is our bond, and any of the team can veto a deal if they are not comfortable. Knowingly old fashioned.

PROJECTIONS FOR THE NEXT DECADE

Social care is at the start of a period of sustained growth and increased professionalism, which will make it a fine sector to be involved in if the core principles of care and compassion are at the forefront of all stakeholders.

Target's goal of Investing in Care, Delivering Returns has two meanings. When we say Investing in Care, we mean new long-term, lower return, stable money to the sector as we invest primarily in new, purpose-built homes, while also putting time and competence into our investing activities. We purposely support frontline staff by bringing best-in-class assets,

locations and management teams to back up their noble vocation.

Delivering Returns has a double meaning also - we work hard to give our investors the returns commensurate with those anticipated as we raise the funds but, importantly, we also want to deliver a more holistic experience to our care staff who deliver the care needed for our clients.

INSIGHT

I trained as a chartered accountant wanting to be involved in business. I have enjoyed a varied career that has been a great training ground. One of my earlier 'careers', involved running a multi-site business with 60-plus teams, and I was only able to give face-to-face feedback for one day, every 28 days. That gave me an understanding of the challenges of larger care home groups. Motivating up to 600 employees to work coherently was challenging. Working with several private equity houses exhibits the different pressures these capital structures inevitably bring and the following upheavals in company leaderships.

My role in Target is to facilitate a great ethos to enable us to meet our goals, as well as encourage a humble attitude across the business. It is of utmost importance that we remember the care staff and the cared for, deliver value to investors, present the company well to all stakeholders and consistently strive for best practice.

In my 'free time,' I am deeply involved in

eight not-for-profit charities. I greatly enjoy that, in addition to the joys of a large family.

INFLUENCES

Learn from mistakes, have a strong ethos of life-long learning, and thirst for knowledge. As a young chartered accountant, I became the Managing Director of a business needing a turnaround. As I quickly learned that finance only records history, and does not create it, I recognised the need to develop general management skills, and a more relational view of the world. These necessary life and business skills were cultivated by a personnel development consultancy, the Dean of Harvard Business School, key professors there and honest friends and family. My greatest source of wisdom comes from the oldest book in the world...it is my daily bread.

LESSONS

The customer comes first. Understand your core competencies. The modern business should live by 4 Fs: Fast, Focused, Flexible and Friendly (from Rosabeth Moss Kantor). Reputation is all.

ADVICE

Life-long learning, listen more than speak, we have one mouth and two ears, use them in that proportion. Consider life and purpose and why you are on this earth. 'The Unexamined Life is not Worth Living', СММ Socrates.

Additional content is available on the CMM website at www.caremanagementmatters.co.uk Subscription required.

THE JOURNEY TO QUALITY A LONG AND WINDIN WINDING ROAD Reflecting on the sector during his long career, Des Kelly OBE considers the long journey that has been necessary to improve the quality of services, the role of the community within this and how current initiatives and future developments can keep care homes moving forward.



I was involved in a major research and development programme to improve residential care services in the early 1990s. This Department of Health-funded programme had the title *The Caring in Homes Initiative* (CHI) and was part of the Government's response to the publication of Residential Care: A Positive Choice (generally known as the Wagner Report) in March 1988.

The programme and projects that made up the CHI were independently evaluated by academics from Brunel University, which was subsequently published by Her Majesty's Stationery Office (HMSO) as Raising Voices: Ensuring quality in residential care by Penny Youll and Chris McCourt-Perring in 1993.

Terry Philpott produced an excellent summary of the various publications and reports that followed on from the Wagner Report in Residential Care: A Positive Future. which was produced to mark the 20 years of activity to promote residential care services and was jointly published by The Residential Forum and CMM.

You may wonder why I make these references as my introduction, particularly as they are almost 30 years ago. However, I do so in order to highlight the long journey that has been necessary to improve the quality of services in residential care settings. A journey which arguably is yet to reach its final destination.

A WINDOW IN HOMES

The CHI included a series of overlapping and interrelated projects which explored and developed best practice in residential care settings. These were through the following themes:

- A quality assurance system.
- · Effective information.
- · Learning, training and professional development, particularly for frontline care workers.
- Complaints procedures.
- Community links.

This last CHI programme around

positive links between residential care homes and the wider community, was the one that I was responsible for managing. It had the title A Window in Homes and was primarily concerned with local community involvement and its value to improving care practices.

A Window in Homes had a simple premise that the best care homes invest in relationships with their local community. The metaphor of window was intended to symbolise an outward-looking perspective as much as a view inside the home from the community.

The three programme objectives

- To promote contact between residential establishments and local communities.
- To stimulate involvement by residents in the life of the home and its outside activity.
- To create more feedback on standards of care.

LINKS WITH THE COMMUNITY

I still firmly believe that this notion of a care home as part of its local community, integrated and connected, is correct and should be one of the primary safeguards of standards. The Wagner Report referred to it thus, 'It should not even be necessary to speak in terms of "links with the community" residential establishments should so clearly be a part of the community they exist to serve.'

