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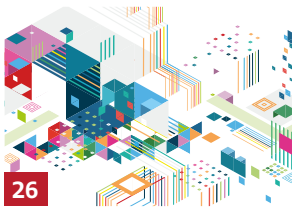

FEATURES

CMM
CAREMANAGEMENTMATTERS

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Non-care and support providers may be required to pay £50 per year.
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01223 207770
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ISBN: 978-1-911437-62-8
CCL REF NO: CMM 14.7

CareChoices

CMM magazine is officially part of the membership entitlement of:

CARE ENGLAND
NCF THE NATIONAL CARE FORUM

abc **ABC certified (Jan 2016-Dec 2016)**
Total average net circulation per issue 16,265

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From the Editor

Editor, Emma Morriss considers the urgency around GDPR and explores this month's issue of CMM.

GDPR, four simple letters, but do you know what they mean and what you need to do about them?

Billed as the biggest shake-up of data protection law, General Data Protection Regulation (GDPR) will impact on anyone who holds data about someone else.

As care providers, you hold an awful lot of data, not only about your clients, but about your staff too. And much of it very sensitive.

From May next year, the way data is handled is changing, and you need to not only be aware of what's changing, but also be able to demonstrate that you have processes in place. It all feels rather overwhelming, especially considering the red tape already associated with social care.

If you're new to GDPR, are aware of it but haven't done anything about it yet, or even if you are making inroads to ensure compliance, we have a feature, starting on page 20 which will help you to get your head around the topic.

RESEARCH IN CARE HOMES

Also inside this month's issue, we have an interesting piece from National Institute for Health Research on the role of research in social care.

Evidencing best practice in social care is really important, but something that the sector is not traditionally at the forefront of.

The article on page 26 gives a selection of examples of research that has been undertaken with care homes and the benefits and subsequent best practice that has emerged for others to try.

The accompanying report, which can be read by subscribers on the CMM website, contains even more.

In times of increasing pressures, learning from the research of others can help providers to deliver high-quality care, efficiently and cost-effectively. There's no need to reinvent the wheel.

INTERGENERATIONAL CARE

Finally, I'd like to draw your attention to Business Clinic. Focused on intergenerational care and prompted by last month's *Old People's Home for 4 Year Olds* it explores some of the developments that are picking up pace.

There are many benefits to intergenerational care, whether it's on a care home or housing with care site. Many of the benefits for older people were highlighted in the Channel 4 TV programme, which took place in St Monica Trust's Cote Lane retirement community. However, there are also benefits for the children and savings for providers too. The article, along with our panel's thoughts, is on page 30.

Before signing off, I just wanted to send my thanks to everyone who nominated in the 3rd Sector Care Awards.

We are currently sifting through them all to send them out to the judges. If you want to find out who wins, you can purchase tickets for the Ceremony, which will be held on 6th December. Sponsorship opportunities are also available. Head to the events page on the CMM website.

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Is it just me...?

Editor in Chief, Robert Chamberlain looks at a Home Office document leaked to The Guardian that contains worrying post-Brexit intentions regarding EU migration.

There is much speculation regarding the Government's planned approach to manage EU migration post-Brexit, a matter that concerns many business sectors that rely on non-UK nationals as part of their workforce. The implications for the care sector are obvious and many parties are considering the potential impact. According to Skills for Care's 2016 *The State of the Adult Social Care Sector and Workforce in England* report, around 7% of the adult social care workforce are EU nationals.

LEAKED PAPER

The Guardian reports that a leaked Home Office paper (dated August 2017) has come into its possession. The 82-page document *Border, Immigration and Citizenship System After the UK Leaves the European Union* makes worrying reading indeed. There are a number of alarming statements The Guardian has reported, including the intention to:

- End the free movement of labour immediately after Brexit and introduce restrictions to deter all but highly-skilled EU workers.
- Drive down the number of lower-skilled EU migrants – offering them residency for a maximum of two years.
- Introduce in phases a new immigration system that ends the right to settle in Britain for most European migrants.
- Restrict EU nationals living in the UK who want to bring a spouse from outside the EU – to do so, he or she will have to earn a minimum of £18,600 per annum.

SECTOR RESPONSE

Of the leaked document, UKHCA's Policy Director, Colin Angel commented, 'Recruitment to the homecare sector is already difficult for the majority of employers, and the number of people in the UK who will need home-based support will continue to increase. The combination of a massively under-funded social care system, and a possible reduction in the numbers of available workers in the UK labour market is a perfect storm.

'Government needs to give very serious consideration to the impact of post-Brexit migration policy, or consider identifying shortage occupations, including social care. We are extremely pessimistic that the domestic workforce will be able to provide the numbers of workers required for the future care of older and disabled people.'

Danny Mortimer, Co-Convener of the Cavendish Coalition, responded by stating, 'EU workers with a diverse range of skills and qualifications make an invaluable contribution to the UK's health and social care services.

'We want to work with the Government to ensure a future immigration system in which public service value is a key factor in assessing skill levels and setting entry requirements, and to tackle the often misleading assumption that the salary paid to a migrant worker is the prime indication of the value of their work to the health and wealth of the UK.

'We welcome, therefore, the Migration Advisory Committee's recent commission as a crucial opportunity to develop policy rooted in the evidence base as to the country's need.'

ALARM BELLS

Although this leaked paper is not a definitive representation of the Government's final approach, it is the strongest indicator we have. We, as a sector, are justified in being concerned about its content.

The employment of overseas workers to social care is significant and yet social care job vacancies sit at around 6% nationally. Many of these employees are working for minimum wage as care staff and, therefore, seemingly would not be considered a 'priority' in the Government's current thinking. Though I have no data to refer to, I think that a distinct percentage of these workers will be female and likely to have travelled to the UK with a spouse.

Under the potential new system, there would undoubtedly be a sizable drop in EU candidates, increasing recruitment difficulties in a sector that is already in crisis. Surely, thinking needs to change to recognise the contribution that an occupation makes to society, not just the salary it commands. If recruitment of UK residents was sufficient, there would be no issue. This obviously is not the case.

CMM will be holding a roundtable with leading sector experts and NHG to discuss the impact of Brexit on the workforce. More information is on page 46.

What are your thoughts on the impact of Brexit on the workforce? Join the debate at **www.caremanagementmatters.co.uk** Twitter: **@CMM_Magazine**

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NEWS

Care home numbers in decline

A new report into market shaping in adult social care has been published by IPC and Oxford Brookes University.

Market Shaping in Adult Social Care analyses changes in the care home market in England before and after the Care Act (2014) and summarises experience from IPC's work on market shaping.

It says that the last five years have seen a reduction in the number of residential and nursing homes operating in England, with 1,400 fewer homes. The total number of beds in care homes fell by 0.8%, or 3,769 beds between April 2012 and April 2017. Although, there are large regional variations, with a 3.4% increase in the West Midlands to a 6.9% decrease in London.

The long-term trend of increasing numbers of nursing home beds came to a halt in April 2015, leading to there being 3,644 fewer nursing beds in April 2017.

In 2016, IPC undertook a market shaping review to help commissioners and providers work together. It highlighted good practice in market shaping and where progress was being made. However, since then there have been repeated reports of the sector being in crisis. This led the IPC to review the care home market from 2012 to 2017.

The report concludes that there are fewer, but on average larger, care homes and it is the smaller homes that are closing; whilst entrants to the market are often large new builds targeted at self-funders. The IPC says that this is linked to achieving viability through economies of scale, which has had an impact on the financial stability of the market for state-funded residents.

Give people more control

New guidance from the National Institute for Health and Care Excellence (NICE) is urging councils to give people more control over services and daily tasks. In a new guideline out for consultation, NICE says adults who need social care should feel in control and be able to live life as they want.

Staff should avoid making assumptions about a person's capacity to be in control of their own care. The guideline suggests using communication aids to help people express their views and interpreters where required.

It also has recommendations on assessing people's needs in line with statutory requirements and planning care. The advice covers any area where adults receive social care. It says commissioners should provide an independent advocate for people who may struggle to communicate their needs.

It suggests that local authorities should try to involve people in decision-making outside of their direct care, such as sitting on interview panels when recruiting staff. If people want extra help with everyday tasks, it says to discuss their options and support them to recruit suitable personal assistants.

MPs don't feel social care is fit-for-purpose

Only 1 in 10 MPs in England believe the social care system is fit-for-purpose. Added to this, 86% of MPs in England believe a cross-party consensus is needed for a lasting settlement on health and social care, according to the poll commissioned by Independent Age, of 101 MPs of all parties representing constituencies in England.

The poll by ComRes finds there are strong majorities across both major parties who believe funding is inadequate, with only one in five Conservative MPs in England agreeing there is sufficient funding for services in either their constituency (21%) or in the UK (21%). Fewer than 1 in 10 Labour MPs in England say they agree that there is sufficient funding for services in either their constituency (8%) or in the UK (7%).

MPs in England also expressed significant concerns about the current state of social care in their constituencies. Only 13% of Labour MPs and 35% of Conservative MPs in England believe that services in their constituencies are fit-for-purpose.

There was even less confidence in services across the UK, with only 8% of Labour MPs in England and 22% of Conservative MPs in England believing they are fit-for-purpose. The survey also highlighted overwhelming support for a cross-party solution on health and social care with Conservative (84%) and Labour (88%) MPs in agreement.

APPOINTMENTS

EDEN FUTURES

Eden Futures has appointed Stephen Collier as Chairman.

BRUNELCARE

Brunelcare has appointed three new Trustees: Deborah Evans, Barbara Hardy and Gill McLeod.

MHA

John Robinson has joined MHA as Chair of its Board of Trustees.

VODG

VODG has appointed Andrea Moulding as Head of Membership and Engagement.

ROYAL ALFRED SEAFARERS' SOCIETY

The Royal Alfred Seafarers' Society has appointed former volunteer, Christine Farrell as Activities Coordinator.

CIC

Community Integrated Care (CIC) has welcomed Mark Adams as Chief Executive and David Hedley as Company Secretary and Legal Counsel.

NHS ENGLAND

John Trevains has been appointed Head of Learning Disability and Mental Health at NHS England.

MAKING SPACE

Rachel Peacock is Making Space's new Chief Executive Officer after three years as its Director of Development.

ST MARGARET'S HOSPICE

St Margaret's has appointed Professor Max Watson as a visiting professor in what's believed to be a unique innovation among UK Hospices.

Supporting people in medication reviews

The Voluntary Organisations Disability Group (VODG) has launched a new resource to improve support to people with a learning disability or autism to participate in their medication reviews.

Preparing to visit a doctor aims to equip staff to plan with an individual for a review of their psychotropic medication. It includes guidance for staff and an easy-read questionnaire to complete with the individual prior to the appointment. Decisions made at the appointment can be added to the form so that the person with a learning disability or autism has a complete record of their medication review.

The resource is part of a wider campaign within the social care sector to Stop Over-Medication of People with a learning disability or autism (STOMP). This encourages all learning disability and autism providers in England to sign up to the STOMP pledge for social care.

Healthwatch report into homecare

Following last month's report on what life is like for people living in a care home, Healthwatch has now published a report on people's experiences of homecare services.

Healthwatch England analysed the experiences of 3,415 domiciliary care users, their families and frontline staff across 52 local areas between August 2015 and June 2017 to collate its report.

Most people had positive things to say about their homecare. Older people, in particular, said that one of the most positive things about homecare is that it enables them to remain in their own home and to maintain as much independence as possible.

However, Healthwatch also discovered four themes where improvements could be made: care planning, skills and qualifications, consistency and continuity, and communication and feedback.

16% of care homes at risk of failure

16% of care home companies in the UK are exhibiting warning signs that they are at risk of failure, says research by Moore Stephens.

Moore Stephens says that the percentage of care homes showing signs of financial distress has increased over the last 12 months. Previous research conducted by Moore Stephens a year ago found that 12% of care homes in the UK were at financial risk.

One of the major drivers of the rise has been the increase to the National Living Wage (NLW) in April 2017, which placed a significant burden on care home companies' profit margins. Added to this, the growing use of agency staff has pushed costs even further.

Moore Stephens explains that a persistent lack of funding from local authorities to the sector has also put considerable pressure on care homes.

The analysis is derived from Moore Stephens' Moore Data service which shows 1,210 financially stressed companies from a total of 7,497 care home companies as per Companies House, year-end July 27th 2017.

Survey of palliative support to care homes

Ambitions for Palliative and End of Life Care have published *Results of a national survey of support to adult care homes in England: A specialist palliative care provider perspective*.

This survey of organisations involved in providing specialist palliative care services to care homes highlights the good work they do and identifies the key challenges they face.

The report, commissioned by Public Health England, undertaken by the Marie Curie Research Centre at Cardiff University, with input from the National Council for Palliative Care and Hospice UK, examines the role of specialist palliative care in providing support to care homes in England.

