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CAREMANAGEMENTMATTERS

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From the Editor

Editor, Emma Morriss summarises what's inside this issue and sends her thanks and appreciation to Des Kelly.



CMM is back on your desk. I hope you've enjoyed the summer and managed to take a break.

It's been a busy time for us, making sure that we bring you everything that has happened whilst we've been away. Some say that the summer months are quiet, however, following the General Election in June, a number of important documents have been published and I'm delighted to be able to cover many of them for you.

INSIDE THIS ISSUE

Firstly, Douglas Cooper of the Competitions and Markets Authority (CMA) has shared the detail of his investigation into the care home market. These are only interim findings, but they make for interesting reading. The 12-month study into the care home market looked at whether consumers are being treated fairly. One headline is that the CMA has decided to open a consumer protection case

to investigate whether care homes are breaking consumer law. More information on the findings, the investigation and the next steps are in the article which starts on page 22.

We also have an exploration of the Care Quality Commission's new guidance on registering learning disability provision. Laura Guntrip delves into the guidance to bring you what you need to know in her feature starting on page 25. If you deliver learning disability provision, it's a must-read.

Business Clinic this month focuses on the success of a Discharge to Assess pilot developed by Agincare along with Portsmouth City Council and Queen Alexandra Hospital, Portsmouth. The model uses live-in care workers to support people from hospital and into their own homes for assessment. Find out more about the pilot, the impact it had on delayed transfers of care, the financial savings and what our panel of experts think in the article on page 28.

RISING STARS

I'm pleased to announce the first in our new series of interviews with the managers of the future.

The wonderful Rising Stars initiative is an innovative programme designed to identify leading lights within organisations who will shape and form the care sector in the future.

Nicky Shepherd is our first interviewee and you can read about what makes her a Rising Star on page 36.

There's plenty more to be found in the magazine too, so I hope you find it essential reading.

SENDING THANKS

Before I sign off, I would like to send my thanks and appreciation to Des Kelly, who has stepped down as CMM's News Editor. Des and I have worked together on the magazine for over a decade and his contribution every month has been fantastic. He has consistently brought you the news you need to know, cutting through the waffle and focusing on what will really help you and your business.

So, I express my thanks to Des for everything and am sure you'll still see him in the magazine from time to time.

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Is it just me...?

Editor in Chief, Robert Chamberlain looks at the new Healthwatch report *What is it like to live in a care home?* and considers the media response to its findings.



Over a period of 15 months from January 2016, Healthwatch conducted research into what life is really like for care home residents.

Its staff and volunteers visited 197 homes across 63 regions during this time and the findings have now been published.

The report also provides key steps for providers to implement low-cost changes that ensure all residents feel at home.

THE FINDINGS

Encouragingly, the majority of residents and relatives interviewed for the research believed they receive good care.

The report states, 'Local Healthwatch representatives also saw staff going above and beyond the call of duty to connect with those they care for and really helping them to live their lives'.

However, there were many observations of 'not getting the basics right', including from

homes rated highly by the Care Quality Commission.

Findings include:

- 34% of the visits reported environmental issues, such as shabby décor and dead plants in lounge areas. There were also reports of poor adaptations and a lack of accessible toilets and signage (particularly for dementia care).
- In 24% of reports, residents gave strong feedback about the need for improved activities. Lack of internet access was also highlighted.
- 22% stated concerns over staffing levels and retention issues. Residents considered this had an adverse effect on their continuity of care, as did the regular use of agency workers. Lack of training, especially with regard to dementia, mental health and DoLS was also cited as a concern.
- 17% related to the need for better access to health services, such as a GP or dentist.

Healthwatch states that the 'vast majority of care home managers have responded to the feedback very positively, often agreeing to review processes and making changes very quickly'.

It is encouraging to read that 43 of the homes visited have already made improvements as a result of Healthwatch's findings; less so that 51 homes have yet to respond.

BALANCED REPORT FROM HEALTHWATCH

The issues highlighted by this report are of great value and are delivered in a context of an understanding of the pressures affecting care providers. Direct reference is made to the financial crisis in our sector.

Difficulties in recruiting and retaining staff are also cited as an ongoing challenge. This, of course, could become a greater problem post-Brexit.

However, the message here is

that low cost improvements can be made that will enhance the lives of residents.

It's a case of getting the basics right; what might seem like small things are very important to a resident's wellbeing.

Imelda Redmond, National Director of Healthwatch explained, 'It's not easy running a care home, particularly as the sector as a whole is trying to get to grips with the dual challenge of managing rising demand with limited resources.

'But, getting the basics right doesn't have to cost the earth and should be the least we should all be able to expect for our loved ones and ourselves should we need care support.'

MEDIA RESPONSE

Unsurprisingly, yet frustratingly, the newspaper headlines are focused solely on the negatives, without recognition of social care pressures.

The Telegraph, for example, ran with the headline, 'Care home neglect – residents dressed in wrong clothes amid rotting plants and "filthy" rooms'.

Various articles ignored the fact that the majority of residents and relatives spoken to described their care as 'good'. They also failed to recognise that a significant percentage of homes have responded positively to the findings.

Our sector is far from perfect, but we do not shy away from scrutiny. The providers' responses to the Healthwatch report show that, in the main, criticism is received positively and acted upon.

It is a pity that the media likes to sensationalise the minority of poor practice with unbalanced reporting. Painting a bleak picture of care homes is in no one's interests...but I guess it sells newspapers.

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HOW WE CAN HELP

If you work, or have previously worked, within the UK Care Profession in a registered domiciliary, residential care or supported living service, subject to our application criteria we may be able to offer support.

To find out more about our grant application process, simply visit www.thecareworkerscharity.org.uk



SUPPORT OUR WORK

Getting involved is easy; you can put your organisation forward to become a corporate supporter, or nominate us as your charity of the year, take on a fundraising challenge or simply speak to a colleague about our work, it all helps.

To find out more about how you can help, email our CEO direct alex@thecareworkerscharity.org.uk



HOW WE HAVE HELPED

Recent quotes from people we've helped;

"We have been overwhelmed by the kindness shown to us. When you are disabled and not working you feel as though you have slipped into obscurity, as if you have become invisible. Now we know we ARE seen, we matter and that is priceless."

Caroline and Brendan, Social Services

"Things have never been the same since the arrival of the children's bunk beds and accessories. Our baby now thinks her little bed is her 'own bedroom' as she sleeps longer both day time nap and at night. The older children now see bedtime as happy time."

Pete, Community Integrated Care

"I did some fundraising for The Care Workers Charity...I never thought the shoe would be on the other foot. When it became our time of need, I approached the charity with my plea and they warmly supported my daughter's needs."

Claire, Shaw Healthcare Group

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NEWS

CQC's State of Adult Social Care report

The Care Quality Commission's (CQC) new state of adult social care report finds that most services meet the 'Mum Test' but there is still too much poor care.

While the majority of services are safe and of a high quality and many are improving, CQC says that too many people across England are living in care homes and receiving care and support in their own homes that is not good enough. Without a proper recognition of the importance of

adult social care and a renewed commitment to quality, the numbers of people affected by poor care could increase and have a profound impact on their lives.

In its national report, *The State of Adult Social Care Services 2014 to 2017*, CQC has found that over three-quarters of adult social care services are currently rated as Good (77%, 16,351) and 2% (353) are Outstanding.

CQC has found that strong leaders – both at provider and

registered manager levels – play a pivotal role in high-performing services, where a strong vision and person-centred values inspire staff, encouraging a culture of openness and transparency. Staff members are capable, confident and caring and are focused on supporting people to live the best lives they can. However, CQC has found considerable variation with nearly a fifth (19%, 4,073) of services being rated as Requires Improvement and 2% (343) as Inadequate.

Research with care homes

The National Institute for Health Research (NIHR) has published *Advancing Care – research with care homes*, an overview of recent NIHR research on improving the health and care of care home residents.

There are more than twice as many people living in care homes in England and Wales, than there are people staying in hospital. Yet far more is known about effective treatments in hospital and less about what works most effectively

to improve care for older people in care homes. The NIHR says that research in care homes is a relatively new and emerging field.

Advancing Care provides a review of research funded by the NIHR on three main themes relating to the care of care home residents: Living Well; Ageing Well and Dying Well.

It highlights current research taking place with care homes and explores new approaches being developed in this important area.

Quality Matters Commitment

The Care Quality Commission has joined over 100 people, organisations and national bodies in adult social care to launch the Quality Matters Commitment.

Quality Matters sets out a determined and shared vision on how quality care and support can be achieved and person-centred

care become the norm for all.

It has been jointly-developed to ensure that staff, providers, commissioners and funders, regulators and other national bodies all play their part in listening to and acting upon the voices of people using services, their families and carers.

Secrets of recruitment and retention

A ground-breaking new study into successful recruitment and retention of workers in adult social care has been published by Skills for Care. It reveals quality training, positive working conditions, flexibility and competitive pay rates are key to recruiting and retaining staff who have the right values and behaviours to deliver quality care and support.

Skills for Care collected evidence from 140 adult social care organisations who have staff turnover rates of less than 10%, to look at what they do to keep their staff after they have successfully recruited them. *Recruitment and retention in adult social care: secrets of success* found common themes amongst the organisations.

APPOINTMENTS

SOCIAL CARE INSTITUTE FOR EXCELLENCE

Paul Burstow has been appointed as Chair of the Social Care Institute for Excellence. He has also been appointed as Chair of the National Improvement Agency.

COMPETITION AND MARKETS AUTHORITY

Andrea Coscelli is the new Chief Executive Officer of the Competition and Markets Authority. Dr Coscelli has held the position of Acting CEO since July 2016.

HEATHCOTES GROUP

Heathcotes Group has appointed Tracy Johnson as Director of Quality and Compliance. She joined Heathcotes ten years ago as a registered manager before progressing through various roles to become Head of Quality and Compliance.

MALHOTRA GROUP

Malhotra Group has appointed Anu Kaura as Head of Human Resources, Marcin Szymcinski in the role of Operations Manager and Joanne Padgett as Project Manager.

ST MARTINS CARE

Sue Judge has been appointed as Business Partner by St Martins Care. Sue worked in district nursing for 16 years and was Assistant Director of Nursing at the Department of Health.

NEW CARE

Yana Whitehouse has been appointed Home Manager at The Grand in Nottingham. Yana has over 30 years' experience in social care.

APPOINTMENTS

EXEMPLAR HEALTHCARE

Exemplar Healthcare has appointed John Whitehead as Chief Financial Officer. He joins Exemplar from Allied Healthcare where he was interim Managing Director.

DEPARTMENT OF HEALTH

Jackie Doyle-Price MP has been appointed Parliamentary Under Secretary of State (Care and Mental Health).

Steve Brine is Parliamentary Under Secretary of State for Public Health and Primary Care.

Steve Oldfield will take up the role of Chief Commercial Officer, a newly created position, in the Department of Health in October.

HEALTHWATCH ESSEX

Healthwatch Essex has announced Dr David Sollis will be its new Chief Executive. David was previously Engagement Manager at the organisation.

CARTERWOOD

Carterwood has appointed Henry Crosby as a data scientist to strengthen its research systems and data management.

BRUNELCARE

Brunelcare has appointed Karen Taylor as its new Finance Director.

Karen most recently worked for an NHS Trust and has seven years' experience with a South West based housing association.

SKILLS FOR CARE

Rachael Wardell, Corporate Director – Communities at West Berkshire Council, has joined Skills for Care's Board.

Learning disability community 'ignored' in dementia debate

People with a learning disability or Down's syndrome are significantly more likely to get dementia and yet they are largely undiagnosed and without the support they need, according to leading experts.

A staggering one in three people with Down's syndrome will develop dementia in their 50s and one in ten with a learning disability will develop young onset Alzheimer's disease.

Leading experts, officials and campaigners, are calling on the Government to do more to protect these vulnerable people and to ensure they get access to an early diagnosis and the tailored care they

require.

The group, working in coalition as the Dementia Action Alliance, is demanding that the current debate around best care pathways for people with dementia takes into account the needs of this all too often ignored group of people.

Phil Freeman from the Dementia Action Alliance said early diagnosis was one of the core issues that had to be tackled and that a high rate of misdiagnosis was also a real issue.

The group is calling on the Government to accelerate its plans for a fully integrated health and social care system as one of the

ways to improve this care pathway.

The call for reform comes from some of the leading voices in the learning disability and adult social care sector including MacIntyre, Royal College of Nurses, Mental Health Foundation, National Care Forum, Mencap, Association of Directors of Adult Social Services, Carers Trust, Health Education England, Local Government Association and others.

The calls for change came out of a roundtable meeting to improve support for 'seldom heard groups', minority communities that are often overlooked within dementia care.

Local system reviews of health and social care

The Care Quality Commission (CQC) has been asked by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of local system reviews of health and social care in 12 local authority areas.

The programme will include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the

management of resources.

CQC will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. The review will not include mental health services or specialist commissioning but, through case tracking, will look at the experiences of people living with dementia as they move through the system.

The purpose of the reviews is to provide a bespoke response to support those areas facing the greatest challenges to secure improvement. On completion of the review, the findings will be reported to each local authority area's health and wellbeing board.

A further eight sites for review will be identified and, once all 20 reviews have been completed, CQC will publish a national report of its key findings and recommendations.

New law needed to make a success of STPs

New report from think tank IPPR says the Government has missed an opportunity to face up to NHS crisis.

The NHS is facing one of the most challenging periods in its history. A combination of rising demand and stagnant funding growth means that the service is facing a funding gap of more than £22bn over the coming years. Meanwhile, the pressure on the social care system is even more severe with the raising of eligibility thresholds and cuts to social care budgets.

