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From the Editor

Editor, Emma Morriss shares her thoughts on how providers can and should learn from incidents of abuse.

This month, we have a very honest article from Raina Summerson, Chief Executive of Agincare. An article that I don't think many chief executives would write.

Raina has shared her organisation's experience of dealing with an incident of financial abuse by a former care worker. She explores what happened, the impact it had, how the prosecution process hindered, not helped, and how, as a company, they have learnt from it.

We all know that incidents of abuse, unfortunately, can happen, however many processes, procedures and checks are in place.

The deplorable acts of the few can destroy lives, cause heartbreak and distress and tarnish the efforts of the sector and its hard-working staff, who go to work every day to ensure clients are cared-for, happy and supported to live their lives.

PROSECUTION

What struck me about this story was the how difficult it was for everyone involved to pursue the prosecution, how difficult the system made it for the family of those affected. Maybe I'm naïve, but I thought that all parties, led by the police or Crown Prosecution Services, would be working together to investigate, and prosecute if a case was found. Apparently not.

This is why Action on Elder Abuse (AEA) is campaigning for a criminal charge of elder abuse. The charity says that most cases are never prosecuted and when cases are taken to court, they invariably result in suspended or community sentences.

AEA has produced a paper on the failure of the Criminal Justice System to adequately protect victims of elder abuse, and explains the need for an aggravated offence.

DAUGHTERS' STORY

However, the article isn't just from Agincare's point of view. Raina also put us in touch with the daughters of the couple who, so very kindly, shared their story. It is a heart-breaking read. They share the impact of the abuse on them all, the flaws in the prosecution process and how that made the situation worse for everyone.

One thing that comes out of the two pieces though, is real advice for providers. By working together, Raina, her team and the family of the couple have been able to raise awareness amongst managers, put in place further processes and educate clients and staff about professional boundaries in what is a very personal job.

The articles start on page 32 and I highly-recommend everyone read them. They are open and honest, raw and emotional in places. But the more the sector can do to support everyone to prevent abuse, and work to develop a clear prosecution pathway, the better it will be.

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Is it just me...?

Editor in Chief, Robert Chamberlain ponders whether the critical issues affecting the NHS and social care will truly be addressed in the election or remain a political football.

With less than one month to go until the General Election, I thought I should write about what each party's manifesto contained in regard to health and more specifically social care. However, from the information currently available, and no manifestos having been published at the time of writing, this is easier said than done. There is certainly a good deal of rhetoric being quoted but a lack of important detail about how it will be backed up.

THE LABOUR PARTY

Ever-critical of the Tories' running of our sector, Labour has stated an intention to introduce legislation to 'not just repeal the Health and Social Care Act, but unpick the 25 years of marketisation'. Its aim is to bring the NHS and social care back into the public sector. In respect of the NHS, this will be achieved by using National Investment Bank funds to buyout existing PFI contracts, deemed as a 'large drain' on resources that cause 'financial destabilisation'.

If achieved, it is stated that there will be an end to the 'purchaser-provider split and return the NHS to an accountable public service run in the public interest'. There are few clues at the moment about how it could be achieved for social care or indeed the implications of such a bold move.

Jeremy Corbyn stated, 'We will reverse the damaging cuts to social care and build a social care system that enables independence and puts dignity and human rights at its heart'. Without a published manifesto, it is unclear how this would be funded, although a leak of the Labour Manifesto says that it would spend an extra £8bn on social care over the next Parliament and increase income tax for the highest-earning to raise an extra £6bn for the NHS.

LIBERAL DEMOCRATS

Interestingly, the LibDem's first election manifesto announcement was a 'recovery plan' for NHS and social care services. Described as its 'flagship spending commitment', it proposed a five-step plan: a 1% raise in income tax, generating £6bn a year, ring-fenced for the NHS and care; introduce a dedicated Health and Care Tax showing on people's payslips exactly what is spent; establish a cross-party health and care convention to ensure systems are sustainable and integrated for the long-term; and introduce an Independent Office of Health and Care Funding.

THE CONSERVATIVES

Obviously, we are acutely aware of how the current Government has fallen short of addressing our sector's crisis. Jeremy Hunt has gone on record to say that the Government recognises that the NHS and social care require greater investment but it all depends on the Brexit outcome. Speaking on the BBC's Andrew Marr Show, he said that if we get a bad Brexit outcome, it would be a disaster for the NHS.

It has been reported that the previously shelved recommendations of the Dilnot Report to place a cap on an individual's payment of care fees is being reconsidered. Rumoured to be set to a level of £85,000, the cap would be higher than the £72,000 put on ice until 2020.

UNDERWHELMING

The Labour Party's plan to de-marketise social care, to my mind, shows a fundamental misunderstanding of how the sector operates. If Corbyn thinks that fat-cat care operators are draining money from the system, I think he needs to do more research. I'm sure if he does the maths, it will become apparent that a publicly-operated social care system will be far more costly to run.

Though the LibDems have been most forthcoming about their intentions, let's face it, they are unlikely to gain outright power. As part of a coalition, a diluted version of their five-step plan could evolve.

The Tories have made some in-roads to improve the sector's plight, albeit short of what is needed. However, there are no big election promises at present, beyond a Green Paper, if re-elected. Will it be more of the same and Brexit dependent?

Obviously, an election will not be fought on health and social care issues alone but as a sector we seem to be facing a 'pie in the sky' Labour plan versus 'better the devil we know'.

What do you think about this subject? Join the debate at **www.caremanagementmatters.co.uk** Twitter: **@CMM_Magazine**

NEWS

Public spending on adult social care in England

The Institute for Fiscal Studies has published a briefing note on public spending on adult social care in England. It describes how local authority spending on adult social care has evolved since 2000-01, what could happen to spending under current plans, and the challenges faced by social care in the long run.

It reports that in 2015–16, local authorities spent £16.8bn in England on funding care services for adults who cannot afford to meet their care needs. Local authority spending on adult social care in England fell 8% in real-terms between 2009–10 and 2016–17, but was protected relative to spending on other local authority services.

The population has been growing, so spending on adult social services per adult fell by 13.5% in England. However, this doesn't take into account that the population is ageing, which will have put additional pressure on adult social care services.

Cuts have been greatest where spending, and needs, were previously highest because of how the allocation of grants from central to local government has worked in the last few years.

Under current plans, councils are set to receive a growing pot of funding intended for social care, which could be worth £5.4bn in 2019–20 if councils make maximum use of powers to raise council tax. These new funds potentially give councils enough money to reverse by 2019–20 all the cuts that have been made to social care since 2009–10: spending in 2019–20 could be 3.2% higher than it was in 2009–10 (but still 4.8% lower per adult).

However, this is conditional on local authorities choosing to raise the funds and using them for social care.

The current government has delayed the implementation social care funding reforms proposed in 2011 by the Dilnot Commission in favour of short-term injections of funding for the current system. The report says that the problems identified by the Commission remain and even if an incoming government does not attempt wider reform, planned reforms to local government funding mean that it is crucial to consider whether expectations of the social care system are consistent with funding these services through local taxation.

It concludes by saying, 'There has not been a lack of reviews of social care funding in recent years. It is time to see what the political parties actually want to do, and for some real action from whoever forms the next government.'

Better Care Fund 'a ruse', says PAC

The Public Accounts Committee (PAC) has published a damning report on the Better Care Fund.

The Committee had previously expressed doubt that the Government's integration initiative, the Better Care Fund, would save money, reduce emergency admissions to hospitals and reduce the number of days people remain in hospital unnecessarily.

Since then, the Committee argues, the Better Care Fund has failed to achieve any of these objectives and in fact, delayed transfers of care are actually increasing.

The Committee suggests that in practice, the Better Care Fund was 'little more than a complicated ruse to transfer money from health to local government to paper over the funding pressures on adult social care'.

The Committee concludes that in areas where the Better Care Fund has failed to stimulate meaningful integration, there is likely to be further challenge for Sustainability and Transformation Plans (STPs). It states that 'to succeed, the NHS must find better ways to engage more genuinely with local government and local populations'.

The Committee makes some important short-term recommendations, including that NHS England and the Department of Health make a full financial assessment of the impact of the funding pressures on social care, as well as setting out clear measures for success criteria for the integration of health and social care.

APPOINTMENTS

GREENSLEEVES CARE

Greensleeves Care has unveiled new appointments to its main Board. The three new Trustees are Des Kelly OBE, Dallas Pounds and Kim Davies.

CITY AND COUNTY HEALTHCARE

City and County Healthcare Group has announced the appointment of James Thorburn as Chief Executive.

INDEPENDENT AGE

Jo Cleary is the new Chair of Independent Age.

ABBEYFIELD SOCIETY

The Abbeyfield Society has appointed David McCullough as its new Chief Executive Officer.

FOUR SEASONS

Four Seasons Health Care has announced new leadership appointments and they are all promotions. Amanda Cunningham has been appointed as Care Services Director.

Marjorie Condacos is the new Managing Director for the North-East England Region and Jacky Reed will act as Interim Managing Director for North East England.

John Kirk, Managing Director for Scotland and Wales, has had his region extended to include the South West.

ADASS

Margaret Willcox has been appointed as the new President of the Association of Directors of Adult Social Services.

BARCHESTER

Mike O'Reilly has joined Barchester as General Counsel, Company Secretary and Director of Care, Risk and Compliance.

Skills for Care guide on delivering Outstanding

One of the most frequently asked questions to Skills for Care from social care providers is 'how do we get a Good or Outstanding rating' following an inspection by the Care Quality Commission (CQC)?

Skills for Care has considered this question and in discussion with services rated by CQC Good and Outstanding, together with analysis of more than 250 CQC inspection reports, the sector skills body has created practical information for care providers committed to continuous improvement.

The guide gives a view of what really good care and support is, and critically how to make it happen. The guide showcases different approaches to achieving best practice, including recommendations and practical examples.

It also looks at the various ways that services rated as Good and Outstanding plan for inspection, deliver the care that is needed and celebrate their achievements.

Available to view are short films from three of the organisations who contributed to the guide. These organisations are keen to share what they do to make sure they deliver high-quality, person-centred care. They also show what being Good and Outstanding means to them and the people who need care and support.

Reducing A&E attendance for care home residents

New figures show that care home residents in Rushcliffe, Nottinghamshire had 23% fewer emergency admissions and 29% fewer A&E attendances compared to people in other parts of the country. The figures are part of a report published by the Health Foundation in collaboration with NHS England.

The residents in Rushcliffe receive an 'enhanced' care package as part of the Principia Partners in Health multispecialty community provider vanguard, which includes regular visits from a named GP and independent support from Age UK Nottingham and Nottinghamshire. Greater support for managers and community nurses is also provided, for example, through a peer-to-peer network. The report says the positive results are likely to be the result of higher quality care being provided to the residents by the vanguard.

The analysis compared the health outcomes of 588 care home residents in 23 care homes in Rushcliffe, with those of 588 care home residents living elsewhere in the country who did not receive an enhanced care package. The groups were carefully matched to ensure they were as similar as possible – including age, gender, ethnicity, socio-economic deprivation, health conditions and the type of care home they lived in.

BME people and dementia research

A new research project focusing on the experiences of Black and Minority Ethnic carers of people with dementia has found that more awareness and culturally appropriate services are needed.

Bristol and Avon Chinese Women's Group initiated the research project due to a lack of existing Black and Minority Ethnic-related research concerning dementia and carers.

The research focused on the experiences of people from Caribbean, South Asian and Chinese communities living in Bristol.

The report found that more awareness of risk factors and prevention amongst Black and Minority Ethnic communities and GPs is needed, as well as more culturally appropriate services.

Closing adult social care apprenticeship frameworks

Skills for Care has announced that adult social care apprenticeship frameworks will close in 2017. The current apprenticeships frameworks in Health and Social Care and Care Leadership and Management will be withdrawn on 29th December 2017.

The planned closure comes after the approval of the new employer-led apprenticeship standards at Levels 2, 3, 4 and 5. Levels 2 and 3 are already open for registration and Levels 4 and 5 are anticipated very soon.

This means that no-one will be able to start an apprenticeship on the framework after the end of this calendar year, and all apprentices starting after that date will do so through the new standards.

The framework and standards will run in parallel until then, allowing employers and learning providers to get used to the new standards and begin to phase them into their organisations.

The new standards are two-page documents setting out the essential skills, knowledge and behaviours necessary to be competent in a clearly defined and unique occupation. The apprentice has to be assessed at the end, and the result graded. This end-point assessment test must be carried out by a body which is independent of the one which trained the apprentice and is on a new government Register of Apprenticeship Assessment Organisations.

There are four roles which will be the subject of the new apprenticeship standards:

Adult Care Worker (equates to Level 2); Lead Adult Care Worker (Level 3); Lead Practitioner in Adult Care (Level 4); and Leader in Adult Care (Level 5).

Office of Health and Care Sustainability proposed

As the country prepares for the second General Election in two years, the timing of this snap election cuts across growing coverage of the sustainability of the social care sector and its implications for the future of healthcare and the NHS.

A series of parliamentary reports have brought the issue more firmly into public consciousness and some commentators feel that health and social care are likely to feature within the campaigns (and manifestos) as never before.