Leadership in social care

Skills for Care has opened applications for its Top Leaders programme. Delivered over four months and supported by individualised workshops, action-learning sets and the use of diagnostic tools, the programme is for those in senior management roles who are looking to advance their leadership capability.

Participants will focus on system leadership, working with their peers to consider solutions that bring maximum impact both in terms of collaborative working and system and workforce redesign.

It will enhance the leadership capabilities and caring values of those in the most senior leadership roles in both commissioning and provider roles, across the public, private and third sectors.

HC-One acquires 122 Bupa care homes

HC-One has agreed to acquire 122 Bupa care homes, subject to regulatory approval.

The news follows HC-One's recent refinancing, and marks the latest phase of its transformative growth journey. Formed as a result of the Southern Cross collapse in 2011, HC-One was acquired in November 2014 in a transaction led by Court Cavendish, Formation Capital and Safanad, in a deal that has already delivered over £100m of investment in the HC-One business.

Over the last three years, the company has acquired homes from care providers, Meridian as well as Helen McArdle Care.

This agreement to acquire 122 Bupa homes represents a major investment into the publicly-funded social care sector.

The equity was provided by long-term strategic partner, Safanad, and StepStone Real Estate, and the debt funding was arranged by Deutsche Bank and Apollo Global Management LLP.

Gleacher Shacklock LLP acted as exclusive financial adviser to HC-One on the transaction, and legal counsel was provided by Stephenson Harwood and Skadden, Arps, Slate, Meagher & Flom (UK) LLP.

Tallington Lodge opens

Tallington Lodge Care Home, the latest home to be built by Country Court Care, has opened. The luxury 30-bed care home near Stamford in Lincolnshire is offering the highest standards of residential and dementia care. Phase two is due to open at the end of 2018.

Delayed transfer of care targets for councils

The County Councils Network is warning that under-pressure councils could lose social care funding unless they hit 'undeliverable' delayed transfers of care targets.

It says that England's largest councils face a double whammy of having badly-needed social care money withdrawn from them if they can't hit 'undeliverable' government targets, whilst receiving billions less than other councils for care services.

The County Councils Network, which represents all of England's county councils and 10 county unitaries, has written to Jeremy Hunt to urge the Department of Health (DH) to urgently reconsider proposals.

It is suggested that the social care funding from the Spring Budget will be withdrawn from these councils if they cannot hit delayed transfers of care targets within a short timeframe.

Under new guidance produced by the DH last week, county authorities would have to reduce delayed discharges from hospitals on average by 43% within the next few months – double the target of London.

Herefordshire has a target of a 69% reduction, whilst Suffolk has a target of 67%, which county leaders have called 'undeliverable' and 'arbitrary'.

Training needed in oral health

The Faculty of Dental Surgery at the Royal College of Surgeons is calling for key health and social care professionals to receive training in oral health. It would also like regulators to make standards of oral care part of their assessments of hospitals and care homes.

The Faculty believes Government, health services, local authorities, care providers, regulators and the oral health profession should work together to improve access to dental services for older people.

The Faculty estimates that across England, Wales and Northern Ireland at least 1.8 million people aged 65 and over have an urgent dental condition, such as dental pain, oral sepsis (a dental infection that can lead to blood poisoning) or extensive decay in untreated teeth. This could rise by more than 50% by 2040.

Dental problems are also linked to malnutrition or pneumonia in older people.

The report makes a number of recommendations to improve oral healthcare for older people in England, with some recommendations also relevant for Scotland, Wales and Northern Ireland.

Work starts on supported living in Lancashire

Work has started on a £1.6m supported living development in Colne, Lancashire.

Due for completion in Spring 2018, the modern three-storey scheme will provide 11 high-quality apartments, alongside communal areas and landscaped gardens that have been specially designed for adults with a range of support needs.

The Argyle Street supported living development is a partnership project between Making Space, a national charity and leading provider of health and social care services, specialist accommodation developer Homelife and health and social care landlord Inclusion Housing.

The NHS needs funding for winter pressures

Time is running out for local health services to be given the extra funding and capacity they need to fully protect patients this winter, according to NHS Providers.

The organisation, which represents 97% of hospital, mental health, community and ambulance service trusts in England, is calling for an immediate emergency cash injection of between £200m and £350m to enable the NHS to manage patient safety risk this winter. This is in addition to the extra £1bn of social care investment announced in the Spring Budget.

In the report, *Managing Risk in Health and Care this Winter – Update*, NHS Providers gives its latest assessment of the state of play on planning for what is currently heading for a worse winter than last year. The report has been informed by regular feedback from frontline NHS trusts and discussions with system leaders, as well as analysis of the latest data on key performance targets such as the four-hour A&E standard and bed occupancy levels. It follows an earlier report on winter planning published by the organisation in June.

The report finds that extra social care funding is helping to increase capacity in about a third of local areas, which should help to reduce delayed transfers of care.

Local trusts and systems are also putting huge efforts into early resilience planning to ensure patients are protected and face fewer delays. However, these improvements are being outweighed by a combination of increasing risks.

Delayed transfer of care targets for CCGs

Clinical commissioning groups (CCGs) have also been told they need to reduce delayed transfers of care in the NHS to release bed capacity. In a letter, NHS England has called on CCGs, in conjunction with local authorities to improve continuing healthcare assessments.

It expects CCGs to ensure that less than 15% of all full NHS continuing healthcare assessments take place in an acute hospital setting. CCGs must also ensure that in more than 80% of cases with a positive NHS continuing healthcare checklist, the NHS continuing healthcare eligibility decision is made within 28 days.

Demand for care

Research published in The Lancet predicts that more than 70,000 additional care home places will be needed by 2025. The research looked at later-life dependency and how long older men and women will live with substantial care needs.

The researchers say that, on average, older men now spend 2.4 years, and women 3 years, with substantial care needs, and most will live in the community. Although, if dependency and care home proportions remain constant in the future, further population ageing will require an extra 71,215 care home places by 2025.

These findings have considerable implications for families of older people who provide the majority of unpaid care, but also provide valuable new information for governments and care providers planning the resources and funding for the care of future ageing populations.

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Health inequalities of people with learning disabilities

Following the launch of a film to support better health for people with learning disabilities, a guide for social care providers has been published to address health inequalities of people with learning disabilities.

The guidance document, *Better Health for People with Learning Disabilities* has been commissioned by NHS England, and is designed to support social care providers who want to improve the health, and therefore the lives, of the people they support.

Specifically, it is about the important role providers can play to ensure that people with learning disabilities have better health.

The guidance has been developed by National Development Team for Inclusion with the support of VODG and many of its members.

FAQs for Better Care Fund planning

NHS England has published frequently asked questions for Better Care Fund Planning Requirements 2017-19.

The frequently asked questions have been designed to help local areas develop their Better Care Fund plans. The number of national conditions has been reduced for 2016-17. The current agreed conditions are:

- A requirement for a jointly agreed plan, approved by the health and wellbeing board.
- Real-terms maintenance of transfer of funding from health to support adult social care.
- Requirement to ring-fence a portion of the clinical commissioning group minimum to invest in out-of-hospital services.
- A requirement to implement the High Impact Change model (HIC) for managing transfers of care.

Plans will also need to set out the area's vision for integrating health and social care by 2020. The guidance and assurance process has been simplified as far as possible, but plans are expected to be an evolution of 2016-17 Better Care Fund plans.

Widespread unmet needs among older people

Ipsos MORI and partners have conducted a research project highlighting the experiences of unmet need for care among older people living in their own homes.

The research was funded by the NIHR School for Social Care Research and conducted in collaboration with NatCen Social Research, Age UK and Independent Age.

The report finds that over half of older people with care needs have needs that are unmet and that having unmet needs affects people eligible for local authority support as well as those responsible for funding their own care.

It found that unmet needs can be hidden as older people look to cope with their care needs, but doing this takes all their time and energy, or where some needs are being met by others, but the support being provided is precarious or unreliable.

Linked to this is considerable unmet need for social contact and involvement in interests and activities.

Those who live alone are particularly vulnerable as they lack the social and practical support offered by a co-resident carer.

In-depth interviews showed that unmet needs and wellbeing are linked in complex and sometimes opposing ways.

According to the research, unmet needs are linked to serious impacts on wellbeing for some people and, for a wider group, unmet needs are linked to frustration and a loss of purpose. It found that the links between unmet need and wellbeing appear to be related to social isolation and mobility.

There are also wellbeing benefits from retaining independence and managing without help even in the face of difficulties.

Research into loneliness of caring

New research from Carers UK with the Jo Cox Commission on Loneliness highlights that 8 in 10 people caring for loved ones 'have felt lonely or socially isolated'.

The research shows more action is needed to support unpaid carers who feel isolated and lonely. Greater understanding from friends, colleagues, and the public, as well as more opportunities for breaks and social activities, are all needed to combat a 'silent epidemic' of loneliness affecting those providing support to ill, older or disabled loved ones.

The research reveals that certain caring circumstances are linked to lonelier care experiences, such as younger carers under 24 years old (89%), carers of disabled children (93%), people who care for 50 hours or more per week (86%) or 'sandwich carers' who look after loved ones alongside parenting responsibilities (86%).

Job vacancies in social care

Demand for staff in social care is continuing to grow, with job numbers soaring by 26.7% last month. This is according to the latest statistics from CV-Library. The data analysed the average number of jobs across key UK cities last month, and compared this with statistics from the same period last year. The nation, as a whole, witnessed an impressive increase in advertised vacancies of 10.7% year-on-year.

The data suggests that candidate appetite for social care roles is not quite keeping pace, with application numbers dropping by 6.1% month-on-month.

LNT and New Care

Christie & Co has completed on a deal with New Care, which sees LNT Construction build a state-of-the-art 66-bed care facility in Wilford, Nottingham, for the rapidly growing development-led care home operator.

The purpose-built care facility will be New Care's second in Nottingham.

Kent dementia village

Developers have announced that Canterbury could become the first location in the UK to have a village designed and built specifically for people living with dementia.

The dementia village would form part of Corinthian Land's 4,000 home Mountfield Park scheme. Land has been earmarked for the dedicated dementia village which could become home for up to 250 people living with dementia. If given the go ahead, the village will be the first community of its kind in the country.

Public underestimates cost of care

New research has found that the general public is underestimating the cost of care by £7bn every year.

The research from Scottish Widows' independent think-tank, the Centre for the Modern Family reveals that on average, UK adults estimate that residential care would cost £549 a week, when in reality it costs on average £866 for a place in a nursing home, leaving a shortfall of £317 every week.

Added to this, one in four (25%) people admit they have no idea how they would cover care costs for themselves or a relative.

With more than 9 out of 10 (92%) people not saving anything to help their parents or other older relatives, this could lead to a significant shortfall in support, particularly as people estimate they could only afford to spend £69 a week on care for their parents.

Voyage Care acquires Focused Healthcare

Voyage Care has acquired Focused Healthcare Limited (FHL).

FHL provides care services to children and young people with complex, acute and chronic illnesses. Based in London, it was set up in 2009 by paediatric nurse Nicki Nicholls.

Nicki will continue to manage day-to-day operations at FHL as Managing Director.

Connell Consulting conducted investor commercial due diligence for Voyage Care.

New debt facility for Target Healthcare REIT

Target Healthcare REIT Limited and its subsidiaries have entered into a new five-year £40m committed term loan facility with First Commercial Bank Limited (FCB).

The facility can be drawn down flexibly over the course of the next 24 months with an initial drawdown of £5m to take place immediately.

The Group's existing £50m committed term loan and revolving credit facility with The Royal Bank of Scotland, which is repayable in 2021, remains in place. The FCB facility will provide further debt diversification for the Group, as well as additional funds to allow the Group to execute its current investment opportunities.

Apposite Capital acquires Swanton

Apposite Capital, the private equity firm with an exclusive focus on healthcare, has acquired Swanton Care & Community Ltd (Swanton), a specialist provider of residential and supported living care for adults with complex learning disabilities, mental health disorders and acquired brain injuries.

Apposite plans to further grow and develop the business through investment in both organic growth and acquisitions. Financial terms of the transaction have not been disclosed.

IN FOCUS

Erosion of disabled people's rights to independent living

WHAT'S THE STORY?

Ahead of a UN examination of the UK's track record on disability rights, the Equality and Human Rights Commissions in the UK warned that disabled people's rights to independent living are being continually eroded.

They say that after years of cuts to authorities who fund care across the UK, many disabled people who need support to live independently in the community are not getting help, or are only getting the bare minimum.

WHAT ARE THE OTHER AREAS OF CONCERN?

Beyond cuts to health and social care budgets, the Commissions also identified other areas of concern which affect the lives of disabled people. These include:

- The overall impact of seven years of cuts to social security payments.
- Gaps in legal protection and barriers to accessing justice.
- The continued use of physical and chemical restraint.
- The need for further action to tackle disability hate crime and harassment.
- The level of legal protection for disabled people in Northern Ireland, which is lower than in the rest of the UK.