Such a view of residential care acknowledges that those who live in care homes continue to be equal members of the community and should, therefore, enjoy the same access to the full range of community facilities. Surely, this is as true today as it was in 1988.

When lots of people - relatives, friends, local groups as well as a wide variety of professionals – visit homes regularly, they are wellplaced to ensure that what happens in the home is open to scrutiny. They are more likely to have a good idea of what it is like to live there, the >

> quality of relationships and the way people are treated.

It is not a substitute for regulation and inspection, or even contract monitoring, but it could certainly enhance it. The ethos and openness of a care home and its staff directly affects the extent to which continuing community involvement, in a variety of forms, is a useful additional safeguard. It is about creating the conditions for such community involvement to flourish.

CARE HOME OPEN DAY

This premise was also the reason for supporting the introduction of the Care Home Open Day (CHOD) initiative in 2013. Last year, around 4,000 care homes across the UK, together with care homes in countries as far away as Australia,

"I have a vision of care homes, not just as part of the community but valued as community resources."

participated in CHOD by putting on events and encouraging people from their local community to visit.

The different activities that residents, staff and communities hosted were truly inspiring when the themes were 'the arts' and 'valuing staff'. There was a lot of live music, including a variety of different bands, musicians and singers... even Elvis. Schools, colleges, churches and various community groups and volunteers participated. Art competitions, fancy dress and an assortment of animals were involved plus lots of tea, cake, food and drink.

In England last year, thanks to the continuing support and leadership shown by the Care Quality Commission's (CQC) Chief Inspector of Adult Social Care, Andrea Sutcliffe, 157 inspectors or staff from CQC visited 168 care homes on

the day. Given the important role that the regulator has in promoting quality and continuous improvement, CHOD is an excellent opportunity to showcase care home services and facilities. The support of the regulator demonstrated that the contribution of care workers is important and valued. There was also major support from key sector bodies such as Skills for Care and the Social Care Institute for Excellence. CHOD was mentioned in a debate in Parliament and 56 MPs visited at least one care home in their constituency.

CHOD has a single aim, which is that the best care homes are well connected to the community they serve. They are likely, therefore, to be 'open' and welcoming every day of the year. By having a single day in which all care homes are opened to the public, it offers an opportunity for people to get a better understanding of what happens in care homes, day-in-day-out.

In a survey conducted after the event, of over 300 providers who participated in CHOD, 72% said that they thought that taking part had a positive impact on their care home and the local community. Five care homes reported that they had received more than 100 visitors on the day.

By challenging the misconceptions and perceptions that are so often associated with care homes, a more positive understanding of care home services can hopefully be portrayed. There were, for example, over 160 local newspaper reports of activities in care homes and 23 stories in regional lifestyle magazines. The Guardian celebrated the care home sector with a picture feature. Radio coverage from 27 regional interviews reached an estimated audience of almost four million. Social media was especially impressive, with the Twitter hashtag #CHOD2015 trending on the day and for two days afterwards with a total of over 3.5 million mentions.

CHOD takes place on Friday 17th
June this year and, in recognition of the
90th birthday of The Queen, has a theme
of 'celebration'. We want CHOD 2016 to
be the biggest ever, with the highest level
of engagement. Check out the website

for information and ideas, activities and resources, and do participate in and promote the event. It is a wonderful opportunity to demystify what care homes do and allay fears that some members of the public have about the quality of care services.

A VISION FOR CARE HOMES

I have a vision of care homes, not just as part of the community but valued as community resources. A focal point for delivering quality, integrated services including information and advice, day provision and outreach, occupational therapy, pharmacy, GP input, linked to housing and offering access to meeting space or leisure activities.

Care homes increasingly offer short-stay provision, intermediate care, rehabilitation, 'step-down' or 'step-up' from hospital, or respite care. This diversification of care homes seems to me to be an inevitable result of changing commissioning – both for local authorities and for those people funding their own residential care.

An aim of care homes should be, at least in part, to support people in the community in such a way as to prevent, or at least delay, the need for longer-term residential care.

Coming back to quality and how quality care is perceived, I am reminded of a comment by Wolins, M. and Wozner, Y. writing of 'revitalising residential settings' in 1982. They said, 'Much has been written about institutions of various kinds. The reader may find stringently analytical and warmly romantic narratives of a positive or negative flavour about any type of institution. Such assessments, of course, reflect the judgement of their authors, but in part they are dictated by the temper of the times.'

There it is, the journey to improving the services of care homes is about attitudes and perceptions as much as it's about standards, rigorous assessment and quality ratings. Involving the community in this is a real way to challenge local perceptions, but is it a journey that never ends?

Des Kelly OBE is Executive Director of the National Care Forum. Email: des.kelly@nationalcareforum.org.uk Twitter: @DesKellyOBE

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What's going on with apprenticeships?

It's all change in adult care apprenticeships but what's happening and what do providers need to know? Rob Newby fills in the detail.