Sustainability and Transformation Plans (STPs) are one of the Government's responses to

this problem. The plans focus on decentralising power, investing in leadership and on local health and care organisations coming together to overcome the silos created by the 2012 Health and Care Act.

However, many challenges stand in the way of STPs realising their vision for improved health outcomes and greater efficiency. IPPR sets out recommendations to allow STPs to deliver real change to England's health and care system:

- Amending the law to better enable the pooling of budgets and commissioning functions locally; to give regional bodies a formal role in the system and put into effect place-based health and

care.

- Introduce a new ringfenced 'NHS tax' funded by a rise in national insurance. This could raise up to £16bn over the next five years. This should be channelled through the STP fund to help close the funding gap.
- National leaders – especially the Prime Minister and the Secretary of State for Health – lead a visible and high profile public engagement exercise to make the case for NHS reform.

Sustainability and Transformation Plans (STPs): What, why and where next? is available on the IPPR website.

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ADASS Budget Survey 2017

Despite welcome extra funding and councils protecting and planning to spend more on adult social care budgets, difficult decisions and more cuts need to be made in the service, according to the *Association of Directors of Adult Social Services (ADASS) Budget Survey 2017*.

Research published by ADASS reveals that the proportion of council spending on adult social care is set to increase by 1.3% – from 35.6% in 2016/17 to 36.9% this year. However, councils are still having to make 8% cuts in overall budgets for a second year in

succession due to increasing costs and demand.

Directors plan to make further savings of £824m in 2017/18, taking cumulative savings in adult social care since 2010 to £6.3bn. But with a reported overspend of £366m against 2016/17 budgets, Directors are finding it increasingly hard to implement planned cuts in practice.

Despite a welcome £2bn in extra funding being made available to help alleviate adult social care pressures, only 31% of responders are fully confident that planned savings for 2017/18 will be met, falling to 7% in 2019/20.

Care Workers Charity

CMM and its parent company, Care Choices have joined the Supporters Club of the Care Workers Charity.

The Care Workers Charity supports the basic welfare of current, former and retired care workers. The Charity offers a rainy-

day fund for care workers. Early starts, long hours and mentally draining work are all part of the job. However, if they experience an injury, illness or other unforeseen circumstance it can push them beyond their financial limits.

Workforce Development Fund 2017 is open

The Workforce Development Fund 2017 (WDF) is open for applications.

New for this year, claims can be made towards completing new qualifications, such as Level 4 Certificate in Principles of Leadership and Management in Adult Care (RQF) as well as learning programmes like Lead to Succeed.

The Fund is designed to help employers access qualifications, units and learning programmes to support the ongoing professional development of staff across adult social care in England.

Employers can claim back a contribution towards the costs of employees completing health and social care qualifications, units, apprenticeships and learning programmes.

There are over 400 units eligible for funding that make up adult social care qualifications.

A list is available on the Skills for Care website.

The Fund is open to all adult social care employers operating in England, who can claim for units, qualifications and learning programmes completed between 1st January 2017 and 31st March 2018.

Employers can claim WDF towards directly incurred costs, such as course fees (or employer contributions), employees' salaries whilst they are undertaking training, the 20% off-the-job learning time within apprenticeships, coaching and mentoring costs and wage replacement costs.

Employers who are interested in accessing the Fund, can apply by joining an employer-led partnership or, if based in one of 20 listed local authority areas, funding can be accessed directly from Skills for Care.

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Managers of Outstanding homes

With the Care Quality Commission (CQC) highlighting the importance of strong leaders in high-performing services, a new report has been published on managers of Outstanding care homes, who they are and what makes them and their services Outstanding.

Article Consulting Ltd, working with The Judgement Index, undertook research to understand more about the managers of Outstanding care homes. They wanted to know: Who are they? What do they do that is different? What is it about them as leaders that, despite the challenges,

their care home has achieved an Outstanding CQC rating?

They surveyed the managers of Outstanding care homes to unlock their secrets and present them in the managers' own words.

In Our Own Words provides a unique insight into managers of Outstanding care homes. It is hoped that the report will contribute positively to the current debate about the critical importance of the manager's role in social care, encourage provider organisations to invest in their managers and inform the future recruitment of managers.

Mental health workforce plan

Health Education England (HEE) has published *Stepping Forward to 2020/21: Mental Health Workforce Plan for England*. HEE said it is a fully-researched and considered response to the commitments made in both the Five Year Forward

View for Mental Health and Future in Mind.

The plan has been developed by HEE, together with its NHS partners, the Royal College of Psychiatrists and other experts in the field of mental health services.

Investigation into continuing healthcare

The National Audit Office (NAO) has published the findings of its investigation into NHS continuing healthcare (CHC). The number of people assessed as eligible for CHC funding has been growing by an average of 6.4% a year over the last four years. In 2015-16, almost 160,000 people received, or were assessed as eligible for CHC funding at a cost of £3.1bn.

Key findings of the investigation include:

- NHS England recognises that the current assessment process for CHC funding raises people's expectations about whether they will receive funding and does not make best use of assessment staff.
- In most cases, eligibility decisions should be made within 28 days, but many people are waiting longer.
- Decisions on eligibility for CHC have a significant financial

impact on the individual, clinical commissioning group (CCG) and local authority.

- The number of people receiving CHC funding is rising, although the proportion assessed as eligible for standard (non-fast-track) CHC has reduced since 2011.
- The funding of CHC is a significant cost pressure on CCGs' spending.
- It is not known how many people appeal against unsuccessful CHC funding decisions.
- There is significant variation between CCGs in both the number and proportion of people assessed as eligible for CHC.
- There are limited assurance processes in place to ensure that eligibility decisions are consistent, both between and within CCGs.

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Founder & CEO
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The PASSsystem is the industry standard digital care management, monitoring and inclusion platform built by everyLIFE, the experts in care technology. everyLIFE is helping leading care services to transform social care through The PASSsystem, the only care management system that is NICE compliant, repeatedly referenced by the CQC and Care Inspectorate.

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Adult social care workforce continues to grow

New analysis from Skills for Care shows the adult social care workforce continues to grow, with 1.45m people now offering care and support across England.

Skills for Care's *Size and structure of the adult social care sector and workforce in England 2017* report reveals that workforce numbers have grown by 19% to approximately 1.58m job roles since 2009. The rate of increase has slowed, however. There was an increase of 30,000 jobs between

2014 and 2016, compared with an increase of 70,000 between 2012 and 2014. There are now around 20,300 organisations involved in offering social care across England, and around 70,000 people who receive direct payments employ their own staff.

The report also projects that if the workforce grows proportionally to the projected number of people in the population aged 65 and over then 500,000 new jobs will be needed by 2030 to meet demand.

Moving Up BAME leaders in social care

Applications are now open for the next cohort of BAME leaders in social care.

Whether working in the private, public or third sectors, Skills for Care's Moving Up BAME programme is designed to support social care leaders from black, Asian and minority ethnic backgrounds who want to step up and establish themselves in senior leadership roles.

Social care leaders from black, Asian and minority

ethnic backgrounds can use the programme to develop leadership potential, think about how to lead in a complex and changing environment, increase their confidence as a leader and develop networks for support and advice.

The programme is designed to support service managers, registered managers, heads of service and operational managers who aspire to progress into the senior social care positions.

Moorfield Audley Real Estate Fund

The Moorfield Audley Real Estate Fund (MAREF) has successfully raised a further £85m from existing investors to take the total raised to £285m.

Moorfield Group, the UK real estate private equity fund manager, created MAREF to acquire Audley, the leading UK retirement village developer and operator, in December 2015.

Audley is the UK's market leading luxury retirement village provider and is ramping up for a period of significant and sustained growth. This latest fundraising round creates a total of over £700m to be invested over the next five years, drawn from a combination of equity, development income and investment debt.

To date, the fund has attracted institutional investors from the US and continental Europe, and this new funding will support the acquisition and development of new villages in key locations, as well as sites for its new mid-market proposition, Mayfield Villages. As well as the 15 villages that sit under the Audley Villages brand, which when completed will provide at least 2,000 units nationwide, 500 units are currently planned at future Mayfield Village sites.

Sixth Outstanding for WCS

The sixth WCS Care home has been recognised as Outstanding by the Care Quality Commission (CQC).

Drovers House received the accolade after an unannounced inspection in April 2017. Drovers House opened in September 2013 and is a purpose-built specialist dementia care home.

The CQC report said that, 'People were at the heart of the service' at the home and that they '...were encouraged to maintain their preferred and familiar routines and habits'. It also stated that, 'people were supported to maintain and improve their self-esteem by

pursuing their individual interests by running and attending in-house clubs and events and celebrations, with days out in the local community.'

The report highlighted WCS Care's use of technology at Drovers House, including night-time acoustic monitoring which automatically alerts staff to unusual sounds in rooms, and electronic care planning which means carers spend more time with residents rather than completing paperwork.

The inspectors' mention of the use of technology, which includes

Person Centred Software's Mobile Care Monitoring, said WCS had, '...implemented systems that promoted undisturbed sleep, ensured staff and management had access to the most up-to-date information at the press of a button and enabled relatives to be fully informed and involved in their relations' care.' The, 'innovative systems and practices... enable staff to be more responsive to people's needs, interests and motivations than during the previous inspection. The rating for responsiveness has improved from Good to Outstanding.'

Tribunal supports CQC over hospital ward changing to residential service

A First-tier Tribunal hearing has agreed with a decision made by the Care Quality Commission (CQC) to reject an application from the provider Oakview Estates Limited to change one of its hospital specialist facilities in the region from a rehabilitation service into a permanent nursing home.

The Tribunal hearing dismissed the appeal from the provider for CQC's decision to be overturned. Oakview Estates Limited runs a number of rehabilitation and support services across the country for people with a learning disability and autism with complex needs.

The provider had applied to CQC in April 2016 to vary its registration for its Wast Hills House service so that one of three buildings on its hospital site, called The Bungalow, could become a nursing home for up to six people with a severe learning disability, autism and complex needs and who required intensive support.

CQC rejected the application because it said it did not support the national policy and evidence-based guidance to develop person-centred community services and to close inpatient hospital facilities for people with a severe learning

disability and/or autism, as set out in *Building the Right Support* published by NHS England, the Local Government Association and the Association of Directors of Adult Social Services in 2015.

Following CQC's decision, Oakview Estates Limited submitted an appeal, which was heard by the Care Standards First-tier Tribunal. The Tribunal's written decision was given with the case being dismissed, meaning CQC's decision still stands.

CQC has issued statutory guidance for providers, Laura Guntrip explores this on page 25.

Survey of Adult Carers

Financial difficulties caused by caring are linked to increased feelings of social isolation, according to a survey of adult carers published by NHS Digital.

The *Personal Social Services Survey of Adult Carers in England 2016-17* reports on the views of 55,700 carers who are caring for a person aged 18 or over. It found that almost 40% of carers who reported the most serious financial difficulties also had little social contact with people and felt socially isolated.

For carers who reported not having financial problems caused by their caring duties (54%),

almost 10% felt socially isolated. Financial difficulties caused by caring responsibilities was the only variable found to have a statistically significant effect on every question analysed in this report.

The average quality of life score for carers in England is 7.7 out of 124; carers who had a quality of life score lower than the national average were more likely to spend 50 hours a week or more on their caring responsibilities. The average quality of life score in the previous survey, in 2014-15, was 7.9. However, the population surveyed was different.

Sanctuary Group expands

Sanctuary Group has expanded its portfolio of care homes, with the purchase of 35 care homes and a supported living scheme from Embrace Group.

The homes, which are largely in Scotland and the North East, will dovetail with Sanctuary's 68 existing care homes, which are mostly in the Midlands and South.

The 35 care homes, currently operated by Embrace Group, will bring the total number of bed spaces provided by Sanctuary Group to over 5,300.

Sanctuary Group's core charitable objective is to provide housing and care services for those who need it. This acquisition helps the Group achieve that objective by expanding the high-quality care services it already provides to many more people across the country.

The 1,800 staff members in these homes will become part of Sanctuary Group and will continue to deliver high standards of care to residents. Sanctuary employs around 11,000 people at present.

Rebooting health and social care integration

Localis, a cross-party, not-for-profit think tank has published *Rebooting Health and Social Care Integration – An Agenda For More Person Centred Care*.

It finds that the health and social care integration agenda has a future, but it is dependent on moving away from notions of structural integration and reliance on central policy direction.

The issue of funding and financial sustainability is critical, but can only be influenced locally, not decided. To that end, the funding question must be addressed centrally and health

and social care integration should not be a hostage to the delays in doing so.

It says that health and social care integration can create new value locally, but it must build on its most important point of consensus: greater person-centred care.

To help unlock the latent social innovation and capital that sits within the health and social care integration agenda, private market, family and community, the report makes a number of strategic and policy recommendations to Government.

IN FOCUS

Developments with sleep-ins

WHAT'S THE STORY?

Payment of National Minimum Wage (NMW) to staff who undertake sleep-in shifts has been an ongoing and changing aspect of the care sector for some time.

An Employment Appeal Tribunal against Mencap ruled that the care workers in the case were entitled to be paid the NMW for sleep-in shifts because of the nature of the work undertaken during that shift.

However, since then, HMRC has been actively being pursuing sleep-in back pay which amounts to up to six years of back payments. Sector-wide liabilities could total £400m, at conservative estimates.

WHAT HAS THE SECTOR SAID?

Mencap launched a campaign to raise awareness of the impact the £400m bill will have on the care sector and how it is a threat to the vital support thousands of people receive to live a safe and independent life.

Mencap says that the £400m bill means many care providers would face bankruptcy, ending of social care as we know it.