WHAT DID THE UN HAVE TO SAY?

Last year, the Committee said that changes to social security had led to 'grave and systematic violations' of disabled people's rights.

This year, its concluding observations raised numerous concerns, including:

- Concern with existing laws, regulations and practices which discriminate against people with disabilities.
- Lack of information on how the State will protect people with disabilities from being negatively affected by Brexit.
- Concern about accessible standards relating to the physical environment, affordable housing, ICT, transport and information.
- Concern about the continued use of physical, mechanical and chemical restraint and the lack of strategy to review these practices.
- Concern about uneven access to healthcare and barriers preventing people accessing healthcare.

WHAT'S THE RESPONSE?

The Equality and Human Rights Commission's Chair, David Isaac said, 'This is a damning assessment by UN experts of the failure to protect disabled people's rights across many areas of life in the UK.

'We have long urged the Government to make changes and the UN recommendations are further proof that immediate action must be taken.

'Drastic cuts to health and social care budgets have had an impact on disabled people's ability to live independently; barriers to accessing justice persist and there are significant gaps in legal protection for disability rights. If Government is serious about delivering a fair and equal society it must involve disability groups to help design and implement new policies to ensure that disabled people are no longer treated like second class citizens.'

Extra care contracts for Caremark (Pulborough)

Three extra care schemes in West Sussex will soon have care provided by Caremark (Pulborough) following its success in winning tenders for the schemes.

From October, residents at Leggyfield Court in Horsham; Osmond Court, in Billingshurst; and Lanehurst Gardens in Crawley will have any required care and support provided by the Caremark care teams at its Pulborough office.

New Shropshire care home

The development of a new care home is underway in Shropshire. Supported by a £4.4m funding deal from The Royal Bank of Scotland, Cleobury Hills is being created to provide care for adults in the Midlands who are aged over 50.

Located in Cleobury Mortimer, the 60-bed home is expected to open in April 2018 and will provide both 24-hour nursing and residential care to adults in the local and surrounding area.

The home is being developed by Capulet Care. Cleobury Hills will focus on providing a safe, yet stimulating environment for residents. Caring for people with conditions including dementia, sensory disorder and physical disability, as well as those with palliative care needs, the centre will be run by highly-trained specialist nurses and care staff, who will focus on enhancing the physical, mental and emotional wellbeing of residents.

Work commenced in January 2017 but has been subjected to a six-month delay caused by the discovery of a badgers' sett on the development site.

Norfolk care homes launch community initiatives

Two care homes in Norfolk have launched new services to encourage older members of the community to join their staff and residents for activities, entertainment and meals.

Olive House and Bilney Hall are offering day care and friendship lunches and are encouraging anyone to attend.

The homes, which are part of the Healthcare Homes Group, provide residential services, including specialist dementia care, and are looking to widen the reach of their care expertise.

The day care services give individuals access to the communal areas at the homes throughout the day, with food and drink also provided. The friendship lunches offer a free opportunity to come and enjoy lunch at the homes, socialising with residents and taking part in the day's activities.

Full assessments can be provided before attending the home and individuals who require medication can be supported to receive this throughout the day.

Metro Bank funds Capital Care Group

Metro Bank has provided Capital Care Group with over £10.2m in funding, which has been used to refinance its existing portfolio of five care homes and to facilitate the acquisition of a 47-bed care home in Anville Court in Wolverhampton.

Heathcotes opens new services

Heathcotes Group has opened a new specialist facility in Chesterfield following the completion of two new build services.

Loundsley House comprises two separate services, each offering eight en-suite bedrooms and 24-hour support for adults with learning disabilities, mental illness, dual diagnoses and associated complex needs. The facility will employ 16 full-time care staff, all trained in Non-Abusive Physical and Psychological Interventions (NAPPI). Loundsley House was designed by Heathcotes' in-house architectural consultancy, JDS Design, and built by contractors John Ryan Developments Ltd.

Lessons learned from named social worker programme

The Department of Health and the Social Care Institute for Excellence have published the latest learning lessons from the Named Social Worker programme.

The report sets out the findings from the six sites which have been part of the Named Social Work programme from October 2016 to March 2017.

The programme was developed to address the challenges faced by people with autism, learning disabilities and mental health issues, and their carers, who often face a lack of continuity of social workers which can impact on their health.

The report includes a summary of the impact that has been achieved in piloting a Named Social Worker approach, as well as detailed findings from each of the six sites.

New Evesham care home

Majesticare, a care home operator, will open its second five-star facility in Worcestershire after receiving a multi-million-pound finance package from Clydesdale and Yorkshire Banks.

The £5.6m investment will support the development of a new 67-bed care home in Evesham, Majesticare's second in the region and eighth in the Group.

Building work is already underway on Cavendish House, which will create more than 100 jobs. The care home is due to complete in late Spring 2018.

Putting prevention at the heart of care

Royal College of Occupational Therapists has published a new report on putting prevention at the heart of care for older people.

The latest *Improving Lives, Saving Money* report calls for a shift from a 'high volume, low cost' approach to care to one which sees the whole person's overall wellbeing. Its publication is accompanied by a moving film showing the stark reality of being dependent on social care faced by many older and vulnerable people.

In *Living Not Existing: Putting Prevention at the Heart of Care for Older People*, the Royal College of Occupational Therapists seeks to show how doing the right thing for individuals can actually reduce their need for expensive care long-term. It calls for an end to the inequality of access to occupational therapy, which is a barrier to people in need receiving high-quality, person-centred care that enables people to stay as active, independent and safe as possible.

Elysium acquires Lighthouse

Elysium Healthcare has acquired specialist learning disability and mental health provider, Lighthouse Healthcare.

This strategic purchase brings 11 new services to the Group across the Midlands and Wales. It is the fourth acquisition since BC Partners acquired Elysium Healthcare in November 2016.

Joy Chamberlain, Chief Executive of Elysium said, 'We are excited to welcome Lighthouse Healthcare to the Elysium family. I have been very impressed by the quality of care delivered to its patients and residents and we look forward to working with the team.

'Importantly, this acquisition means that we now have a true network of specialist services with sites in the North, North West, East and West Midlands, South East, South West and Wales.'

Elysium Healthcare was launched in November 2016 and now has 40 sites.

The Group provides neurological services and specialist mental health care through secure services, child and adolescent mental health services, rehabilitation services, acute and intensive care services, private patient and education services across England and Wales.

Connell Consulting conducted investor commercial due diligence for Elysium Healthcare during the deal.

Wales to curb zero-hours contracts

Plans to curb the use of zero-hours contracts and protect care time in the social care sector, have been unveiled by the Welsh Government.

Under proposals being put out for public consultation, employers will need to offer workers in the domiciliary care sector on zero-hours contracts the choice of moving to a minimum hours' contract after three months of continued employment, if there is ongoing demand for the work.

Measures to tackle 'call-clipping' have also been announced by the Welsh Government.

The proposals would require providers of domiciliary care to differentiate clearly between travel time and care time when preparing employees' schedules, giving due regard to issues such as the distance between visits and rush hour traffic.

Care home innovation hub created by WCS Care

Sharing approaches, technology and best practice that can help transform care and improve lives is the aim of a new care home innovation hub, launched by WCS Care.

The Innovation Hub, created at the Warwickshire-based charity's newest and most technologically advanced home, Castle Brook in Kenilworth, is a unique space full of working mock-ups of the latest technology and concepts that WCS Care already uses or is set to use in future developments, provided by a number of partners of products and services.

The Innovation Hub features a recreated bedroom with a night-time acoustic monitoring system that automatically alerts staff to unusual sounds so they can respond quickly when needed.

A visual prompt is also being trialled as part of the system to give care staff more information on which to base their care decisions.

Electronic care planning, that means care staff spend more time with residents instead of extensive paper recording, and an advanced nurse call system that alerts staff through handheld devices rather than by disruptive call bells, are some of the other technologies that feature.

WCS Care has also installed circadian rhythm lighting into the hub that mimics daylight in the day and creates biological darkness at night. This is intended to keep the body in a solid circadian cycle, helping to improve residents' sleep and daytime alertness, which has been proven to have positive impacts on people with dementia.

Ideal Carehomes to expand portfolio

Ideal Carehomes is to expand its portfolio following the acquisition of a site in Mountsorrel, Leicestershire. The new state-of-the-art care home, named Mountview, has been secured from specialist care home developer, LNT Care Developments.

Ideal Carehomes currently operates 15 homes totalling 876 beds. Mountview will take the total bed count to 942 with further organic growth anticipated in the future.

Mountview will be the first home that Ideal Carehomes has commissioned since selling 25 homes to Anchor in 2015. The new home will open its doors towards the end of 2017.

Transforming communities and services

A national network of community practitioners is calling for all public sector professionals and commissioners to work with people's 'assets' rather than their 'deficits', to build strong communities and sustainable public services. It makes a compelling case for why asset-based approaches should be used in all local area planning and service delivery.

The *Asset-Based Area* briefing was compiled by Alex Fox OBE, Chief Executive of Shared Lives Plus and Chair of the Building Community Capacity network, hosted by Think Local Act Personal (TLAP), which is leading the way. It describes ten features of an 'asset-based area' necessary for developing strong communities and sustainable public services.

In it, Fox and the network offer practical guidance with a description of the ten features of an 'asset-based area' that nurtures people's wellbeing, resilience and influence, so that they become equal partners, not passive recipients to the organisations and people who respond to their needs.

They also suggest a number of planning and support models that use asset-based thinking and have been operating for years in different areas and with differing degrees of take up and success. Models include Homeshare schemes, dementia-friendly communities and time-banking.

Alex Fox OBE said, 'During this period, where there's huge pressure on money available to local areas, it is more important than ever that every area can find value and build the full range of resources and assets that could be available to it. This would require leaders and decision-makers to see their role as working with, not for, people. Working in co-production with people with health and care needs is at the heart of all asset-based methods.'

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IS **GDPR** THE BIGGEST **RISK** TO SOCIAL CARE?

Significant **changes** to **data protection** are coming and you **need** to **comply**

Q **I've heard a lot about GDPR, but I don't really know what it's about. Should I?**

A **Jonathan Papworth, Co-Director, Person Centred Software**

25th May 2018 may seem some time away, but by that date most organisations in Europe will have to become compliant with the General Data Protection Regulation (GDPR).

GDPR came into force in 2016, and there are now only a few months left to ensure that your organisation complies with this new Europe-wide regulation.

WHAT IS GDPR?

GDPR replaces the Data Protection Act 1998 (DPA) with a much more stringent regulation that will become enforced by the UK Information Commissioners Office (ICO) from 25th May 2018. The regulation puts control firmly back in the hands of the data subjects (the person the data is about), and puts significant new corporate requirements in place to ensure that all data processors and data operators are able to meet their data security obligations.

Most businesses, schools, even churches are gearing up to manage the impact of GDPR, and every social care provider will be impacted. This means there are vast amounts of work currently taking place across every industry focused on meeting the GDPR deadline and, as time passes, this work rate increases.

There is so much work involved in becoming compliant – involving contracts, suppliers, data-mapping and training – that putting this off until next year is not a viable option. Putting it off only increases the risks of non-compliance and the chance of being fined should a data breach occur. Professional service companies specialising in GDPR advice will become harder to engage and, almost certainly, demand will outstrip supply. >

> WHAT'S CHANGING WITH GDPR?

The purpose of GDPR is to protect individuals' data that is held by third parties. It builds on the DPA, but takes it further by making data processors continually accountable for all the data they hold. This is a significant change that should not be under-estimated.

It gives individuals rights to know what data is being held about them, and gives them rights to have this information removed, unless there are legal obligations to keep that data.

The first important change is that manual filing systems are affected – not just computer data.

The ICO says that, 'The GDPR applies to both automated personal data and to manual filing systems where personal data are accessible according to specific criteria. This is wider than the DPA's definition and could include chronologically ordered sets of manual records containing personal data.'

If care plans are kept in a filing cabinet then these are affected, as are daily records and charts kept in a folder. Any manual records applying to staff or service users are also included in GDPR.

The second major change is that it is no longer good enough just to be compliant – there is a new accountability requirement. It means that you must be able to demonstrate that you comply and have put in place governance measures to minimise breaches and protect personal data.

One area that is often forgotten when it comes to data protection is data back-ups and replication. Older computer systems back-up data to USB drive or tape – these contain just as much personal data as the main computer systems and are, therefore, subject to the same regulations.

Equally, printing a care plan from a computer system means that there are both 'manual' and 'automated' copies – both needing documentation showing how they are processed.

The ICO says that this accountability requirement 'Is likely to mean more policies and procedures for organisations, although many organisations will already have good governance measures in place'. If your organisation is fully compliant with the DPA, then the first step could be to document how data is managed, including any paper records.