A new report from the Lords Select Committee on the long-term sustainability of the NHS and adult social care has taken steps to recommend the establishment of an independent standing body, the Office for Health and Care Sustainability, to assist the Government in safeguarding the long-term sustainability of an integrated health and adult social care system for England.

The Committee says the Office should play no part in the operation of the system, or make decisions, but should be given the independence to speak freely about issues relating to its remit, reporting directly to Parliament. It is to be hoped that this recommendation will not be lost as a result of the change in Government after the election.

Private Medicare sold

GVA Health has completed the sale of Private Medicare Ltd to Burlington Care, comprising St Mary's Care Centre and St Mary's Nursing Home in Hull. The two homes have a combined registration of 108. St Mary's Care Centre consists of 60 large single bedrooms, whilst St Mary's Nursing Home is registered for 48.

Practical ideas on STPs published

NHS England has produced a new briefing to share practical ideas on how Sustainability and Transformation Partnerships (STPs) can work with the voluntary, community and social enterprise sector (VCSE).

The NHS Five Year Forward View noted that 'voluntary organisations often have an impact well beyond what statutory services alone can achieve' and that 'these organisations provide a rich range of activities and deliver vital services'.

By sharing real life examples of what STPs are doing, it is intended to spread good practice and show what is possible.

The briefing *Promising practice: how Sustainability and Transformation Partnerships are working with the voluntary, community and social enterprise sector* is aimed primarily at people working on STPs and the wider VCSE sector, giving examples to encourage better and more systematic practice in partnership working.

Local support for people with a learning disability

Money must follow patients to pay for support in the community says a new Public Accounts Committee report. It adds that greater focus is needed on measuring outcomes and improvements to quality of life.

The Public Accounts Committee report says that although progress has been made with the Transforming Care programme and some people have moved out of hospital, more needs to be done to address known barriers. It states that:

- Money is not moving with the patient to pay for support in the community.
- Too many people are not having care and treatment reviews.
- The uncertainty caused by the proposed changes to local housing allowance risks hampering the provision of accommodation in the community.

The Public Accounts Committee is also concerned that support for people with a learning disability who live in the community is patchy, saying that there are significant local variations but, on average, fewer than 6% of people with a learning disability are in employment and only 23% of people with a learning disability are registered as such with their GPs.

Local support for people with a learning disability goes on to say that there needs to be a greater focus on measuring outcomes and improvements to quality of life from the £8bn central and local government spend each year on this support.

Somerset learning disability services

Dimensions has been awarded a contract by Somerset County Council to establish Discovery, a newly-created social enterprise, which will support the Learning Disability Partnership Service.

Developed following extensive consultation with customers, staff, family members and others, Discovery breaks new ground in the evolution of Learning Disability Provider Services and is expected to be watched closely by local authorities around the country. Following an intense operational effort, 1,300 staff and 900 customers successfully transferred over to the new social enterprise on April 1st.

Teaching Care Home pilot evaluated

A new report has been published evaluating the impact of the Teaching Care Home pilot.

The Teaching Care Home, above all else, aimed to champion, empower and inspire the sector and create a legacy of learning for future care homes and nursing in the sector.

The pilot is a Department of Health funded programme of work, led by Care England.

It was conceived after the Care Sector Nursing Taskforce called for a programme of work to respond to some of the most prescient challenges facing the sector. Namely, to empower and embolden the workforce in care home nursing, with a desire to harness and promote care, knowledge and skills development.

The pilot set out to change and challenge prevailing perceptions: recognising that the key to sustainability in the sector is through workforce training and development and, through this, delivering improved health and care outcomes for residents.

It aimed to ensure that people who are training to be the next generation of health and social care professionals, could learn from the experience of the care home sector, and would be better equipped to manage the health complexities and social care needs of an ageing population.

Care England has welcomed the launch of the Teaching Care Home Impact Report, published by the International Longevity Centre-UK (ILC-UK).

This suite of reports sums up the Teaching Care Home Programme; ground-breaking, nurse-led pilots to improve the learning environment for staff working in homes, undergraduate nurse apprenticeships and all learning placements in care homes.

The project was led by Deborah Sturdy who explores the programme in Straight Talk on page 50.

STOMP out over-medication

The social care sector is joining together to stop the over-medication of people with a learning disability or autism who use care services in England.

The campaign, supported by NHS England, is encouraging all learning disability providers to sign up to a new pledge called STOMP (or STopping the Over-Medication of People with a learning disability, autism or both).

Public Health England estimates that every day between 30,000 and 35,000 people with a learning disability are taking prescribed antipsychotic or antidepressant medication, or both, without appropriate clinical justification. This means that for some people, medication is being used as a means of controlling 'problem' behaviour, even when alternative evidence-based approaches are available.

Long-term use of these medicines can lead to significant weight gain, organ failure and, in some cases, death.

Successfully tackling over-medication is possible when prescribers, commissioners and providers collaborate to achieve positive change. All social care provider organisations supporting people with a learning disability or autism in England are invited to play their part by registering their commitment to:

- Adopting positive behavioural approaches as an alternative to medication.
- Advocating for people with a learning disability or autism by ensuring that they, and their family members, are involved in decisions about their medication and that these decisions are reviewed regularly.
- Working closely with prescribers.

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The future of supported housing

The Work and Pensions Committee and the Communities and Local Government Committee have published a joint report on the future of supported housing.

The headline conclusion is that the Government should scrap plans to base rent allowances for supported housing tenants on rates used for claimants in the private rented sector. The Committees say it is inappropriate to use the Local Housing Allowance (LHA) rate and argue that a new Supported Housing Allowance, banded to reflect the actual cost of provision in the sector, should be introduced instead. The Committees note concerns that the Government's proposed reform could lead to a serious shortfall in the availability of supported housing.

They agree that ministers are right to consider an alternative funding mechanism for emergency accommodation, given the inability of Universal Credit to reflect short-term changes in circumstance. However, the Committees recommend grants to local authorities, which can commission accommodation and pay providers.

Recruitment and progression in social care

Building the future social care workforce: a scoping study into workforce readiness, recruitment and progression in the social care sector is a new report which presents the findings of a scoping study into workforce readiness, recruitment and progression in the social care sector.

It has a specific focus on East London but the findings are congruent with the workforce in social care generally.

The research was carried out by the Social Care Institute for Excellence (SCIE).

The purpose of the scoping study was to research the latest data and evidence about the challenges in increasing workforce readiness in the recruitment of appropriately skilled staff and the development of high-quality career pathways in social care.

The aim was to provide practical recommendations on how funders and employers can invest in a demand-led system in East London which promotes access to social care employment and good career progression. The report can be read on the SCIE website.

Centre for Creativity and Innovation launched

Leading organisations from the care sector have come together to form a new centre combining creativity and innovation to improve care services.

Provider bodies, Care England and the National Care Forum, together with care providers, WCS Care, Forest Healthcare, Graham Care, Keychange Charity and Elizabeth Finn Homes are the first organisations to join with the Centre for Creativity and Innovation in Care to help harness ideas and drive change to transform the care sector.

A growing network, the Centre for Creativity and Innovation in Care, developed in partnership with Cass Business School, is described as 'a collaboration of care providers keen to innovate in order to improve the care experience they provide, alongside enhancing their own business performance and with a bold overall aim to transform the care sector as a whole'.

These organisations have made a commitment to work together to redefine leadership in the sector by placing 'creativity' at the heart of their day-to-day operations. Realising the creative potential in people, from bedside to boardroom, they intend to drive quality improvement.

The Centre plans to use a mix of business insight and quality assurance, combined with fun methods, to allow leaders and frontline care staff alike to develop the skills and processes that release inspiring ideas and turn them into useful, practical actions that improve wellbeing outcomes and business performance.

Primary Care Home programme evaluated

Thousands of patients benefit from the National Association of Primary Care's Primary Care Home programme as a new report shows a drop in emergency hospital admissions and waiting times for GP appointments.

The programme is delivering a range of benefits for patients, staff and the wider health system, according to the new report. Key findings from an early analysis of three rapid test sites show significant reductions in A&E attendances, emergency hospital admissions and GP referrals to hospital.

For GP practices and other providers involved, the benefits include reduced prescribing costs and a rise in staff satisfaction and retention. Patients have experienced a drop in the average waiting time to see their GPs and reduced stays in hospital.

The model brings together a range of health and social care professionals – from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local health priorities and provide out of hospital care closer to patients' homes.

Commissioned by the National Association of Primary Care (NAPC), the report *Does the Primary Care Home Make a Difference?* looked at the impact of three Primary Care Home rapid test sites, covering a population of more than 110,000, and assessed how the programme could support the delivery of the 44 Sustainability and Transformation Plans (STPs) across England. The report by PA Consulting Group concludes that the Primary Care Home programme can unlock a range of financial and non-financial benefits.

UKHCA's social care manifesto

The United Kingdom Homecare Association (UKHCA) has published its manifesto for social care, urging political parties and candidates standing for election to commit to ensuring people can remain healthy and independent in their own homes, while also enabling family members to combine caring responsibilities with family life and employment.

The manifesto provides sound and achievable commitments for the UKHCA hopes that all the political parties will take them on board as polling day on 8th June draws closer.

The UKHCA calls on the next government to:

1. Ensure that people with care and support needs can remain independent at home.
2. Relieve pressure on the NHS by effective use of homecare.
3. Make it easier for people who are willing or able to fund their own care and support.
4. Stabilise the State-funded social care market.
5. Expand the workforce and increase recognition of homecare workers.
6. Ensure that the public is protected through consistent regulation.
7. Ensure a sufficient workforce following exit from the European Union.

Risks (and opportunities) of Brexit

Brexit and the implications of the decision to leave the EU looks set to dominate the snap General Election due on 8th June.

In response, the Voluntary Organisations Disability Group (VODG) has launched a resource to help social care providers assess the risks, and the opportunities, faced by the social care sector.

Brexit: risk register and mitigation plan for social care providers has been developed with care providers within the VODG membership. The resource takes the key Brexit risks that are likely to impact on providers, including workforce issues, funding and commissioning and suggests some possible actions to mitigate them. VODG is encouraging all parts of the sector to unite in response to the challenges.

Visual impairment and dementia

Research led by The College of Optometrists has found that the prevalence of visual impairment (VI) in those with dementia is generally higher than for the overall population, indicating that the lives of many people with dementia could be improved by regular sight tests and taking appropriate action.

It also showed that VI was approximately 2-2.5 times more common in those living in care homes than those living in their own homes, further emphasising the importance of sight tests for this group of people.

The College's research also found that almost 50% of those living with dementia and visual impairment were no longer classified as visually impaired when wearing their up-to-date spectacle prescription, highlighting the importance of sight tests in this group of people.

IN FOCUS

New analysis of care home performance across England

WHAT'S THE STORY?

A new report on *Care home performance across England* has been published by Independent Age.

It is based on analysis of Care Quality Commission (CQC) data which highlights the regional diversity in the quality of care home provision.

The charity looked at both regions and local authorities to identify areas of the country where there are high levels of care homes which are not performing well, as determined by the quality ratings process.

The focus on care homes rated as Requires Improvement or Inadequate demonstrated significant variations. Whilst these regional variations have made headlines the variations between local authorities are also significant.

WHAT'S THE PICTURE ACROSS ENGLAND?

The picture of care home performance across England (as of January 2017) is:

- 148 homes are rated as Outstanding. 1% of homes.
- 10,616 homes are rated as Good. 73.3% of homes.
- 3,399 homes are rated as Requires Improvement. 23.5% of homes.
- 312 homes are rated as Inadequate. 2.2% of homes.

The report cites areas where over 60% of homes are rated for poor performance, in contrast to other authorities where the figure is only just over 2%.

The North West is shown to be the worst performing region in England when it comes to the proportion of satisfactory care homes, whilst London is the best performing region.

According to Independent Age, in some areas of the North West older people and their families face little choice of quality care, with three in five homes rated not good enough.

The analysis is based on CQC inspections and regards homes rated Requires Improvement or Inadequate as being poor performers.

WHAT IS THE REGIONAL PICTURE?

The key regional findings reveal:

- The North West contains seven of the eight worst performing English local authorities on care home quality, with one in three care homes across the region performing poorly.
- The North West (33.6% of care homes performing poorly), Yorkshire and The Humber (32.2%) and South East (28.2%) are the worst performing regions of England.
- London (20.3% of care homes performing poorly), the East of England (20.8%) and the South West (21.1%) are the best performing regions.

WHAT DOES IT MEAN FOR CARE QUALITY ACROSS THE SECTOR?

Independent Age believes the drivers for care home quality variation includes factors such as low levels of funding by local authorities, low pay and difficulty recruiting staff, and the lack of a good support mechanism for improving care homes that are struggling.

In order to improve quality in the market, Independent Age recommends:

- The Government must seek to tackle variation in care home quality in its forthcoming Green Paper on social care.
- In areas where there is a failure of quality, the local authority needs to understand the drivers for variation in the area and must do more to fulfil its Care Act duty to shape the local care market.
- Drawing on CQC data, the Department of Health must understand what drives regional variation and demonstrate leadership on tackling variation in care home quality.