Learning Disability Voices, the Voluntary Organisations Disability Group and Care England added their voices to the campaign, supporting calls from Mencap to clarify rules on overnight care sector 'sleep-in' shifts.

WHAT HAS THE GOVERNMENT DONE?

Following warnings that the care sector could collapse over sleep-in back pay, the Government has announced measures to support providers.

Ministers worked closely with the sector in response to

concerns over the combined impact which financial penalties and arrears of wages could have on the stability and long-term viability of providers.

The Government has committed to:

- Waive historic financial penalties owed by employers who have underpaid their workers for overnight sleep-in shifts before 26th July 2017.
- Temporarily suspend HMRC enforcement activity concerning payment of sleep-in shifts by social care providers until 2nd October 2017.

The measures are intended to minimise disruption to the sector by recognising these unique pressures, and ensuring that workers receive wages they are owed.

WHAT'S NEXT?

The Court of Appeal will now consider the re-interpretation of the law next year. The Government has said that it remains committed to making sure people receive the minimum wage they are legally entitled to, including historic arrears.

It will continue to look at the issue alongside industry representatives to see whether any further support is needed and will ensure that action taken to protect workers is fair and proportionate, while seeing how it might be possible to minimise any impact on social care.

It has also reaffirmed its expectation that all employers pay their workers according to the law as set out in *Calculating the National Minimum Wage*.

For more information about developments in sleep-ins and ensuring you're paying the National Minimum Wage, read our feature on page 38.

CQC's report on state of mental health

In its new State of Mental Health report, the Care Quality Commission (CQC) is warning that the mental health sector is 'at a crossroads'. It says that some services are responding positively to unprecedented challenges but others must move away from out-dated care that leaves people 'helpless and powerless'.

CQC has published the findings of its comprehensive inspection programme of all specialist mental health services, giving the most

complete picture ever of the quality of mental health provision for people in England.

Inspectors found many examples of excellent care – but they also found too much poor care and far too much variation in both quality and access across different services. This is particularly concerning given the increasing demand for mental health services, meaning that more people risk receiving care that is not good enough – or no care at all.

Care homes may be breaking the law

The Competition and Markets Authority (CMA) has published the initial findings of its care homes market study and is investigating if some homes are breaking consumer law.

The market study was launched in December 2016 to examine whether the care homes sector is working well for older people and their families.

Having reached the halfway point of the study, the CMA has published emerging findings and

announced that, as a result of information received during this work, it has opened a consumer protection case to investigate its concerns that some care homes may be breaking consumer law.

The initial findings of the market study highlight wider concerns about the sector, which will form the focus of the next phase of its work.

The full findings and next steps are in the feature starting on page 22.

Legal & General enters retirement housing sector

Legal & General announces its establishment of Inspired Villages Group, which is formed out of English Care Villages.

English Care Villages' high-quality management team is joining Legal & General, following the acquisition of the assets

of two joint ventures between English Care Villages and Places for People for around £40m.

Meeting the UK's demographic, healthcare and affordable living needs, and consistent with Legal & General's housing growth strategy, Inspired Villages will accelerate the

evolution of the sector. Creating around 3,000 new, quality homes over the next five years, the aim is to become a leading later-living housing operator.

With Legal & General's long-term financial backing, Inspired Villages will acquire several sites

per year. It is intended that this will create vibrant villages on the edge of, and within, the UK's towns and cities. It is looking to build where people want to live. Each village offers a wide choice of homes that will suit different lifestyles.

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3rd Sector Care Awards 2017 nominations close soon

Nominations are closing soon for the 3rd Sector Care Awards 2017 which recognise innovation and excellence in not-for-profit care and support. The Awards are open to any third sector organisation, individual or team operating in social care, that is doing something which deserves recognition. There are 12 categories to enter.

This year, the Awards welcome

two new judges to the panel: Brenda Murray, Trustee of Carers UK and Dr Richard Adams, Chief Nurse at BUPA.

Nominations close on Friday 1st September and finalists must be available to attend the Judging Day in London on Wednesday 1st November. More information and how to nominate is available on the CMM website.

BCP builds nursing home in Eastbourne

Building Construction Partnership (BCP), a builder of specialist care homes, has announced the construction of a state-of-the-art nursing home in Eastbourne, East Sussex. BCP is converting a disused commercial site into a 60-room care home surrounded by

landscaped grounds.

BCP has completed the design phase, following the latest guidelines for dementia care. Construction is due to be completed in February 2018 and the care home is expected to welcome its first residents in Spring 2018.

Dementia Voices

Healthwatch Essex is helping people with dementia explain to those commissioning and providing services what life is like for them. It says that while there is plenty of good information out there from carers, relatives and professionals about the issue of dementia, all too often the individual living with the condition is not listened to.

With the support of Alzheimer's Society, Essex Dementia Cares and the Peaceful Place Day Centre, Healthwatch Essex spoke with five groups of

people living with dementia.

The information that was gathered has led to the publication of the *Dementia Voices* report. Some of the recurring themes and issues that came up from speaking to the different groups included how a good experience of diagnosis set the scene for living better with dementia; how people living with dementia really appreciate the care and support that they get from their families and others; and how they want to live as independently as possible for as long as possible.

CTBF's sale of Glebelands

The Cinema and Television Benevolent Fund (CTBF), the UK charity for people working behind the scenes in cinema, film and television, has completed the sale of Glebelands care home to Greensleeves Care.

The sale is a key part of The CTBF's refocusing of the support it

provides to people working behind the scenes in cinema, TV and film in order to better meet their changing needs and lifestyles, including the desire to have care available closer to home, friends and family.

The sale secures the home's future as a care home for current and future residents.

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Mental capacity and social work practice

Vulnerable people are being forced into situations against their will because care providers are not going through the proper processes, according to a new report into mental capacity and social work practice from the Local Government and Social Care Ombudsman.

The Right to Decide: Towards a greater understanding of mental capacity and deprivation of liberty highlights some of the very real concerns the Ombudsman has about the way some of the most vulnerable people in society are

being treated when decisions are being made on behalf of people who lack mental capacity to choose how they are cared for.

Problems the Ombudsman sees include not carrying out, or delaying, assessments to determine whether someone has the capacity to make decisions for themselves, poor decision-making when deciding on someone's best interests, and not involving friends and families in the decision process.

The Ombudsman also identifies problems with the Deprivation of Liberty Safeguards (DoLS)

system. This includes cases where people have been left in care homes having not had the proper assessments carried out, and potentially being deprived of their freedom, for many years.

In the year 2016-17, the Ombudsman investigated more than 1,200 adult social care complaints in detail. Up to one in five of those complaints involved concerns about mental capacity or DoLS. And, most troubling, following investigation, the Ombudsman upheld 69% of those investigations, which is higher than

the average figure of 53%.

The Ombudsman says that its investigations show that some councils and care providers do not properly understand the processes for making decisions on behalf of people who lack mental capacity. The report offers advice and guidance to social care professionals on how to get things right when working with people who may lack mental capacity. It also provides questions councillors can use for scrutinising their own authorities to ensure people in their area are treated properly.

Lack of confidence in STPs, councils warn

Less than a quarter of local politicians are confident that major NHS plans to reshape local health and care services will succeed, according to a survey published by the Local Government Association (LGA).

The LGA, which represents more than 370 councils in England and Wales, has found that the majority of councillors responding to its poll do not feel they have been involved with shaping, commenting on or approving the NHS's 44

sustainability and transformation partnerships (STPs).

STPs are aiming to redesign and overhaul local health and care services to cope with increasing patient demand and will focus on treating patients in the community and away from hospitals.

Council leaders are warning that if the STP plans proceed as they are, then they will not work. Key findings of the LGA survey are:

- While more than 90% of responding councillors know

about STPs, just 21% said they had felt sufficiently engaged in their STPs.

- Under 25% of responding councillors are confident that their STP will deliver on its objectives or bring benefits to their local communities.
- Not a single respondent had reported that their full council had been 'very engaged' in their STP.

The LGA is calling for the NHS to

act now to involve councillors as equal partners in STPs. It says that STPs should be more democratically accountable through local health and wellbeing boards. These boards should also be given a legal duty to sign off the plans.

Health and wellbeing boards bring together political, clinical and community leaders to plan how best to meet the health and wellbeing challenges of their local population.

Wellbeing of residents who pursue their passions

Close to 90% of residents participating in outings and activity sessions run by Oomph! trained staff have demonstrated a significant improvement in mood, sociability and mental stimulation.

With the right support, older people are rediscovering and pursuing passions such as motor racing, cocktail making or playing musical instruments, and are feeling fitter than ever. Even the oldest residents are making friends and more fully engaging in life, after previously rarely interacting with others at their home.

Highlights from the organisation's *Annual Impact Report 2016/17* include:

- 88% of residents using Oomph!'s

excursion service Out & About are reporting improved mood on trips and 83% of staff said residents were more engaged in other activities after going on trips.

- Exercise and activities have seen 84% of participants experience a significant improvement in mental stimulation, and 85% in social interactions.
- 68% of participants doing activity and fitness sessions have seen a positive impact on physical mobility with improved everyday living skills.

Oomph! instructors ran 59,575 classes in the past 12 months, a 56% increase from last year.

Judicial Review date set

Care England has announced that the date for the hearing of its Judicial Review (JR) against Essex County Council regarding inadequate fee rates for the care of older people living in care homes has been set for 7th November 2017.

Professor Martin Green OBE, Chief Executive of Care England said, 'We are using the coming months to prepare for the JR hearing, the relevance of which

is greater than ever as the costs of providing good quality care continue to rise. We are seeing care homes close and homecare contracts handed back in Essex and across the country. Essex Council were awarded an extra £24m by Central Government and took the opportunity to raise the Precept to support the social care sector, but it is evident the Council is not passing this cash on to providers.'

Person-centred healthcare

Skills for Health, Health Education England and Skills for Care have announced a new Framework to support person-centred approaches.

This approach puts people, families and communities at the

heart of health, care and wellbeing. It encourages people to speak with staff about what is important to them, helping to develop a shared understanding of what matters to them.



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How does a person with dementia see the world?

Dementia is personal and individual. Each person living with dementia experiences its effects and progression differently.

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We will give you practical tools that will help build positive relationships and develop deeper empathy for people living with the condition.

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Dementia Care

Exploring best practice in dementia care whatever the setting, including tips on keeping people with dementia at home for longer and dealing with challenging behaviour, as well as new ways to manage dementia in the digital age.

Care Forum

Care Forum offers free practical sessions and workshops which are designed to help care managers, directors and owners make a real difference in the lives of the people they're responsible for and to share their experiences.

Virtual Dementia Tour

Immersive experience of what it's like to live with dementia, which will better equip you to provide excellent care for older people.

Integrated Care

New Integrated Care Zone will be led by the NHS England, delivering best practice examples of the NHS and social care providers working together for better outcomes for the public.

Business Theatre

Offering an insight into how care homes and businesses can ensure they stay profitable and better run their business.

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CARE HOME MARKET STUDY:

Are care homes working well for residents and their families?

Q In June, the Competition and Markets Authority published emerging findings into its care home market study. What did it find and what does this mean for the sector?

A Douglas Cooper, Project Director, Competition and Markets Authority



In December 2016, the Competition and Markets Authority (CMA) launched a 12-month market study looking at issues affecting the 430,000 older people in care homes and care homes with nursing in the UK. We are examining whether the industry delivering care for these people is working well and treating residents and their families fairly.

In June, we published an update paper with some emerging findings from the study, which set out our next steps and some possible ideas for the kind of recommendations we could make to address problems identified so far.

This included an announcement that, as a result of information received during this work, the CMA has opened a consumer protection case to investigate its concerns that some care homes may be breaking consumer law. This is focused on concerns about certain care homes charging families for extended periods after a resident has died, and homes charging large upfront fees.

More widely, our evidence

gathering and analysis as part of the market study is continuing, and we are beginning to develop our proposals.

WHAT ARE MARKET STUDIES?

Market studies are one of several tools at the CMA's disposal to examine possible competition or consumer protection issues and address them as appropriate. They are examinations into the causes of why particular markets may not be working well, taking an overview of regulatory and other economic drivers in a market and patterns of consumer and business behaviour.

The care home market study is also being used to undertake a review of providers' compliance with consumer protection law.

One option from a market study is to take consumer enforcement action, where evidence indicates that there may be an issue, or it may be appropriate to publish guidance to businesses on compliance with

their obligations under consumer law, or encouraging business to self-regulate.

Other potential outcomes from market studies include making recommendations to national and local government (and others, such as regulators) to change regulations or public policy, improving the quality and accessibility of information to consumers, or promoting consumer awareness.

CONCERNS WITH THE CARE HOME MARKET

The CMA launched the care home market study due to concerns raised with us by some consumer groups and charities on whether care home providers are treating their residents fairly, and whether they are complying with their consumer law obligations, relating to information provision, contract terms and business practices.

This is an important sector for people in a vulnerable situation and we also had concerns on how

prospective residents and their families were choosing appropriate care and whether they could gather and use the right kinds of information.

We were also concerned with how local authorities played their role in supporting prospective care users, commissioning and procuring care, and how the industry was performing in the light of current market conditions, policy and public funding rates.

THE CARE HOME MARKET STUDY

We have been looking at care and nursing homes for over-65s across the country. Our study has involved talking to, and receiving views and evidence from:

- Care home residents and their families.
- Consumer associations and charities.
- Care home operators and trade associations.
- Regulators.
- Local authorities, national

>



- health services and national governments across the UK.

We have been analysing evidence supplied by care home operators, including studying their contracts, and by local authorities and others. We have also commissioned Ipsos Mori to undertake a survey of residents, their families and other professionals involved in choosing care homes. These in-depth interviews have taken place across a wide variety of locations and circumstances throughout the UK.

