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IN THIS ISSUE

From the Editor 05

Inside CQC 07

In the first of our new CQC series, Andrea Sutcliffe CBE shares important changes that are being implemented.

CMM News 09

Business Clinic 30

Autism Together is developing a 'world-first' autism assessment and diagnostic centre which will use biometric technology.

A View from the Top 33

This month's interviewee is Penny Fell, Managing Director of Surrey Choices.

Rising Stars 34

Our Rising Star is Michelle Bladen, Manager of Prince Edward Duke of Kent Court in Essex.

Event Preview 48

June's CMM Insight: Learning Disability and Mental Health Services conference is previewed.

What's On? 49

Straight Talk 50

Kerry Dearden discusses the funding challenges facing the sector.

REGULARS



FEATURES

20 Three steps forward, one step back: how to navigate the current health and social care landscape

Debbie Sorkin delves into integration best practice.

25 Tackling health inequalities: the role of providers

Rhidian Hughes discusses the part providers must play in ensuring disabled people receive good healthcare.

36 HMRC's Social Care Compliance Scheme for sleep-ins: plastering over the cracks or setting new foundations?

Lloyd Clarke summarises the HMRC Social Care Compliance Scheme and whether providers should opt-in or wait.

41 Supporting older people with hearing loss in care homes

Sarah Treadwell-Baker details a project to help staff support older people with hearing loss in care homes.

45 Do you offer Gr8 support? The Gr8 Support Movement

Sally Warren, Jo Giles and Jo Clare share details of the Gr8 Support Movement and how it can raise the status and value of support workers.

CMM

CAREMANAGEMENTMATTERS

EDITORIAL

editor@caremanagementmatters.co.uk

Editor in Chief: Robert Chamberlain

Editor: Emma Morriss

Content Editor: Emma Cooper

PRODUCTION

Lead Designer: Holly Cornell

Director of Creative Operations: Lisa Werthmann

Studio Manager: Jamie Harvey

ADVERTISING

sales@caremanagementmatters.co.uk

01223 207770

Advertising Manager: Daniel Carpenter

daniel.carpenter@carechoices.co.uk

Director of Sales: David Werthmann

david.werthmann@carechoices.co.uk

Senior Sales Executive: Aaron Barber

aaron.barber@carechoices.co.uk

SUBSCRIPTIONS

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info@caremanagementmatters.co.uk

01223 207770

www.caremanagementmatters.co.uk

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CONTRIBUTORS



@CrouchEndTiger7

Andrea Sutcliffe
CBE

Chief Inspector of
Adult Social Care,
CQC



@DebbieSorkin2

Debbie Sorkin

National Director
of Systems
Leadership,
Leadership Centre



@RhidianHughes

Rhidian Hughes

Chief Executive,
VODG



@BourletGaryLDE

Gary Bourlet

Co-Founder,
Learning Disability
England



@Choice_Support

Dave Jackson

Group Director of
Operations, Choice
Support



@AutisticaUK

Dr James Cusack

Director of
Science, Autistica



@SurreyChoices

Penny Fell

Managing Director,
Surrey Choices



@TheRMBI

Michelle Bladen

Manager, Prince
Edward Duke of
Kent Court



@Attwells

Lloyd Clarke

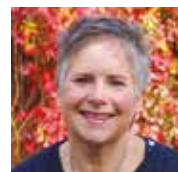
Associate Solicitor,
Attwells Solicitors
LLP



@ActionOnHearing

**Sarah Treadwell-
Baker**

Development
Projects Manager,
Action on Hearing
Loss



@SallyAWarren

Sally Warren

Managing Director,
Paradigm



Jo Giles

Freelance
Associate,
Paradigm



Jo Clare

Chief Executive,
Three Cs



@DeardenKerry

Kerry Dearden

Commercial
Director, The
Orders of St John
Care Trust

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From the Editor

Editor, Emma Morriss introduces a new CQC column series and urges providers to sign-up to guarantee they receive the magazine.



Welcome to the April issue of CMM. This month's magazine is packed with useful articles covering important topics from integration to health inequalities, sleep-ins to hearing loss and from autism innovation to great support workers.