With 87,000 starts in 2014 to 15, adult social care currently provides the largest proportion of apprenticeship starts of any sector of the economy, with 17% of the approximately half a million starts. It is estimated that this contributed to a total of 150,000 adult social care apprentices on programme in the year. These apprentices work in a variety of care

WHAT'S GOING ON WITH APPRENTICESHIPS?

- > roles, but they are covered by two learning frameworks:
- Health and Social Care, where they follow an adult social care pathway at one of two levels intermediate and advanced.
- Care Leadership and Management at higher level, which is at the same level as the second year of university education.

This higher apprenticeship is very popular among aspiring managers. It has been phenomenally popular since its introduction in late 2012 with almost 15,000 people starting this framework. This represented 43% of higher apprentices in all sectors in 2014 to 15.

This all means that adult care has a significant part to play in helping the Government to reach its target of three million apprenticeship starts in the life of the current Parliament

APPRENTICESHIPS REFORM

For the last two years, the Government, led by the Department of Business Innovation and Skills and the Department for Education, has been rolling out a comprehensive reform programme of the English apprenticeship system, known as Trailblazer. Crucially, this iterative policy process has been led by employers and, although they have received lots of practical support from sector skills council,

Skills for Care, adult care employers have very much 'held the pen' in the words of the original Minister in charge, Matthew Hancock MP.

THE ADULT CARE TRAILBLAZER

The employer group for the adult care Trailblazer has been ably led by Helen Wilcox MBE. Helen is a small employer running domiciliary care company, Woodford Homecare in the West Midlands. Helen has gathered around her an enthusiastic group of Apprenticeship Employer Champions from local authorities and private and voluntary sectors. It is a mixture of large employers, small and medium-sized companies and an individual employer.

This Trailblazer group completely reexamined the need for apprenticeships, stripped back the multiplicity of job titles and settled on four generic occupational titles, which are the subject of four concise two-page standards:

- Adult Care Worker (equivalent to current level 2 intermediate).
- Lead Adult Care Worker (equivalent to level 3 advanced).
- Lead Practitioner in Adult Care (new level 4).
- Leader in Adult Care (equivalent to level 5 higher).

The standards describe the skills and knowledge required by an individual to be fully competent in an occupation. The Adult Care Apprenticeship

Standards are available on the Government website but, as yet, are not available to use. The new standards will become available in the next few months once the detail of the end-point tests has been finalised and the SFA has agreed a funding cap.

END-POINT ASSESSMENT

Key to the new approach is that the apprenticeship should be judged at the end to see if the learner has fully absorbed all the learning, skills and behaviours required. Thus, on top of the existing competency-based Qualifications and Credit Framework (QCF) diplomas, every apprentice must finish with some independently-administered tests. These are designed to test them in the round and allow them to demonstrate high-level competency. All these requirements are the same for the new apprenticeships in all sectors.

Finally, as part of the Government's drive to improve productivity, if they do not already possess them, all apprentices will have to acquire maths and English qualifications at level 1 for level 2 apprentices, and at level 2 for apprentices at level 3 and above.

FUNDING REFORM PART 1: THE ONE PLUS TWO MODEL

The Government was clear that, as part of the reforms, they also wanted employers to have buying-power over apprenticeships, as they are the customer in the relationship with learning providers and end-point test assessors. This has led to a number of reforms of the funding system. Currently, learning providers claim money from the Skills Funding Agency (SFA) for the apprentices they train. How much they get depends on the size of the qualifications contained in the framework and, crucially, the age of the apprentice. Apprentices aged 19 or over attract 50% or less of the payments for 16 to 18 year olds. Any difference in the cost of delivery is made up from employer contributions but these can be in kind rather than in cash.

In the new system, employers will need to pay cash, but there will no longer be an age-based distinction on the cost. The SFA sets a maximum price for each apprenticeship standard from one of six caps. Employers then negotiate a price with their chosen learning provider for delivery under this cap and pay one-third of the price. The SFA contributes the other two-thirds. So, for example, if the cap was £9,000, employers would contribute a maximum of £3,000 over the course of the apprenticeship and the SFA £6,000.

CASESTUDY

How apprenticeships benefit the adult care sector

aVida Care is a domiciliary care company based in central Gloucester. It provides support to around 150 vulnerable adults/older people with varying dependency levels and conditions such as physical disability, sensory impairment, learning disability and/or other mental health or physical issues.

To date, aVida has supported seven apprentices on frameworks including Health and Social Care and Administration. Three of these apprentices have now completed their qualification and have secured full-time employment with aVida in a variety of roles, including rapid response, planning and homecare. aVida offers its apprentices the opportunity to learn about all aspects of the business on 10-week rotational placements, including administration, assessment and review, homecare and team leading.

Peer support is of benefit to the apprentices and the manager, Jacqui, confirmed, 'This has bridged the generation gap and been welcomed by our existing staff.' One apprentice said, 'I feel very supported by my line manager and mentor.' Another apprentice noted, 'aVida is a good company to work for and I have now recommended the apprenticeship to my friend who will be starting her employment with aVida soon.'