HIGH-LEVEL PROBLEMS WITH THE CARE HOME MARKET

While many care homes provide a good service to residents and many staff are dedicated and caring, our update paper set out some high-level problems, generally applicable across the UK, on how the market is working for residents, their families and the public purse.

Informed choices

For this market to work well, prospective care home residents and their families need to be able to make informed choices. Our consumer research suggests that many people find it challenging to make decisions about care under the stressful and time-pressured circumstances which generally apply. Even when good information is available, these challenges mean that many people cannot seek it or engage with it. In many cases, they are confused by the social care system and funding arrangements, and do not know how to find and choose between homes.

Complaints and redress systems

Where a resident is dissatisfied with their care home, it is generally not realistic to expect them to move to another one. Once settled, the upheaval of moving from a familiar environment can be disturbing and can adversely impact the resident's health. It is essential that effective mechanisms are in place

for residents to express their views and, where necessary, have them acted upon. Our findings, however, indicate that complaints and redress systems often do not work well, as residents often find it very challenging to make complaints.

Breaking consumer law

We have identified concerns that some care homes might not be treating residents fairly and that certain business practices and contract terms might break consumer law. Many of these consumer protection concerns relate to how some care homes treat self-funded residents, including, for example, issues around the lack of indicative pricing information on websites, the charging of large upfront fees and deposits, care homes having a wide discretion to ask residents to leave, and requirements to pay fees for an extended period after a resident's death.

Procurement processes

Some providers have told us of instances where they have found local authority and NHS procurement processes complex, inflexible and insufficiently person-centred. Some providers have also argued there is inadequate provision to encourage and reward quality. It appears that in some areas, making a top-up payment may be the only way a prospective local authority-funded resident will have a choice of care homes to go to, but in other areas top-ups are not always encouraged or facilitated.

Financial performance

Our initial analysis of recent financial performance suggests that returns to the sector overall are sufficient, on average, to cover current operating costs, although there will be a lot of variability between operators and regions; investment will be attractive in some local areas and particularly where there are expected to be substantial further numbers of self-

funding customers.

However, returns are insufficient, even at the industry average level, to attract investment in building and modernising new care homes.

It appears likely that short-term funding pressures, current fee rates, the number of placements local authorities make in care homes (rather than meeting needs through other means, such as domiciliary care) and uncertainty over future funding, mean that there are weak signals and incentives for the sector to provide the level of future investment necessary to grow capacity intended to serve state-funded residents. This is concerning given that demand for care home services is expected to increase in the coming years. The number of people aged 85 and over is projected to more than double by mid-2039. We are concerned about whether local authorities are well-placed to adopt long-term plans on the need for care home services and to effectively influence and encourage the investment that is needed.

POSSIBLE RECOMMENDATIONS

We are considering possible recommendations in relation to these and other issues. These will be expanded over the next half of the market study and include examining how:

- People can be supported in making choices, for example, in finding ways to prompt people to consider care needs and do some planning in advance, or else ensuring they receive the right kind of information or direct support when making choices.
- People could find it easier to raise concerns and complaints about a care home and can be made to feel more comfortable in making a complaint.
- Residents and their families can best be protected, and how to encourage fair treatment by care homes.

- Local authorities can be encouraged to share best practice in procuring care home services and planning, and developing provision in their areas.
- To encourage investment for the future, for example, by developing an independent view of future needs, providing information and clarity to support investment. In doing so, we may explore possible ways to ensure providers are paid fee rates by local authorities that reflect the full cost of care and provide an incentive to invest for the future.

We have opened a consumer protection case to investigate concerns about certain care homes charging families for extended periods after a resident has died and homes charging large upfront fees. The investigation is focusing on these two issues because we have identified clear, specific concerns that some care homes may be breaking consumer law, which if borne out, we consider would be most effectively addressed by consumer enforcement action. We have notified a small number of providers that we are investigating them, and we are using our consumer law investigatory powers to obtain further evidence from them to decide whether enforcement action is required.

FINAL RESULTS

We expect to issue our report and recommendations before December. We want to engage with all stakeholders as we continue our analysis and develop our recommendations, including adapting these for the different circumstances and policy and regulatory environments that apply in each of the nations of the UK. This will include roundtable events with a variety of trade associations around September, but we are also very happy to receive views from all providers.

CMM

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CMM subscribers can share their thoughts on this and access the reports mentioned, via the CMM website www.caremanagementmatters.co.uk
Providers wanting to get in touch with CMA about the market study can do so via carehomes@cma.gsi.gov.uk

The Care Quality Commission has published its guidance on the future of learning disability provision. Laura Guntrip explores what the guidance says and what it could mean for the sector.

Registering the
right support:

The future of learning disability provision

Reporting restrictions on legal proceedings which lasted five years, involving the provision of care to people with learning disabilities at Veilstone and Gatooma care homes, have recently been lifted. The case has been described as 'ground-breaking' in that directors and senior managers have been held to account for creating a culture of systematic neglect through the routine use of excessive restrictive practices. Weak inspection systems and poor commissioning of services were also blamed for allowing a culture



➤ of abuse to develop.

The case, and the convictions which followed, are a stark reminder of what can happen if a service gets things wrong. The revelations come at the same time as the publication of the final version of *Registering the Right Support*, the Care Quality Commission's (CQC) policy statement for providers supporting people with a learning disability and/or autism.

Against this background of shocking reports into inappropriate care settings and the resulting increased scrutiny of services which provide care for people with a learning disability and/or autism, what changes are being introduced by CQC and what do they mean for service providers?

BUILDING THE RIGHT SUPPORT

The guidance was first published in February 2016. However, following a period of implementation and legal review, CQC found that this was not effective in securing compliance with the national plan, *Building the Right Support* and service model, developed by NHS England (NHSE), the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

The intention of the national plan was to develop community services and close inappropriate inpatient services. CQC then published revised guidance in December 2016, which formed part of the wider consultation on its next phase of regulation.

The revised guidance proposed to take a firmer approach to the registration of new premises, such that those who do not comply with the national plan in terms of suitability and location may find their registration refused.

The national plan and service model set out plans to close hospital services and strengthen support in the community, with an estimated reduction of 35% to 50% of inpatient provision for people who have a learning disability, including those who may also display challenging behaviour and/or have a mental health condition.

The revised guidance proposed the following:

- That providers who apply to register new inpatient services are only registered when a clear need is identified (agreed with local



commissioning partnerships) and the services comply with the national plan in terms of suitability and location. The factors which would indicate the applicant is less likely to be able to satisfy CQC about its compliance include if the hospital is a large institution, if there is no written expressed intent by commissioners for placing people there, if the hospital is secluded and geographically isolated, and if the provider has not demonstrated how they will promote independence and discharge.

- That providers who apply to open a new care home or location for supported living (including variations to existing registration to add further premises) will need to demonstrate the service is suitable and appropriately located. New premises should not be developed as part of a campus-style development and services should meet an identified local need. In addition, providers should involve people in the design of their services and take into account the proximity of family members when selecting the location. Further, the premises should be situated so as to promote access to the local community and new premises should be developed as small-scale housing units, accommodating six people or less and not be close to other premises for people with learning disabilities.

- That existing registered providers who change the regulated activity they provide at a location (for example, a change from hospital services to care home services or a change to supported living services) should demonstrate that the changes make a difference to the people receiving the services, so that there is a real culture change and that the premises do not feel institutional. In addition, providers who seek to add beds or places will be subject to additional scrutiny.

The revised guidance also concluded that it would apply to CQC's inspection process to make sure providers continue to meet the requirements after registration and that existing services are being delivered in line with the national plan and other good practice guidance.

CRITICISMS OF PROPOSALS

Whilst CQC reports that the majority of the consultation responses conveyed a positive overall sentiment, a number of criticisms were made by service providers, including that the guidance lacks flexibility and clarity and is not robustly backed up by evidence. The main criticisms levelled at CQC were that:

- Services for people with a learning disability and/or autism would be

- regulated more severely than other services.
- The 'small scale housing' requirement and six bed cap would have a market-shaping effect, stifle innovation and affect the viability of residential services.
 - CQC is making an assumption that smaller-sized accommodation provides more guarantee of high-quality care, when existing larger services currently have 'Good' or 'Outstanding' ratings.
 - The proposals do not take account of the diversity of the sector and do not acknowledge the preferences of individuals with a learning disability and/or autism who may prefer a quiet rural setting to an urban community environment.
 - Housing and staffing costs vary considerably across the country and there is real concern that the guidance would have the effect of concentrating the provision of services in cheaper areas.
 - The impact of the guidance for existing services, which do not meet the new guidelines, is that good care homes may be forced to close or move to qualify for re-registration.

REGISTERING THE RIGHT SUPPORT

Following on from the consultation, CQC has taken into account some of the concerns above in its new document *Registering the Right Support*. However, the expectation remains that providers that demonstrate their model of care follows best practice are more likely to evidence compliance with fundamental standards.

The final policy is still directed at those applying to provide care in a specialist hospital provision such as an assessment and treatment unit, those applying to provide care in other services for people with a learning disability and/or autism and those applying to add or remove a location or increase the number of places provided.

In its new policy, CQC recognises that larger services which do not comply with best practice guidance, may still be able to demonstrate that

they can provide person-centred care. CQC now clarifies it is seeking to work with providers to develop services that follow best practice and will discuss proposals with providers in advance, to enable them to gain an understanding as to whether an application may be likely to be refused.

Despite these statements, the policy still questions the long-term sustainability of those services and the expectation is that providers will need to demonstrate that their proposals comply with the principles of the guidance, and if not, provide an explanation as to why the application should be granted.

CQC confirms the guidance will apply across registration and inspection, but provides reassurance that it does not want to disrupt the lives of people who are currently residing in a service that is not small scale.

In relation to existing services, CQC now acknowledges that providers have to work within the physical constraints

change from the earlier guidance which applied the six-bed rule in a wider context, namely to any proposed premises for people with learning disabilities.

In addition, CQC has also clarified that it will not adopt 'six' as a rigid rule for providers of any service for people with a learning disability and/or autism. CQC states that it may register services that are small scale but accommodate more than six people, where providers are able to demonstrate that they follow all of the principles and values in the *Building the Right Support* guidance, meet the fundamental standards and other relevant regulations.

CHALLENGES FOR PROVIDERS

Although it appears that CQC has taken on board some of the criticisms as a result of the consultation, the final policy statement will still present

“The expectation remains that providers that demonstrate their model of care follows best practice are more likely to evidence compliance with fundamental standards.”

of existing locations. However, providers will be expected to have plans in place to adapt premises and meet best practice guidelines. For new services, the requirement to develop services taking into account the proximity of family members and the prohibition on 'campus style' development remains.

The new policy statement also attempts to clarify the position in relation to the 'six-bed' rule. CQC confirms that it will adopt the presumption of small services (usually accommodating six or less) for providers of services that provide care (or might intend to in the future) for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. This is a

challenge for the sector and providers should ensure that, if their services do not comply with the guidance, they can demonstrate the care they provide is person-centred and promotes choice, inclusion, control and independence.

CQC is already actively applying its policy and has recently been supported by the Tribunal in its decision to refuse an application by a provider to change one of its rehabilitation services into a nursing home, because the proposal did not support the national plan.

If considering changes in registration or planning to acquire or register new services caring for those with learning disabilities and/or autism, providers should consider seeking legal advice to check whether their plans conform with the new policy.

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CMM subscribers can access the policy documents mentioned in this article at www.caremanagementmatters.co.uk

DISCHARGE HOME TO ASSESS – **BENEFITS OF THIS NEW MODEL OF CARE**

Agincare, Portsmouth City Council and Queen Alexandra Hospital have successfully proven the benefit of Discharge to Assess (D2A) using live-in care. Is it a solution for sector pressures?

Pressure on the NHS from delayed transfers of care, coupled with pressure on local authorities to deliver timely assessments of people ready for discharge, is creating a bottleneck in the system. Latest figures on delayed transfers of care from NHS Digital indicate that there were 177,100 total delayed days in April 2017, of which 115,600 were in acute care. 55% of all delays were attributable to the NHS, 37.9% to social care and the remaining 7.1% to both NHS and social care.

There's clearly a need to address this and find solutions to the issues which, in general, aren't easing.

DISCHARGE TO ASSESS

As new models of care are developing across the sector, and Better Care Funding is being used to help drive integration and new ways of working, one model has emerged as a potential solution to help delayed transfers of care.

D2A has been set up as a way to ease the pressures and help people back into the community for assessment.

NHS England's *Quick Guide: Discharge to Assess* defines it as, 'Where people who are clinically optimised [medically-fit to leave hospital] and do not require an acute hospital bed, but may still require care services, are provided with short-term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.'

However, it requires the NHS, local authorities and care providers to work together to create a suitable pathway, to support people out of acute settings.

Beyond that, it requires partnership, conversations between all stakeholders and the right attitude to find solutions that make a difference to people's lives in a time of immense pressure.

Pilots are popping up across England to develop D2A pathways and evaluate their effectiveness for patients, the NHS and local authorities. As with any new initiative, different areas are taking different approaches.

In Portsmouth, Agincare, in partnership with Portsmouth City Council and Queen Alexandra Hospital, has developed its model around the flexibility of its live-in care workforce.

PORTSMOUTH PILOT

The Portsmouth D2A pilot set out to offer clients and patients real choice to return or remain at home safely with the right support. Set up in May 2016 to run for 18 months, its aim was to reduce the number of people permanently admitted to long-term care, reduce length of hospital stays and excess bed days, reduce delayed transfers of care, increase the number of people transferred home from hospitals and reduce the number of people admitted to hospital. It was originally conceived as a reablement pathway, but now also provides discharge pathways for end of life care, patients with dementia and community-based hospital admission prevention.