Under GDPR, data subject access requests (DSAR) are also changing. These are requests by individuals to an organisation that processes his or her personal data. Under the DPA, people have the right to access information held about them, with some exceptions.

Under GDPR, the period that organisations have to comply with a DSAR reduces to one month. In addition, the penalty for not complying with the DSAR requirements (including the response time) will increase significantly and could cost the organisation holding the data (data controller) 4% of annual global turnover for the previous financial year or €20m, whichever is higher.

With the possibility of such a penalty, developing proactive ways in which to deal with DSARs is another other task that organisations will need to consider in order to comply.

HOW DO I COMPLY WITH GDPR?

According to the ICO, 'The GDPR requires you to show how you comply with the principles – for example, by documenting the decisions you take about a processing activity.'

'For processing to be lawful under the GDPR, you need to identify a lawful basis before you can process personal data. These are often referred to as the "conditions for processing" under the DPA.'

Like many regulations, the words used can seem confusing, but 'processing' is simply storing, reading and editing information. This covers writing it down, typing, printing, emailing etc.

'Processing' can simply be replaced with 'having information held in any paper or electronic form', because the simple process of 'having data' makes someone a data processor.

So, to be lawful, it is necessary to have a reason for having this information. It is not appropriate to hold information unless there is a good reason for it – and the reason is documented.

DOES GDPR APPLY TO ME?

The primary purpose of GDPR is to protect individual rights to private information held about them. GDPR is still being worked on, but in June 2017, the Working Party published its guidelines on high risk data protection functions. The document gives six examples where a Data Protection Impact Assessment (DPIA) is likely to be necessary.

There are two that apply to care providers:

- 'A hospital processing its patients' genetic and health data.'
- 'A company monitoring its employees' activities, including the monitoring of the employees' work station, internet activity, etc.'

"The GDPR applies to both automated personal data and to manual filing systems where personal data are accessible."

Care providers are not hospitals, but heath data is a significant part of care plans, so care plans are included.

Whilst monitoring employees' internet activity might not be relevant, the risk applies to monitoring any activity – and this includes clocking in/out, holiday and sickness records etc. It could easily be argued to apply to writing daily records, or filling in service user charts. Wherever the employee could be identified as the person undertaking an activity, this is likely to be classified as monitoring their activity.

The regulation applies to all individuals, be that service users or members of your staff; any monitoring that captures 'Person Identifiable Information' carries equal weight under GDPR.

DPIAs are a tool for people that hold data to help implement data processing systems that comply with GDPR. It is mandatory for a number of classes of data. Of primary interest for care providers is 'Processing Sensitive Data'.

WHAT ARE THE RISKS OF GDPR?

The June 2017 Working Party Guidelines state there are financial risks of failing to comply with a DPIA. >

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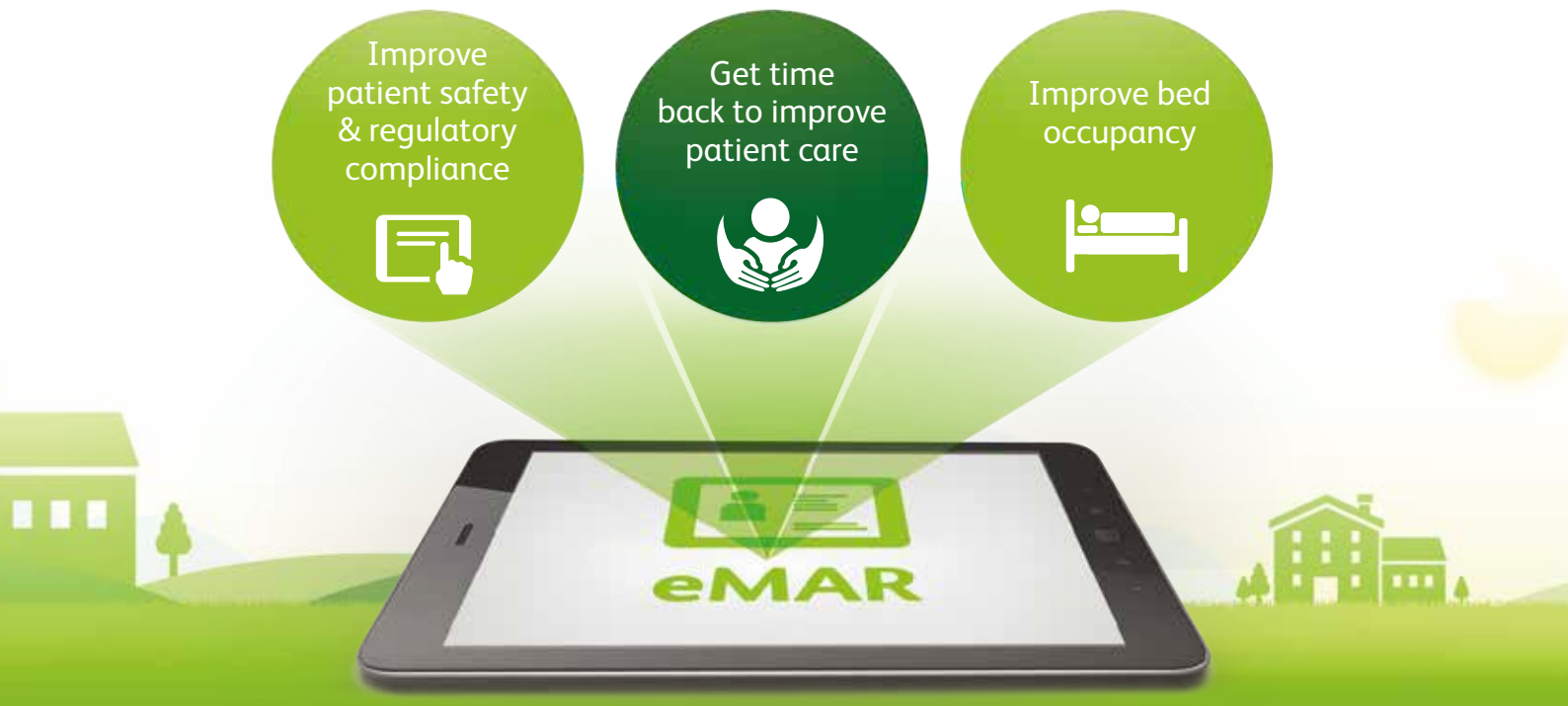

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> They say, 'Under the GDPR, non-compliance with DPIA requirements can lead to fines…Failure to carry out a DPIA when the processing is subject to a DPIA…carrying out a DPIA in an incorrect way…or failing to consult the competent supervisory authority where required, can each result in an administrative fine of up to €10m, or in the case of an undertaking, up to 2% of the total worldwide annual turnover of the preceding financial year, whichever is higher.'

This means that there is around a £9m fine simply for not completing the assessment of risk. There may never be a data breach, but simply not identifying that data is safe is classified as non-compliance.

In the unfortunate event of a data breach, there is responsibility to report it. Failure to report carries a fine of €20m (about £18m) or 4% of turnover – whichever is higher.

"Start by starting. It might sound simplistic but for months many companies have seen the regulation coming, and not actually taken any internal action. Think about what you can do now."

Many care providers will have avoided the DPA in the past by keeping paper records. The sector has been slower to adopt IT systems, and yet holds more sensitive data than many industries. However, GDPR applies to manual systems so every organisation must focus on meeting the GDPR regulation.

WHAT ABOUT BREXIT?

GDPR is a European Union regulation and is a single regulation that covers the whole of Europe. This is for consistency within the European Union and to help countries around the world who trade with Europe to have a single regulation to adhere to. Voting to leave the European Union does not affect this, as the ICO explains, 'The GDPR will apply in the UK from 25th May 2018. The Government has confirmed that the UK's decision to leave the EU will not affect the commencement of the GDPR.'

Given the timescales to negotiate Brexit, and the priorities of other demands, it is highly likely that this regulation will be implemented.

WHAT ACTION CAN I TAKE?

There is a limited number of certified GDPR practitioners in the UK, and they cover all industry sectors. The wealthier sectors, such as financial and professional services, will be snapping these up at increasing day rates as we approach the deadline.

If you can't find or afford a certified practitioner, there are DPIA Workshops run by the Government. They cost £495 per day and are currently only running in London. However, there are many third parties running GDPR training courses – simply Google 'GDPR training'.

HOW ARE OTHER CARE PROVIDERS TACKLING GDPR?

David Robinson, IT Service Delivery Lead at Caring Homes, has been working on how to be GDPR compliant for some time. These are his recommendations:

- Start by starting. It might sound simplistic but for months many companies have seen the regulation coming, and not actually taken any internal action. Think about what you can do now.
- Consider your policies and processes. What is your GDPR policy? You need to develop one, and your staff need to know what is in it. As part of developing your policy and working towards implementing it, consider the personal data that you hold as an organisation. Where is it? Who has access to it? Do they need access to it? How is it protected?
- Review all contracts that you have. Contact all your suppliers that handle data. Consider your staff contracts and new employee contracts.
- Undertake a DPIA using the Data Protection Working Party's Guidelines.
- Consider the shorter timescales in which you will need to comply with data subject access requests and how you will respond to a request.
- Train your staff. All staff will require training on the regulation, even temporary employees if they handle data. Take ownership, become accountable, know your responsibilities under GDPR as it really will apply to your company.

IS THERE ANYTHING ELSE I CAN DO?

There is a shortcut if your data is managed by a third party, and the data processing is managed by the third party. You are still responsible for ensuring compliance, but you could ask the third party to document how they manage GDPR compliance.

The simplest example of how this shortcut works is where you are using a fully hosted (cloud) system and the supplier provides a document on how their infrastructure meets GDPR regulations.

The first step to be taken could be to identify all your current computer systems and ask the suppliers how you can meet GDPR regulations – at least this will give a list of work to be done, although don't forget any paper-based systems.

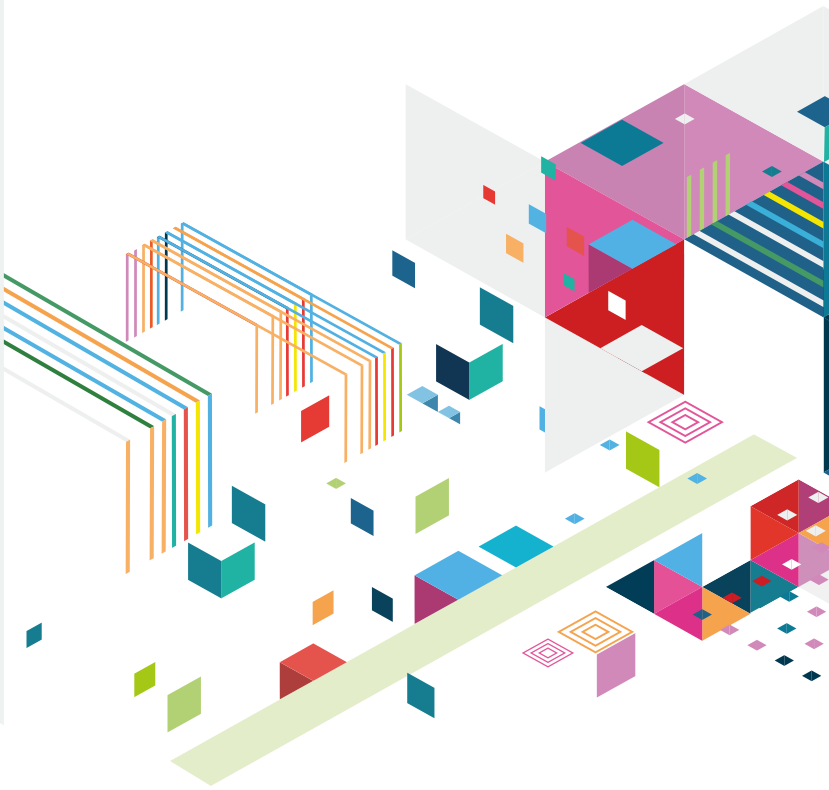
THE FUTURE

There is no hiding from GDPR as the deadline for compliance looms. Action needs to be taken urgently, but don't panic. Start by speaking to your systems providers, consider what data you hold and how it is processed. Make sure all staff are aware of their responsibilities and get moving. It will feel like a lot of work, but the penalty for non-compliance is huge and the sector can't afford another cost. **CMM**

Jonathan Papworth is Co-Director of Person Centred Software. Email: **j.papworth@personcentredsoftware.com**
Twitter: **@PersonCentredSW**