WHAT ARE THE NEXT STEPS FOR THE SECTOR?

The data in this report from Independent Age undoubtedly brings into the open something that many within the care sector have already known, particularly in terms of the relationship with commissioning practices.

It seems likely that it will need to form a part of the Green Paper discussion about the sustainability and the future of the care sector in general.

The CQC, having completed its first full suite of inspections under the new ratings system, will be presenting its own analysis in the next couple of months.

Dementia project explores link with learning disability

MacIntyre has established a project to better understand the link between learning disability and those at risk of developing dementia. It is important to understand the emotional impact of the diagnosis and subsequent care, and the challenges being faced for those with a learning disability and dementia, and also for the staff supporting them.

One of the key aims of the MacIntyre Dementia Project is to train professionals to provide better care for people with a learning disability living with, or at risk of developing, dementia. MacIntyre has developed a six-part series to address this. It looks at the emotional impact of a dementia diagnosis on the person, staff, family, friends and other relationships and how staff can prepare for the future.

The resources include video materials in which the experiences of both people living with dementia and staff share their experiences in practical ways. The project includes general advice for Registered Managers on supporting people with learning disabilities and dementia.

Target acquires homes in Kent, Essex and Nottinghamshire

Target Healthcare REIT has completed the acquisition of three purpose-built care homes for £20.9m.

Willow Park Lodge in Dover, Kent was acquired for £6.1m. It has 79 large bedrooms over four floors, all with full ensuite bathrooms with wetroom showers. Upon acquisition, the home was leased back to Athena Healthcare who developed the property. This is the second home in the Group's portfolio with Athena, along with a home in Southport.

Target has also completed on the acquisitions of two purpose-built care homes in Kirby Cross near Frinton-on-Sea, Essex and Sutton-in-Ashfield, Nottinghamshire for approximately £14.8m. Care Concern leased Beaumont Manor near Frinton-on-Sea and Oakdale Care Group is the tenant at Kingfisher Court in Sutton-in-Ashfield.

These homes increased the Group's portfolio to 45 properties and means that funds invested since the Group's inception total around £270m, with a total of around £90m committed since the Group's fundraise in May 2016.

Care England launches Judicial Review

Care England, despite opposition from Essex Council, has obtained the Court's permission to proceed with its Judicial Review proceedings against Essex County Council challenging the fee rates it pays to independent care home providers.

Professor Martin Green OBE Chief Executive for Care England said, 'Care England is deeply concerned about the Council's conduct towards the care home market within Essex and as a result, the sustainability of that market.'

The Judicial Review challenge brought by Care England seeks to challenge the lawfulness of the Council's fee setting decision in respect of the old contract and its refusal to review the rates under the new contract. Care England believes the Council's actions to date, to be a breach of its responsibilities under the Care Act 2014.

Choice is key in housing and support

A new report from the Association of Directors of Adult Social Services (ADASS), sponsored by Consensus, looks at accommodation and support for people with learning disabilities, autism or both.

Choice is Key includes contributions from a range of providers including Consensus, strategic commissioners, ADASS Leads and Transforming Care Leads. It brings together a range of views, not all of them agreed with by ADASS or Consensus.

However, as the sector strives to improve the lives of those being supported, it is important to maintain an open debate.

Exchanging ideas and challenging perceptions is vital to develop personalised services that enable people with learning disabilities, autism or both to live more independent lives.

Central to delivering change is ensuring there are more options that give people control over where they live, who with and how they are supported.

The report says that it's about the quality and the values of the management, the approach and the capability of that environment to consider what the individual requires and to provide that outcome flexibly and sustainably.

It concludes by saying, putting the outcomes for individuals first will be paramount to overcoming the challenges.

CQC prosecution in York

A housing trust that failed in its duty to provide safe care and treatment has been ordered to pay £163,185.15 in fines and costs by Leeds Magistrates' Court following the death of a 98-year-old man in their care.

The Care Quality Commission (CQC) brought the prosecution against the owners of Lamel Beeches, in York, following two offences of failing to provide safe care and treatment with one offence resulting in avoidable harm to a resident, Mr Colley, and a second offence resulting in people using this service being exposed to a significant risk of avoidable harm.

This is the fifth prosecution that CQC has brought against providers since inheriting special enforcement powers from the Health and Safety Executive and local authorities in April 2015.

The registered provider, Joseph Rowntree Housing Trust, based in York, pleaded guilty to both offences.

Development site sale in Bridgend

Carterwood has secured the sale of a 3.4-acre site in Bridgend on behalf of Edwards Construction to Linc Cymru Housing Association. The site benefits from a town centre location and has been acquired by Linc Cymru Housing Association on an unconditional basis.

Care home opens in Sale

New Care has opened the doors to its latest care home in Sale; Ashlands Manor.

The £10m, 57-bed care home was designed by Salford-based architects Street Design Partnership, with specialist clinical staff input ensuring all requirements of the Care Quality Commission have been achieved. It was built by McGoff & Byrne.

Co-producing technology in social care

A new report explores co-producing technology in social care and states that care providers must involve the people they support in designing new digital solutions.

The publication from Voluntary Organisations Disability Group, in partnership with the National Care Forum, recommends how providers can maximise the benefits of such new approaches and outlines how they must collaborate with users of services when designing apps, websites and other digital technologies.

Digital solutions are at the heart of the NHS Five Year Forward View and the Local Government Association's vision for technology underlines how information and technology will transform the delivery of services. Yet there has been little focus on how people supported by social care are actively included in designing such digital developments.

The publication sets out key recommendations to redress this imbalance, including:

- User engagement must be at the heart of designing successful solutions – it supports ownership and take-up of the final product.
- Technology is not an add-on, but integral to how providers improve the support and inclusion of people they work with.
- Organisations do not need to be technologically advanced to create digital solutions.
- If organisations jointly design and deliver shared approaches, there are potential savings to be realised through collective purchasing power.

New home for WCS Care

WCS Care has opened its doors to welcome older people and people with dementia at its latest care home, Castle Brook in Kenilworth. Royal Bank of Scotland supported the development with a funding package. Providing specialist care for 84 older people, Castle Brook has been designed with individual households of 14 people to promote a sense of community and wellbeing.

Castle Brook includes a mix of private fee payers and the relocation of 34 residents from their Woodside home in Warwick, which is set to be replaced by a new home for 72 older people and people with dementia.

The new Warwick development will see a 50% increase in current occupancy levels and will pave the way for improved, modern facilities. Work is expected to start in June 2017, subject to planning permission, and the project has received £5.9m finance facilities from Royal Bank of Scotland.

Shortfall in nurse staffing levels

A new report by the Health Foundation has found that England could face a shortfall of 42,000 nurses by 2020. The report equates the shortfall as being equivalent to 12% of the workforce. The figure includes all adult, children's, mental health and district nurses and is based on a low supply estimate.

New analysis of the 2016 NHS staff survey in the report shows that almost half of all nurses are concerned that there aren't sufficient staffing levels to allow them to do their job properly.

The report also reveals that pay for NHS staff on pay bands 5 and above, which represents 625,000 people and includes all nurses, will drop by 12% between 2010/11 and 2020/21, after accounting for inflation. It warns that without a change to pay policy the situation could become even worse.

In Short Supply has found that a serious lack of co-ordinated workforce planning is one of the 'Achilles heels of the NHS'. The impact of Brexit on international recruitment is likely to make the situation worse.

CQC fines care home for failure to employ registered manager

A care home provider has been fined £4,000 by the Care Quality Commission (CQC). It issued the fixed penalty notice to Epsom Lodge Care Homes Limited after inspectors found that a registered manager was not employed, which is a legal obligation.

Inspections took place on the 8th April 2016 and the 19th September 2016 and the reports record that there was no registered manager in place. CQC inspectors found that the home had failed to have a registered manager from January 2016 until March 2017.

Epsom Lodge had told CQC that a manager had been employed since 1st February 2016 – although the manager's application to register had been rejected because there were gaps in the information needed.

Subsequently, CQC issued a fixed penalty notice, which the provider has accepted and paid.

The Badby Group sold to Elysium Healthcare

Patron Capital has sold the specialist neuro-disability care provider, The Badby Group to Elysium Healthcare. The acquisition adds a new service offering to Elysium's portfolio in a field in which the management team has significant experience.

The Badby Group, led by healthcare specialists Tim Street and Daniel Kay of Patron Capital, has four facilities across the country and has grown from 68 beds to 316 beds over a five-year period.

Elysium Healthcare was launched in November 2016. The group provides specialist mental health care through secure services, child and adolescent mental health services, rehabilitation services, acute and intensive care services and private patient services across England and Wales. The company is backed by BC Partners.

How can hospitals better collaborate with social care?

The relationship between hospitals and social care provision seems to be constantly in the news. Pressure from government at both local and national levels has encouraged media interest such that both parties are keen to identify opportunities and solutions to address this challenging agenda. The Nuffield Trust has held an event on this issue, which makes interesting observations and insights.

'Don't dabble' with social care was a plea from one director of adult social services at the event. This was aimed at hospital chief executives when discussing the ways in which hospitals are responding to a lack of capacity in social care.

The Nuffield Trust found considerable agreement at the event that delayed transfers of care receive a disproportionate amount of attention to the detriment of the entire patient pathway. The Nuffield Trust is launching a project which aims to share learning from hospitals and their local partners in their efforts to improve the interface between health and social care. It will publish learning as the work progresses with an aim of producing a full report in Autumn 2017.

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UNLOCKING THE VALUE OF DIGITAL IN CARE

Q **With a wealth of digital care management systems on the market, what are the benefits of me undertaking such a huge change in the way I work? What impact will it have on my business, staff and clients? And if I take the leap into the digital age, what do I need to know?**

A **Emma Smith, Business Consultant, Nourish.**

It is no secret that we are in the midst of a digital revolution; technology has changed how we work, how we interact with each other and how we access information. The care sector as a whole, however, is yet to fully embrace the power of digital and all the benefits that offers.

Now, more than ever, clients expect more from organisations, and care providers are not exempt from these increasing demands. Service users, family members, commissioners; all will want instant, secure, access to care notes and care information – anytime, anywhere. Those receiving care will also want to be more directly involved, contributing to the design of their own care plans and able to add to their own care notes. As care providers, it will be essential to meet these demands.

Through digital transformation and the Internet of Things (IoT), new and exciting technologies such as wearables and assistive devices, will undoubtedly change the way we provide care. However, to add tangible business value to the care service in the next two to three years, providers need be thinking about digitising and integrating their care management systems. Care teams across the UK are already making the >

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> transition to digital, benefiting from more personalised care, compliant and accurate audit trails and a greater degree of control across care monitoring and risk management.

Talking to three experienced care providers, who have embraced digital transformation, we sought to answer some key questions. How does the digital system impact at the individual level? What impact will the digital system have on staff and on the quality of care you provide? And how can you, as a care provider, make the most of digital transformation?

"A digital system can enable you to provide a better-quality service, but this cannot be solely achieved with the purchase of software."

HOW DOES A DIGITAL SYSTEM IMPACT AT THE INDIVIDUAL LEVEL?

A digital system can enable you to provide a better-quality service, but this cannot be solely achieved with the purchase of software. To truly transform the level of service provided, both in terms of quality and efficiency, care providers must engage in a bottom-up re-evaluation of the whole care delivery practice. It's a chance to review current processes and structures of care information to promote a better quality of care. Through review and evaluation, care pathways, assessments and care plan structures can all be updated, reorganised and made more suitable to each specific environment.

A digital system further encourages a change of culture in note-keeping and saves you time. Instead of waiting till the end of a shift to write 8 to 12 hours' worth of notes, care staff can use smart-enabled devices to record notes as they care. This not only ensures key information is not forgotten, but it changes the focus to in-depth, person-centred records that can be flagged for follow-up or used to trigger care plan reviews. This leads to a better quality of care, but it also gives higher assurance of compliance and a clear audit trail, meaning information can always be retrieved and relied on.

Paul Dennis-Andrews, Operations Manager at Encompass, has been working with a digital system since Spring 2016. He says, 'The digital system has had a highly positive impact on the overall culture of our service – more than we ever would have thought. Teams are now positively communicating and sharing ideas and staff who might have had difficulties with the written word are enthused by the ability to speak into the device. The large collection of paper files has been replaced with discreet, modern devices that staff keep on their person, promoting highly person-centred support exactly how the individual would like to receive it. Every aspect of our system is customisable and can be evolved to need.'

WHAT IMPACT WILL A DIGITAL SYSTEM HAVE DIRECTLY ON OUR CARE STAFF?

For care staff, a good digital system delivers empowerment at the point of care. By using portable devices, care workers can record care as they go. Care staff are therefore able to focus a lot more on the person they are working with, and encouraged to record the person-centred care notes that inspectors say distinguish a care service. Recording notes alongside care also promotes greater clarity, adds useful context and ensures all information is recorded as soon as possible. It is an opportunity to really demonstrate the great quality of care being given; as is so often said, 'If it isn't written down – it never happened'.