Its underlying principle is to offer patients greater reassurance, supporting the transition from an acute setting to home with anything up to round-the-clock support of a live-in care companion.

The 18-month block contract guaranteed rolling discharge capacity of five live-in care workers per week, providing a maximum

two-week intervention for each potential discharge patient. During the contract, this increased to eight workers with additional spot purchasing available. The live-in care workers trained alongside the NHS and adult social care, and a frontline manager supported the collaboration.

The live-in care workers offer practical support, enabling assessment at home within 48 hours, and offering anything up to 24-hour support and continued assessment for a short period as determined by the commissioner. The scheme is also able to respond to emergencies to prevent admission and support people prior to admission.

Over the period of the contract, the pilot evolved, with referrals doubling after six months and expanding to meet changing priorities and demand.

OUTCOMES

The pilot achieved evidence and outcome-based commissioning that flexes with demand. The service helps to fill gaps in capacity and deliver a more comprehensive service for a limited time. Health and social care teams adapted their commissioning to include the service as part of a range of solutions to enable hospital discharge and prevent readmission.

Over 12 months, adult social care saved £52,000 p/a by reducing avoidable residential placements.

For the NHS, savings totalled £378,000 by reducing delayed transfers of care by an average of 18 days in hospital. Also, only 6.5% of patients involved in the pilot were readmitted to hospital, against a national average of 12.2%, as calculated by the Nuffield Trust.

Tracking patients after 12 months of delivery, 69% receive

domiciliary care or no care at all.

Beyond this, the pilot increased trust and understanding between systems, helping to remove some of the pressure and enabling them to function outside of crisis mode. It also enabled Portsmouth City Council to adapt and evolve its ideas and pathways with a trusted provider partner without the risk of compromise from a lack of capacity, continuity or quality.

FUTURE

The scheme has been extended to two years, with Portsmouth City Council announcing its intention to re-commission the service for a further three years. Agincare and Portsmouth City Council have been nominated for a national award for the model. Agincare is rolling it out to new local authorities and NHS partners to meet local demands, strategic plans or sustainability and transformation partnerships.

The model has the potential to deliver single or multiple pathways for long-term service development, or to ease shorter-term winter pressures. It creates a single point of contact for reablement and rehabilitation teams. Plus, the live-in care workforce is able to work nationally and can be permanently based in any location.

CCM

OVER TO THE EXPERTS...

What are your thoughts on this pilot and its outcomes? Does D2A have the scope to ease winter pressures, reduce delayed transfers of care and help with wider service transformation and integration across England and Wales? Would it work well in a suite of different models and pathways?

INNOVATION BETWEEN COMMISSIONERS AND PROVIDERS

Delayed transfers of care are a big headache, and doing more of the same is not an effective strategy. It's therefore good to see innovation being fostered between commissioners and providers.

D2A pilots fit well with other approaches, such as Trusted Assessment, also being developed. Getting people back home safely, with short-term support where needed, is not only good for hospitals, but is the overwhelming preference for people. To be successful, care workers need to be able to support a reabling approach to help people maximise their independence. It's therefore encouraging to see care workers training with NHS colleagues.

Live-in homecare is a service which councils and the NHS have historically been slow to adopt, but this pilot shows how it can be used creatively. Live-in care workers are generally engaged on an 'unmeasured work' basis, meaning

that there is flexibility throughout the day to provide the necessary support, while ensuring that care workers receive a predictable wage each week. This contract has been procured on a 'block contract' basis, which provides certainty for a provider to recruit, train and develop workers. This is important for live-in care workers, who usually want the reassurance that they will have regular accommodation as part of their engagement.

Where D2A schemes can be let down is where there is an inability to source a care package to meet any ongoing support needs, and this needs to be considered when developing these services. As live-in care workers are generally willing to work in different areas, this model has the potential for providers developing it to offer services to other hospital trusts.



Colin Angel Policy and Campaigns Director, UKHCA

ALL PATIENTS SHOULD HAVE ACCESS TO D2A

Imagine how you would feel if I told you today that you will never see your home again, that you will never be able to sit in your favourite chair and feel that sense of safety that being surrounded by your own environment brings.

As we all know, this is what currently happens every day to many of our older patients who move from hospital to longer-term nursing and residential homes.

It is for this reason that I am drawn towards the Discharge to Assess models of care, not only as a way of relieving pressure on services, but also of delivering services which are in the best interests of the patient.

The paper sets out clearly the benefits for systems. We must also consider the benefits for our patients and families. Too often, assessments take place in the acute setting after patients are medically stable and do not

give a true reflection of patient's abilities.

Discharge to Assess allows assessments to take place in the most appropriate environment once optimum reablement has been achieved. It can be used to support more patients returning home where this is their preferred outcome.

The Discharge to Assess model allows improvements in the quality of life for patients as well as more accurately assessing their abilities to cope in the normal settings.

The key point is that Discharge to Assess is able to deliver benefits to services and patients. I feel that all patients should have access to the Discharge to Assess model to provide them with the greatest possible choice about their future.



Kate Pound BSc MSc MPhil RGN Collaborative Manager, CHC Strategic Improvement Programme Horizons Team, NHS England

WITH THE RIGHT BEHAVIOURS, IT CAN BE DONE

'We usually have to fight to get support, but this was so easy.' This quote, from a member of a family involved with the Discharge to Assess pilot, is what stood out for me and marked the scheme as a potential game-changer.

We know how difficult it is for people to navigate the health and care system; *The Barker Review* in 2014 described the lack of alignment and how harrowing some of the consequences could be. One description from a family member stands for many, 'I know how the health and social care system is supposed to work, but I was powerless to influence... nothing was joined up, with each part of the system only interested in their part of the problem.'

The Portsmouth Council/Agincare initiative shows how good the outcomes can be when the system does join up, with the person at the centre. Fundamentally, it has significantly

reduced length of stay in hospital, crucially important in preventing deconditioning in older people, quite aside from any financial savings that accrue to the NHS and the local authority. The flexibility of the service has meant that it could be deployed in a timely manner, which again lowered the risk of admission to hospital. And it was easy to access and obtain.

It has the potential to be revolutionary. But getting there didn't require upheaval or restructuring. It was about systems behaviours, a shared purpose, willingness to work together and people recognising the part others played.

If you're tempted to walk away from integration, turn around and talk to Portsmouth and Agincare again. They're proof that with the right behaviours, it can be done.



Debbie Sorkin National Director of Systems Leadership, The Leadership Centre

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MARK AITCHISON

Mark Aitchison is Chief Executive Officer and Group Finance Director at Colten Care.

REFLECTIONS ON THE LAST DECADE

When you look at all the challenges confronting the sector, you can't help but conclude that we've created all the conditions for a perfect storm.

There's no question that the Care Quality Commission (CQC) and its inspection regime has raised the bar for elderly care, making a much clearer and easier-to-understand rating system. Providers' care standards are highly-visible and the pressure to maintain and improve has had significant cost implications for many operators.

An increasing number of care homes are no longer providing nursing care. It is considered too difficult; be that recruitment, payroll cost, training etc. We have this paradox whereby there is an increasing demand for nursing care, but operators are withdrawing from its provision and passing the problem back to the NHS. Many providers are struggling with additional costs, such as the National Living Wage, apprentice levy and pension obligations. In recent years, a conservative estimate of the increase in an operator's annual payroll cost would be more than six percent.

Many local authority-run care homes have closed due to a combination of financial reasons and that they no longer provided suitable accommodation and overall facilities. Local authorities effectively outsourced the provision of elderly care to the private sector. Consequently, there are a lot of operators now who are heavily reliant on local

authority-funded residents. At the same time, the fees paid to these operators have declined in real-terms, making it very difficult for many operators to meet and maintain CQC's standards.

As evidenced by the recent cross-party report by the Communities and Local Government Committee, care providers have been advised to subsidise fees for local authority placements by charging higher rates for private clients receiving essentially the same accommodation and services. LaingBuisson recently estimated privately-funded residents are subsidising others at an average around £8,000 p/a. This is neither acceptable nor sustainable.

More people are living to an old age and with that comes increasing complexity of age-related illnesses. We have seen, and will continue to see, an increasing need for care homes to be registered for nursing. The majority are not, and we cannot look long-term to the nursing element being provided by the NHS by means of district nursing services. These services are already stretched to meet the needs of those living in their own homes.

Rising expectations, increasing regulatory demands and costs and reducing numbers of registered nurses, combined with unrealistic local authority rates and reducing numbers of nursing homes, brings into question the long-term viability of many providers. While we all saw the consequences of the Southern Cross collapse, I am not convinced the lessons have been learnt.

PROJECTIONS FOR THE NEXT DECADE

Elderly care is a political hot potato, but one political parties must address. We have an ageing population, with complex needs and this issue is not going to go away, indeed it is likely to get worse.

70% to 75% of providers are rated Good. As a sector, we should pat ourselves on the back as this is a significant achievement given the challenges. However, with ongoing financial and resourcing issues, sustainability of these standards will be a major problem for many.

We must address the lack of nurses. There is a stigma about working in the care home sector, with some regarding it as a backwater. We need to engage with nurses at all levels, newly-qualified through to experienced, and proudly highlight the opportunities and career satisfaction that come from working in elderly care.

The sector faces increasing costs. One of the most obvious is the National Living Wage. For employees over 25 years old, it is projected to rise to at least £9 per hour by April 2020. This is a 20% increase over the next three years.

The current situation isn't sustainable and doesn't enable operators to plan for the long term. Local authorities must pay a fair price for care. After all, many moved out of providing care because they could not do it cost effectively. Expecting privately-funded residents to subsidise is morally reprehensible. **CMM**



CQC's fundamental standards and nutrition

ARE YOU COMPLIANT?

The Care Quality Commission includes food and drink within its fundamental standards. However, do you know whether you're compliant when the inspector calls? Neel Radia explains more and shares details of guidance available to support providers.



Food and drink are fundamental to quality care. Their impact on both physical and emotional wellbeing cannot be underestimated. Food and drink can really make the difference between poor and excellent care. They are central to what we do and who we are and they must, therefore, be at the very heart of any care service.

The link between nutritional intake and health and wellbeing is widely reported and accepted. It's a basic principle that is readily understood and championed when it comes to paediatric services. But, sadly, it's often an area still ignored or misunderstood in the provision of care services for adults, particularly for the older, disabled or frail.

Nutrition and mealtimes are arguably even more important for older, vulnerable adults in receipt of care services. Physically, the right nutritional intake is vital to recover from myriad age-related conditions or critical incidents and to maintain general wellbeing. From a social and emotional perspective, mealtimes are often the highlight of the day and a boost to morale.

For those living in the community, mealtimes are the point at which their social isolation ceases, and for those in other care settings, it's the chance to sit down and talk to others.

If a mealtime is enjoyable then ultimately, the nutritional care will be excellent, as an enjoyable meal recognises the essentials of what people need and want, and how, where and with whom they want it.

The Care Quality Commission (CQC) rightly includes food and drink provision within its fundamental standards and scrutinises practices during inspection. The question is, how many care providers fully understand what CQC requires of them? How many have the right information and tools to fulfil their responsibility to service users and ensure they are delivering the best nutritional care, with dignity, in line with CQC's expectations?

THE CQC FUNDAMENTAL STANDARDS

CQC's fundamental standards are quite simply standards below which care must never fall.

The standards are designed to help providers of health and social care services comply with regulations, set out the requirements for meeting the nutritional and hydration needs of service users, and also ensure that they provide safe, effective, caring, responsive and well-led quality care.

The regulations are the *Health and Social Care Act 2008 (Regulated Activities) Regulation 14 Outcome 5: Meeting Nutritional Needs* and the *National Institute for Health and Care Excellence (NICE) Nutritional Support in Adults (QS24)*. >

> AN INSPECTOR CALLS...

CQC inspectors assess services against Key Lines of Enquiries (KLOEs) and providers are expected to supply evidence that people's care treatment and support achieves good outcomes and promotes a good quality of life.

They must also show that people are supported to live their lives in the way they choose and experience the best possible health and wellbeing.

When it comes to food and nutrition, the KLOE is: How are people supported to drink and eat enough and maintain a balanced diet?

CQC inspectors will be looking for evidence that shows:

- How people are supported to:
 - have enough to eat and drink.
 - have a balanced diet that promotes eating for good health.
 - participate in decisions about what they eat and drink.
- That meals are appropriately spaced, but that the provision is flexible to meet people's needs.
- How the service identifies the eating and drinking risks for those with complex needs.
- How people's nutritional needs, including those relating to culture and religion, are identified, monitored and managed.

Inspectors will use a range of information gathered from a variety of sources to assess provision.

They will review records and talk to people, including professionals, service users, carers and families, to determine the following:

- If the dining experience and mealtimes are an enjoyable and sociable experience.
- The quality of the food and drink provided.
- Whether staff support effectively.
- Whether needs and preferences are met throughout the day (and night where applicable).

SUPPORT FOR CARE PROVIDERS

The National Association of Care Catering's (NACC) primary objective is to raise standards of catering across the care sector by supporting caterers and providers with the relevant information, guidance and best practice examples needed to fulfil their roles and responsibilities properly.

Everyone has the right to receive good food and drink that reflects their individual nutritional, cultural, physical and emotional needs. Care providers want to be able to achieve this. To this aim, The NACC has produced a

guidance document, *How to provide good nutritional care and comply with CQC's fundamental standards* to help providers to drive improvements in their nutritional care and secure Good or Outstanding CQC ratings. Having the right information, tools and systems in place means that care providers can be confident that they are consistently meeting all necessary standards in relation to nutrition, hydration and mealtimes.