There are additional incentive payments, which the SFA will pay to the employer if they are small employers, employing 16 to 18 year olds and upon completion. It is also worth noting that from this April, employer National Insurance contributions for apprentices under 25 will be abolished.

FUNDING REFORM PART 2: THE LEVY

However, the system will change again from April 2017. Changes being currently enacted through the Finance Bill in Parliament will introduce an apprenticeship levy on all employers. This will be collected through the PAYE system. It will be 0.5% of an employer's payroll but a £15,000 allowance means that, in effect, this will only affect employers with payrolls of at least £3m. For example, an employer with a payroll of £4m will pay 0.5% of the amount over £3m, meaning their levy will be £5,000. This is estimated to affect no more than 2% of employers, but covers the private and public sectors, including government departments, local authorities and NHS Trusts.

The levy money raised (minus a contribution to be made available to the Scotland, Wales and Northern Ireland governments to use as they wish) will be placed in an online account for that employer and matched with a 10% top-up from the Government. Employers then have control of a pot of money to pay for as many apprenticeships as they wish.

Much of the detail of how this will work is still being finalised, but there are likely to be time limits on how long this money will remain if unused and also scope for the employer to allow other employers (such as those in their supply chain) to use some of its contribution. It is also not yet clear what system will be in place for the 98% of employers who will not be covered by the levy.

The employer account will sit inside a new online Digital Apprenticeship Service, where it will be combined with databases of learning providers, learners looking for an apprenticeship and advertised apprenticeship vacancies. The whole process will be overseen by a new Institute for Apprenticeships, which will have a board made up of employers and others, and

"Adult care has a significant part to play in helping the Government to reach its target of three million apprenticeship starts in the life of the current Parliament."

will be answerable to ministers. This is being created as part of the Enterprise Bill currently passing through Parliament.

AMBITIOUS TARGETS

The Government has set itself and employers ambitious targets to completely reform the nature of English apprenticeships and how they are funded. It expects to hit its target of 3 million starts between 2015 to 20. Government partly hopes to drive this through a requirement of public bodies to take on 2.3% of their workforce as apprentices, which will, no doubt, affect some parts of the adult care sector.

The adult care sector has massively benefitted from the Apprenticeship Ambition programme driven by Skills for Care and supported by the Department of Health. It contributes 17% of all starts with a high completion rate of 79%. What is certain is that those achieving the new apprenticeship standard will be of a very high quality and will be able to take great pride in what they have achieved and the occupation they have chosen.

Rob Newby is Programme Head – Standards Learning Qualifications and Apprenticeships at Skills for Care Email: information@skillsforcare.org.uk Twitter: @SkillsforCare

Do you use apprentices? Will you be more inclined to once the reforms are in place? Share your thoughts on the CMM website. **www.caremanagementmatters.co.uk** Subscription required.



Dementia Care Matters, a leading dementia care culture change organisation, has been developing its model of dementia care over the last 20 years. The Butterfly Household® model places a strong emphasis on emotional intelligence as a core competency, more so than formal qualifications or previous care experience. Key aspects of the model include:

- Developing small household living for people with dementia in a family-like environment.
- Removing institutional features such as uniforms, medicine trolleys, and rigid task-based routines.
- Enabling greater freedom for people to do more for themselves

- and feel less restricted.
- 'Being with' more than 'doing things for' people – eg. staff sharing the day as friends and eating together.
- Connecting with, and occupying, people in ways which are woven into all parts of the daily life of the household and involve all members of the team, including housekeepers, maintenance and catering staff.

INVESTING IN CULTURE CHANGE

However, to achieve what can be radical changes in working practices requires culture change. Working together with Dementia Care Matters, care home provider, Royal Masonic

Benevolent Institution (RMBI) has implemented a culture change programme across its care homes in England and Wales. Managers and senior care staff undertook a one-year Person Centred Dementia Care course (PCDC) and some also completed in-house training. Following the culture change process, Dementia Care Matters undertook yearly, unannounced audits of all homes for people living with a dementia.

As part of this, the auditor assesses the homes on the Quality of Life accreditation award. This is assessed through these qualitative observations of a day in the care homes. The potential outcomes of these observed days range from a

level 1: exceptional person-centred dementia care, to a level 10: crisis level of dementia care requiring legal action. A home must achieve between level 3 and level 1 in order to become a Butterfly Household®. To achieve a level 1, there must be over 70% of the day where the majority of people living in the home are experiencing positive social interactions and positive personal care.

Previous research conducted by the Dementia Care Matters team, based on 700 audits, and prior to any culture change programmes taking place, show that in reality, over 70% of the day in a care home is focused around tasks rather than relationships.