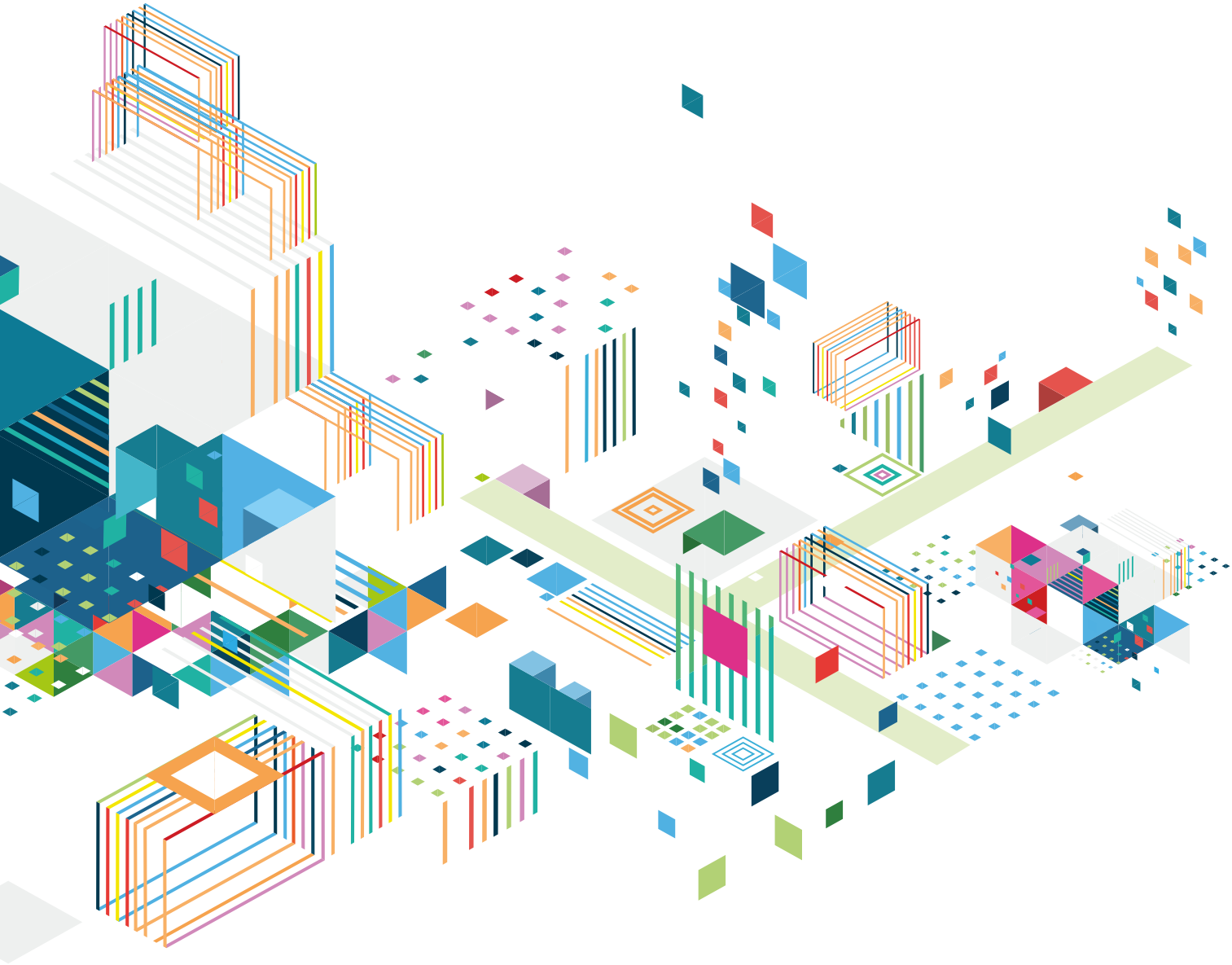
For further details about how you can prepare for GDPR go to **www.personcentredsoftware.com/gdpr**
CMM subscribers can access some of the resources mentioned in this article at **www.caremanagementmatters.co.uk**

ADVANCING CARE



WHAT CAN RESEARCH DO FOR CARE HOMES?

Is there a role for research in social care? Tara Lamont explains why there is and summarises some recent research programmes undertaken with care homes.



What works in reducing the use of anti-psychotic medication? How can staff help residents with dementia to eat and drink properly? What is the role of care home managers in creating safe and positive environments for residents and staff? What helps in supporting good end of life care for residents and families? What are the best ways of supporting residents with behaviours that challenge? What kind of GP input works best? These are just some of the questions which research has looked to address.

At a time of great pressure for care homes, it is really important to focus on the most effective and cost-effective ways of providing high-quality care. There are increasing demands from regulators, coupled with a changing profile of residents who have increasingly complex health and care needs that might previously have been met in hospital. As such, providing good, consistent care that meets the needs of individual residents, in a context of staffing and budget restraints, is very difficult. Each organisation and staff member has to make trade-offs to meet these competing demands. This is where research can play an important part in supporting these difficult decisions.

ADVANCING CARE THROUGH RESEARCH

We did not always have good evidence for or about care homes. Most research was based in hospitals. However, interventions which work in hospitals are often not effective in care homes. In the last fifteen years, the National Institute of Health Research (NIHR) has invested in research and support for care homes. It is still quite a new area for research, but it's encouraging how much progress has been made.

Advancing care, a report launched in July, provides an overview of NIHR's research with care homes. It highlights 44 studies, from large, five-year research programmes to smaller projects. Some trials compare the effectiveness of different treatments. Other studies >

> use interviews, focus groups and observations to understand more about the experience and acceptability of care.

These have been organised into three main areas – living well, ageing well and dying well – with overarching themes of research and working well.

Below are just some highlights and studies of interest to care home managers and staff. Many more feature in the full report.

LIVING WELL

A study involving over 300 residents with dementia found about half had a visual impairment and many impairments were uncorrected. This was a higher rate of eye problems, compared with others of similar age living outside of the care home environment, and higher than previous studies had found. About half of those with eye problems could be corrected by wearing glasses or cataract surgery.

The study showed wearing glasses was often difficult, with residents refusing to wear them or glasses going missing or breaking. Care staff and optometrists themselves often assumed people with dementia would not be able to be tested. But this study showed four out of five people with dementia could complete the sight test.

There was also a review of published research on how to reduce stress and anxiety for residents with dementia at mealtimes. It highlighted some approaches which seemed to help. Evidence to date suggests that playing music, such as quiet classical piano pieces, during mealtimes can be effective. These need to be played at a volume that can just be heard over the background noise. Other helpful changes included replacing pre-plated meals with family-style meals, placing food on the table and serving people individually; promoting conversation during the meal; and increasing the lighting and maximising the contrast of the place settings, for example, by using black placemats on a white tablecloth. All had a positive impact on behaviour, however, music was the most effective

AGEING WELL

One research project into ageing well explored the use of anti-psychotic medication in people with dementia. A large trial of 16 care homes found that reviewing people's anti-psychotic prescriptions, together with exercise and social interaction (for an hour a week) improved outcomes for residents. Outcomes included anti-psychotic use reducing by 50% due to the anti-psychotic review and the risk of death for residents reducing as a result of the review and social interaction.

While the medication review on its own reduced anti-psychotic prescribing, combining this with exercise and social interaction also improved quality of life and stopped symptoms from getting worse. Social interaction and increased exercise also had an effect in reducing levels of depression and apathy amongst people with dementia.

Another study into managing agitation in people with dementia found that teaching staff in care homes to communicate and consider the person with dementia's needs, rather than focus on completing tasks with them was helpful for severe agitation, as were touch therapies. Pleasant activities and structured music therapy also helped to decrease agitation.

DYING WELL

As 18% of people dying in England each year die in a care home, research into dying well is important. A research study followed 133 older people with dementia and observed the end of life experience for some, over an 18-month period. They found that there was great uncertainty for staff in knowing when someone was actively dying and how to interpret and manage symptoms and events. There was also uncertainty about the roles and responsibilities of care home and NHS staff and relatives at this time.

The second phase of this research developed resources to help deal with this uncertainty. This included a script for discussing end of life wishes with relatives and a tool to support discussions with emergency and out-of-hours services. When evaluated, this was shown to help in supporting a shift to better working between agencies.

WORKING WELL

Many studies in this review underline the complexity and co-ordination needed for various staff and agencies to work well together for care home residents.

One research study found that, on average, care homes accessed between 14 to 15 different NHS services – most often, district nurses, opticians, chiropodists, podiatrists, community psychiatric nurses and continence services. However, there was no single, recognisable way for these agencies to work together, and many arrangements appeared ad hoc.

A further study by the team identified the features and conditions for good joined-up care, including the importance of access to particular services, such as specialist dementia care settings, for both NHS and care staff.

The crucial role of the care home manager is underlined in many of these studies, although little research to-date has focused on the care home manager. One study concluded that the manager is central to creating a culture that ensures person-centred care in the home. Another study found that managers with an open attitude and a willingness to engage in research and service improvement is key to attempts to change services or raise standards.

ROLE OF RESEARCH IN SOCIAL CARE

Research won't have all the answers, but it can help to tell us what works – and hasn't worked – and introduce new approaches to try in your service.

There are real challenges in delivering relevant and meaningful research for care homes. One issue is the importance of context – the care home economy is so varied, ranging from chains to small, independent, family-run businesses. What is relevant in one context won't necessarily apply in another.

Another challenge is that traditional research tries to standardise the intervention, so we can be sure everyone is getting the same treatment or service. However, in care homes, staff try to meet the needs of individuals through person-centred care. Some research study designs, like randomised controlled trials, just cannot address these differences in context or individual needs. Other approaches can be useful, though, including research which actively looks for best practice and tries to better understand what conditions are needed to make this happen.

What's most important, is that those running and working in care homes need to be involved in setting the research agenda. This will ensure research addresses the real problems facing providers and engages them actively in the research.

If you come across areas of uncertainty where you think there is a need for new research, let the NIHR know. Also, there are networks like ENRICH (Enabling Research in Care Homes) which can help care homes to take part in research and to work in partnership with researchers.

The sector needs better research to help staff in their challenging and important work in care homes. Today's promising intervention, when tested, could be tomorrow's standard care. **CMM**

Tara Lamont is Deputy Director, NIHR Dissemination Centre. Email: **disseminationcentre@nihr.ac.uk** Twitter: **@NIHR_DC**

CMM subscribers can access the report mentioned in this article at **www.caremanagementmatters.co.uk**

INTERGENERATIONAL CARE – IS IT TIME TO COMBINE YOUNG AND OLD?

Intergenerational projects are starting to happen around the country, is it time for more care settings to open their doors and welcome in children for the benefit of young and old?

Did you watch *Old People's Home for 4 Year Olds* on Channel 4? The social experiment, set at St Monica Trust's Cote Lane retirement community, saw 10 children from local preschools spend their days with residents to assess the benefits for the older people. It created interest in the need for care settings to become more intergenerational.

RESEARCH BASE

The programme was based on the Intergenerational Learning Center, a nursery and pre-school set within the building of Providence Mount St. Vincent (The Mount) in West Seattle. The Mount is home to more than 400 adults who need assistance with daily living or 24-hour care. Every weekday, the children and residents come together in a variety of planned activities, including music, dancing, art, lunch, storytelling or just visiting. Children can go anywhere in the building for activities and visits, and residents are welcome to drop by the centre at any time.

The Intergenerational Learning Center has been running since 1991 and has 125 children enrolled, aged between six months and five years old.

SOCIAL ISOLATION

The Channel 4 experiment was led by Professor Malcolm Johnson, Visiting Professor in Gerontology and End of Life Care in the Department of Social and Policy Sciences at the University of Bath. Working alongside Dr Zoe Wyrko, Consultant Physician and Dr Melrose Stewart, Lecturer from the University of Birmingham and Vice President of the Chartered Society of Physiotherapy. Its intention was to address social isolation in care settings.

According to Age UK, social isolation affects around 1 million people in England and has a severe impact on people's quality of life in older age. Not only that, it's also harmful to health. The Campaign to End Loneliness says that, 'Lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity. Loneliness increases the likelihood of mortality by 26%.'

There are many initiatives to tackle loneliness and social isolation. In its *Loneliness and Social Isolation Review*, Age UK considered the role of intergenerational contact, saying that it is 'probably more effective in combating loneliness than contact with one's own age group, although both have proven successful'.

SOCIAL EXPERIMENT

Despite efforts to encourage interaction and visitors, people aren't immune to loneliness and social isolation in care settings. In a statement about its involvement in the Channel 4 programme, The University of Bath said, 'This has a huge impact on health, wellbeing and even life expectancy. And so, based on an existing American scheme, a team of scientists and gerontologists for the programme attempted to dramatically improve the situation by bringing together 10 retirement community residents and 10 pre-schoolers.

'Over the six weeks, the residents and children shared daily activities designed by the three experts, including Professor Johnson, who measured and analysed the older groups' physical and mental progress throughout.

The aim was to see if, at the end of the six-week experiment, it could improve the physical, social and emotional wellbeing of the older people.'