To this end, Paul found that, 'Despite some initial natural apprehension, our care staff have found using the electronic system to be a refreshing and efficient change to a longstanding process of handwritten documentation. Our care teams have become highly-motivated by the potential of the system and have produced some innovative and exciting ways to improve how the service is run.'

Simon Francis, IT Project Manager at Silverline Care has been working with a digital system since last year. He says, 'The main thing for our care staff is that the paperwork is now a lot easier. Before this care workers were providing care and then trying to hold all that information in memory until the end of the shift. Care for clients is now much more to the point and accessible and everyone involved in the client's care can see what has already been provided. This has made handover a lot easier. It also means input from the care staff feeds directly into the care plan, so it's updated within minutes of it taking place. Recording in real-time means we don't lose any important information.'

HOW WILL A DIGITAL SYSTEM IMPACT THE QUALITY OF CARE WE PROVIDE?

As Simon and Paul demonstrate, an integrated digital system provides care workers with the tools and information they need to provide personal and responsive care, and extra time to spend with the clients.

Care information on digital is also much easier to share securely. Innovative care providers can utilise existing resources and involve other parties from the very beginning; you could involve family and friends in the on-boarding process or allow informal carers to contribute directly to the care notes. Having a digital system opens up vast opportunities to get better connected with the whole circle of care. Ensuring information is shared securely with those who need to know, your care team will be more aware of the individual client's needs.

Megan Read, Care Home Manager of Grassington House encourages her care workers to be sociable and engage with the residents when writing notes; this can mean having a cup of tea with the resident and a real conversation about how they are doing. Megan has found that, 'Now residents know what the phone devices are used for, they prefer the digital system as care workers spend more time with them. Care staff can engage the residents so they can contribute to their own notes, keeping them much more involved. The digital system is also great for bi-annual reviews; I can connect my laptop to the main screen in the lounge so we can all see the information and have a really >

> good chat about the care plan with the resident – it's a lot more involved, but also efficient, and residents like to be able to see their care plans so easily.'

HOW WILL A DIGITAL SYSTEM BENEFIT MANAGERS?

For management, the digital system allows for more effective care monitoring, providing the essential tools required to manage at every level and maintains visibility of critical information in real-time.

Megan emphasises how the digital system has improved her ability to manage. 'Because I have a digital overview of real-time information, I can easily monitor what is happening within the home. I can schedule things for the care team to be aware of and make sure that nothing is getting missed. My staff can ring me at any time and I can access the system and get up to speed; it's taken a lot of pressure off for when I can't be in the home. For when I'm conducting care plan reviews, I can look at the logs of care worker input to directly review and evidence any changes made. Previously, you would have had to look through endless paper files and you simply wouldn't be able to go through it all.'

Paul added, 'Monitoring the quality of support provided is much more efficient and less intrusive; utilising the Cloud to view live records. It is easier to ensure support is provided how the individual would like to receive it. Where changes are required, managers can make these instantly, either across the organisation or simply for the individual.'

Managers can also easily monitor the quality of information recorded. Simon found, 'During the transfer to digital, we've been able to see the quality of our care plans. It is an impossible feat to trail through reams of paper plans for every single resident, but with digital we can check care plans easily and demand the quality we want. It's meant we can really see the overall process and make sure the right care is being delivered in line with the resident's wishes.'

HOW CAN A CARE PROVIDER MAKE THE MOST OF THE DIGITAL TRANSFORMATION?

The overall benefits of moving to a digital care management system are vast and multi-faceted; but how can you as a care provider make the most of the transformation?

1. Internal support

For a smooth and efficient transition, there will need to be strong board-level support to align all stakeholders and an in-house 'centre of excellence' team of highly-skilled staff that can focus on digitising and integration. Paul agreed, 'To make the most out of electronic management, a provider must be committed to change, with a fully-equipped staff team who believe in it.'

2. Involve your staff

Gain feedback direct from the care team; listen to the everyday challenges the team faces and assess how they can be overcome. Simon said, 'Ensure the staff that will be using the system are also involved in the decision-making and transition. These are the people who will directly use the system and will raise queries or concerns. It has to be inclusive or it just doesn't work properly.'

3. Get your paperwork in order

Simon was adamant on this, he said, 'Ensure that before making the transition to digital, your paper records are in good order. This will make the transition a lot smoother and a lot less stressful for your staff. You should also identify any differences between your paperwork and how that translates onto a system; if you can make that as close as possible, the transition will be streamlined and much easier for staff.'

4. Choose the right system

The best digital system needs to be flexible and enhance your care team. It will support the great work your teams are currently doing, rather than forcing them to work in a different way. Do your research. Understand what it is you want from a system, and find a system that matches your needs. Also find a system's provider that acts as a partner; expanding your ability to manage your business. Simon added, 'We have been able to work directly with our system providers to give feedback and make direct changes; we very much feel like stakeholders in the system.'

"Finally, if you're going to transition to digital care management, you need to commit fully."

5. Commit to the digital transformation

Finally, if you're going to transition to digital care management, you need to commit fully. Having some records digital and other records paper, not only confuses staff members but also undermines the benefits of full integration. Megan agreed, 'It's about having all your information in one place, which you simply can't do on paper. If you're going to use an electronic system, maximise it to its full potential and move everything over; certificates, audits, training.'

With an ever-developing digital world, the care sector will need to step onto the digital platform if they are going to meet the increasing demands from clients and be ready to integrate the newer technologies that will transform how we provide care. The question for care providers now should not be if they are going to move onto a digital care management system, but when. **CMM**

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A special thank you to Simon Francis, IT Project Manager at Silverline Care; Paul Dennis-Andrews, Operation Manager at Encompass; and Megan Read, Care Home Manager of Grassington House for their insights and contributions.

Have you embraced the digital revolution? Share your experiences on the CMM website **www.caremanagementmatters.co.uk** Subscription required.

How soon is now?

Why the time is right for social care to get involved in Sustainability and Transformation Plans

Debbie Sorkin summarises recent developments in Sustainability and Transformation Plans and explains why now is the right time for social care to take a central role.

Earlier in the year, I wrote about Sustainability and Transformation Plans (STPs), and why it is vital for social care providers, alongside commissioners, to be involved with them as much as possible.

WHAT ARE STPS?

To recap: STPs are plans covering large-scale areas around England – for example, there's one for the whole of Cheshire and Merseyside; one for Dorset; and one for Greater Manchester. There are 44 in all.

They were originally conceived and set up by the NHS, but the basic aim was to have a broad view of health and wellbeing, with an emphasis on joining-up services around the person, and on prevention as much as cure.

In theory, joining up services in this way includes between mental and physical health, and between health and social care. The main aim of STPs is to keep people healthier for longer. Keep people in their homes and prevent them from having to go into hospital unless it is absolutely necessary.

To do this, plans should enable more healthcare to be delivered in the community, via primary care and NHS community trusts. In turn, this puts less pressure on large, central hospitals.

For STPs to happen, we need strong systems leadership and involvement of all parties to integrate across all services. According to the guidance issued by NHS England, 'System leadership is needed… it involves…developing a shared vision…learning and adapting… and having an open and iterative process that harnesses the energies of clinicians, patients, carers, citizens…and local community partners including the independent and voluntary sectors, and local government. The STP must also cover better integration with local authority services, including, but not limited to, prevention and social care.'

However, as I have written about before, social care providers and local authority commissioners in many parts of the country have found it hard to get a seat at the table, or were contacted very late on in the process, with plans reflecting a hospital-centric view of the world. This is perhaps not surprising when you remember that in 40 out of the 44 STP areas, the process was led by a hospital trust chief executive or their counterpart in a clinical commissioning group.

RECENT DEVELOPMENTS

The upshot is that most of the plans are still works in progress. However, there have been some developments over recent months that may make the going easier. I want to use this article to argue for social care either looking to get involved – where it hasn't been – or keeping central to >

> the discussions where it has.

Firstly, at the end of March, NHS England issued its review of progress over the past three years and plans for the next two, in *Next Steps on the NHS Five Year Forward View*. Progress has been limited. The original Five Year Forward View, published in 2014, promised a brave new NHS world by 2020 through new models of care, accountable care organisations and much more integration.

In practice, deep-seated cultural differences between the NHS, social care and local government, compounded by cuts to health, social care and public health funding, have meant unprecedented waiting times for A&E care, a retreat from the 18-week waiting time for elective care, de facto rationing of elective procedures in some areas, and record numbers of delayed transfers of care from hospital to home or care home.

The review acknowledges the gap between ambition and reality: it talks about what its priorities will be 'within the constraints of what is necessary to achieve financial balance across the health service'.

However, it's in what the review proposes or highlights, or what it chooses to leave alone, that I think social care has its 'in'.

GET IN WITH THE IN CROWD

Firstly, nine STP areas have been identified as good enough to get the go-ahead to becoming 'accountable care systems' – where commissioners and providers start to come together to take joint responsibility for the health and wellbeing of a defined local population and the resources to deliver care services. These areas are:

- Frimley Health.
- Greater Manchester.
- South Yorkshire and Bassetlaw.
- Northumberland.
- Nottinghamshire.
- Blackpool and Fylde Coast – potentially spreading to other parts of the Lancashire and South Cumbria STP.
- Dorset.
- Luton, Milton Keynes and Bedfordshire.
- West Berkshire.

This isn't about merging organisations: it's about people and organisations within a system coming together.

"You don't have to do this on your own: find allies – such as from care associations, primary care or allied health professions – who can influence and make the case for you and with you."

There are three key points for social care here. Firstly, leaders of these proposed accountable care systems have every incentive to make them work, not least because they'll be the places that NHS England are relying on to demonstrate success.

Secondly, in order to make them work, they will need social care providers – for homecare and residential care – and not just commissioners, especially in areas like Frimley or Dorset where there is likely to be a relatively high proportion of self-funders who aren't on a local authority radar.

Thirdly, they won't necessarily have the systems leadership experience or connections to bring people together.

If you're a provider in one of these nine areas, and you're not already in contact with your STP lead, make a start. You can find out who they are – and the details of plans to date – via the NHS England website.

You might want to go as a group with others, or via your local care association, or through an offer collated through a membership body like the National Care Forum, Care England, the United Kingdom Homecare Association or Voluntary Organisations Disability Group.

If part of the issue with STPs has been about timing, now might just be the right time.

OR TRY THE OUT CROWD (THERE'S MORE OF THEM)

Paradoxically, if you're based in one of the 35 other STP areas, now might also be the right time.

Their plans are in various states of progress, but the idea in the review is that they will keep going and continue to make progress, and have a degree of freedom around the approaches they take.

The review emphasises that support for STPs, to make them work better, will be strengthened. This means there will be funding for an STP leader to work at least two days a week, rather than fitting the role around other jobs, alongside more management support. Might this open the door more widely to social care, as people have more time and resource, so that a broader set of people can come onto the radar? We'll have to see, but again, it's worth going to your STP and finding out what stage they've got to.

USE YOUR CAPITAL

A good starting point for a conversation might be capital funding. An independent report for the Department of Health in March estimated that STPs needed £10bn to fully finance the capital investment they'd identified. This is unlikely to be forthcoming from the Treasury. At the same time, taking the strain off A&E, and reducing the number of bed days within hospitals is going to be a priority for STPs. As such, one area to explore would be joint ventures around step-down or convalescent facilities, such as those that Community Integrated Care has pioneered with MerseyCare and Pennine Care.

AND USE A CRISIS

The General Election, due in June, has fallen slap-bang in the middle of the period when STPs were going to start moving on major changes to services. From an NHS standpoint, the timing could not have been worse: if you're in an area such as Staffordshire or Somerset, where this may mean service cuts, an already difficult position will be that much harder as fights for local services become part of local political battles, especially in marginal seats. Again, without presenting the role of social care as 'propping up the NHS', it might be especially timely to explore options for social care having a central role in an STP, or at least to look at bringing greater influence to bear.

As I've argued before, you don't have to do this on your own: find allies – such as from care associations, primary care or allied health professions – who can influence and make the case for you and with you; and keep persevering if you get a rebuff. However, if timing is everything, now feels like an especially propitious time for social care to show health what truly collaborative systems leadership looks like: and how social care can transform the lives of people who use health and care services. How soon is now? **CMM**

Debbie Sorkin is National Director of Systems Leadership at The Leadership Centre Email: **debbie.sorkin@leadershipcentre.org.uk** Twitter: **@DebbieSorkin2**

Are you involved in STPs? Will you make your voice heard now? Share your thoughts on the CMM website **www.caremanagementmatters.co.uk** Subscription required.

A VIEW FROM THE TOP

CHRISTINE **ASBURY**

Christine Asbury is the Chief Executive of WCS Care Group.

REFLECTIONS ON THE LAST DECADE

WCS Care's been on an exciting journey over the last decade – we've embedded strong values, systems and processes that mean we can be creative and innovative, and embrace opportunities like using new technology to improve the quality of our care and the experience of residents.

Sector-wise, it's a shame there's been much focus on negative stories about social care, at the expense of highlighting the positive impact we have on the lives of some very frail and vulnerable people. Let's not forget, the majority of care (72%) according to the Care Quality Commission is 'Good' or 'Outstanding' and, as a sector, we haven't been particularly vocal in challenging negative perceptions.