CQC COLUMN

I am delighted to also welcome Andrea Sutcliffe CBE, Chief Inspector of Adult Social Care at the Care Quality Commission (CQC) to Care Management Matters.

Andrea has written the first of our *Inside CQC* features and this starts a series of columns from leading individuals at the inspectorate.

We're incredibly proud that Andrea has chosen CMM to engage directly with the sector. I'd encourage you to read her column, share your thoughts and suggest subjects you'd like her to discuss in the future.

We will also have columns from other CQC representatives in the coming months, including Andrea's deputy chief inspectors.

Keep an eye out for those as they will be a fantastic way to hear about everything CQC is doing, straight from those leading the work.

DON'T MISS OUT

Before you turn the page and head onto Andrea's column, we have an important request for you.

To ensure you continue to receive CMM, we are urging all readers to sign-up to our website.

It's quick and painless, and becoming a CMM member is also completely FREE for care providers.

However, with changes to data protection through GDPR, there's a risk you may not be able to receive every issue of CMM in the future.

We don't want to take that risk, so please sign up at www.caremanagementmatters.co.uk.

BENEFITS

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- Advanced notice of CMM Insight events and member discounts.
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to keep up-to-date on industry best practice, new developments, innovation and more – without the risk of missing an issue of the magazine.

KEEP IN TOUCH

Don't forget, you can keep in touch with us in several ways: via our website comments section, our Twitter account, our LinkedIn page or by emailing me.

Let us know what you'd like to see featured in future editions of CMM, what issues you're facing or any innovation you're working on. CMM is here to help move your business forward.

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Offering meaningful work experience: a guide for social care organisations

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I am delighted to write for readers of Care Management Matters and want to take the opportunity to bring you up-to-date with what's happening at CQC to improve what we do for the public, providers and our staff.

As I am sure you know, we launched the next phase of our inspection approach last November. This wasn't the fundamental change that happened in 2014, it was more evolution than revolution. Listening to feedback and working through co-production, we simplified our assessment frameworks and made sure that what we are doing in adult social care works well alongside the regulation of health services. You can find out a lot more on the 'Guidance for Providers' pages of our website.

Over the last four years, we have really concentrated on improving our inspections, introducing ratings and implementing the new enforcement powers we were given in 2015. We are now turning our attention to another crucial area of our work – the registration of providers and managers (which includes new registrations, variations and cancellations).

We know that some of our registration processes can be cumbersome and frustrating for providers – our team managing the process feel like that too sometimes. We also know that the way we register means that the public cannot always find the information they want – who really runs the service, what is the previous regulated history of a service that has changed hands?

We are setting about making some important changes which we signalled in our 2016-2021 Strategy. These include:

- Developing an online digital registration service to improve providers' and managers' experience of applying for registration and ensure registration inspectors are getting the right information to do their jobs.
- Making sure that how we register providers allows us to hold the right people to account – while continuing to inspect and rate individual services.

What will these changes mean in practice? You've told us that it can be hard to know if you're submitting the right information in an application, so the new service will make it clear what information you need to provide and ask questions in a logical order. We'll also make it possible to save the application and come back to it – so you won't need to start again if you don't have the information you need to hand

and won't need to complete the application all at once. The digital service will also make clear what's expected from a service applying to be registered, to help people understand this before they submit their application.

Our work to ensure we're registering at the level where responsibility for care quality lies won't change our inspections of individual services – we know that our ratings help people making decisions about care for themselves or

“Getting these changes right is important for us all, so we'll be involving providers at every step.”

their loved ones. What it will do is make sure it's clear who is responsible for the quality of care in the service, both for the public and for CQC, if we need to take action when a service isn't providing good care. It will also make it easier to find out what the history of a service is. This can be very hard to do right now, which means

Inside CQC

ANDREA SUTCLIFFE CBE

In the first of our new Care Quality Commission columns, Chief Inspector of Adult Social Care Andrea Sutcliffe CBE shares important changes that are being implemented.



people can't always find the information they need, and services can 'lose' Good ratings when there's a simple registration change.