While a significant number of

Transforming lives: The Butterfly model and best practice in dementia care

Care home providers are continually seeking the ultimate guide on how to provide the very best in dementia care. Huge investments are being made in dementia care awareness training and there are many different perspectives available on what good dementia care really looks, sounds and feels like. Here, Sally Knocker explores some of the best practice the Royal Masonic Benevolent Institution has been implementing alongside Dementia Care Matters.

homes following the Butterfly model have achieved the Quality of Life accreditation award, only 13 homes in the UK currently hold a level 1 status. In the last year, four RMBI homes have received level 1, and nine homes now hold the kitemark accolade.

KEY INGREDIENTS FOR SUCCESS

To achieve such shifts towards exceptional person-centred dementia care, there are a number of factors to consider.

Leadership matters

Significant support, direction and commitment from the management

team at every level are critical for success. It allows managers to confidently follow the core ingredients of the model and, therefore, have a real chance of implementing a lasting change. Passion and heartfelt leadership is key to driving the changes.

Shared vision across the whole team

Managers and senior carers use a 50-point checklist to help carry out the necessary changes. However, far from a simple exercise, it requires good leadership and buy-in from the whole team. Some of the areas covered include removal of barriers and creating meaningful ways to occupy people.

Creating vibrant, homely and active environments

Butterfly Households® embrace the importance of colours and objects in the surrounding environment. Tables are engagingly laid at meals with opportunities for people to serve their own vegetables and pour their own tea. Dolls and soft toys provide comfort and companionship to some people and there are lots of books, magazines and pictures to pick up and look at. There is a strong focus on life story profiles, activities and occupations that relate to peoples' past lives and interests. Staff are highly-skilled at creating a constant flow of activities from agua painting, to fruit picking, and reminiscing with family

photographs and sensory props for those further on in their dementia journey.

Regularly observing the lived experience of people

Even for the most advanced care operators, sustaining progress is a continuous challenge. Environmental changes such as staff turnover or a change in management can naturally have a significant impact on a care service. One of the skills adopted by RMBI staff to address such issues includes observational tools, where a staff member will sit and observe common practices from an unbiased point of view and this can bring about important learnings. > The University for World-Class Professionals

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Acknowledging and addressing the obstacles to progress

Managers involved in the culture change process often describe the challenges faced by 'old school staff'. Louise Corris, the home manager at The Tithebarn in Liverpool, described an era where, 'good care meant a clean, tidy environment and was shown in routine and efficiency.' Care home managers now have to make difficult and brave decisions about their staff on whether they are open to change and able to let go of strict task-based care routines.

MAKING IT HAPPEN IN REALITY

Debra Keeling, Deputy Director at RMBI, shared the realities of bringing about culture change in a care environment. 'It would be nice to say that it has been a smooth journey with everybody immediately "getting it" but this wasn't the case.

'Changing a culture of task-based, medical care into a place of warmth and ultimately a home, has been difficult. Both time and sensitivity has been essential to implement any real, lasting change, especially one that would be embraced by all. We had to dig deep to find creative ways to communicate messages to reach every level, with some people living in the home being equally resistant to change.

'Support groups were formed where people were able to share experiences and essentially develop ways of supporting one another by talking openly about dementia. Various meetings were also held to communicate changes as they took place, and discuss any concerns or questions.

'Some staff were initially reluctant to change. They preferred to keep themselves busy changing beds, emptying water jugs and pushing trolleys rather than speak to management about things that could be done differently. But over time, the barriers started to come down and staff began to embrace their achievements. A basket of laundry was no longer seen as just a basket of laundry – it was an opportunity for





physical exercise, reminiscence and a chance for people to interact. We now have environments that make sense to the people that live in them; a more adaptable and flexible, working environment, and most importantly, a management team who actively promote a person-centred approach.'

CULTURAL CHANGE AND THE FUTURE OF DEMENTIA CARE

Adapting a lasting culture change across an entire workforce presents numerous challenges. However, living proof of the Butterfly Household® model can be seen in RMBI homes and the charity continues to work towards a more person-centred focus to care. Feedback from people living and working at the homes has been positive which has allowed for staff understanding and participation to grow, as well as creating an environment with more open communication.

As the demands for older peoples' care continues to increase, so do the complexities around dementia care. Understanding the needs of each individual, and adapting care to each



person's specific needs, can help providers to strive towards achieving the highest quality of life for people living with a dementia.

Nurses and care workers often feel a sense of relief when they experience what it is like to work in an environment that creates a real feeling of family and friends, rather than a formal clinical environment. Home Manager, Michelle Bladen at Prince Edward Duke of Kent Court in Essex has received a number of comments during her time at the home which indicate that leadership and development is heading in a positive direction. She said, 'An external voluntary sector worker was so impressed when she visited the home recently. She said that she would have stayed in nursing twenty more years if she had known she could have worked in a household like this.'

For details of the 50 Point checklist. visit www.dementiacarematters.com/ membership

A revised checklist: Inspiring: the Butterfly Household Model of Care® - The Butterfly Model Checklist Revision 2 will be launched at Dementia Care Matters' annual conference on 21st June.

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What are your thoughts on the Butterfly model? Do you follow a different dementia model? Share your thoughts on the CMM website. www.caremanagementmatters.co.uk Subscription required.