PROJECTIONS FOR THE NEXT DECADE

WCS Care is focused on doing more of the same – aside from our people, our success is partly because of our tight geographic location and relatively small size. While we're redeveloping our older homes, we don't have plans to get substantially bigger or more widespread. We have a very short gap from bedside to boardroom and we'd lose that if we grew too much or too fast.

We're a registered charity and have reaffirmed our commitment to provide care for people who are socially and privately funded. I don't see that changing – it's a choice that works for us but it may not work for other areas of adult social care.

Regrettably, there's an increased risk of quality polarisation between self-funders and those who are socially funded. We'll continue to offer the same high-quality care, regardless of how someone pays.

INSIGHT

I am a hands-on Chief Executive. I love to get involved. I want to engage with residents and staff, and understand their needs, so I regularly work shifts in our homes. I count myself extremely lucky that it's part of my job to spend time having fun with residents and staff. Values are really important to me, and I've personally introduced ours – play, make someone's day, be there and choose your attitude – and delivered the training to staff to ensure every day is well-lived for residents. Another statement you'll frequently hear at WCS is 'the standard you walk past is the standard you accept' – it's down to each of us to make sure we're doing our best to get it right, to challenge what we don't think is right and to deliver on our values. We must all be accountable and responsible, and learn by making mistakes, then figure out how to put things right.

INFLUENCES

The people I've worked with – service users, other staff, board members. I haven't worked in care all my life but I've been in the not-for-profit sector throughout, working with groups of people with health issues or long-term conditions. There have been some uncomfortable experiences where I've learned as much about how not to do things as how to do them.

Also, the personalities, and the experience of being a parent to my three (now grown-up) sons has challenged me, given me confidence and a validation that I've taken into my work role.

Finally, my husband, who was a mentor to me before we were together, and is a person of enormous integrity, wisdom, knowledge and stature in the care sector.

LESSONS

I'm always up for hearing new ideas but I'm probably not great at listening to advice. By fluke, from my first proper job onwards, I've been in a leadership role where the decisions were down to me. I had to bite the bullet and just try to get things right. While I didn't succeed every time, I learned that being accountable and problem-solving are essential, and to persevere.

ADVICE

Start with what you want, and compromise if that's not possible. Don't start with a compromise. Be prepared to get things wrong, you won't usually look as foolish as you fear. There's always a solution; keep looking for it. If you aren't having fun, it probably won't work out, so enjoy what you're doing and the people you're doing it with. Or change something. **CMM**

Read about Christine's typical day on the CMM website **www.caremanagementmatters.co.uk** Subscription required.

ANYTHING WALES CAN DO...LEARNING FROM WELSH SOCIAL CARE REFORM

The Welsh Government has made social care a priority with funding and targeted initiatives. As social care reform is needed in England, is there anything that can be adopted by the incoming Government?

Since devolution in Wales, the Welsh Government has had policy responsibility for health and social care. It aims 'to promote, protect and improve the health and wellbeing of everyone in Wales, by delivering high-quality health and social care services, including funding NHS Wales and setting a strategic framework for adult and children's social care services.'

SOCIAL SERVICES AND WELL-BEING ACT

In April 2016, its first big social care policy change came into force with the *Social Services and Well-Being Act 2014*. It aimed to transform the way social services are delivered in Wales, to meet the needs of the individual and ensure services are sustainable for the future.

Similar to the *Care Act 2014*, it set out to ensure services are available to provide the right support at the right time and people have a stronger voice and real control over the support they need.

It focuses on earlier intervention, increasing preventative services within the community and helping people maintain their independence. It provides a framework to enable people to get the help they need before their situation becomes critical. The Act also promotes integration and provides for a strengthened approach to safeguarding. Added to this it:

- Introduced new eligibility criteria focused on individual need.
- Gave carers an equal right to assessment for support.
- Ensured easy access to information and advice is available to all.
- Kept children and vulnerable adults safer by making powers to safeguard people stronger.
- Required local authorities and health boards to come together to drive integration, innovation and service change.

At the time, Health and Social Services Minister, Mark Drakeford called it, 'A radical, made-in-Wales system for the care and support of our most vulnerable citizens, which is fairer and more sustainable.'

Reviewing the impact of the Act, one year on, Rebecca Evans, AM Minister for Social Services and Public Health explained some of the developments, 'Seven Regional Partnership Boards are now leading the change in services – undertaking their own area population assessments to enable them to plan tailormade solutions based on firm evidence of what the people in that region want and need. As well as multi-agency representation, the citizen voice is increasingly present in the decision-making process ensuring solutions are being co-produced with input from all of those involved.

'The population assessments will set out the range and level of preventative services necessary to meet the care and support needs of the differing population areas.'

ADDITIONAL FUNDING

To support the Act, £60m was invested over 2016/17 to ensure children, adults and older people in Wales receive joined-up services. £50m came from the Intermediate Care Fund, now known as the Integrated Care Fund, with an additional £10m of capital funding.

£30m of the Fund was invested in services to support older people to maintain their independence and remain at home. £20m was allocated to establish new integrated services for children and adults with autism. The final £10m in capital funding was to assist all groups, especially those with long-term conditions, through reablement or step-down beds in the community. The aims were to avoid unnecessary hospital or care home admissions and prevent delayed discharge.

OTHER POLICY CHANGES

Following on from the Act, the Welsh Government has introduced a number of other social care policies.

In October 2016, it was announced that the people of Wales will be able to keep more of their money when in residential care. The Welsh Government's five-year plan, *Taking Wales Forward*, committed to more than doubling the capital limit used in charging for residential care, from £24,000 to £50,000. The new limit is to be implemented in phases, starting with an increase to £30,000, which came into force in April 2017, when a full disregard of the War Disablement Pension in all financial assessments was also introduced.

In a statement at the time, the Welsh Government said that, 'The decision to phase implementation reflects feedback from local authorities and care home providers and is designed to ensure they have sufficient time to adapt to the changes.' The changes were based on research for the Welsh Government by LE Wales, including up-to-date costings for implementing the change.

Based on independent research on the cost of these policies, the Welsh Government has made £4.8m available in total, to support implementation of the higher capital limit and the full disregard of the War Disablement Pension.

In addition to this £4.8m, an extra £55m has been made available for social services in 2017-18. This includes an additional £10m for social care to help meet the costs associated with the introduction of the National Living Wage, and £25m extra for local authorities in recognition of the growing pressures that social services face.

Added to this, further funding was made available for local authorities as the weekly maximum charge for domiciliary care rose from £60 to £70 in April 2017. It is expected that the increase will raise more than £4m a year in additional income to address financial pressures caused by the National Living Wage.

Finally, an additional £7m, over four years, was made available for the National Integrated Autism Service, bringing the total funding allocated to support autism services in Wales up to £13m by 2021. **CMM**

OVER TO THE EXPERTS...

Has Wales got it right with its social care reform? Is the situation in England too complex to solve in this way? Is there too little money available? Is it more straight-forward in Wales? Or does the political direction of the Government have more of an impact? What can or should England take away from the Welsh social care policy?

A STEP IN THE RIGHT DIRECTION

In Wales, we haven't seen the level of cuts to local government spending that have happened in England, but funding remains tight. We also have a much smaller private market for privately-funded care.

Care Forum Wales welcomes the principles behind the Social Services and Wellbeing Act, which place an emphasis on prevention and intervening before people require formal services: it's probably our only hope to cope with the demographic time bomb. But it means those who our members are providing services for are increasing in frailty and require more input and staff assistance, all of which means higher costs. Too often the Welsh Government promises money, but it then goes into general local authority budgets and doesn't make it to the frontline. We'd like to see the money promised ringfenced for use in social care.

We are also still affected by some decisions from Westminster. The sharp increases in the minimum wage over the last few years have had a significant effect on the sector. While no one begrudges care workers a better reward for the valuable jobs they do, the increases in public sector fees just haven't covered the costs. We're now starting to see an erosion in differentials, making it harder to recruit shift supervisors etc.

We're pleased that there is guaranteed provider representation on the Regional Partnership Boards mentioned above. Independent providers operate in a rightly highly-regulated market, with most care purchased publicly. We are, and need to be seen as, a key part of the system and true partnership working would involve us in planning and shaping the market. We aren't there yet – but it is a step in the right direction.

Mary Wimbury Senior Policy Advisor, Care Forum Wales

PLENTY TO BE LEARNT FROM SOCIAL CARE IN WALES

There is plenty to be learnt from social care in Wales, a country whose systems mirror England's more closely than others in the UK, albeit with conspicuous social, economic and psycho-geographical differences.

From a provider's perspective, one of the most successful reforms was the appointment of an Older People's Commissioner for Wales (OPCW). This is currently the energetic Sarah Rochira, appointed in 2012 (the role was first created in 2008).

Sarah has an impressive track record. Whilst her remit and impact is much broader, she has had considerable influence on care homes for older people. In 2014, she published *A place to call home?* a report on the uninspiring nature of many Welsh care homes, still remarkable for its honesty and, sadly, applicable to much UK-wide care.

Not an attack but a pointing out of new directions, it was followed up with surveys and requests for action plans. They were searchingly reviewed and sent back with requests for changes if they missed or evaded vital points.

The programme of reform was linked to a series of free seminars for care home managers, other professionals, academics and service users, which were wide-ranging and often exciting events to attend. Prominent among the reforms achieved is the embedding of *A Declaration of Rights for Older People in Wales* in care home welcome packs. It is a genuinely useful document.

The OPCW is nothing if not practical and determined. The Green Paper should propose a similar post, with status and power – an 'Older People's Tsar' if you really must. However, the role should be more than that.

Dr Pete Calveley Chief Executive, Barchester Healthcare

COMMISSIONING STRATEGY IS CLEARLY SUCCESSFUL

It seems the Welsh model of social care is all about inventing a strategy, funding it with new money and delivering it. The Welsh model is common to the needs of people across UK. It focuses on prevention, person-centred consideration and sustainable services.

The approach to policy shows that there is a common respect between the political intention and the private sector who have to deliver the care. Assessments based on individual need are welcome in the Welsh social care model. Although this can generally increase care costs in the first instance, the long-term impact is of lowering costs because of the improved care outcomes for the individual. This commissioning strategy is clearly a successful one.

In England, we have seen a takeaway system in operation, with public health funds reducing at a time that they desperately need to increase in order to develop long-term prevention outcomes for the population – obesity, poverty, education.

Also, the attitude in England seems to be one of disrespect for the private sector which has to deliver care and an assumption that it is wealthy and profiteering. Care does not seem to be commissioned in England, it is procured.

Added to this, the assessment process is based on thresholds with no distinction for varying needs, so not particularly person-centred.

In both countries, there is a common call for integration of social care and health. In England, this is through the Health and Wellbeing Boards.

However, neither make a point that the provider should be included in the integration deliberations. I think this is crucial to sustainability of the model.

Erica Lockhart Co-Chair, Care Association Alliance

ABUSE IN SOCIAL CARE

learning for improved outcomes

Raina Summerson shares her company's experience of dealing with a case of abuse to highlight the efforts providers go to in order to learn from and safeguard against such incidents.

I was prompted to write this as a reaction to yet another recent news story about the abuse of older people. It had the accompanying commentary about our homecare workforce, the wider social care sector and the age-old 'profit vs not-for-profit or statutory' provider. There were generalisations throughout.

Whilst, with the much-publicised social care workforce crisis, the language used is now somewhat moderated when talking about the independent sector and care workers, the bias that comes through is still pretty strong.

Unfortunately, abuse does happen. We have experienced it and learned from it. It is this learning that I want to share.

Last year, a worker previously employed by our company, Agincare, was successfully prosecuted and convicted for theft from an older couple in Bristol.

This prosecution was hard-fought for and would simply not have happened had it not been for the tenacity of the family members involved and the support and guidance they received from one police officer. The officer agreed to fight their corner within a system that thought the prosecution of someone who had clearly financially abused a vulnerable elderly couple was too difficult to pursue. Valuable advice was also given to the family at a later stage by Gary FitzGerald and the team at Action on Elder Abuse, as well as the Care Quality Commission.

LEARNING FROM ABUSE

As an organisation, we learned a great deal from that experience. We learned that no matter how much so many of us care deeply about what we do, there is an ever-present danger of rogue individuals taking advantage of their position and subjecting others to abuse.

We learned that our systems and structures can help to minimise the opportunity for such people, but cannot guarantee that things won't happen. However, the system designed to protect can also lead to confusion, especially during investigatory stages and aftercare of all of the people involved.

We also learned that despite caring, our working lives are so busy and with such daily complexities, there is a risk that we move on too quickly from situations that really require much better reflection and learning from. Sometimes as a result, we stop fighting as hard as we should for what is right; in this case, fighting a system that doesn't encourage collaboration, that doesn't seem to want to pursue even seemingly clear abusive acts under a criminal process and that can effectively punish the victim.

In this case, the older couple were removed from their home as they were deemed too vulnerable and unsafe to remain. They were then separated as no care home could be found to accommodate them together. Instead, time >

> should've been spent finding alternative solutions together, across multi-disciplinary teams.