Getting these changes right is important for us all, so we'll be involving providers at every step. We asked for volunteers to be involved in user research for the digital registration service and have been overwhelmed by expressions of interest. These volunteers will test the service and help us understand what it's like to use from the perspective of different providers and when completing different types of application, so we can make sure it does the job we need it to do. Working together in this way will help us make sure this service makes a real improvement to registration, so I'd like to say a big thank you to those who volunteered.

These are long-term changes that we will be working on up to 2021. As this work develops and rolls out, we will keep you updated via our monthly newsletters. If you aren't already signed up you can do this by going to the 'News' page of our website.

I'm pleased to say that I'll be back writing to you in the June issue, so please get in touch with any suggestions for topics you would like me to talk about in future.

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NEWS

Financial crisis facing local authorities

The financial health of local authorities across England is getting worse, according to the National Audit Office.

Its new report highlights that despite greater freedoms to increase council tax bills and one-off short-term funds from Government, local authorities are struggling to juggle higher demands and cost pressures against significant government funding cuts of nearly 50% since 2010-11.

Many local authorities are relying on using their savings to fund local services and are overspending, which is not financially sustainable. The report shows that if local authorities with social care responsibilities keep using their reserves at current rates,

one in ten could have exhausted them within three years.

Continued increases in demand for social care and tightening resources are pushing local government towards a narrow remit centred on social care. Despite growing demand, spending on social care still fell by 3% from 2010-11 to 2016-17. This compares with a 32.6% reduction in spending on all other service areas, including: reductions of 52.8% on planning and development; 45.6% on housing services; 37.1% on highways and transport; and 34.9% on cultural and related services.

There is further evidence that spending reductions are impacting frontline services. Since 2010-11, 33.7% fewer households have their

waste collected at least weekly, the number of bus miles subsidised by local authorities outside London has fallen by 48.4%, and the number of libraries has reduced by 10.3%.

The Government has given local government several short-term cash injections in recent years, but most of this funding has only been available for adult social care. Uncertainty remains over the long-term financial plan for the sector. The Government has confirmed its intention to implement the results of the *Fair Funding Review* in 2020-21 and to allow local authorities to retain 75% of business rates, but the implications of these changes for local authorities' finances are not yet clear.

Government responds to CMA care homes study

The Government has published its response to the Competition and Markets Authority's (CMA's) care homes market study.

The CMA spent a year studying care homes for older people. The in-depth examination explored what it was like to both provide this service and to use the service, as a resident or family member of someone living in such a home.

The Department of Health and Social Care has now published its response. It says that, 'The CMA identified two broad concerns about the care homes market. Firstly, that those requiring care need greater support in choosing a care home and greater protections when they are resident. Secondly,

that the current model of service provision cannot be sustained and that the sector is not positioned to attract investment to meet future needs.'

The recommendations have been grouped thematically:

1. Capacity: to ensure that planning is of sufficiently good quality to provide confidence that the capacity will be in place to meet future need.
2. Consumer protection: to improve compliance and ensure consumers are better protected when choosing a care home and when resident.
3. Consumer information: to improve the way in which people interact with care homes.

The Government has accepted or accepted in principle all the individual recommendations made by the CMA in each group. It has issued a response to each recommendation in the response document.

Vic Rayner, Executive Director of the National Care Forum commented, 'The Government response is strong on acceptance, but limited on action. We are once again told that the Green Paper will address all of the long-term concerns around market sustainability, but this will feel like cold comfort for providers who felt that the CMA report accurately reflected the fragility of the market right here, right now.'

APPOINTMENTS

NURSING AND MIDWIFERY COUNCIL

Philip Graf has been appointed Chair of the Nursing and Midwifery Council.

BRUNELCARE

Nick Hooper is to become a new Trustee on the Board of Brunelcare.

NEW CARE

New Care has appointed Hayley Bebbington as Registered Manager for its soon-to-open care home, Grosvenor Manor in Chester.

LIFECARE RESIDENCES

LifeCare Residences appoints David Knight as new General Manager at Grove Place.