THE RESULTS

Speaking at the time of the show, Professor Johnson explained some of the results, 'We saw our older folks doing things they never imagined they'd do again: jumping, dancing and rolling around on the floor.

'The most marked results were in mood and depression. Almost all our care home residents measured "depressed" on the geriatric depression scale at first; at the end of the experiment that had completely changed. Some of them had moved a tremendously long way and it was transformative for them.

'It's not proof or a miracle cure, but the results are impressive. It's very moving to watch them reclaiming part of themselves from the losses of being very old.'

After the show aired, the St Monica Trust confirmed that it is to establish a nursery at one of its retirement communities, consulting about a potential partnership with a local preschool, installing playgrounds, and, specifically adding an indoor play area at its new development in Keynsham.

OTHER APPROACHES

The St Monica Trust may have hit TV screens, but there are other examples of young and old coming together in care settings.

Nightingale Hammerson in London has a nursery on site. Apples and Honey Nightingale House launched its baby and toddler group in the lounge of Nightingale House in January 2017. Held every Monday, it is a weekly fixture for residents who wish to attend.

Apples and Honey has now opened a nursery on the Nightingale House premises. It wants to provide the best possible early years' experience, while developing a meaningful intergenerational curriculum that benefits young and old together.

In Cambridgeshire, residents at Home Meadow care home in Toft have regular visits from seven children, aged one to four, after their childminders forged a partnership with the home to enable the children to learn more about older people in their community.

Since January 2017, Little Owls group has been based at the home every Monday. The children spend the day with the residents and invite them to take part in their activities, such as dance, arts and crafts and singing. The group has a dedicated room to use for their lunch and nap time and residents are free to come and go as they please. **CMM**

OVER TO THE EXPERTS...

These are just a few examples of how young and old are coming together in care settings. Is this a model that should be adopted far and wide? How easy would it be for more care providers to develop this model? What are the starting points? What considerations are needed? What are the benefits? What does the panel think?

WHEN IT WORKS IT CAN BE MAGICAL

Making the walls of care homes disappear is vital. Homes and their residents need to be seen as part of the community. Many older people fear moving into care and many experience loneliness once there. There are physical means to do this, whether site-sharing with a nursery, as at St Monica's Trust, or students living in care homes, as pioneered by Humanitas care home in the Netherlands. There are also specific programmes like Cocktails in Care Homes run by Magic me – where young volunteers regularly come to cocktail parties in care homes – or its arts project, Portraits of a Dream, an inter-generational photography, story-telling and drama project run in Jewish Care homes.

We need to raise the aspirations for older age and living well in care homes. That's why the Baring Foundation has funded a huge range of interactive arts projects in care homes and community settings – like artists in residence and A Choir in Every Care home – to give voice, build friendships and, most importantly, absorb and entertain. Those that are successful share some key features which involve meaningful activity, engaging equally the skills and passions of both generations, never patronising or assuming one-size-fits-all. Though, obviously, the greatest challenge is finding sustainable funds to support them. You don't need me to tell you there's a crisis in the funding for social care.

But when it works it can be magical. I remember visiting Kotoen, a shared-site nursery school/care home in Tokyo, and seeing young and old doing their morning callisthenics together – something that had twice as much meaning being done together as it would separately. Beautiful.

Janet Morrison Chief Executive, Independent Age

AN IDEA THAT HAS FOUND ITS TIME

Old People's Home for Four Year Olds (OPHF4YO) was one of the surprise delights of the summer. Well done to St Monica Trust for having the confidence to participate and to Channel 4 for scheduling it at primetime. It proved to be brilliant, uplifting telly.

To see the immediate improvements in mood and mobility amongst older people surely impressed even the most cynical of viewers. And the results (independently evaluated) smashed the idea that the model of intergenerational working has tremendous value as an antidote to 'loneliness, helplessness and boredom', to quote the plagues of residential care according to the Eden Alternative principles. A fine example of a 'win/win' with benefits for old and young.

Co-locating a nursery and a care home was trialled in Tokyo as long ago as 1976 and expanded quickly in Japan due to its success. There are now well-established models in many parts of the world, with Singapore and USA as leading proponents, so plenty of learning on which to build. Creating mutual respect and co-operative relationships are significant features of intergenerational models which help to prevent barriers and misunderstandings between generations, and much more.

I think something has started with OPHF4YO and similar examples are emerging. Obviously, safeguards will be necessary, but there are plenty of tried-and-tested models from which to learn so that schemes can be developed relatively quickly.

According to Arthur C Clarke, 'New ideas pass through three periods: 1. It can't be done. 2. It probably can be done, but it's not worth doing. 3. I knew it was a good idea all along!'

Des Kelly OBE Chair, Centre for Policy on Ageing

MANY POTENTIAL BENEFITS FOR CARE PROVIDERS

Interest in intergenerational care has really taken off in the UK in 2017. Previously, some nurseries had undertaken one-off visits to care homes, but there was little regular interaction between older residents and nursery children.

That is beginning to change. Several different models are emerging – from full co-location of care homes and nurseries, to weekly visits to care homes by nurseries and toddler groups.

In September, Apples and Honey Nightingale in Clapham will be the first fully-integrated nursery on a care home site in the UK offering daily joint activities. This co-location has been years in the planning. The interaction between older residents and children started with a weekly babies and toddlers group at the care home. It's now being taken forward in a nursery developed in a converted building alongside some beautiful gardens in the care home grounds.

The benefits for children are enhanced learning as part of their early years curriculum as well as social development through contact with older people. For older people, more activities will help improve health and tackle loneliness. Other generations, from staff to families, will benefit from the mixing across ages.

There are also potential benefits for providers of sharing sites – from reduced back office costs, maintenance, gardening and catering to recruiting and retaining staff, and increased income.

For a care home or housing with care scheme considering co-location, the first question is whether their site has spare space (buildings, rooms, grounds) and access to host a nursery. United for All Ages is working with providers to make the co-location of care happen.

Stephen Burke Director, United for All Ages

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DANNY **MORTIMER**

Danny Mortimer is Chief Executive of NHS Employers and Co-Convenor of the Cavendish Coalition.

REFLECTIONS ON THE LAST DECADE

Although I have a degree in politics from York University, I started my career as a porter and healthcare assistant before becoming a regional trainee in the West Midlands.

I've also held roles as Personnel Manager and General Manager at the Royal United Hospital, Bath, and Deputy Director of Personnel at Brighton Health Care. My first director post was a joint role for Royal West Sussex NHS Trust and Western Sussex PCT and I subsequently became Director of Human Resources and Organisational Development at East and North Hertfordshire NHS Trust.

Looking at the last decade, I joined the NHS Employers Policy Board in 2006 and was appointed Vice Chair in June 2008. Prior to joining NHS Employers as Chief Executive in 2014, I was Director of Workforce and Strategy at Nottingham University Hospitals NHS Trust.

I've been hugely fortunate to work with committed colleagues from social care during my time in Nottinghamshire, where we worked closely together on the LETC (Nottinghamshire Local Education and Training Council) and, more recently, with NHS Employers, involved in forming the Cavendish Coalition, which aims to address issues arising from Brexit that can affect the workforce across social care and health.

These social care colleagues have been generous with their time and enormously patient as this NHS-lifer has learnt to develop a broader perspective on the care workforce.

PROJECTIONS FOR THE NEXT DECADE

There is, I think, a shared set of challenges across social care and health.

The nation needs to find a way of ensuring proper investment in the services we provide our communities, and some sort of independent office of budget responsibility for the sector, that identifies what level of funding is required, seems essential.

While the economic challenge is a shared one, its severity is much more profound for social care employers and commissioners and, of course, those that they care for, as resources are increasingly overstretched and social care needs continue to grow.

Brexit is also an enormous challenge and through the Cavendish Coalition, we are committed to helping the Government develop strategies and policies that support the recruitment of talented people from within the UK to work in our organisations, but also, when necessary, from beyond our borders.

INSIGHT

Like many in the public sector, I am ever-more reliant on collaboration with others to achieve the goals of, in my case, my members.

Acceptance of the need to learn from and work with others is ever-more important, and sharing best practice is especially important in an age of budgetary restraint and political uncertainty.

INFLUENCES

I have been enormously lucky in my career in the people I have worked for and with: Mike, Margot, Alex, Tim, Robert, Nick and Peter have all been enormously important to my development, challenging and encouraging me to be a better colleague and leader.

LESSONS

The best lesson I've learnt is the importance of maintaining calm.

I remember being struck, in my first observation of surgery back in 1993 in Stoke, by the sense of calm that the surgical team maintained throughout a challenging day, and I've always respected that quality in the leaders I've worked with.

Being calm leads to better decisions and actually assists urgency: it's also better for the team and the soul.

I'm sure my own sense of calm is a work in progress, though.

ADVICE

Be clear about what you stand for and what motivates you: what you value from work and life. Make your career choices against those values. Trust the inner voice that tells you that something doesn't feel right. **CMM**

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

CONNECTING ALL AGES

ACROSS THE COMMONWEALTH!

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COMPLAINTS ABOUT SOCIAL CARE SERVICES

We all want them, don't we?

There's a lot that we can learn from complaints and the feedback our customers give, however difficult it might be to take. Claire Hayward sets out why you should encourage complaints to improve your service and the lives of your clients.

'We want complaints – that's how our services improve and develop.'

'We listen to our customers – their views matter.'

We have all heard the above and we believe it, in theory, but how many of us live by those words when it comes to our own services?

In 2005, Ann Keen MP, the then Parliamentary Under Secretary of State for Health Service, stated in the document *Making Experiences Count – A new approach to responding to complaints*, 'I want it to be easier and more beneficial for organisations receiving complaints to respond properly and ensure that people's experiences help to improve services. I fully appreciate that the shift to this new >

> approach may be challenging for some organisations.'

However, a recent report from the Competitions and Markets Authority found that complaints and redress systems still don't work well with residents finding it very challenging to make complaints.

Why is that, and how can we improve?

RECEIVING COMPLAINTS

We know we're not perfect – who is perfect? What is perfection? In social care, perfection can lead to complacency which can lead to failure. This means that we need to encourage complaints and respond to them effectively.

We all know that there are some individuals who complain to the point of making the process meaningless, even the smallest concern has the same energy and force as the most catastrophic failure.

However, there are others who would rather smile and suffer than cause offence.

Whatever their reasons, they need to be listened to, encouraged to complain if they don't feel able to and, most of all, their complaints must be taken seriously.

COMMON BARRIERS TO COMPLAINING

How an organisation responds to complaints can be a barrier to people complaining.

Some organisations listen to complaints and ignore compliments, others are the opposite. We are all different but we need to actively encourage feedback and complaints; listen, with the same level of energy and curiosity, to every piece of feedback we receive; and make a considered decision as to the action or inaction as a result.

Here are some common barriers to complaining and how they could be addressed.

A family carer won't complain about the care provider in case the quality of care declines as a consequence.

This is common and the issue is not about a good, accessible complaints procedure, but the anticipated reaction to the complaint. People need to feel that their complaint will be met by someone who:

1. Asks about the concern with a genuine desire to find out what was happening and shows empathy regarding either the strength of feeling or the difficulty they may have overcome to speak up.
2. Has not pre-judged what happened or why.
3. Does not misread any anger, frustration, anxiety, fear or other emotion or question their intent.
4. Thinks the complainant's view matters.
5. Values the complainant as either a customer or someone who cares deeply for another customer.

"There is no perfect way to handle feedback and complaints. However, if you don't feel that you're getting it quite right, consider changing your approach to complaints, listen to what others are doing and use feedback to improve your processes."

A staff member did not think it mattered what the family member said as it was the client who was important.

I have met family members who have not lived with their relative for over 30 years, sometimes more; people who do not see their relative from year to year; parents who want their adult child to remain a child and not have jobs, sexual partners or take risks. However, whatever the situation, I have never seen a relative whose views should be ignored.

A staff member ignores complaints unless they are specifically told it is a complaint.

Often, I hear that a client or a family member has communicated that they were not happy about an aspect of care or support. After doing this, they are then asked if they want to make a complaint.

Why ask this question? Surely, they have just complained. Who said the complaint must be given in a certain way or that key words must be used for it to be deemed a complaint? Their comments need to be listened to, considered and acted upon where necessary.

The complaint is irrelevant if we can prove it didn't happen as they said.

Organisations can be so scared of complaints that they often try to show that they were not at fault (perhaps so they cannot be sued). This pervades their culture and becomes a barrier to listening.

This has happened to such a degree that the sector now has a duty of candour. It seems sad that we have to legislate an apology when a mistake occurs.

Although defending a complaint may be required in certain circumstances, there should be no triumph in this – the person still used your service, their needs or expectations were not met and this should be recognised whatever the outcome.

My complaint isn't as important as someone else's.

When it comes to complaints, there is no group of people that are more important than anyone else. However, you can use stakeholder mapping tools to identify a group's interest or influence which will always be used consciously or unconsciously to prioritise action.