In our reflections, the family along with us agreed that it is a great shame that the current system did not unite us as affected parties and encourage open, honest communication from the outset; in fact it actively prevented this, which actually could have jeopardised the successful prosecution. This made the process far more challenging, distressing and complex than it should have been.

REVIEWING THE CASE

Thanks to the determination of the family in this instance, I was lucky enough to be given the opportunity to meet with them to review the 'case' together. We were able to discuss our own internal case review, which had already led to some further improvements to our processes and training. But we wanted to do more.

The family kindly, and bravely, agreed to attend one of our national homecare manager events. We agreed a format whereby we worked with the managers on a review of the incidents and honest appraisal of what we could have all done better to try to minimise the impact of even an unavoidable event by any rogue 'care' team member.

Then the family spoke about their perspective; leading from our provision of care (thankfully good in all other ways), through the journey of their parents' increasing vulnerability and the discovery of what seemed a merciless exploitation of an older, kind and trusting couple by the worker involved.

I know that our managers would all agree that this was probably the most emotionally impactful session we have ever undertaken and certainly, I hope, one they will never forget. I certainly haven't.

Reviewing in this way together was time-consuming for all involved, but it was meaningful and our team and the family agreed the value of it. Not all families or friends of victims will want this kind of independent contact and post-analysis.

However, we have changed our policy as a result, to ensure that people are asked if they want to meet to discuss the case and to ensure that better follow-up care is provided for all. In cases of abuse, not only the 'victim' is affected and the perpetrator, but those around them both.

Everyone wonders what more they could have done to prevent it, spot it or stop it sooner. All stakeholders should be focusing on how best to all work together, both to address issues and to prevent issues, not to divide and alienate.

THINGS WILL GO WRONG

When dealing with people, things are never easy or straightforward. Today, more than ever in the formal caring system, we are dealing with complexities and risks, and we are all under pressure with time and competing demands.

However, we must never forget that people are everything and we can never allow ourselves to become blasé about incidents. Equally, we must stop blaming and recognise that in such complexities things will go wrong, people will do wrong things, sometimes intentionally but more often accidentally.

Action on Elder Abuse has developed its campaign to create a better prosecution pathway for abusers and I support the concept. There needs to be a deterrent and the fact that the system allows it to seem so easy is dangerous. However, we mustn't let ourselves go too far and risk scaring off good staff or indeed scaring people who will need to rely on care and support services.

We must remember that whilst some older people may be more vulnerable, there is a fine line with risk-taking. On one hand, we promote choice and self-determination and on the other hand, we are surprised when they want to take risks or in some cases offer help to people, possibly in their attempts to take control over some aspect of their life.

We need to work with people on the subtleties. One case recently saw a client willingly loan money to a care worker, never to be repaid, but he didn't want to prosecute as he said he had offered the money, she hadn't stolen it or asked for it. As such, police didn't want to, or couldn't, pursue the case.

We considered what more we could do to make the people we support realise that professional boundaries are there to protect not just them but others. So, in this case, by accepting the behaviour and not acknowledging that they had in effect been stolen from, others would be at risk.

These are all fine lines. A worker tempted by or often actively offered presents or money. The lonely older person for whom a care assistant becomes like family and so they naturally want to give gifts or 'help out'. The relationship that we expect to be so intimate and yet so professional. Add into this complexity of needs, confusion, isolation, dispersed family and lack of joined-up services and I wonder why we are so surprised and reactive to situations arising from this volatile mix of circumstances.

UNDERSTANDING RISKS AND JUDGEMENTS

We need to continue to advise and support our workforce, those we care for and their families about risks and judgement. We try to achieve this through values-based recruitment, Disclosure and Barring Service checks, solid training, clear professional boundaries and information and guidance to all. We need to implement simple, effective elements that can make a difference to awareness and prevention.

The current funding system and pressures mean that, if working with people funded by public services, we only deal with the most vulnerable and complex needs; therefore, we all need to support each other and the person within this, not turn and blame under some misguided act of self-preservation.

Let's focus on better time, reflection and pursuit of justice for older and vulnerable adults. However, in the meantime, let's not generalise about independent sector provision or our workforce. Also, let's not think that the oft called-for registration of a care workforce is going to solve the situation, without the fundamental changes in the funding, commissioning and system structures.

Other professionals may be registered, and more importantly publicly-recognised, but in my experience this does not prevent rogue behaviour or automatic adherence to a higher professional accountability. It is more likely that the numbers of incidents of abuse are lower because these groups are not present to such scale in people's homes.

Also, it should be noted that many allegations made against homecare workers are unsubstantiated. As a sector, we have got better at reporting things 'just in case' and that's a good thing, unless it drives fear and loathing of a much-maligned, committed and caring workforce and stops people joining social and health care as a result. **CMM**

Raina Summerson is Group Chief Executive of Agincare. Email: **raina.summerson@agincare.com** Twitter: **@Agincare**

What have you learnt from incidents of abuse? How have you applied those to your business? Share your thoughts on the CMM website **www.caremanagementmatters.co.uk** Subscription required.

LEARNING FROM ABUSE: the daughters' story

The daughters of the couple share their story of what happened to their parents, the impact this had on their lives and their advice for care providers.

Our parents were in their mid-eighties at the time they were abused. They had been married for 65 years and had a happy family life. Mum lived with Alzheimer's and Dad was in and out of hospital with uncontrolled epilepsy. Their lives were chaotic at the time that the crime occurred and they were hanging on to their independence by their fingertips. They would not consider any other living option apart from the house they had owned since 1968. They were proud that they had planned financially for their old age and end of life.

They (and we) were totally dependent on the Agincare care workers to look after our parents at home to support them in their highly-vulnerable state. Mum and Dad had a strong bond with some of their long-term Agincare carers who they loved and trusted.

Mum started to talk about a 'financial adviser' who was helping her with money and we became suspicious. We found out that someone had been taking from their bank account the money that Mum and Dad had put aside for their funerals and we called the police. It was three months before the police identified the culprit as one of their Agincare carers who had financially groomed Mum and got her to hand over a debit card.

IMPACT

The impact of the crime on our parents and our family was devastating. Mum and Dad had to be removed from their home straight away and were kept in hospital as a place of safety. Mum spent a month on a noisy medical admissions ward, which must have been like environmental torture for someone with Alzheimer's.

We were robbed of the opportunity to plan the last stage of their lives. They were moved several times over the next 18 months and ended their marriage living apart. The court experience (being cross-examined in a witness box in front of a jury) was also tough for us. Dad died in the >

> middle of the court case and we had to return to court each day and hear the defendant (who pleaded not guilty) telling lies that defamed the memory of our father. We were heartbroken by the situation.

SILENCE

The police told us, and all others, not to talk to anyone about the investigation, so we had no contact with Agincare at all after we called the police. We didn't speak to Agincare again until nearly 18 months later. We assumed that Agincare would get in touch with us after the court case was over but it didn't happen.

As time went on we grew angrier and angrier about Agincare's silence because we felt that our parents (and we as a family) had gone through so much as a result of the crimes of the carer that Agincare sent into their home. We got in touch with Action on Elder Abuse and the Care Quality Commission to find out what the situation was. We didn't want to make a complaint or sue or anything like that. We just wanted to help make sure that no other family would have to go through what we had been through.

INVOLVEMENT

We wrote an angry and accusatory letter to Raina Summerson and she came to meet us in Bristol. She talked us through Agincare's position, actions taken and polices and systems; this created a completely different level of understanding of the situation for us. We wish that we had understood this before. We then felt really angry for a different reason; why hadn't the local Agincare manager been called by the Crown Prosecution Service as a witness in the court case? It would have completely repudiated the lies of the defendant.

Raina and Agincare kept in touch with us after that. They went to a lot of trouble to involve us and show they were taking action across the company to do even more to make sure that what happened to our Mum and Dad didn't happen to anyone else's parents. We wanted to help. It isn't a campaign against dishonest care workers who abuse their clients; most of the care workers we met did a fantastic job in keeping Mum and Dad well and safe. It is about having the systems and relationships in place to prevent it and sort it.

It was emotionally tough telling our story at the Agincare national homecare managers meeting. It was almost a year to the day since Dad died whilst we were in court. But it was cathartic for us as a family and we are glad that we did it.

ADVICE

So, having had this experience, what is our advice to other care organisations? If something like this happens on your watch, reach out to the family. Create open communication and support them through the actions that follow. Unless there are very specific circumstances that make it a bad idea, insist on connecting with the family, whatever the police say. We are on the same side of wanting great care and no abuse for loved ones. We know that now but it was a painful journey to get there. **CMM**

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CREATING A PERSON-CENTRED CULTURE IN HOMECARE

Person-centred care is intrinsic to social care. However, in areas like homecare where staff can be rushed and under pressure, it is easy for the person-centred aspect to become less of a priority. Rosemary Hurtley looks at the subject and offers her thoughts on how to create a person-centred culture throughout homecare and across systems.

Community services are under increasing pressure to support people with diverse needs against a backdrop of financial constraints. Nearly 500,000 older people receive local authority funded or arranged homecare. These people are often the oldest and frailest members of our society.

For many, this care doesn't always support their dignity, autonomy and family life (Koehler 2014). However, good quality care and support is invaluable in providing older people with the help they need to remain independent.

Outcome-focused quality care that enables people to be independent and have control over their lives (Compassion in Care DH 2012) requires human rights, empathy, collaboration, co-ordination and organisational commitment to a person-centred culture. It also requires all practitioners to have the necessary levels of knowledge, skills and behaviours to deliver person-centred outcomes (Nuffield Trust 2016). >

> Frontline nursing and social care workers are well-placed to deliver such care if they feel valued, well-equipped to do the job, that their job is worthwhile and that they have enough time. However, the current financial climate has led to a squeeze on funds, which affects a provider's ability to offer staff continuous professional development, explore quality improvement and best practice. Added to this, the current high levels of staff attrition and need to increase the social care workforce by 1 million by 2025 (ILC Anchor 2014) means that the sector also needs innovative practice, effective collaboration and a whole systems approach to staff retention.

WHAT DOES PERSON-CENTRED HOMECARE LOOK LIKE?

Most people receiving homecare want similar things:

- To have their needs met to enable them to continue to live their lives with dignity, respect and kindness.
- To make the most of their strengths and compensate for their difficulties.
- To engage in meaningful relationships as valued members of the community.
- To receive good quality, person-centred support.
- That the people providing their care and support have the attitudes, knowledge and skills to help them to live well.

To meet these aims, providers need positive, relationship-centred cultures in their organisations, as well as effective collaboration between professionals (Duff, Hurtley 2011). Such ways of working lead to clients experiencing good care and support, family members feeling supported and being confident in the quality of care provided and staff finding the work fulfilling.

A person-centred management approach is essential to achieving this and includes:

- An open, facilitative and developmental management style at all levels.
- A pivotal role in managing change, involving the client, family carers and staff.
- Integrating quality improvement with operational and business plans and staff development programmes.
- Supporting staff through continuous coaching, supervision, mentoring and team-building.
- Approving priorities, resources and structures for creating and maintaining a person-centred culture and evaluating outcomes (Duff, Hurtley 2011).

Person-centred standards of excellence should be explicit across the organisation, with all team members striving to meet them. Person-centred approaches should be embedded in:

- The organisation's philosophy, values and residents' rights.
- Management from strategic level to operational and supervisory functions.
- The knowledge, skills and attitudes of all staff, including their development and training.
- Staff support and equipment.
- A dynamic quality improvement system.

PERSON-CENTRED CARE PLANNING

Person-centred care needs to be specifically detailed within care plans.

As such, care planning and the plans themselves need to reflect the main aims and service delivery, as well as have regard to the wishes and views of clients, their carers and relatives. These should include:

- Protecting the client's and their relative's involvement in decision-making.
- Giving clients control over decisions about personal care, including discussing and agreeing the support the client needs, consenting to care and treatment and to have it delivered in an acceptable manner to acceptable standards.
- Giving clients control over decisions around meals, food and drinks, including being able to influence the variety of food and drink, and choose from a regularly changing menu as well as receiving assistance with eating and drinking consistent with support needs.
- Enabling clients to take part in meaningful occupational opportunities inside and outside their home that are compatible with their personal lifestyle, interests, preferences, enjoyment and capabilities, within the agreed care package.
- Enabling the client to meet their spiritual needs, follow their religious practices, talk to someone about what is important in their life in an acceptable manner and with a person of their choosing.
- Incorporating the client's wishes and those of their family/carer around end of life, so that they feel confident about receiving the best end of life care in accordance with their own wishes.
- Allowing time for staff to engage with the client outside the delivery of physical care.
- Recording key issues and outcomes discussed with the client and relatives.
- Ensuring there are agreed instructions for consulting the client and relatives on making changes to care and support, or when the client's health is causing concern.
- Ensuring there is sufficient advice on raising concerns and complaints with the relevant person, how to involve an independent advocate, and that their concerns are taken seriously and responded to appropriately.

PREPARING THE WORKFORCE

The ability of staff to deliver person-centred care in the community and promote independence for people 'behind doors' is closely bound to the quality of relationships and how they can work collaboratively across the system to put the person at the centre of care. This includes how records are shared in timely ways with those who need them.