CARTERWOOD

Simon Greenstreet is to join Carterwood as a consultant. Carterwood has also promoted six members of the team. Luke Sefton and Victoria Millard have been promoted to Principal Analyst, Aishling Barrett to Senior Analyst, Jessica Stainthorpe to Analyst, Dawn Lawrence to Senior Consultancy Co-ordinator, and Sadie Havens has been promoted to Senior Sales Administrator.

INSPIRED VILLAGES GROUP

Shaun Whelan and Bernadette Koltai have joined Inspired Villages Group's management team as Commercial Director and Head of Marketing respectively.

OSJCT

Pyela Mwale has been appointed general manager of the new Orders of St John Care Trust (OSJCT) home, The Grace Centre.

Financial pressures on learning disability providers

Research from Hft has found that more than three times as many providers are now operating at a loss compared to 2016-17 (34% up from 11%).

Of those not yet in deficit, 67% expect to run a deficit in the next two to five years.

Added to this, 89% of organisations said they believe that the current funding model is broken.

The *Sector Pulse Check* research, carried out by Cebr, is the first of its kind to focus primarily on learning disability providers.

It follows on from Hft and Cebr's first published report, *It Doesn't Add Up: The Financial Crisis Crippling the Social Care Sector*, in December 2016, which examined the impact of financial pressures on the viability of the adult social care sector.

It warned that without additional funding, as many as 30,000 jobs in the learning disability sector – 10% of the workforce – could be at risk in the next four years.

Moving forward, the *Sector Pulse Check* report, which is based on survey analysis from social

care providers, will be produced for policymakers and stakeholders as an annual snapshot of the perceived financial health of the social care sector over the past year, with the intention of influencing long-lasting change.

The report also found:

- In response to measures to deal with cost pressures, more than half the sector (54%) has already begun to curb investment.
- 82% of respondents to the survey did not think that the Government's proposed resolution to the sleep-in issue will bring financial stability to

the sector.

- Almost one in four (22%) stated that their organisation would have to close if they were required to pay the full amount owed for sleep-ins, and a further 22% said they would have to hand-back contracts to local authorities.
- Recruitment and retention of staff remains a challenge for the sector with 93% citing difficulties, and 79% stating that in the past 12 months they have needed to rely more on agency staff to cover frontline services than the previous year.

Care home contracts investigated by Which?

Care homes are failing to provide contracts and may be breaking the law by neglecting to tell residents and their families about important terms and conditions, a Which? investigation into care home contracts has found.

The consumer watchdog contacted 50 homes on the premise of looking for care for an elderly relative and requested documents including a sample contract – but fewer than one in 10 provided the information.

Which?'s investigators received four contracts – three of which included terms that could be considered unfair to residents, including charging fees for a

month after death and the right to terminate a contract with 24-hours' notice for undefined 'detrimental behaviour'.

The other 46 homes refused to send a sample contract, in many cases urging the investigators to visit or directing them to websites that did not provide the information.

When Which? received reports from more than 500 members of the public about their experiences with care home contracts, only 54% said the provider checked if they understood the document they signed.

More than a quarter (27%) said no-one from the care home

checked if they understood the terms and conditions, while 19% said they did not know if checks were made. Of those who said no checks were carried out, almost a third (31%) said they did not understand the contract at all, or did not understand it very well.

Although most people in Which?'s care arrangers survey (81%) claimed to understand their care home contract well – there was confusion around important terms. Four in 10 (38%) said they did not know if their care home could evict a resident without giving a reason and more than a third (34%) said they did not know whether the home could evict a

resident without giving the notice period stated in the contract.

Three in 10 (31%) did not know if the home could charge fees after a resident vacated a room, possibly because they had died. More than a third (34%) said they did not know whether the home could evict a resident without giving the notice period stated in the contract.

Any care home that fails to provide prospective residents and their families with important information they need to make an informed decision risks being in breach of the Consumer Protection from Unfair Trading Regulations.

Care England to intervene in sleep-in case

Care England has won the right to intervene in the Court of Appeal's sleep-in-shift case – with the hope of solving the impending £400m financial crisis for care providers.

Law firm, Anthony Collins Solicitors is acting for Care England, with the body given the opportunity to pursue new arguments not yet considered in the Royal Mencap Society vs Tomlinson-Blake Employment Appeal Tribunal (EAT) case to date.