This means the quietest voice with what appears to be a minor concern, could have the greatest impact when investigated and actioned.

HANDLING COMPLAINTS

There is no perfect way to handle feedback and complaints. However, if you don't feel that you're getting it quite right, consider changing your approach to complaints, listen to what others are doing and use feedback to improve your processes.

Here are six steps that we've embraced with the aim of helping people feel more comfortable complaining and enabling us to improve our services and how we respond to feedback.

1. **Set a target to increase complaints**
   Yes, that's right. We set a target that all services should see an increase in complaints. This led to services being happy when they received a complaint from a customer, because they met their target and it gave us the opportunity to improve, and evidence that we are listening.

2. **Training for staff and service users**
   We ensure our staff have customer service training and understand the organisational philosophy regarding complaints. We want people to understand that by listening to and acting upon a complaint about the >

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"Encourage your staff to give feedback to each other and to other organisations."

> quality of the food or cleaning products, both parties can be given the confidence to discuss more contentious issues.

Our aim is to be an organisation where there is no fear when complaining about staff and no difference in the response they get whether they are complaining or complementing the service, to the point where the barriers to reporting abuse are reduced to nothing.

3. Training for families

We run sessions with family members to let them know that complaints are vital for continual improvement. We listen to their barriers and show we are listening by putting in place strategies to support them.

4. Development of the 'Happy App'

We developed a web-based feedback tool that asks if people are happy or unhappy and the area that has made them feel that way. We ensure a tablet with the 'Happy App' is available within all building-based services.

It is not sophisticated; it does not need to be. It gives us feedback on what we are doing and the impact of any changes we make.

Services also have targets to improve the number of times the 'Happy App' is used.

5. Complain (and give praise and as much feedback as you can)

It is really easy to tell others what to do and how they should behave. I can give anyone advice about anything, but it's not always as easy to follow your own advice.

I realised that I had not complained significantly, or in fact given any feedback with constructive comments for some time. Therefore, my expectations of the people I support were higher than I had for myself.

From this, I made a conscious decision to give feedback and think about what I felt, why I felt it and what it was that made that experience good or bad.

I started with online feedback, then giving positive feedback in shops and cafés. Occasionally, I would add in something like 'I personally found the sauce a little too spicy, but the fish was cooked to perfection and I really enjoyed it'.

It was hard at first, but this enabled me to have a greater empathy for the person who is making a complaint and their intent.

Our advice is to encourage your staff to give feedback to each other and to other organisations on services and products they receive; this can then be replicated throughout the organisation and encouraged from the people you support.

6. Be proud of all feedback

Value people and tell them how they helped you to learn. Without their bravery, you could not have provided person-centred support; realised that what you had done with the best of intentions, was not what they wanted; or gained more understanding as to how they see the world around them.

As hard as they are to hear, complaints are essential to service improvement. Encourage them, explain why you want more complaints and other feedback. Let's start a quiet revolution to value complaints and every other type of feedback. **CMM**

Claire Hayward is the Chief Executive of Freeways. Email: **clairehayward@freeways.org.uk** Twitter: **@FreewaysCEO**

Do you welcome complaints? Share your processes on the CMM website. **www.caremanagementmatters.co.uk** Subscription required.

RISING **STARS**

Beccy Incledon is House Manager at Harrison House, which is run by Parkhaven Trust. Based in Liverpool, the home supports 24 older people.

CAREER HISTORY

My first job at the age of 14 was working in a kitchen. At 18, that led me to work in a bar in the port of Banus in Marbella, a very different career from now. Though I loved to party in the sun and be paid for it, making people smile and being proud of the care we provide on a daily basis is far more satisfying.

I started my career at Parkhaven Trust in 2003 as a care assistant at the James Page nursing home. Within two years, I had completed my NVQ Levels 2 and 3 in Health and Social Care and was promoted to care supervisor at Harrison House, the service I now manage.

I subsequently left Harrison House to become deputy manager at the Trust's day care and respite unit. While I was there, I completed my NVQ Level 5 in Management and Leadership.

Since then, I have held posts in most of the services run by the Trust; this has really helped with my professional and personal development. One of the most important things I have developed is the skillset required to meet the daily challenges we face in social care.

The support I have received from various colleagues along the way has had a massive impact on me and my career. It is impossible to aspire without inspiration. I feel that I have come a long way since my first job at 14 working in a kitchen.

YOUR ORGANISATION

Harrison House is a residential service for 24 older people. We provide various levels of support in a friendly and homely environment. We also provide transitional and respite care to assist families, the NHS and the local authority.

Parkhaven Trust is a registered charity based in Maghull, North Liverpool. We provide a wide range of services to support people with dementia, older people and people with learning disabilities. Services range from care at home to end of life care.

We have a range of self-funded and local authority-funded service users and everyone is charged the same rate regardless of funding source.

CURRENT ROLE

I have been in my current role for 12 months. I wanted to become a registered manager as I love caring for people. It's a great way to achieve so many things, too many to put into words. Importantly, improving the lives of the people I care for and the team that I lead gives me the biggest buzz.

I had a fair idea of what was involved in the role of registered manager because I had deputised for a number of years. However, when I become one, what struck me most was the level of responsibility you have as a registered

manager. You are effectively on duty 24/7. However, over time this has become easier to manage with support and the benefit of experience.

The best part of the job for me has to be the people I come into contact with; the people that live and work at the Trust and others that I meet along the way. I love to lead and manage a team, I particularly enjoy empowering everyone as this usually results in happy faces and laughter amongst staff and service users.

That said, the most difficult thing I have faced is adapting to the increasing needs of service users. Funding is tight and people are living at home longer meaning they have much higher needs when they come to us, but there isn't as much money to meet those needs. However, with our great team we are overcoming these challenges.

RISING STARS

I wanted to become a Rising Star to build up my support network, knowledge and skills. In this career, we never stop learning, so to have access to a wide network is something not to be missed.

I was nominated by Kim Crowe, who is the Chief Executive of Parkhaven Trust and also my line manager.

When I found out I was accepted onto the programme,

I felt a whole host of emotions. I was overwhelmed, I felt lucky, curious and excited to be chosen to participate in something so unique.

As part of the Rising Stars initiative, I would like to learn new things and build on my existing skills and knowledge. I believe this will help me become an even more effective leader. I am hoping to be able to take what I learn and apply it within my service and across the wider Parkhaven Trust. This will help us to continue to enhance the lives of service users and staff.

I am looking forward to, and have enjoyed, meeting new people through the programme, as well as gaining new skills and anything else that comes my way.

THE FUTURE

Looking to the future, I would like to continue to develop my skills and to take on further challenges as they arise. We are planning to move to a new building in 2019 and this will be a huge challenge to ensure that everything runs smoothly throughout the process. I hope that the Rising Stars programme will enhance my skills to enable me to ensure the move is successful.

ADDITIONAL INFORMATION

I always believe the basis of a true health and social care leader is your roots as a care worker. Don't lose sight of this as it gives you the foundation and insight from both a service user and staff perspective. Bearing this in mind, I have found that there are no unrealistic expectations for our services users.

I have always been taught to be innovative, but to know my own limitations and never be afraid to ask for help. This has served me well.

Without the support from senior managers, I don't think I would be where I am right now. Throughout my career, senior managers have given me a chance and taken time to guide me. I would like to think that I have the ability to do the same for my team members. I know there are not enough hours in the day, but by taking time to help someone develop personally and professionally you can make a real difference not only to them but to the lives of the people they support. **CMM**

Beccy 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**

FIRE SAFETY IN CARE HOMES

Jonathan Cunningham MBE discusses why now is a good time to consider fire safety in care homes and what you need to do to safeguard the lives of your clients.

The harrowing scenes of the Grenfell Tower fire have brought fire safety to the front of everyone's mind. As such, if you haven't reviewed your fire risk assessments recently, take some time to do this now and consider any improvements or updates you might need to ensure the safety of your residents and staff.

UNDERSTANDING THE DANGERS OF FIRE

In 2006, the old system of fire certification was replaced by a new approach to fire risk management. The Regulatory Reform (Fire Safety) Order 2005 placed the responsibility of fire assessment firmly at the feet of commercial owners. Where previously the fire service undertook the assessment, this was replaced by self-assessment which the fire service would now enforce.

Yet 11 years on, are you fully aware of your responsibility to survey, assess, mitigate, monitor and review fire risks? >

> Although rare, fires can be devastating. Fire spreads at an alarming speed and will consume everything. However, people seldom associate the hearing of an alarm with potential life-threatening danger and can be slow to react. Yet the speed of detection and subsequent reaction will directly influence how many lives can be saved. Added to this is the danger associated with smoke inhalation; toxic fumes produced by fire can kill within seconds.

CONSIDERATIONS FOR A FIRE RISK ASSESSMENT

As a rule, people don't MOT their own car because cars are complex machines that need competent individuals to check they are safe. This means having the skills, knowledge, ability, training and appropriate experience.

Translate this to fire risk assessments and consider the complexities involved with undertaking such an assessment. Care homes aren't standard work premises, they are homes to many vulnerable people and need clear, accurate and comprehensive fire risk assessments. A print out from the internet or a copy of your fire zones won't suffice.

To undertake a fire risk assessment, you need to understand how fire behaves, but also how buildings are constructed, active and passive fire systems, how people react and how to systematically evacuate vulnerable people.

"The fire service doesn't want you fighting fires...it's better to 'get out, get your residents out and stay out'."

You also need to consider that, many of the people you need to evacuate will be frail, need assistance with evacuation, need medical equipment to be evacuated with them and may also require support to understand the urgency. Added to this, if a fire happens at night, you may have a skeleton staff on-site to undertake an evacuation.

Although you may think you can use fire extinguishers to buy yourself time in an evacuation situation, they are only designed for small fires and to aid escape, they won't be able to deal with a large blaze.

Also, the fire service doesn't want you fighting fires; they say it's better to 'get out, get your residents out and stay out'.

The greatest means of defeating a fire is to keep it trapped. That is why fitted FD30 fire doors with intumescent smoke seals are the best defence. However, it's imperative that these are closed and unobstructed. Also, rooms need to be sealable in order to contain the fire, this means they need to be without holes in the walls for piping or IT trunking.

The Government website, gov.uk has a useful list of points to consider when undertaking a fire risk assessment. Just search 'fire safety in the workplace'. However, I would advise that you get professional guidance to ensure the safety of your residents and staff in the event of fire.

CARE HOME FIRE SAFETY TOP TIPS

If you are responsible for your fire risk assessment and undertaking a review of it, here are some important points to consider.

1. **Obtain a suitable fire risk assessment from a competent person who has appropriate experience.** A fire risk assessment comprises a detailed and comprehensive premises survey, documentation audit, review of staff training and evacuation procedures.
2. **Action the findings on your fire risk assessment.** It may sound obvious, but there's little point having a fire risk assessment if you don't action it.
3. **Identify the high-risk zones where fires can typically start and identify other common causes of fire.** High risk zones, include the laundry room (de-fluff dryers every day and record it); the kitchen, especially the extractor vent (get it deep cleaned once or twice a year); and the smoking shelter (empty the cigarette bin weekly); also, PAT test residents' electrical items.
4. **Check your fire doors.** Are they a certified FD30 fire door? Do they have overhead door closures fitted? Are intumescent smoke and heat seals in place and in good condition? Do they 'back latch' so they stay shut? Are the frame and door well-fitting? Also get rid of all door stops. If you need the door open, fit a Dorgard or Maglock system.
5. **Ensure that there is good housekeeping in all zones, but especially in basements and stores.** Make sure you keep skips away from buildings. Store your COSHH items appropriately. Have a clear plan for those residents who use oxygen and ensure that no petroleum based products are to be used on them or anyone who might smoke.
6. **Manage your contractors and ensure they are fire risk aware.** This especially includes anyone who may conduct hot works or puts holes in your rooms for communications, trunking or general maintenance. Ask them to seal any holes to ensure fires can be contained.
7. **Get to know your local fire service.** Liaise with them and discuss your premises' fire management plan.
8. **Train your staff.** Do they know how to locate and operate the fire panel? Do they understand about horizontal and vertical zoned evacuation? Consider external training if you don't feel you have the expertise.
9. **Establish a list of fire checks and audits that should be completed daily, weekly, monthly and quarterly.** Ensure that these checks and audits are recorded in an appropriate format and accessible to those who need to see them.
10. **Finally, ensure your care home is secure.** Do not become a target for arson or those intent on crime. Fit adequate external lighting and signage and make sure you have good perimeter security to prevent unauthorised access.