GOOD NUTRITIONAL CARE

Are you getting it right?

With over a third of care home residents at risk of malnutrition on admission to a care home, Helen Willis breaks down how providers can ensure good nutritional care for all residents.

> Whether as a consequence of illness or disease, or the influence of factors such as depression, anxiety or social exclusion, malnutrition is particularly prevalent in the elderly. Latest figures from BAPEN suggest that as many as 35% of residents are thought to be at risk on admission to a care home. This is why it's vital to ensure that good nutritional care is prioritised from day one and that all residents are given the support they need to avoid malnutrition and the potentially life-threatening consequences it can have on their health.

WHAT IS MALNUTRITION?

The official definition of malnutrition from the National Institute for Health and Care Excellence (NICE) is when an individual has:

- a BMI of less than 18.5, or
- · unintentional weight loss greater than 10% within the past three to six months, or
- · a BMI of less than 20 and unintentional weight loss greater than 5% within the past three to six months.

However, while these figures are a useful guide, the single most effective way to screen for malnutrition is by using BAPEN's Malnutrition Universal Screening Tool (MUST). Supported by organisations including the British Dietetic Association (BDA), this is the most widely-used screening tool in the UK and should be used at regular intervals for all residents.

In addition to a formal screening programme, it's also worthwhile taking the time to train care staff in recognising potential early signs of malnutrition. Weight loss isn't the only indicator and other signs to look out for include feeling tired all the time and struggling to keep warm. One idea might be to post simple, visual guides in the home with reminders of these signs.

It can't be emphasised enough that the earlier the risk of malnutrition is identified, the easier it is to halt its progress.

If your screening process has identified that a resident is at risk of malnutrition, it's important to inform the person's GP in case this has been caused by any, as-yet unidentified, underlying illnesses. While treating such illnesses will naturally form an important part of supporting a return to good health, good nutritional care is vital to avoid the progression of malnutrition and the potentially fatal consequences this can have on residents.

WHAT DOES GOOD NUTRITIONAL CARE LOOK LIKE?

Ensuring residents get the nutrition and hydration they need on a daily basis is, of course, a fundamental aspect of quality care. However, what this means in practice is not always

There is a plethora of guidelines on the provision of food and drink in care homes, but the National Association of Care Catering's (NACC) Nutritional Standards for Adults is a useful place to start. Its aim is to simplify existing standards in line with current best practice.

At a regulatory level, the Care Quality Commission's (CQC) recently introduced Regulation 14 sets out what is required of homes in meeting the nutritional needs of residents. Reflecting the weight that the regulator places on good nutrition, inspectors now have the power to immediately prosecute homes if a failure to meet these regulations results in avoidable - or significant risk of - harm to a resident.

A PERSONALISED APPROACH

In addition to screening for signs of malnutrition, key to providing good nutritional care is to monitor the specific needs of residents, both at the initial assessment stage and on an ongoing basis. Ideally, relatives or close friends should be involved in the initial assessment, which should cover - but not be limited to - the following factors: any special medical and dietary requirements, cultural or religious influences and, most importantly, what they enjoy eating.

This nutritional assessment should form an important part of their overall care plan and all details on their specific needs and preferences should be made clear to all catering staff.

Once their personalised nutritional plan is in place, regularly reviewing this will ensure that any changes in residents' needs and preferences are accounted for.

At a day-to-day level, the CQC's Regulation 14 emphasises the importance of choice. This means inspectors will want to be assured that residents are offered a genuine variety of options to choose from at all meal and snack times, including portion sizes to suit different appetites.

This is echoed by the NHS's 10 Key Characteristics of Good Nutrition and Hydration Care (see table below), which emphasise that choice should be extended to when people eat. In my experience, residents, especially those with

> dementia, often eat more when given the chance to enjoy food outside of set mealtimes.

Put simply, if a resident wants to eat a small portion of cottage pie at 8pm, for example, they should be free to do just that.

NUTRITIONAL CARE FOR RESIDENTS WITH DEMENTIA

As providers will appreciate, caring for residents with dementia can pose particular challenges that can make it much harder to ensure they get the nutritional intake they need.

Among the recommendations within the 10 Key Characteristics of Good Nutrition and Hydration Care is to serve meals in an environment conducive to the enjoyment of food. This refers to the 'Protected Mealtimes' concept, which advocates the avoidance of any visits or appointments during times when food and drinks are being served. For residents with dementia, fostering such an environment is particularly important and should also extend to creating a calm and relaxed setting, removing stimuli such as televisions or loud music to help focus attention.

The emotional and physical changes that can go hand in hand with the progression of dementia can impact on eating habits and it's common to find that what once was a favourite dish is now regularly refused. This is another reason why it's so important to regularly review the options you are offering to residents.

Depending on the kind of dementia a resident is experiencing – and the extent to which it has progressed – they may have difficulty recognising cutlery, food and drinks, so tables should be kept uncluttered and contrasting colours should be used for cutlery, crockery and table cloths.