Skills for Care Accolades winners

The winners of the Skills for Care Accolades, celebrating excellence in workforce development for the 1.45 million people who work in adult social care in England, have been announced.

The winners picked up their Accolades trophies at an award ceremony in London, fighting off fierce competition from other shortlisted finalists in each of the 10 categories.

The winners were:

- Best employer of under 50 staff – Ebury Court Care Home.
- Best employer of between 51 and 249 staff – Middleton Hall

Retirement Village.

- Best employer of over 250 staff – Augustinian Care.
- Best employer support for your registered manager(s) – Care Management Group.
- Best endorsed provider of learning and development – NAPA (National Activity Providers Association).
- Best individual who employs their own care and support staff – Christina Candey.
- Best recruitment initiative – Love2Care and Wellbeing Teams.
- Best social care apprentice employers – Anchor Trust.

- Most effective approach to integrated new models of care – Stockton Integrated Discharge Team.
- Most effective approach to leadership and management – Magdalen & Lasher Charity Old Hastings House.

The Skills for Care Accolades were hosted by *Strictly Come Dancing* star, Anton Du Beke and were sponsored by Connect 2 Care, Unique Training Solutions, Jewish Care, The Guardian, NICE, ConsultusCare, Mears Group, Aged Care Channel (ACC) and QCS.



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Delayed transfers of care figures January 2018

NHS Digital has published the delayed transfers of care (DTOC) figures for January 2018.

There were 152,300 total delayed days in January 2018, of which 99,800 were in acute care. This is a decrease from January 2017, where there were 197,500 total delayed days, of which 130,500 were in acute care.

The 152,300 total delayed days is equivalent to 4,913 daily DTOC beds. This compares to 4,688 in December 2017 and 6,371 in

January 2017.

59.9% of all delays in January 2018 were attributable to the NHS, 32.5% were attributable to social care and the remaining 7.6% were attributable to both NHS and social care.

The proportion of delays attributable to social care has decreased over the last year from 35.2% in January 2017.

The main reason for social care delays in January 2018 was 'Patients Awaiting Care Package in

their Own Home'. This accounted for 16,800 delayed days (34% of all social care delays), compared to 24,600 in January 2017.

The number of delays attributable to this reason had been increasing steadily since February 2015 and reached a peak in December 2016.

Delays attributable to this reason have been gradually decreasing since March 2017, although January 2018 is an increase on the previous month.

£10m for Welsh winter pressures

The Welsh Government's Health and Social Services Secretary, Vaughan Gething has announced an additional £10m is being made available to local authorities in Wales to enable social services to support people in their homes and communities. It is intended to help them tackle winter pressures.

Social care fit for the future

Social care providers must adopt new approaches if they are to survive the challenges of funding cuts and policy changes, according to a new publication from VODG.

Challenges Can Fuel Change outlines what providers believe are the future hopes for the sector as well as the barriers that block progress.

Based on the views of VODG

members, the paper argues that voluntary social care organisations must adapt to be sustainable and the sector could be stronger if disabled people were more involved in decision-making.

For example, providers could enable people who they support to articulate their own demands for social care to the Government, arguing for better funding and

support for high-quality care.

The paper includes other hopes and solutions, including:

- Social care providers could come to be regarded as an independent 'counterbalance' to the establishment.
- Organisations that adopt a co-operative model might shift the balance of power and collaborate better with people

they support.

- Technology offers huge potential to complement support services.
- Change is possible if commissioners encourage innovation and a less risk-averse approach.

Challenges Can Fuel Change also describes barriers to change faced by providers.



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Impact of hearing loss on older adults

A new study has found a link between hearing loss, disability, dementia and depression. The 25-year study was published in *The Journals of Gerontology: Series A*.

The study of more than 3,000 participants aged 65 or over was followed up for 25 years. 1,289 of the participants reported hearing problems at the beginning of the study and 2,290 reported no hearing problems.

The researchers assessed the risk of negative outcomes including death, dementia, depressive symptoms, disability in activities of daily living and instrumental activities in daily living.