A COMPREHENSIVE TOOLKIT

The NACC's guidance document clearly explains what the CQC fundamental standards are and what CQC inspectors are looking for when it comes to food and drink in both residential and domiciliary care settings.

It outlines the policies, procedures and records required by a service to meet the KLOE: How are people supported to eat and drink enough and maintain a balanced diet? Other closely linked KLOEs are also highlighted, so they can also be appropriately considered.

Key policy and records centre around the Nutritional Care Policy (including hydration), which should be relevant to the care service provided, reflect the 10 Key Characteristics of Good Nutritional Care, consider the needs of service users, and lay out a clear set of values that include involvement, dignity, independence, respect, equality and self-help.

Essential components of the Nutritional Care Policy are:

- Individual Nutritional Component of Care Plan.
- Nutritional Screening Action Plan.
- Hydration Action Plan.
- Catering procedures, including food safety.
- Mealtime procedures and protocols.
- Staffing and training policy.
- How people are involved in service delivery.

For each outcome required to meet the aforementioned KLOE, the NACC has created template charts for recording recommended evidence of compliance, in the form of information, observations and statements, that an inspector would be looking for. The charts can be personalised to each care provider, as appropriate.

Observations and information can be gathered by talking to people receiving a service, staff, friends and other professionals involved in the care provision. By regularly updating the records, a clear picture of the service and its history can be created. These useful charts can be presented to inspectors to help them judge the service's rating during inspection.

PRACTICAL AND RELEVANT SUPPORT

The guidance also includes further practical action plans, monitoring charts and record templates to ensure the needs of individual service users are recognised, met and regularly monitored.

With documents tailored for domiciliary care, reablement and Shared Lives services and for residential and nursing care, the NACC covers:

- Action Plan for Residential/Nursing Care.
- Eating and Drinking Guideline Questions.
- Nutritional Screening Questions.
- Recording of 'MUST' or Nutritional Screening Questions.
- Nutritional Screening Action Plans for Reablement and Shared Lives.
- 'My Food Preferences' record sheet.
- Guidance for Healthier Eating.
- Guidance for Fortified Foods.
- Daily Food and Fluid Intake Sheet.
- Nutritional Care Risk Assessment – Activity Template.
- Nutritional Care Risk Assessment – Dysphagia example.
- Residential/Nursing Care Action Plan.

Example audit tools are also included for use by managers to ensure that Nutritional Screening Action Plans are being correctly implemented.

SIMPLIFYING THE PROCESS

Quite often, the language used by regulatory bodies, such as CQC, can bamboozle. The NACC has, therefore, also included a very useful glossary that demystifies the jargon and makes sure all care providers and caterers understand the information being presented to them.

Other websites and organisations that also offer guidance around nutrition, hydration and mealtimes are signposted, providing a wide-ranging support system.

The NACC's guidance provides a valuable and practical comprehensive resource for care services to help comply with CQC's fundamental standards and achieve Good or Outstanding ratings. However, it's not just restricted to those operating under England's regulatory framework. The information and tools within the document are relevant for all care providers. It is for everyone who wants to ensure that mealtimes are an important part of their care service and uphold the cultural and communal significance of food, as well as providing a balanced nutritional intake. **CMM**

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Nicky Shepherd
is Manager of The
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high levels of dementia.

CAREER HISTORY

I started my career in care at the age of 16. I had intended to stay at school to do my A-Levels and become a social worker. However, I undertook a placement in a care home and loved it. They offered me a job and I accepted. I stayed with that care home until I was 24 and had my first child. I then worked part-time until I had my second child at 26.

For the next 10 years, I raised my family, but after having my third child, I decided I wanted to go back into care work. By this time, it was 2010 and we had moved to the Isle of Wight. I really loved working in care and helping people, so it was only natural that I'd want to go back.

When I re-joined the care workforce, much had changed; there were now NVQs, which I hadn't undertaken previously. My first job back was in a nursing home where I undertook my NVQ3. I enjoyed my time there, but there was no progression from healthcare assistant and I wanted to develop my career, so I applied for a more senior position at another care home. Whilst there, I was promoted to deputy manager and stayed with them for a year.

After that time, I was offered the role of deputy manager at a smaller home that was struggling. The home was non-compliant and in administration. Within a few days of starting, the manager left and I suddenly became acting manager.

It was a scary time, I had six weeks to turn around the home, which had multiple non-compliant issues, including safeguarding. But I did it. I had a really good CQC Officer who stayed in contact and supported me through the process. It was a very helpful relationship.

Within the six weeks, the home was compliant, out of administration and in a position where it could be sold. I stayed on for another six months but decided I wanted to return to a not-for-profit provider.

It was at this point that I was approached about a role at a specialist home for deaf people. Again, this home was non-compliant and losing money. I accepted and within six months the home was compliant again. Whilst I was there, I mentored one of the care staff into the role of deputy manager to support me in the turnaround and running of the home.

Once the home was compliant, I had achieved what I set out to and it was secure as a business, I decided I wanted to take on a new challenge. I mentored the deputy manager to take over from me as manager and I left to come to The Briars, where I am now.

I still keep in touch with the manager at my former home, she's still there and doing well.

When I came to The Briars, I stepped into the shoes of a long-serving manager who had achieved a Good CQC rating, with Outstanding for caring. I'm one year into the role and we've just received an overall Outstanding rating, with Outstanding in responsive too.

I'm very passionate about what I do. Residents always come first. We offer a very personalised service. It's so much deeper

than daily choice. We undertake detailed life history work with clients to give them a meaningful existence and empower them.

We're a specialist dementia home and it's those 'minute moments' that we have with people that make all the difference. They may not remember who you are, but they will remember that connection, that meaningful companionship. This is the ethos of the Eden Alternative, of which we're members. We're even known to break into spontaneous singing and dancing.

CURRENT ROLE

When I moved into my current role, I didn't know what to expect. When you are a care assistant, it's a very important job. You are making a difference to people's lives on a daily basis. As a manager, you are making a difference on a greater scale – not only to your clients, but also their families and your staff too.

Being a manager can be an overwhelming and lonely place. It's unpredictable, you don't know what's going to happen and you have to be the swan: calm on top and paddling furiously under water. You can't let that show and that's where the support of the Rising Stars initiative helps.

As a manager, you have to accept what you can and can't do. Recognise the potential in your staff; delegate, mentor and empower them. This can be hard, but you soon learn the hard way if you don't do it.

The best part of my role has to be those 'minute moments', when you connect with your clients and you know you've improved their wellbeing in that moment. This then has an impact on other clients and staff too.

I also believe in the importance of skilling and valuing your staff. I send personal thank you notes to staff if they've been exceptional and gone the extra mile. I recently sent one to a member of staff who took time to sit with and support a person with severe dementia to choose lunch, getting down on their level, being patient, taking the extra time to enable them to make a choice over what they ate. It's a simple thing, but makes so much difference to the person with dementia, by empowering my staff, they are empowering our clients.

The biggest challenge has to be the volume of work. It can be overwhelming. You need to find your work/life balance. My staff know I'm always available to help, but I need to have my family life too.

RISING STARS

My regional manager, Sue Pearce nominated me to be a Rising Star without my knowledge, she just handed me the form to complete. I was honoured, flattered and also shocked. It's great to have the network of support from the other Rising Stars and everyone involved. I'm really hoping to get some good mentorship out of the programme. I mentor a lot of people

and have done throughout my career, so I'm looking forward to accessing this myself. There are areas I want to improve on and this will help me. We have an upcoming seminar where all of the Rising Stars are coming together for a media and marketing course, I'm hoping to learn a lot from that. Especially how to calm my nerves.

THE FUTURE

I'm not sure what the future holds for my career. I'm happy where I am at The Briars. However, I think over time I'd like to be able to help more people, maybe as a regional manager. I'd also like to be able to develop a programme of specialist care and dementia support. I'm very open with my management about my ambitions.

ADVICE

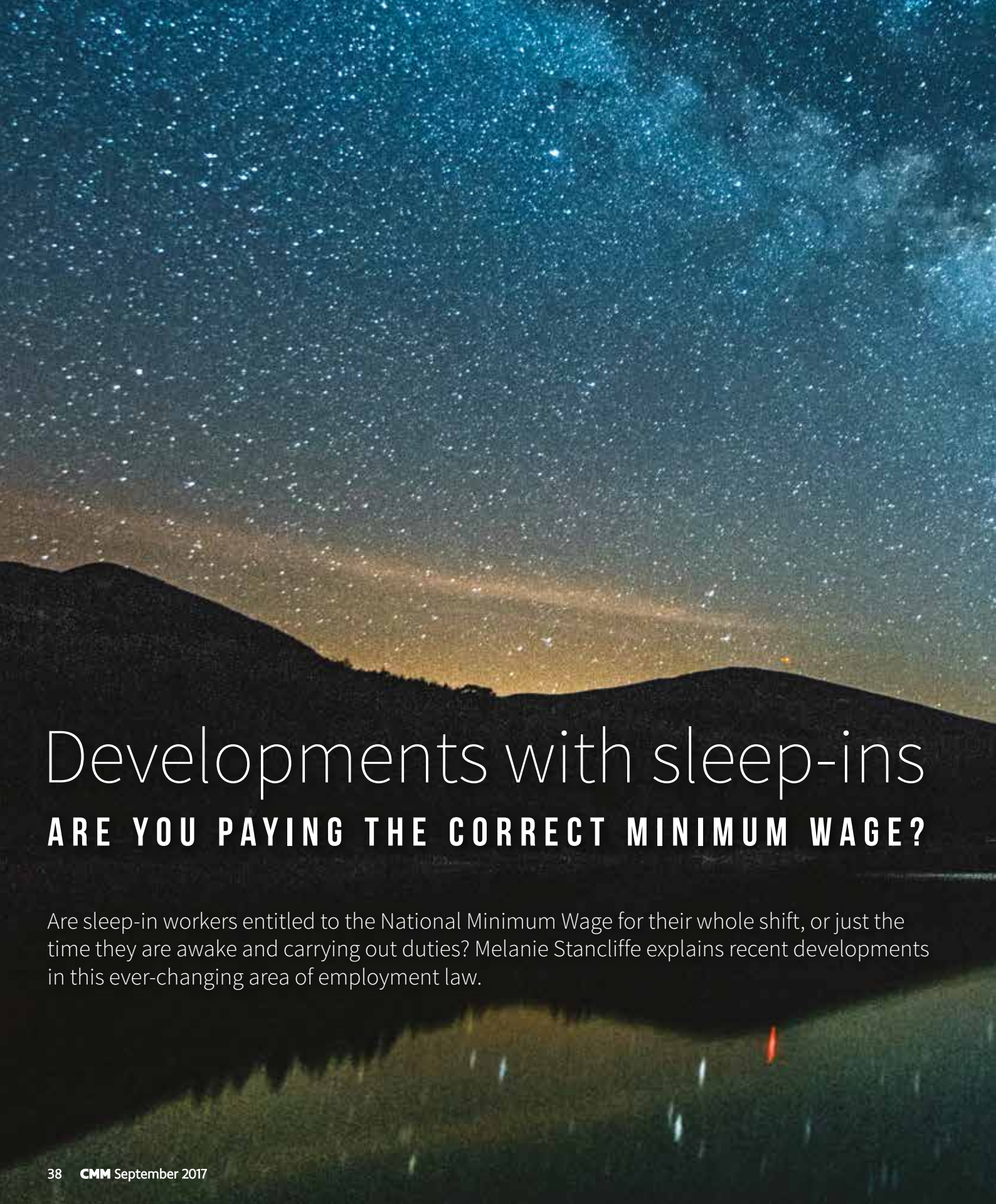
My advice would be to be a good person. Be grounded. Be humble. Be kind. Do things for the right reason. But be kind to yourself, accept that you can't take on everything. Also, remember that every journey starts with a single step so be brave.

Something else that has stuck with me is from my CQC Officer. I recently messaged him to thank him for his support when we got our Outstanding rating. He sent back a single sentence, 'You have to take responsibility for your own achievements in life.' It's true.

My advice to other senior managers would be, if you see potential, be honest, give honest feedback to help them improve, in a supportive environment. Also, just be there and remember that there's no such thing as a silly question. **CMM**



Nicky is part of the first ever cohort of Rising Stars. This innovative programme, developed by National Care Forum and supported by Carterwood, is designed to identify leading lights within organisations who will shape and form the care sector in the future. More information about the programme, the candidates and future opportunities can be found at www.nationalcareforum.org.uk



Developments with sleep-ins

ARE YOU PAYING THE CORRECT MINIMUM WAGE?

Are sleep-in workers entitled to the National Minimum Wage for their whole shift, or just the time they are awake and carrying out duties? Melanie Stancliffe explains recent developments in this ever-changing area of employment law.



All workers are entitled to receive the appropriate National Minimum (or Living) Wage (NMW) for any sleep-in work they undertake that constitutes working time. Whilst that sounds straightforward, in reality it can be very difficult to determine whether an individual asleep for part or throughout their shift is legally considered to be working during this time.

This ambiguity can cause real difficulties for employers, many of whom are already working on very tight financial margins, not least because, if they get it wrong, HMRC can order a business to repay underpaid staff, impose fines (up to £20,000 per underpaid worker) and name and shame it on a national online register.

Campaign groups have warned the Government that if all sleep-in duties have to be paid at the NMW rate (rather than a reduced flat rate), it will cost the sector up to £400m and will put many care homes out of business.