Similarly, some may struggle to recognise what food they are being served, especially if they are also experiencing dysphagia (difficulty swallowing and chewing food) and rely on meals that have been adapted to make them safe to eat. This is where texture-modified meals that closely resemble the 'normal' food served to other residents can play a role in encouraging those with dysphagia to eat.

On that note, it cannot be stressed enough that the first step in catering to any resident with dysphagia is for them to be assessed by a speech and language therapist, who can diagnose which stage of the condition they have reached.

MOVING FORWARD

Malnutrition has been linked to increased hospitalisation, re-admission and long-term ill health and, if left untreated, even death.

While the range of guidelines and regulations governing nutritional care can be daunting and confusing, what's most

important is to work with residents and their families to create a flexible, nutritional plan that is regularly reviewed and adapted and do all you can to make mealtimes an occasion to look forward to. Together with a formalised nutritional screening programme, which will help identify signs that residents are at risk of malnutrition, your efforts will go a long way to helping avoid its occurrence.

The NHS's 10 Key Characteristics of Good Nutrition and Hydration Care

- Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
- Together with each resident, create a personal care/ support plan enabling them to have choice and control over their own nutritional care and fluid needs.
- Care providers should include specific guidance on food and beverage services and other nutritional and hydration care in their service delivery and accountability arrangements.
- People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
- 5. Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).
- All healthcare professionals and volunteers receive regular training to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.
- Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24-hours a day, every day.
- All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance managed in line with local governance, national standards and regulatory frameworks.
- Food, drinks and other nutritional care are delivered safely.
- 10. Care providers should take a multi-disciplinary approach to nutrition and hydration care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.

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Do you follow these principles for good nutritional care? Share your best practice and access the resources mentioned in the article on the CMM website. **www.caremanagementmatters.co.uk** Subscription required.



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SURREY AND SUSSEX SOCIAL CARE SHOWCASE 2016

10 Years of the Showcase - The Future in Health and Social Care

9th March, Brighton

The Care Quality Commission's Chief Inspector for Adult Social Care, Andrea Sutcliffe, headed the list of key speakers at the Surrey and Sussex Social Care Showcase 2016 held at Brighton Racecourse in March.

Now the region's biggest free training and business event for the adult social care sector, this year's 10th anniversary Showcase attracted over 900 care providers and their staff from across Surrey and Sussex.

With the theme of *The Future of Health and Social Care*, the Showcase's programme of high-profile seminar speakers and networking opportunities offered a unique perspective on the challenges, developments and opportunities within the sector.

Erica Lockhart, Chief Executive of Surrey Care Association and one of the Showcase organisers said, 'We were delighted to see record numbers attending Showcase this year as providers look to the future in an increasingly challenging environment for adult social care. The inspection approach of the Care Quality Commission (CQC), staff recruitment issues, pressure on fees and costs together with the uncertainty about how health and social care services will be integrated, are just some of the challenges facing the sector. Our Showcase plays an important part in helping providers to keep up-to-date and to be planning ahead to ensure they can continue to offer high levels of quality care to the vulnerable adults they serve.

Showcase's extensive exhibition area also offered a 'one-stop-shop' for information and advice on products and services from over 80 training providers, workforce development specialists, lawyers and professional services, business advisers, care associations and suppliers to the care industry.

The High Sheriff of Surrey, Mrs Elizabeth





Kennedy officially opened the Showcase 2016 which is supported by Surrey Care Association, East Sussex County Council, Brighton & Hove City Council and West Sussex County Council.

EXTENSIVE SEMINARS

The day had an extensive range of seminars. Speakers at *Surrey & Sussex Social Care Showcase* 2016 included:

- Andrea Sutcliffe, Chief Inspector for Adult Social Care at the CQC who spoke on *Lifting the Lid On Adult Social Care and COC*.
- Harold Bodmer, Vice President of the Association of Directors of Adult Social Services discussed Devolution, Integration and Social Care, exploring the context for delivery of social care with reference to devolution and integration.





- Ceri Williams and Sarah Allen of Home Office Immigration Enforcement explored *Immigration* and Care Providers.
- Neil Eastwood, Founder of Sticky People gave a recruitment masterclass on how to find more of the best care staff. This was then followed by Karen Stevens, Locality Manager at Skills for Care who discussed recruiting and keeping staff with the right values.

Providers took away a wealth of useful information to help them face the challenges, developments and opportunities within the sector.

More information on the day, and copies of the presentations, are available on the Care Showcase website www.careshowcase.org.uk

CMM and Care Choices were media partner for the event.



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WHAT'S ON?