The team, led by Hélène Amieva PhD from the University of Bordeaux, Inserm, Bordeaux Population Health Research Center found an increased risk of

disability and dementia for those participants that reported hearing problems. An increased risk of depression was also found in men who reported hearing problems.

In additional analyses, such associations were not found in those participants that used hearing aids.

They also concluded that mortality was not associated with self-reported hearing loss.

People's experiences of care services

The National Institute for Health and Care Excellence (NICE) has launched a new guideline on people's experience in adult social care services and improving those experiences.

The guideline covers adults receiving social care in their own homes, residential care and community settings.

It aims to help people understand what they can expect from social care services and to improve their experience by supporting them to make decisions about their care.

The NICE guideline includes recommendations on providing information, assessing care and support needs and care planning, providing care and support, staff skills and experience, and involving people who use services in service design and improvement.

Whiteley Village's new care hub

Work has begun on a new care hub at the heart of Whiteley Village in Surrey, further expanding care services and capacity at Britain's oldest retirement village.

Finance for the project has been secured from Triodos Bank and Unity Trust Bank who have provided a total of £16m towards the development work at the village.

The £21m project will

transform Whiteley's current operational model into a collaborative social care framework.

Opening in March 2019, the new care hub will revolutionise the way Whiteley offers clinical care within the community, providing intensive care for up to 30 people with complex needs associated with old age.

This includes space for visiting families to stay with their loved

ones, consultation rooms for visiting health professionals from the local GP practice/NHS, therapy space, and a large café to provide a new social venue at the heart of the village.

Once the care hub is complete, the remainder of the financing in phase 1 will be used to redevelop Whiteley House, adding 39 individual extra care apartments. Phase 2 will include additional almshouses in the future.

One month left to go, are you GDPR compliant?

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The final race is on for care companies to ensure their processes and data management conforms to the new GDPR legislation by 25th May 2018.

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PAC finds improvements still needed at CQC

A new report on the Care Quality Commission (CQC) from the Public Accounts Committee (PAC) says that action is needed by the regulator on publication of reports, staffing assumptions, intelligence-gathering and more.

As the independent regulator of health and adult social care in England, CQC plays a vital role in ensuring people receive safe, effective, compassionate, high-quality care.

In its third report on the regulator since 2012, the Public Accounts Committee has found that CQC has improved significantly over this period. However, it says that there remain areas where CQC needs to improve its current performance.

The Public Accounts Committee has found that CQC does not make inspection reports available to the public quickly enough following an inspection and also needs to improve how it interacts with and regulates GP practices.

The Public Accounts Committee has also warned that the inspectorate has a number of challenges ahead. With health and social care providers under severe financial pressure, CQC's workload is likely to increase if services deteriorate and CQC needs to monitor this closely and understand the impact on its staff requirements.

In order for CQC to move to a more intelligence-driven regulatory approach, the Public Accounts Committee says that it must improve its information systems. CQC also has more work to do to ensure it has the wide range of intelligence it needs to identify early warning signs of poor care.

The Public Accounts Committee also said that since its evidence session, Sir David Behan has announced his retirement. It suggests that the new Chief Executive will have a big task to ensure CQC is able to tackle the big challenges that are on the horizon.

£30m boost for Liverpool

Social care for adults in Liverpool is set to get a £30m boost with plans for three new centres moving ahead.

A report approved by the Cabinet recommends pushing ahead with plans for three 60-bed flexible facilities that will open by 2020 in the north, south and central areas of the city. They will be flexible step-up, step-down facilities to support people with lower level needs who would otherwise end up in hospital, as well as providing intermediate care to help get people out of hospital quicker.

The first new centre will be at the Venmore Rehabilitation Hub in Anfield, opening in summer 2019. The existing 24-bed stroke service will be relocated to a new, larger 35-bed facility on Townsend Lane, opening in spring 2019.

A second will be on disused playing fields at the former

Parklands High School, close to Speke district centre, opening in Autumn 2019. A final decision on a third site is expected soon, with completion due in spring 2020.