Although with the right skills, practices, training and sufficient time, existing care staff can and do deliver person-centred care, given the workforce requirements of the sector, there is a place for upskilling a new generation of workers.

"Person-centred standards of excellence should be explicit across the organisation."

A new expert gerontological care worker role could be developed and would require a broad range of cross-cutting, multi-disciplinary knowledge and skills. There is a pressing need to develop expertise that takes account of

the diversity, multiplicity and complexity of chronic illness; a focus on enablement and re-enablement as people 'live with' rather than 'die from' chronic conditions.

Key considerations in developing new workers include:

- Experiential learning methods for ongoing learning on the job to embed and sustain good practice.
- Integrated, shared multi-disciplinary learning across the system to equip workers with enhanced knowledge, behaviour and skills and develop a more flexible practitioner.
- Specialists need to integrate their contribution to the client's care plan and 'skill up' the care team.
- A degree of autonomy, supported by good communication loops, coaching and feedback to develop a learning culture.
- Ensuring those responsible for evaluating the quality of care assessments, determining needs and how they will be met have enhanced knowledge to help people to be as independent as possible, preventing falls and hospital admissions.

Specific learning topics would include:

- Quality improvement and assessment.
- Dignity and wellbeing.
- Discrimination, eg ageism, disability.
- Institutionalisation.
- Community and relationships.
- Language, cultural and intergenerational differences.
- Interpersonal communication and relationships.

There are also considerations for joint-working to include:

- Collaboration with colleagues, addressing competency, consistency, continuity and involvement.
- Empowerment of the service user and their family/carers in decision-making.
- The adoption of models that deliver these outcomes.
- Documentation of responsibilities and procedures.

STRATEGIC CHANGES

We are all aware of the tight financial constraints in which the sector, and especially homecare providers, are operating. Despite the hard work of thousands of care workers and providers to deliver person-centred care, there are a number of strategic changes that could help embed person-centred care to provide public confidence and create a sustainable sector.

We should start with education and training. We need a government commitment to enable and support a diamond status education in collaboration with Higher and Further Education and training providers. We must come up with an integrated, strategic approach to practice, management and leadership development. This should create an integrated industry-wide strategy for excellence and delivery across the fragmented sector.

A nationally-available Further Education course could also provide a common language across health and social care and would help with integration and consistency of approach. This should complement adult learning and evaluative teaching methods with on-the-job support for staff. Experiential learning methods are crucial to good practice.

Commissioning should enable person-centred cultures within a whole-person, multi-disciplinary approach, to prevent service delivery in silos. Communication systems should also be improved, between all agencies, to enable co-ordination of flexible, person-centred services. This includes improving clarification of responsibilities between commissioner and provider.

Operational procedures between social services departments, primary care services and liaisons with NHS services should also be improved, along with shared communication of essential information. Finally, case management systems should ensure continuity and consistency of assessment monitoring around care planning and delivery.

EVERYONE'S RESPONSIBILITY

Embedding person-centred care into homecare is the responsibility of everyone, from policymakers to commissioners, providers, managers and frontline staff themselves. If all aspects of the process have the person and their wishes at the heart, then person-centred care has to follow. It's important to note that people will judge their experience of a service more positively if the providers, managers and staff are person-centred in both attitude and behaviour towards them.

In our work developing the 360 Standard Framework® (Community Care and Support), I see time and again that commitment to person-centred outcomes develops healthy cultures within organisations and providers achieve good reputations for excellence in person-centred care and practice among clients, patients and families.

Not only this, there are also value added business benefits to creating a learning culture that is continuously striving to improve, sustaining improvements and involving people. **CMM**

"Embedding person-centred care into homecare is the responsibility of everyone, from policymakers to commissioners, providers, managers and frontline staff themselves."

Rosemary Hurtley MSc Dip COT FRSA is the co-developer of the 360 Standard Framework® and Chief Executive of 360 Forward Ltd and a Consultant Occupational Therapist. Email: **rosemary@360fwd.com** Twitter: **@360Fwd**

How do you embed person-centred care into your homecare service? Share your thoughts on the CMM website **www.caremanagementmatters.co.uk** Subscription required.

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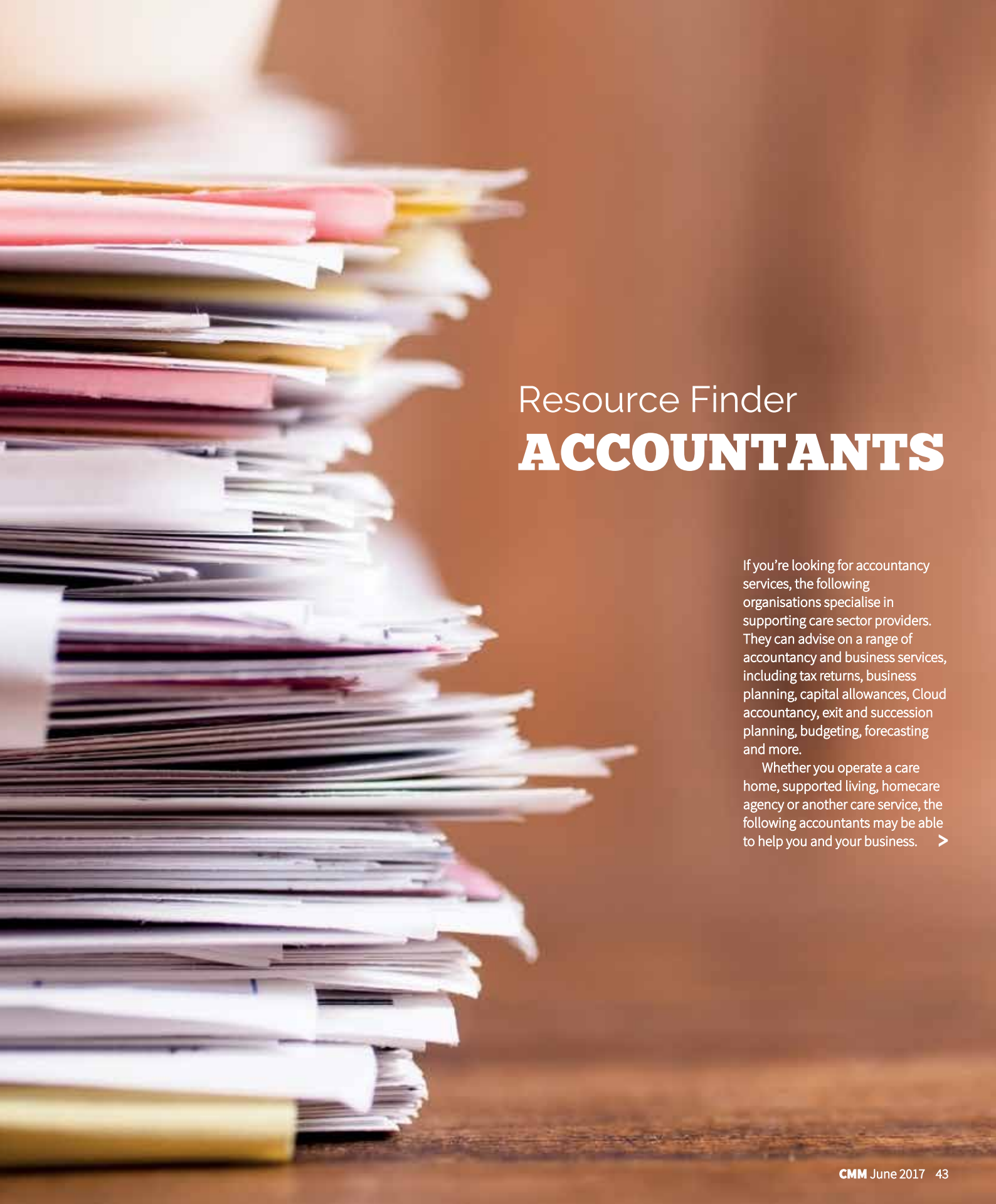

Resource Finder

ACCOUNTANTS

If you're looking for accountancy services, the following organisations specialise in supporting care sector providers. They can advise on a range of accountancy and business services, including tax returns, business planning, capital allowances, Cloud accountancy, exit and succession planning, budgeting, forecasting and more.

Whether you operate a care home, supported living, homecare agency or another care service, the following accountants may be able to help you and your business. >

ALBERT GOODMAN

Tel: **01935 423667**
Email: **julie.hopkins@albertgoodman.co.uk**
Website: **www.albertgoodman.co.uk**

SECTORS

- Care homes.
- Care homes with nursing.
- Homecare.
- Domiciliary care agencies.
- Mental health.
- Supported living.

SERVICES

- Compliance accounts and audit.
- Management accounts.
- Cloud/real-time bookkeeping.
- Corporation Tax and Income Tax compliance.
- Business advisory.
- Strategic planning, exit and succession.
- Management advisory.

LEAD INDIVIDUAL

Julie has particular expertise in helping care homes and domiciliary care and she fronts the Albert Goodman care offering. She takes a lead in the firm's membership of the Registered Care Providers Association (RCPA).

She has a huge depth of knowledge in this area and acts as an adviser on business strategy in a changing marketplace and has helped many care businesses ensure ongoing success.

COMPANY INFORMATION

As well as a full range of accounting and audit services Albert Goodman offers:

- Advisory/business consultancy.
- Improving operational efficiency.
- Funding models.
- Capital allowances.
- Charities – Albert Goodman Partner, Paul Hake is a specialist on requirements for charities in the sector.
- Benchmarking performance.
- Inheritance Tax planning.
- Payroll and auto-enrolment.
- Family business planning.

We pride ourselves on regular updates for clients on topical financial issues for the sector.

Julie Hopkins *Partner*
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Email: julie.hopkins@albertgoodman.co.uk

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SECTORS

- Care homes.
- Extra care.
- Homecare.
- Healthcare.

SERVICES

- Business advisory.
- Cloud accounting.
- VAT returns.
- Accounting and Tax solutions.
- Business Plans for property purchase, loans and funding.
- Cashflow and profit improvement.
- Probate services.
- Exit strategies.

HAWSONS CHARTERED ACCOUNTANTS

Tel: **0114 266 7141**
Email: **ss@hawsons.co.uk**
Website: **www.hawsons.co.uk**

SECTORS

- Care homes for older people.
- Care homes with nursing.
- Care homes for younger adults.
- Domiciliary care
- Private hospitals.
- Mental health.
- Children's homes and private schools.
- Professional practices, dentists, GP surgeries, vets.
- Pharmacies.
- Day nurseries.

SERVICES

- Preparation of annual accounts.
- Preparation of monthly management accounts.
- Statutory audit services.
- Care home performance benchmarking.
- Financial forecasting and budgeting.
- Property issues.
- Capital allowances claims.
- Company structures.
- Capital gains tax planning.
- Buying/selling a care home.
- Exit strategies.
- IT consultancy.
- VAT advice.
- Financing of new homes and developments.
- Payroll services.
- Bookkeeping and accountancy services.

HAZLEWOODS

Tel: **01242 237661**
Email: **andrew.brookes@hazlewoods.co.uk**
Website: **www.hazlewoods.co.uk**

SECTORS

- Care homes for older people.
- Care homes with nursing for older people.
- Learning disability.
- Challenging behaviour provision.
- Specialist colleges.
- Assisted living.
- Close care.
- Extra care.
- Independent hospitals specialising in drug, alcohol and eating disorders.
- Domiciliary care.
- Supported living.
- Children's services.
- Secure units.
- Foster care agencies.
- Primary healthcare.

SERVICES

- Accounts preparation.
- Audit.
- Tax advisory services.
- Benchmarking.
- Estate planning.
- Corporate finance.
- Sales/disposal advice.
- Acquisitions advice.
- Preparing the business for sale.
- Valuations.
- Minimising the effects of income tax, capital taxes, VAT and Stamp Duty Land Tax.
- Financial due diligence.
- Tax due diligence.
- Raising finance.
- Estate planning.
- Valuations and disputes.
- Commercial valuations.

MORRIS LANE

Tel: **01202 715950**
Email: **heather.moncaster@morrislane.co.uk**
Website: **www.morrislane.co.uk**

SECTORS

- Care homes.
- Care homes with nursing.
- Domiciliary care agencies.
- Charities.
- Property Development.

SERVICES

- Acquisitions and disposals.
- Accounts and auditing.
- Business plans, support and advice.
- Company secretarial.
- Corporate finance.
- Payroll services.
- Tax advice and services.
- Management accounting.

LEAD INDIVIDUAL

Roger Morris heads up the Morris Lane team of specialists working with their healthcare focused clients. Roger is an award-winning member of the Chartered Institute of Taxation and has over 30 years' experience in the sector.

Roger is ably supported by their lead accountants specialising in the sector, Michelle Cordy, Dan Baker, Jon Hoyle, Michelle Pettifer and Sam Turner in providing a proactive service to enable clients to achieve their ambitions, to maximise their profitability, and to increase and protect their wealth.

COMPANY INFORMATION

Whilst based in Dorset, the firm has clients located throughout England and Wales and are believed to advise more care home operators than any other accountants in the UK.

Their strength lies in listening to their clients about their business and personal goals, and providing timely advice through the business cycle on how to achieve these, so they can fund their preferred lifestyle and ultimate exit from the business.