Managers, owners, directors and trustees must ensure that their fire management is suitable and fit-for-purpose. The starting point is to ensure an effective fire risk assessment is in place, one that has identified the fire vulnerabilities of the premises and management systems. **CMM**

Jonathan Cunningham MBE is the Managing Director of STORM Consultancy and Owner of Rosebank Care Home.
Email: **jonathan@stormconsultancyuk.com** Twitter: **@JCGlobalSpeaker**

CMM subscribers can access the Government's *Fire Safety Risk Assessment: Residential Care Premises* guidance at **www.caremanagementmatters.co.uk**

CMM INSIGHT

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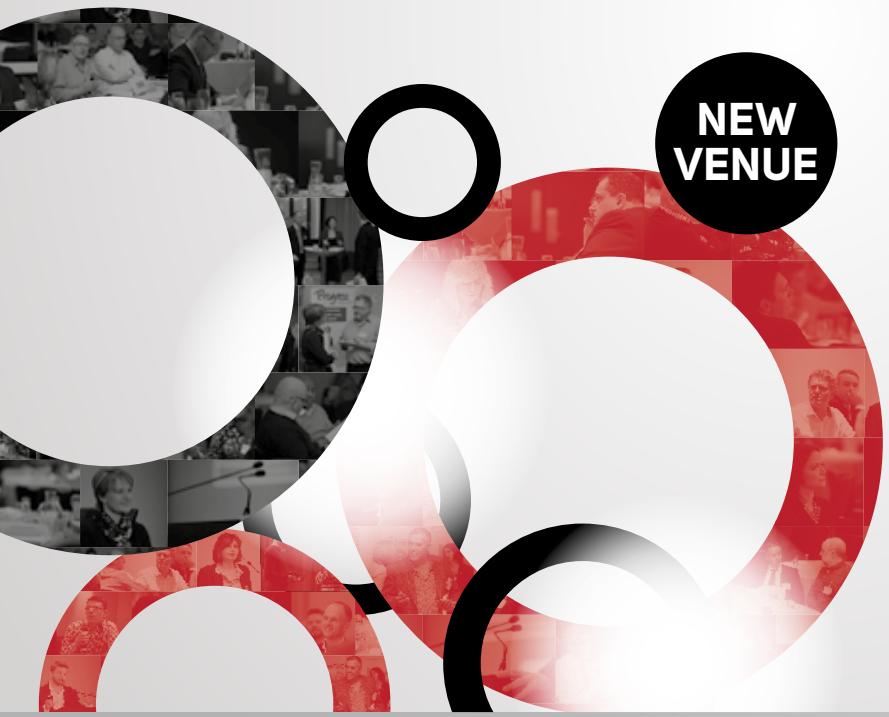

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THE IMPACT OF BREXIT ON SOCIAL CARE:

WORKFORCE, RECRUITMENT AND RETENTION

What impact will the decision to leave the European Union have on the sector's ability to recruit and retain staff? CMM is holding a roundtable with NHG and some of the sector's leading names to discuss this issue.

Since the decision to leave the European Union was made in June 2016, the sector has been very vocal about the impact that the uncertainty around the rights of EU citizens and their families in the UK could have on the social care workforce. CMM's roundtable with NHG will try to address the issues and look for actionable solutions to avoid exacerbating existing recruitment and retention problems.

BREXIT AND THE WORKFORCE

According to Skills for Care's 2016 *The State of the Adult Social Care Sector and Workforce in England* report, around 7% of the adult social care workforce are EU nationals. This equates to 90,000 people. This figure had been increasing from 2012/13. However, following the EU Referendum in June 2016, the proportion of jobs filled by an EU national has not changed. With the NMDS-SC showing that vacancy rates in adult social care currently sit at 5.9%, this could almost double if the sector loses its EU workforce.

Concerns over the future of EU nationals will have a varied impact across England. Skills for Care reports that London has the highest numbers of non-British workers (13% EU) and the North East has the lowest.

Since the Brexit talks have begun, the Government has made some announcements about the future of EU nationals currently living in the UK. Based on reciprocal treatment for UK citizens living in EU member states, the UK has said that:

- While the UK remains a member of the EU, EU citizens resident here will continue to enjoy the rights they have under EU Treaties.
- After leaving the EU, the Government will create new rights in UK law for qualifying EU citizens resident here before exiting the EU.
- Qualifying EU citizens will have to apply for residence status.
- Qualifying individuals will be granted settled status in UK law.

However, with ongoing Brexit talks and no parties being completely sure of the type of Brexit that will happen, 'Hard Brexit', 'Soft Brexit' or 'No Brexit', the uncertainty is having an effect on the recruitment and retention of staff.

ROUNDTABLE PANEL

To discuss the issues and try to find solutions for providers to implement during and post-Brexit, CMM and NHG's roundtable will feature key thinkers and decision-makers in the sector.

Chaired by CMM Editor, Emma Morriss, the panel includes:

- Professor Martin Green, Chief Executive of Care England.
- Vic Rayner, Executive Director of the National Care Forum.
- Rhidian Hughes, Chief Executive of VODG (Voluntary Organisations Disability Group).
- Neil Eastwood, Founder of Sticky People and Author of *Saving Social Care.*
- Sharon Allen, Chief Executive of Skills for Care and National Skills Academy for Social Care, also representing CommonAge, the Commonwealth Association for the Ageing.
- Graeme Lee, Chief Executive of Springfield Healthcare.
- John Andrews, Chief Executive, NHG Group.
- Gaius Owen, Global Projects Sales Director, NHG.

The panel will discuss the current workforce issues facing employers due to Brexit and bring to the table new and existing ideas for the sector to take forward.

Following the event, CMM will produce a feature covering the main points discussed and NHG will be putting together a White Paper of actions that providers can take to address their recruitment and retention issues during and following Brexit.

NHG is the leading healthcare supply provider to care homes and the social care industry. www.nh-group.co.uk **CMM**

Professor Martin Green

Vic Rayner

Rhidian Hughes

Neil Eastwood

Sharon Allen

Graeme Lee

John Andrews

Gaius Owen

"Staff recruitment and retention in the care home sector has been a challenge that providers have had to manage for some considerable time. With the uncertainty around the outcomes of Brexit, however, this has come to the fore even more so. The care homes of the future will require greater stability and staff are pivotal to this."

John Andrews, Chief Executive, NHG

CARE SHOW 2017

10th/11th October, Birmingham

Care sector unites to share exemplary integrated care at Care Show 2017.

At Care Show next month (10th to 11th October 2017 at the NEC Birmingham), the sector will unite to support care professionals on their journey towards integration and continued exemplary patient and resident care.

INTEGRATED CARE

To do this, the show has partnered for the first time with NHS England, to bring visitors the brand new Integrated Care Zone. 'Our shared commitment will provide the best possible platform for clinical commissioning groups, NHS professionals and social care providers to learn about how to better work together and give you what you need to expand your services, improve your care delivery and reduce costs,' explained Rebecca Pearce, Care Show's Brand Director.

IMMERSIVE EXPERIENCES

Two brand new immersive experiences will also debut this year, providing visitors a chance to experience daily life for those who have autism or dementia. The Autism Reality Experience is interactive and a must for anyone who is involved in supporting people on the autism spectrum. For those working with people who live with dementia, the Virtual Dementia Tour is a must-see.

SPECIALIST THEATRES

The new Dementia in Care theatre will be chaired by Professor June Andrews OBE and includes an informative line-up of topics and speakers. For those running care homes, Graham Stokes, Global Director of Dementia at BUPA will cover the new role and expectations placed on care homes, whilst Ricky Pollock of HammondCare will cover DesignSmart, an innovative audit process for building products, elements and components, including aspects of interior design and furnishings.

Over in the Care in Construction theatre, specialists from Sunrise Senior Living and Gracewell Healthcare, Keepmoat Generation and Jones Lang LaSalle will discuss the question, 'Housing for older people vs care – Where does the biggest opportunity lie?'

EXHIBITION

Thousands of new products and services will go on display this year, providing an immersive experience for visitors to touch, play and learn about some of the latest innovations on the market. Visitors can meet with over 250 suppliers, including headline sponsor NH Group which will be showcasing its enhanced service offering. Top brands to visit include QCS, Person Centred Software, ACC TV, everyLIFE Technologies, Webroster, apetito and danfloor UK.

ATTENDING

To attend Care Show 2017 and access the latest Integrated Care Zone updates, please visit www.careshow.co.uk. Keep up-to-date on the latest sector and event updates by following Care Show on Twitter (@CareShow) and joining the discussion using the official event hashtag, #CareShow. You can also connect on Facebook (facebook.com/careshows) and LinkedIn in the 'Care Show Discussion Space'.

WHAT'S ON?

CMM Media Partner

Event:	Care and Dementia Show 2017
Date/Location:	10th-11th October, Birmingham
Contact:	Care and Dementia Show, Web: www.caredementiashow.com
Event:	National Children and Adult Services Conference 2017
Date/Location:	11th-13th October, Bournemouth
Contact:	Local Government Association, Association of Directors of Social Services and Association of Directors of Children's Services, Email: events@local.gov.uk
Event:	Shaping Tomorrow: Care England 2017 Conference and Exhibition
Date/Location:	16th November, London
Contact:	Care England, Tel: 0207 492 4846
Event:	Raising the Bar, National PMLD Conference
Date/Location:	24th November, Manchester
Contact:	Thomas Doukas, Ann Fergusson, Michael Fullerton, Joanna Grace, Web: www.eventbrite.co.uk/e/raising-the-bar-national-pmld-conference-tickets-36436212693
Event:	The Future of Ageing 2017: Transforming Tomorrow Today
Date/Location:	29th November, London
Contact:	ILC-UK, Tel: 0207 340 0440
Event:	The King's Fund Annual Conference 2017
Date/Location:	29th-30th November, London
Contact:	The King's Fund, Tel: 0207 307 2409

CMM EVENTS

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.

ROGER HARCOURT · PARTNER · **SHAKESPEARE MARTINEAU**

STRAIGHT **TALK**

Roger Harcourt explains why the last-time mover market needs more focus from policy-makers.

The rising number of people living with disability, mainly due to an ageing population, has emphasised the need for more prevention interventions and not just in the health and social care arenas.

In particular, policy-makers should be considering the needs of the last-time mover market much more seriously.

A recent report published by the Lancet has forecast that longer life expectancies will place greater demand on care services in the coming decade.

The research, conducted by the University of Newcastle, predicts that there will be an additional 353,000 older people with complex needs by 2025; causing demand for care home places to increase significantly.

It also reveals that the number of adults over the age of 65 living with substantial care needs has doubled between 1991 and 2011.

Growing age-related disability, which will inevitably accompany an ageing population, represents a major challenge for society.

As well as doing more to boost health and social care provision, there is an urgent need for greater focus on the issue of suitable housing for the elderly and a wider approach to policy development.

Much has been done in recent years to boost the housing market by creating incentives for first-time movers; making it easier for younger people to access the finance needed to get a foot on the property ladder.

Whilst these changes have been well-received, there has been a worrying lack of focus on the needs of those at the other end of the market, the last-time mover market.

This is where specialist accommodation is urgently needed for those living with a disability or with other specialist care requirements.

As things stand, many homes are simply not suitable for older people as their needs change and adapting them may not be affordable.

Add to this the rapidly-growing number of people renting in retirement and the fact that private sector landlords may be reluctant to adapt their properties to meet the needs of a disabled tenant, and the scale of the challenge that lies ahead becomes evident.

If older people reach a point where they need to move to more suitable accommodation, they are currently faced with a serious lack of supply spanning the not-for-profit and for-profit sectors.

Of course, many older people want to stay in their own homes (whether rented or privately-owned) for as long as they can, which is completely understandable.

However, if their condition worsens and it becomes necessary to move, they need to have options available to them. By doing more to boost the provision of attractive retirement housing or extra care schemes, it may even be possible to encourage older people in under-occupied houses to move at a slightly earlier stage, whilst they are still relatively fit and healthy.

This could help to alleviate the housing crisis by freeing up property for the benefit of others.

Despite an acute shortage of supply, planning is often a major obstacle. Disagreements over the precise details of a scheme and its intended users often impact a development's viability, or at the least can cause significant delays.

It would seem sensible to agree a definition for age-specific housing and allocate a new planning use class to it, with clear guidance on the planning implications.

Not only will this reduce ambiguity around intended usage of properties, it should eliminate the need for lengthy discussions at the planning stage.

Additionally, providing local authorities with delivery targets for age-specific housing, rather than just the current need to plan for it, will provide the last-time mover market with more suitable options.

After all, as the saying goes, 'what gets measured gets done'.

In order to respond to the challenge of creating more properties for older people, developers and operators will need structured incentives from a Government that is willing to take a fresh look at ways to solve the housing crisis, whilst putting the needs of the last-mover market much higher up the list of priorities. **CMM**

Roger Harcourt is a Partner and healthcare sector specialist at Shakespeare Martineau. Email: **Roger.Harcourt@shma.co.uk** Twitter: **@Shake_Lawyer**

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