Event: Naidex 2016

Date/Location: 26th to 28th April, Birmingham **Contact:** Naidex, Web: www.naidex.co.uk

Event: Dementia: Quality of Care 2016

Date/Location: 27th April, Manchester

Contact: Open Forum Events, Web: www.openforumevents.co.uk

Event: Community Care Live **Date/Location:** 10th/11th May, Birmingham

Contact: Community Care, Web: www.communitycare.co.uk

Event: Care Home Open Day – Celebration

Date/Location: 17th June, Nationwide **Contact:** Care Home Open Day,

Web: www.carehomeopenday.org.uk

Event: Royal College of Nursing Congress and

Exhibition 2016

Date/Location: 18th to 22nd June 2016, Glasgow

Contact: Royal College of Nursing, Web: www.rcn.org.uk

Event: Wellbeing and Cost Benefits Matter: Linking these in

Quality Dementia Care

Date/Location: 21st June, Guildford

Contact: Dementia Care Matters, Tel: 0207 720 2108

Event: Health+Care 2016 **Date/Location:** 29th/30th June, London

Contact: Closer Still.

Web: www.healthpluscare.co.uk

Event: A new future for social care? Good practice

approaches to meeting care and support needs

Date/Location: 12th July, London

Contact: The King's Fund. Tel: 0207 307 2596

Event: Care and Dementia Show 2016 **Date/Location:** 11th/12th October, Birmingham

Contact: The Care Show, Web: www.careshow.co.uk

CMM EVENTS

Event: The Transition Event 2016 **Date/Location:** 26th May, Birmingham

Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight – Lancashire Care Conference

Date/Location: 22nd September, Lancashire **Contact:** Care Choices, Tel: 01223 207770

Event: CMM Insight – Berkshire Care Conference

Date/Location:20th October, BerkshireContact:Care Choices, Tel: 01223 207770

Please mention CMM when booking your place.

HELÉNA HERKLOTS · CHIEF EXECUTIVE · CARERS UK

STRAIGHT TALK

Heléna Herklots discusses the role of providers in supporting carers.



Caring will touch all of our lives at some point, yet society and public services are still to grasp the extent to which our economy relies on the unpaid care provided by family and friends. The UK's 6.5 million carers save the economy £132bn every year - that's close to the cost of a second NHS. If even a small percentage of people were unable to continue caring, the economic and social impact would be catastrophic.

Our ageing population means that the number of people needing care, and for longer, will continue to rise. As a result, more people are providing care than ever before and this collision of responsibilities can take its toll on their health, finances and life opportunities. Yet as more people are caring for a loved one, they are doing so against reduced support from the social security system and a squeeze on the

availability of local care services.

In light of the Care Act in England giving carers improved rights to support, and the immediacy of the caring challenge the country is facing, the Government announced the development of a new national Carers' Strategy. It will build on previous carers' strategies and look to address how carers can be better supported in all areas of their lives, now and into the future. The new Strategy is due to be published at the end of this year.

Carers will be looking for the Strategy to recognise and improve support in a number of key areas, including better financial support, improved support in the workplace and better identification and support from health and care services. Mark, who balances working with caring for his wife, who has Multiple Sclerosis, and raising three children, said, 'Making sure carers are better supported in all areas of their lives is vitally important. Full and effective support for those taking on caring responsibilities must be in place and ready for carers to access at the moment they need it.'

Following a call for evidence from the Government to inform the Strategy, Carers UK will be putting forward the social and economic case for improving support for carers. We'll also be making policy recommendations on issues that haven't been a focus in previous carers' strategies, such as housing and technology, which can play a very significant role in making caring for someone easier.

The Government is asking providers and professionals to submit evidence on the importance of identifying people who are carers, providing direct services to carers, and involving carers in the services provided to the person they care for.

Carer-friendly services, which are goodquality, flexible, affordable and reliable, can make a carer's role more manageable; helping carers to look after their loved ones well and enabling them to have time

to look after their own health, maintain relationships, and have the opportunity to remain in or return to work. One mother who cares for her daughter told us, 'Since getting respite, it has meant I can have a break and look after our daughter in a much better way. She's having more fun and developing better too, which makes us all happier.'

Feeding into the Carers' Strategy is an opportunity for care and support services to reflect on what they do for carers and if there is more they can do. The charities behind Carers Week (6th to 12th June) have produced a Carers Checklist to help with this, setting out some practical steps that care and support services can take to support carers.

Just as carers and their families can benefit from quality care and support services, these services can also benefit from the support of family carers, who often have significant expertise in the care needs of the person they support. Better care can be achieved when this expertise is recognised by professionals and when carers are involved in the care being provided.

There are important issues for the care sector as an employer. One in nine adults in the UK's workforce juggles paid work with unpaid caring responsibilities and this number is set to rise by nearly half as much by 2037. What's more, millions of people have already given up work or reduced their hours to care for a loved one. Greater recognition from employers and more flexible working policies can help retain experienced, valuable staff, whilst reducing the costs of recruitment and absenteeism, and improving staff wellbeing and motivation.

We welcome the development of the Carers' Strategy and its ambition to improve support for carers at all levels. It is fundamental that it is matched by action if it is to deliver concrete improvements to carers' lives **CMM**

Information on Carers Week, the Carers Checklist and details of the Government's consultation are available on the CMM website. www.caremanagementmatters.co.uk Subscription required. Twitter: @CMM_Magazine



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