THE NMW REGULATIONS 2015

The starting point for employers is to work out which NMW category apply to their staff from the following:

1. Salaried work – This is where workers are required to work a basic number of hours each year under their contract and are paid an annual salary in equal weekly or monthly amounts.
2. Time work – This is where workers are paid by the hour. Different rates often apply for working different shift patterns.
3. Output work – This is where workers are paid per task they perform or piece of work they do and is only available when the employer doesn't agree hours of work with a worker. This type of arrangement is not usually appropriate for care workers.
4. Unmeasured work – This includes work in respect of which there are no specified hours and the worker is required to work when needed. Care workers who undertake unmeasured work will be paid by reference to something other than time, for example, the market rate or complexity of a task/the needs of the service user they are caring for.

These categories depend on the way the worker's pay is calculated, rather than the duties they carry out.

WHEN IS A SLEEP-IN WORKER 'WORKING'?

If you engage care workers on a salary or pay them by the hour (categories one and two above), the following factors must be considered to work out when sleep-in duties have to be paid.



1. Why the worker is required to be on-call or carry out sleep-in duties

If the worker is engaged to meet a legal or contractual obligation owed by their employer to their clients then the worker is likely to be working, even in circumstances where they have little or nothing to do during certain hours. In the context of a care home, a certain number of workers may be required to be on site to meet minimum standards required by law.

2. The extent to which the worker's activities are restricted

If the worker is told that they must remain on the premises throughout their shift and, for example, could be subjected to disciplinary action for breaching this, they are likely to be working throughout their shift, even if they do little or nothing during that time.

3. The degree of responsibility the worker holds

A worker required to remain on the premises, for example, to deal with calling the emergency services in the case of a break in or fire, will usually be considered to have a lower level of responsibility than a worker required to respond to any problems experienced by a resident in the night. The more responsibility held, the more likely the individual will be working throughout their shift, even if they only occasionally have to intervene.

4. Whether the worker is primarily responsible to provide services in an emergency

A worker who is responsible for providing care or assistance to deal with emergency situations is likely to be working throughout their shift, even if there is no emergency. However, a worker who is woken to assist a colleague who has the primary responsibility for dealing with emergencies, may only be entitled to be paid the NMW for work they actually do.

Please note, none of these factors are more important than any other and the weight attached to each one will vary from case to case. This means that it will continue to fall upon employers to make a call about whether a worker is entitled to be paid whilst they sleep.

Sleep-in workers that are not working during their sleep-in shifts are only entitled to be paid the NMW if they are required to work during this time.

GOVERNMENT GUIDANCE

National Minimum Wage and National Living Wage: Calculating the Minimum Wage published

by the Department for Business, Energy and Industrial Strategy in April 2017, broadly follows this advice.

THE COURT'S APPROACH – A RECENT DECISION

In the case *Mencap v Tomlinson-Blake* from earlier this year, Mencap was contracted to provide support and care to vulnerable adults. Ms Tomlinson-Blake and other care workers provided 24-hour support to two men in their home. She was paid by reference to the hours she worked and worked either a day shift or a sleep-in shift. The sleep-in shift lasted nine hours and was paid at a flat rate of £29.05. Ms Tomlinson-Blake had her own room and could sleep during the shift, but was required to keep 'a listening ear out' during the night and provide support where needed and to respond to any emergencies. The need was said to be 'real but infrequent' and Ms Tomlinson-Blake had only had to intervene on six occasions during the previous 16 months.

The Employment Appeal Tribunal said that she was entitled to be paid the NMW for her sleep-in shifts because she constantly had to use her professional judgement and her detailed knowledge of the residents to decide whether or not to intervene. In addition, Mencap was fulfilling its regulatory obligation to have someone at the premises.

IF A WORKER IS WORKING DURING A SLEEP-IN, DOES EVERY HOUR OF THAT SHIFT HAVE TO BE PAID AT THE NMW RATE?

No. The obligation to pay the appropriate NMW rate does not mean that every hour has to be paid at that rate. Instead, employers must make sure that the average hourly rate over what is known as the pay reference period is at least the NMW. A pay reference period is a month or the worker's pay period, if shorter. The NMW is calculated by dividing the total eligible earnings earned in a pay reference period by the number of hours worked during that period.

However, not all payments received during the pay reference period are included in this calculation. Enhancements paid for working during unsocial hours, weekends and public holidays are not taken into account and cannot be used to make up any shortfall in the amount paid for relevant sleep-in duties.

For example, if the care worker usually receives £7.50 per hour for working days, but receives £9.50 per hour for any overtime or

weekend working involving the same duties, only £7.50 per hour is taken into account in respect of all shifts worked.

Basic contact hours: 8 at the rate of £7.50 per hour = £60.00

Antisocial contact hours: 2 at the rate of £9.50 per hour = £19.00

Sleep in payment for 8-hour shift: Fixed rate of £40.00

Total pay received = £119.00

Total pay for NMW purposes: £119.00 – (2 hours x £2.00 = £4.00) = £115.00

NMW amount due to worker: £7.50 x 18 hours = £135.00

In this example, the worker has been underpaid NMW by £20.00.

HMRC will pursue employers for non-payment of the NMW, even in circumstances where the total pay received by individual workers exceeds the appropriate rate. Employers must, therefore, take care to ensure that the calculations are based on eligible earnings rather than total earnings.

IS THERE ANOTHER WAY OF CALCULATING NMW FOR SLEEP-IN DUTIES?

Yes, it might be possible to agree that sleep-in duties are unmeasured time. This is because workers are either working or they are not during unmeasured time. There is no distinction between periods of working and periods of being 'available' for work which complicates the picture for workers being paid on a salaried or time basis. To achieve an alternative, the parties must enter into a legally binding 'daily average agreement' which sets out the average hours the worker is likely to spend working (rather than sleeping) during night shifts. Provided this represents a realistic number of hours likely to be worked, and the hourly rate of those hours meets the NMW, the employer can pay a flat rate.

A WORD OF CAUTION...

Treating the sleep-in as unmeasured work and entering into a daily average agreement could provide a solution to employers who are unable to pay their workers NMW for the duration of sleep-in shifts. However, this legal argument is yet to be tested in the Tribunal and advice should be obtained, particularly in circumstances where businesses want to change the terms and conditions of existing staff to include unmeasured time.

CMM

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CMM subscribers can access *National Minimum Wage and National Living Wage: Calculating the Minimum Wage* at www.caremanagementmatters.co.uk

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£750,000	- £3,368/month	£1,800,000	- £8,082/month	£11,500,000	- £51,635/month
£985,000	- £4,423/month	£2,600,000	- £11,674/month	£15,000,000	- £67,350/month
£1,200,000	- £5,388/month	£4,000,000	- £17,960/month	£18,500,000	- £83,065/month

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Website: **alzheimers.org.uk/training**

SECTORS

- Healthcare.
- Social care.
- Homecare.
- Local authorities.
- Housing associations.
- Voluntary and third sector.
- Private sector.

DELIVERY

- Face-to-face training.
- Group and one-to-one coaching.

COMPANY PROFILE

Alzheimer's Society is the UK's leading support and research charity for people with dementia, their families and carers.

We provide information and practical and emotional support to help people live well with dementia. We also campaign to improve public understanding of dementia and the devastating impact it can have, and make sure it's taken seriously and acted on by our Government.

A national team, Alzheimer's Training and Consultancy has a continuing programme of development and our quality-assured materials use up-to-date, evidence-based research and practice development, informed by legislation and policy, much of this arising from research that we have undertaken or supported.

Our approach is designed to place the person living with dementia at the centre and to

enable course participants to use enhanced knowledge and skills to work with people with dementia, using person-centred, strengths-based and relationship-focused approaches, which have been proven to support people with dementia to live well. We have extensive experience in facilitating skills-based awareness and enhanced training for staff who work closely with people with dementia.

Our programmes are delivered by experts in the field of dementia and all courses are underpinned by Alzheimer's Society's values, which seek to challenge misconceptions around dementia and raise awareness of how to support people living with the condition.

Our most popular courses are: Step inside dementia, Supporting people with dementia and other cognitive difficulties, and Responding to distressed behaviours. We also run introductory dementia awareness courses suitable for everyone, running great activities for people with dementia and engaging people with dementia, and advanced courses relating to pain management and end of life care for specialist audiences.

Our target audience is staff and managers working in healthcare, social care and homecare, customer service teams working across the service sector and beyond, including finance, retail, housing, transport, emergency services.

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SECTORS

- Care homes.
- Domiciliary care.
- Childcare.
- Hospitals and clinics.

DELIVERY

- Video-based training.
- DVD.
- Online.
- Downloadable videos.
- Supporting materials included.

COMPANY PROFILE

BVS Training Ltd is the leading provider of award-winning, video-based training courses for the care sector. Our resources and our customer service reflect how we endeavour to maintain this position and our standards.

We have provided video-based training for more than 20 years and are proud of our high-quality materials, all of which are CPD certified. Our resources, developed in collaboration with leading consultants in the care sector, are all filmed in the appropriate environments and produced in-house. We deliver best practice training concepts and ensure that our materials are kept up-to-date as legislation or best practice changes.

Our work with care managers

and trainers from a range of different experience levels ensures that the products meet training needs in the workplace, continue to be relevant, easy-to-use and flexible, and contain the right level of detail.

Videos are available to purchase on DVD or as downloads, accompanied by supporting materials, including lesson plans, hand-outs, trainer guides, a quiz and certificate templates. Our videos are also available on our online portal, where a multiple-choice quiz, automatic resets and other functions ensure your training provision is largely self-administering.

Please visit any product page on www.bvs.co.uk to view a sample video or go to our online portal to set up a demo account. Our training materials help you to meet the standards required by Care Quality Commission inspectors and Skills for Care's Care Certificate standards in England and Social Care Induction Framework standards in Wales. With over 70 care-specific training titles, including full induction programmes for care home and domiciliary care environments, we can meet all your staff development requirements in a cost-effective and time-efficient way.

CO2 TRAINING

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SECTORS

- Care homes.
- Care homes with nursing.
- Domiciliary/homecare.
- Assisted/supported living.
- Adults with learning disabilities.
- Hospices.
- Hospitals.

DELIVERY

- Face-to-face.
- Bespoke eLearning packages.
- Apprenticeships.
- Distance learning.

COMPANY PROFILE

We are a training provider that provides mandatory, specialised training and bespoke eLearning packages throughout the UK. Topics include first aid, manual handling, health and safety, fire safety, food safety and more.

We think beyond learning. At CO2 Training, we help you to think beyond the acquisition of knowledge and skills, to their successful application in the workplace.

Engaging and rewarding learning. We are passionate about how you learn and ensure our training courses are highly-interactive, stimulating and above all enjoyable.

Expert and experienced learning consultants. Our subject

expert consultants energise and inspire you to discover your passion and potential and create an ongoing hunger to learn.

A welcoming environment. You will get a personal welcome on arrival and we have modern training suites. Participants tell us what an inspirational experience it is coming on a CO2 Training course, as we believe the learning environment should be a 'safe' one, where attendees can make mistakes and learn without fear.

Ongoing support. Attending a CO2 Training course allows you to 'tap into' a wealth of experience and support. This includes follow-up contact with the trainer about specific points, tips for using the learning in your day-to-day work, and advice and support about how to further your development, we stay with you to ensure our learning makes a difference.

Tailored learning which delivers results. Because no one individual or organisation is the same, we make sure that all our training is tailored to fit. We also provide in-company training or we can design a complete solution to suit your requirements. eLearning packages are designed to be bespoke and branded to each individual client. All courses are designed and delivered by highly-skilled and knowledgeable consultants, who are passionate about helping people learn.



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SECTORS

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- Childcare.
- Construction.
- Customer service.
- Health and social care.
- Management.
- Supporting teaching and learning.

DELIVERY

- Sector-based work academy – classroom/field based.
- Skills training – classroom based.
- Apprenticeship – field based*.
- Traineeship – classroom/field based.

COMPANY PROFILE

CT Skills is an established, independent training provider with over twenty years' experience of delivering skills provision in the care sector. Our home is the East Midlands, with learning centres in Nottingham, Derby, Mansfield and Chesterfield.

Delivering over 4,000 qualifications to learners last year and rated 'Good' by OFSTED, we offer apprenticeships, traineeships, skills training and sector-based work academies across the Midlands and increasingly further afield.

We work with employers to make a measurable difference to their businesses – analysing what the business needs to progress through a Training Needs Analysis and Skills Audit to inform programme design. We provide solutions for quantifiable improvements and ensure training is aligned to the

company's objectives and that business values are reinforced within the curriculum.

Apprenticeships are offered as part of a wider solution which integrates existing training structures and creates a business-wide recruitment and workforce development approach across our micro, SME and large employer partnerships.

We pride ourselves on strong partnerships with ESFA and D2N2 to support local SMEs to coach and mentor their existing or new employees and bridge skills gaps across all industries.

In our August 2016 OFSTED inspection, our apprenticeship delivery was graded 'Good', reflecting our commitment to employer-led apprenticeship programmes. We do this by working closely with our funding providers and by offering a wide range of qualifications from a number of awarding bodies.

A pivotal area of employer-focused delivery is programmes such as our ESF Youth Engagement Initiative, Step Forward. Step Forward is designed to create a strong and sustainable workforce development plan, through promotion or progression of young employees or recruitment of apprentices to fill new vacancies.

In the last year, we have demonstrated increased qualification achievement rates in excess of national average across our apprenticeship offering. Following employer feedback, we now also offer qualifications to Level 5 to ensure our offer is extended to employees at all levels within local businesses.

*sector specific



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SECTORS

- Care homes.
- Care homes with nursing.
- Homecare.
- Housing with care.
- Hospitals.
- Health clinics.

DELIVERY

- Online.
- Face-to-face.
- eLearning.