This includes preparation of budgets and forecasts, regular and timely advice on any changes in tax and accounting law, as well as keeping them up to date on financial matters relating to the sector.

The firm ensures clients are compliant in terms of producing their annual accounts and tax returns, as well as providing management accounts if required by lenders in accordance with specific loan covenants.

They pride themselves on providing bespoke advice, including the structuring of acquisitions and disposals in order to maximise value and minimise the effects of income tax, corporation tax, capital taxes, VAT and Stamp Duty Land Tax.

Morris Lane also works closely with other professional advisers in the sector, including finance and capital allowance specialists together with their client's legal teams.

The firm is a proud supporter of its local care association and a lead sponsor of the Pinders Healthcare Awards.

Roger Morris *Partner*
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PR
IN SOCIAL CARE

Rebecca Jackson explains how reputation management should be an integral part of the care home marketing mix.

Barely a week goes by without a piece in the news about care homes, whether it's the rising cost of care, lack of quality care available, the effect of minimum wage or policy changes, all impacting negatively on the care sector.

Care homes and homecare organisations are under constant scrutiny within the industry, be it financially, from regulators, the board or the families they support, so it is vital that providers consider their public profile and how they can use the right marketing tools to better protect and enhance their reputation whilst attracting new residents.

A strong marketing and communications strategy can help homes manage their reputation within the community and wider care sector, as well as attract quality staff to join their team.

For providers without a public relations (PR) strategy in place, these can be tricky waters to navigate, especially when you know your business stands head and shoulders above others. Maybe you've got a great Care Quality Commission rating, excellent facilities or just want help attracting clients; a strategic PR plan can help you.

PR for care providers can encompass everything, from traditional media relations that highlight the expertise, facilities and care delivered by the home, to crisis communications, social media and engaging with the local community to share the benefits of the home.

With figures estimating the value of the independent care sector at £45.4bn in 2015, not including the wider supply chain and affiliated organisations, having a communications strategy in place is essential to protect your brand and reputation.

GET ONLINE

An increased presence online allows care homes to establish a profile within their community. It also encourages brand awareness for those who may be thinking about care for themselves or their family members. By using social media, for example to emphasise the quality of your home or service, your staff and facilities, you can highlight the benefits of your care provision directly to future potential residents.

The care market is a competitive one, so it's important to have interesting and engaging content on your website. A website acts as a window into life at your home or for those you support and is an opportunity to showcase facilities, staff and care.

We recommend regularly updating your website with news and updates from the service and staff, consider a team page so people know who they are likely to meet or be cared by. Photography and video also really show the quality of the home. We've produced 360 degree tours for homes in the past, promoting the dynamic environment of the home and allowing web visitors to explore the facilities and grounds and get a feel for the home before visiting.

WHAT ABOUT A CRISIS?

No-one wants a crisis to happen, however, having a plan on what to do in a crisis is especially important for care homes in the current environment. With regular stories in the press about the quality of care for older people or those with disabilities as well as frequent policy changes, it's essential for care providers to have a plan in place in case their staff, home or residents are at the front of a media storm.

Handling a crisis as it unfolds is never an easy task. Crises are by their nature unpredictable, both in terms of when they occur and how they develop. A pre-agreed crisis plan is a necessity, but you also need to remain flexible enough to react to whatever may happen during the course of dealing with the situation. We stick to the three Fs – be first, fast and frank when handling a crisis.

Providers should be the first to announce a potential crisis, taking control of the situation and therefore being able to set the tone. You also need to react quickly and be honest with your audience – not being open and honest always leads to more severe consequences than admitting the problem in the first place.

WHAT YOU CAN DO

Whilst larger companies often have an in-house marketing team to handle communications and appoint agencies, we understand that many smaller care home groups and homecare businesses don't have the capacity to do this, and instead want to focus solely on delivering the very best care and service to their customers.

However, if you are developing a PR strategy, it should be based on conveying key messages to a defined audience and measured by key performance indicators, such as enquiries to the business, representation within key media titles or visits to the website or social media pages. This could then be used to inform a wider communications campaign which would be developed to work around key dates, audiences and activity within the business.

PR is something that all care organisations should consider. Whether that's to raise awareness of what you do, help to attract new clients or ensure you're prepared in case of crisis. Sharing positive stories of the sector can go a long way to raise awareness of the positive impact social care can have on people as well as conveying what care is really like and how it can help people to live full and supported lives. **CMM**

Rebecca Jackson is Head of the Healthcare Division at Acceleris. Email: **RebeccaJ@acceleris-mc.com** Twitter: **@r_jackson89**

Do you have a PR strategy? Do you see the benefits of it for your organisation? Share your thoughts on the CMM website **www.caremanagementmatters.co.uk** Subscription required.

3RD SECTOR CARE AWARDS 2017

THE 3RD SECTOR CARE AWARDS 2017

6th December, London

Nominations open for the 3rd Sector Care Awards 2017 on 16th June. Don't miss out on your chance to be recognised for the important work you do.

The 3rd Sector Care Awards are a fantastic way to celebrate the hard work of the not-for-profit care and support sector. No other sector awards focus solely on this group of organisations and it offers them a real opportunity to showcase what they do on a daily basis.

Esther Rantzen has confirmed her involvement again and has cemented herself as a wonderful host and compère, making everyone feel at ease with her warmth, humour and compassion. We also welcome three new judges for 2017, Richard Adams, Chief Nurse at Bupa UK, Brenda Murray, Trustee of Carers UK, and Sarah Maguire, Managing Director of Choice Support. They join our esteemed panel of judges who have a tough job narrowing down the fantastic nominations.

'These are challenging times for both health and adult social care sectors. Events this like this provide real recognition for people who make a difference to those they care for despite the challenges. I am delighted to be able support the 3rd Sector Care Awards as a celebration of the innovation and dedication that is an integral part of really great care.' Richard Adams, Chief Nurse, Bupa

PREVIOUS WINNERS

The Awards attract nominations from across the sector and the UK. Nominees are as diverse as the people they support. 2016 saw entries from organisations like the Port Sunlight River Park team and Autism Together. They worked with the Land Trust to create a community park and wildlife haven, developing partnerships, encouraging clients to visit and be involved with site maintenance and nurturing wildlife and making the park a vocal point of the community. Not surprisingly, they won the Community Engagement Award.

Another winner from 2016 was Community Integrated Care and Widnes Vikings who developed a partnership to promote the health, wellbeing and happiness of people supported by the charity, its colleagues and the wider community. The linkup between the organisation and the area's much-loved rugby league club is an innovative way to bring together different groups of people, raise awareness and support wellbeing. They won both the Citizenship and Innovative Quality Outcomes Awards.

When it comes to technology, there are clear benefits for it in improving lives, streamlining care and tackling isolation. This is something that Nottingham Community Housing tackled with its SMaRT Messenger, the winner of the Technology Award in 2016. The TV-based system, aimed primarily at older people needing support at home, enables providers to deliver wellbeing checks, medication and appointment reminders, informal messaging, and family and friends can get in touch too.

These are just a few examples of 2016's winners; the nominations were of a really high standard and all of the finalists were incredibly impressive.

NOMINATIONS OPEN SOON

Nominations for this year's 3rd Sector Care Awards open on 16th June. Get thinking about how you could enter and visit www.3rdSectorCareAwards.co.uk for more information, including the categories and nominations forms.

KEY DATES

Nominations Open: 16th June
Nominations Close: 1st September
Judging Day: 1st November
Awards Ceremony: 6th December

Organised by: CMM CARE MANAGEMENT MATTERS

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WHAT'S ON?

Event: Sustainability and Transformation Plans: Moving Towards Implementation
Date/Location: 24th May, London
Contact: The King's Fund, Tel: 0207 307 2409

Event: Health + Care 2017
Date/Location: 28th-29th June, London
Contact: Health + Care, Tel: 0207 348 5777

CMM Media Partner

Event: Digital Health and Care Congress 2017 – Embedding Technology in Health and Social Care
Date/Location: 11th-12th July, London
Contact: The King's Fund, Tel: 0207 307 2409

Event: Care and Dementia Show 2017
Date/Location: 10th-11th October, Birmingham
Contact: Care and Dementia Show, Web: www.caredementiashow.com

CMM Media Partner

Event: National Children and Adult Services Conference 2017
Date/Location: 11th-13th October, Bournemouth
Contact: Local Government Association, Association of Directors of Social Services and Association of Directors of Children's Services, Email: events@local.gov.uk

Event: Shaping Tomorrow: Care England 2017 Conference and Exhibition
Date/Location: 16th November, London
Contact: Care England, Tel: 0207 492 4846

CMM EVENTS

Event: The Transition Event Midlands 2017
Date/Location: 18th May, Birmingham
Contact: Care Choices, Tel: 01223 207770

Event: BAPS SEND Blogging Awards
Date/Location: 18th May, Birmingham
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight – Lancashire Care Conference
Date/Location: 21st September, Blackburn
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight – Berkshire Care Conference
Date/Location: 18th October, Bracknell
Contact: Care Choices, Tel: 01223 207770

Event: The Transition Event East 2017
Date/Location: 15th November, Peterborough
Contact: Care Choices, Tel: 01223 207770

Event: 3rd Sector Care Awards 2017
Date/Location: 6th December, London
Contact: Care Choices, Tel: 01223 207770

Please mention CMM when booking your place.

PROFESSOR DEBORAH STURDY OBE • DIRECTOR, HEALTH AND WELL-BEING • **ROYAL HOSPITAL CHELSEA**

STRAIGHT TALK

Teaching Care Homes are a much-needed direction for social care. Professor Deborah Sturdy OBE explains why.

The challenges faced by health and social care in the recruitment and retention of staff have never been greater.

Without a whole system recognition and response to the need for a strong and stable social care nursing workforce, the ability to deliver safe and effective care for our vulnerable citizens remains a risk to them and to the ability of the health system to manage the demands for care.

Social care nursing has long been seen as a career dead-end; a place which attracts the less able and less willing. This is not the case. The reality of 21st century care services means that we need to retain and develop the best people to help hold back the tsunami which could hit the NHS if it collapsed.

Care homes are pivotal to supporting effective interfaces with NHS services, expediting discharge and preventing admission through highly-skilled clinical care. The Department of Health, in recognising the need to improve the image and standing of care home nursing, has supported five pilots to develop a model of Teaching Care Homes. The model sets out how care homes are places where learning is woven into daily practice, teams strive to reflect, change and improve practice and outcomes for their residents, supporting learning for undergraduate students, and those working and living there.

The project, led by Care England, was developed with The Foundation of Nursing Studies, Manchester Metropolitan University and the International Longevity Centre UK. The participating homes are: Rose Court, Bury, Chester Court, Bedlington, Millbrook Lodge, Gloucester, Lady Sarah Cohen House, London, and Berwick Grange Harrogate.

From these pilot homes, a learning set has been developed which brought together a rich contribution from home managers, senior clinical nurses and care workers who represented their teams. The participating homes developed a project and disseminated their learning to their wider local community; building relationships and improving their influence. The projects included improving reflective practice, exploring the untapped nursing workforce of care workers who had not attained UK NMC registration and programme development to support them to do so, and improving hospital admission and discharge. The pilot has given participants a confidence about their skills, abilities and recognition that their voice is an important one.

Prior to the pilot, the participants had not had any opportunity to learn in this way or be supported in developing their practice in a structured and supervised framework. This was welcomed by all. The homes also participated in enquiry focus groups, exploring how learning can and best works in the care home, leading to a framework for learning being produced.

There is so much that can and needs to be achieved to create a vibrant and interesting sector which attracts people to work within it. Care homes are places where people live, but where nursing practice is in fact the lead. By changing the narrative and talking about 'Nurse-Led Services', we immediately change the perception and dispel the myth of the place where fools rush in. Nurse-led units should draw the best nurses who want to case manage, lead care and utilise their clinical judgement, accountability and professional leadership to the max.

The pilots have started the dialogue and explored the possibility of something new. The influence from this has extended to other key organisations considering their role in supporting care homes more, including the Royal College of Nursing and the Queen's Nursing Institute. Building momentum for change should be all our responsibilities and, as we face more pressures in the system, the sector must stand tall and make its voice heard; without it the NHS will not cope. Following this, work has started to explore the possibility of a Chair in Care Home Nursing, a UK-first. Establishing a Chair in Care Home Nursing means an academic evidence base can be built and continue to push forward the work of many others. I also would like to see the first Centre for Care Home Nursing Practice, to act as a catalyst for some long overdue recognition and as a solid foundation for the profession in this field to flourish.

The story doesn't end here, the participants of this pilot should be applauded, as without them we would not have been able to secure funding for a further two cohorts, which will be announced shortly. This will help the sector build a critical mass of beacon homes and contribute to a national network and a brighter future for nurse-led services in long-term care. **CMM**

Professor Deborah Sturdy OBE is Director, Health and Well-Being at Royal Hospital Chelsea. Email: **deborah.sturdy@btinternet.com**

Read the Teaching Care Home pilot report on the CMM website **www.caremanagementmatters.co.uk** Subscription required.

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