COMPANY PROFILE

eLFY Training is a national training company, with experience of delivering a wide range of training courses in care and health and safety. What sets us apart from other training companies is our first-hand knowledge of the industries we work in, giving us greater understanding of the challenges associated with them and getting the best out of people.

We provide a range of training courses for those looking to expand their knowledge or working within the care industry, giving you the option to work at home in your own time, in a classroom with a professional trainer, or a combination of both training methods to suit your specific learning needs.

As a care group, we became frustrated with the training on offer throughout the care industry. So, we decided to start eLFY Training, aiming to provide more up-to-date, high-quality training courses.

Our ongoing success means we are now considered the industry's leading care training specialist and one of the only companies to provide courses specifically designed for Scotland. Our reliable, first-rate training courses come at very competitive prices with no hidden extras.

We are proud to have our eLearning courses endorsed by NCFE. This gives us assurance that our online courses are fit-for-purpose and follow good industry practice.

We also have several customised awards which have received accreditation from NCFE. The NCFE Accreditation team provide expert feedback to enhance our learning programmes and ensure we have measurable learning outcomes and assessment criteria. These courses have been benchmarked against the national framework to reach awarding organisation standards.

We have also had our classroom training courses endorsed by Skills for Care.

KNOW YOUR POTENTIAL CONSULTANCY LTD (KYP)



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SECTORS

- Care homes.
- Nursing homes.
- Domiciliary care.
- Residential childcare.
- Nursery care.

DELIVERY

- Workshops – small, large or one-to-one.
- E-portfolio – learner journey.
- Observation in the workplace.
- Assessment of work products.

COMPANY PROFILE

Specialists in providing training for health and social care/residential care settings. As an approved Levy Training Provider (ROATP- 10032315) and as a City & Guilds Centre, KYP consults for both Levy and Non-Levy organisations with the view to train, educate and, importantly, maintain the standards that the industry recognises and requires.

The government apprenticeship standards frameworks support staff in the knowledge they are achieving a recognised framework award. It is essential that individuals working in the public and private sector undergo a structured training programme that results in a recognised qualification via the appropriate awarding body's performance criteria.

To optimise our commitment and motivation to deliver a high-

quality service, we specialise in the training required for adult social care, residential childcare and early years provision, as well as supporting teaching and learning in schools.

Health and Social Care (HSC) – Apprenticeship/Standards Levels 2, 3 and 5; Residential Child Care (RCC) – Level 3 Apprenticeship and Level 5 Diploma – Residential Manager; Early Years Provision Level 3; STLS (England) Level 3 Specialist (5329).

KYP has offices and training centres covering the West Midlands, Dorset, Hampshire and Humberside.

To ensure our standards are maintained to the highest levels, each of our three regional centres comprises of a Quality Compliance Manager, an Internal Quality Assurer and qualified TAQA Assessors, in conjunction with all administration being centrally located in our office at Wyre Forest House in Worcestershire.

We at KYP state that, 'our programmes optimise our commitment and motivation to deliver a high-quality service.' Every team member is highly-motivated, and has qualities and varied experiences that promote the learner journey.

The ever-changing statutory training demands required within the health and social care sector can be complex. Call us for free impartial advice on your training needs.

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One of the many advantages of online learning is that learners can access courses at any time and work at their own pace. After buying a course, learning materials can be accessed

Some of the available subjects covered include:

- Care planning.
- Understanding dementia.
- Good end of life care.
- Infection control.
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- Care Certificate.

There are many more courses to choose from, with more being added every month. Contact us for more information.

lowcoste-learning.co.uk

Website: www.lowcoste-learning.co.uk

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- Supported living.
- Charities.

DELIVERY

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COMPANY PROFILE

A team of experienced community practice teachers and specialist associates. We pride ourselves on our unique experience in clinical practice. We only provide training courses in our field of care and related areas. This is where our expertise lies.

We are passionate about improving standards of care. Our training is interactive and focused on our unique experience from clinical practice. We are trained nurses and our associates who support us are currently practicing in their specialist fields of work. They have many years of experience and welcome the opportunity to share their experience with course participants.

We provide bespoke, evidence-based training to small groups of staff, which enhances their learning outcomes. Our aim is to provide participants

with learning founded on genuine case studies. We work very closely with our customers to ensure that any training programme exactly meets their needs, using our customer's policies and procedures. Indeed, using our experience, we have on many occasions be asked to write policies and procedures for our customers.

As our courses are delivered to small groups of staff (maximum 15), this ensures that each participant will have the opportunity to interact with other group members as well as the trainer maximising learning. We bring an element of reality to our courses, combining theory with practice. We understand how it can sometimes be challenging to work in the care environment. Our aim is to provide support and guidance to course participants in a relaxed, friendly environment. Improving the ability and confidence of our customers' staff will result in enhanced delivery of quality care to their clients.

Established in 2006, we are growing from strength to strength and continue to expand our training portfolio. Since 2016, following a rigorous process, our training has been endorsed by Skills for Care. The endorsement is a mark of quality that is given to the very best learning and development training providers in the adult social care sector. Our excellent testimonials and repeated business substantiate this.



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DELIVERY

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COMPANY PROFILE

Offering a huge range of over 200 care topics, TutorCare is the UK's largest specialised care training provider. Now celebrating 10 years' training, they are inviting CMM readers to enjoy 10% off all in-house training and QCF Diplomas. To claim, call 0370 218 4278 and quote TCMATTERS.

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means you can book the course you need, at a time and place to suit you best. Instructors are available till late and at weekends to make sure your needs can be accommodated and they hold Highfield Awarding Body for Compliance (HABC) certification to assure you of quality.

Plus, in-house courses can be adapted to meet your specific requirements, provided advance notice is given.

Train the Trainer course placements can also be booked to help train staff to deliver your own in-house courses. These courses are exceptionally useful for facilitating the spread of knowledge throughout your organisation and the betterment of care delivery.

As with most care training providers, the Care Certificate is available for purchase, via their online eLearning portal, and as an intensive five-day training course, with full certification provided upon completion. Prices start from just £15/certificate. All enquires are welcomed, and they always look to beat any equivalent written quote.

BERKSHIRE, BUCKINGHAMSHIRE AND OXFORDSHIRE CARE ASSOCIATION CONFERENCE

18th October, Bracknell

CMM INSIGHT
CONFERENCES • EXHIBITIONS
Berkshire, Buckinghamshire and Oxfordshire
Care Association Conference • 18 October 2017

In association with



CMM is delighted to announce that this year's Berkshire Care Conference has expanded to incorporate Buckinghamshire and Oxfordshire. CMM is working alongside Berkshire Care Association, Milton Keynes and Buckinghamshire Care Association and Oxfordshire Association of Care Providers to deliver this popular regional conference.

The event is being held on 18th October at a new venue, The Coppid Beech Hotel in Bracknell. The packed agenda focuses on issues facing providers across the three counties, with an over-arching consideration to the national picture too.

AGENDA

With a full agenda, there will be something for all delegates. The Care Quality Commission (CQC) will be in attendance with Kay Puddle, Inspection Manager exploring benchmarking quality now and into the future. Kay will compare the picture of quality in the regions against the rest of the country. She will also explore the inspectorate's next phase of regulation and priorities into 2018 and beyond.

For those looking to strengthen their leadership to meet CQC requirements, Ed Watkinson, Director of Care Quality at Quality Compliance Systems will discuss leadership, CQC and the importance of 'well-led'. What does CQC's increased focus on leadership mean for the sector? What can providers do to ensure their services are 'well-led'? Ed will explain all.

With recruitment and retention still a huge consideration in the sector, and one that is unlikely to ease due to Brexit, Marc

Jones, Director of Profiles4Care will share his expertise on how to recruit and retain the best staff for your organisation.

Other main stage presentations will include a focus on the policy that is driving the sector and safeguarding in relation to documenting and evidencing.

WORKSHOPS

There will also be three workshops to attend. Those looking to increase quality in their service can choose to attend Tom Owen, Co-Director of My Home Life's workshop on investing in quality to support business outcomes.

For homework providers, a dedicated workshop on how to deliver quality in a turbulent market will be delivered by Duncan White, Senior Policy Officer at UKHCA.

Finally, Luis Zenha Rela, Head of Customer Success at Nourish Care will explore how providers can make the most of technology without having to develop an IT department or tech-specific expertise.

Fidelma Tinneney of Berkshire Care Association will Chair the event and deliver the opening address too. Fidelma will delve into the issues that really matter, search for solutions to ongoing issues and bring the situation facing care providers in the three counties into sharp focus.

EXHIBITION

To keep delegates occupied during the breaks, the full exhibition of products and services will be on offer to showcase all that is available to

support providers. The event's sponsors: QCS, Christie & Co, Profiles4Care and Nourish will be in attendance at the exhibition. There will also be a wide range of other exhibitors offering food and nutrition services, software, training, infection control, workwear, recruitment, financial advice and more.

BOOK NOW

Tickets are still available via the CMM website, www.caremanagementmatters.co.uk. CMM web subscribers receive a 10% discount for booking online. Special prices are also available for association members, with an early booking discount running until 28th September.

Don't miss out on your chance to attend this information-filled event for providers in Berkshire, Buckinghamshire and Oxfordshire.



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WHAT'S ON?

Event: UKHCA England Conference 2017 – Creating a sustainable future for care at home
Date/Location: 8th September, London
Contact: United Kingdom Homecare Association, Tel: 0208 661 8188

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

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Event: National Children and Adult Services Conference 2017
Date/Location: 11th-13th October, Bournemouth
Contact: Local Government Association, Association of Directors of Adult 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

Event: The Future of Ageing 2017: Transforming Tomorrow Today
Date/Location: 29th November, London
Contact: ILC-UK, Tel: 0207 340 0440

CMM EVENTS

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

Event: CMM Insight – Berkshire, Buckinghamshire and Oxfordshire Care Association 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

Event: CMM Insight – Dorset Care Conference 2018
Date/Location: 8th February, Poole
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight – Learning Disability and Mental Health Services
Date/Location: 1st March, Manchester
Contact: Care Choices, Tel: 01223 207770

Please mention CMM when booking your place.

STRAIGHT TALK

Andrew Larpent sends a call to action to the UK care and retirement sectors.



The Commonwealth of Nations (formerly the British Commonwealth), is an intergovernmental organisation of 52 member states that are mostly former territories of the British Empire. The modern Commonwealth dates back to 1949 and the post-war period of decolonisation.

The Head of the Commonwealth is Queen Elizabeth II, who, in her Christmas Day 1953 broadcast, gave the post-war Commonwealth a fresh, post-imperial mission, where she envisioned the Commonwealth as 'an entirely new conception – built on the highest qualities of the Spirit of Man: friendship, loyalty, and the desire for freedom and peace'.

In 2018, the Queen will mark 65 years since formally assuming her role as Head of the Commonwealth at her Coronation in 1953.

Population ageing and the growing

social, economic, demographic and intergenerational imbalance between countries described as 'developed' and those classified as 'developing' is gradually becoming recognised as one of the major challenges facing the global community as it tackles the UN's Sustainable Development agenda.

Intergenerational linkages and cohesion between young and old are key aspects of civil society development that have been overlooked in the past. The Commonwealth, as a voluntary association of nations, and representing nearly one third of the world's population, is uniquely positioned to tackle many of these major issues.

Throughout almost 70 years of its development, the Commonwealth has supported numerous organisations that bring together professional and social groups with common interests, values and purposes but until now there has not been an organisation representing older people.

The Commonwealth Association for the Ageing, CommonAge, exists to support elders throughout the Commonwealth to recognise the vital role they play in civil society development, to challenge the marginalisation that many older people experience in many parts of the world, and to address the support and care needs of senior citizens as they age.

CommonAge is a voluntary organisation, accredited as a Commonwealth association. Since formation in 2013, it has supported various colleagues from developing countries with travel scholarships to attend international conferences. It has a presence in 17 of the 52 countries. It is ambitious and is looking for support from the UK social care and retirement sectors. An agenda of activity is being planned to coincide with the London Commonwealth Summit which runs from 20th to 22nd April 2018.

CommonAge is working in partnership with UK sector bodies, including the National Care Forum (NCF), Care England, the National Care Association, the Care Association Alliance, Skills

for Care, Age International, Scottish Care, the National Activity Providers Association (NAPA) and the International Longevity Council. The plan includes:

- Publication of a research report on *Ageing in the Commonwealth*.
- A Commonwealth study tour of care and retirement services in Scotland and England.
- The first *Commonwealth Elders Forum* – a three-day conference from 16th to 18th April 2018.
- The publication of a book of life stories of nonagenarians, written by young people, as a Gift for the Queen on her 92nd Birthday, 21st April 2018.
- A Commonwealth-wide Care Homes Open Day on 21st April 2018 to celebrate the Commonwealth and the Queen's birthday. This is being planned with NAPA, the NCF, Care England and partner associations in Australia, South Africa and as many other Commonwealth countries as possible.
- A Commonwealth-wide staff exchange programme, *The Care Exchange*, to promote links and twinning between care provider organisations.

We are delighted that several UK-based organisations have joined CommonAge and are actively supporting our work, including Independent Age, Anchor Trust, St Monica Trust, The Abbeyfield Society, Somerset Care Group, WCS Group and the Aged Care Channel. Many of our supporters, members and scholarship recipients will be joining the CommonAge delegation at the Global Ageing Network Conference in Montreux, Switzerland from 18th to 20th September 2017.

We are keen to bring additional organisations into our membership network, and encourage colleagues across the UK to help us share learnings and experience with those doing similar work in developing countries.

It is time our sector looked over the horizon to see what is happening around the world in the development of services for older people. The UK has much to offer, and much to gain, from greater international engagement.

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