In addition, Besford House in Gateacre, three bungalows for adults with learning disabilities and autism, will be refurbished later this year and the City Council is in the final stages of arranging a lease for Alternative Futures to run the facility.

The investment in the hubs is part of a commitment by the council to meet the rising demand for dementia care services, as well as increased need for quality respite facilities for carers by 2020.

The council is borrowing the money to build the centres with the repayments covered by income from the leases on each site, while Besford House is being refurbished using an £850k grant from NHS England.

Building a National Network for Self-Directed Support

In Control and others are taking steps to build a National Network for Self-Directed Support. It is a voluntary and informal network designed to fill the gap between the policy on personalisation and many people's real-life experiences.

At a local level, too many people are struggling to get their rights to control their own support and are facing bureaucracy, lack of support and over-control by the system.

Many local groups and organisations are working as hard as they can to support people, but such support has often been affected by cuts.

In response to this, the National Network for Self-Directed Support has been exploring ways of connecting people working at a local level for mutual support and with external sources of free advice and assistance to give more power to local efforts.

Care Home Open Day 2018

Care homes are encouraged to celebrate connections with their local communities this Care Home Open Day. It is being held on Saturday 21st April.

With Care Home Open Day's emphasis on the importance of connecting with local communities, developing lasting relationships and encouraging intergenerational rapport, the theme for 2018 is *Linking Communities*.

Care Home Open Day 2018 is a chance to celebrate all the different people, cultures and relationships in the local area and show the community that care homes are friendly, happy and exciting places to be. It's a

great way to get to know local organisations, schools and groups in the community and establish meaningful friendships along the way.

This year, Care Home Open Day has teamed up with CommonAge and NAPA and also aligned with International Care Home Open Day.

The organisations make a huge difference to older people across the globe and have a wealth of excellent ideas to help providers connect with care homes around the world and find out how they are celebrating across different nations.

21st April is also the Queen's 92nd birthday.

Independent review of Disabled Facilities Grant

The University of the West of England has been appointed by the Government to carry out an independent review of Disabled Facilities Grants in England.

The University will be working with Foundations, the Building Research Establishment (BRE), Ferret Information Systems and an experienced occupational therapist to look at both the operation of the grant and the wider delivery of home adaptations to support the independence of disabled people living in their own homes.

The review, commissioned by the Department of Health and Social Care, will include a series of workshops.

Despite increases to the annual Disabled Facilities Grant budget, demand for adaptations has always outstripped supply and this is set to continue as the population ages.

The review will report back at the end of May with evidence-based recommendations on how the grant could operate in the future.

Reducing emergency admissions

Emergency admissions cost the NHS £13.7bn in 2015-16 and pose a serious challenge to both the service and its financial position, according to the National Audit Office (NAO).

Over the last four years, the NHS has done well to manage the impact on hospitals, despite admitting more people as emergency admissions. While progress has been made in some areas, the challenge of managing emergency admissions is far from being under control.

Overall, emergency admissions grew by 24% from 2007-08 to 2016-17. In 2016-17, there were 5.8 million, of which 24% were considered avoidable. While more people are being admitted, the time they spend in hospital is getting shorter. Most (79%) of the growth in emergency admissions from 2013-14 to 2016-17 was caused by people who did not stay overnight.

The rise in emergency admissions of people aged 65 and over was 12%. Demographic changes explain only just over half this rise.

The NAO estimates that the

real terms cost has increased by 2.2% since 2013-14, from £13.4bn to £13.7bn in 2015-16, while emergency admissions increased by 7% over the same period.

NHS England and partners have developed a number of national programmes that aim to reduce the impact of emergency admissions. While the rate of growth in emergency admissions has slowed slightly in 2016-17, there is limited evidence to show that initiatives such as the Better Care Fund and the urgent and emergency care programme have brought about that slow down.

The NAO recommends that the Department of Health and Social Care and NHS England should establish an evidence base for what works in reducing emergency admissions and use this to inform future national programmes. They should also link hospital activity data with primary and community health care and social care data to enable health and social care practitioners to make the most informed decision about whether a patient requires emergency hospital treatment.

FNC increasing by 2%

The NHS-funded nursing care (FNC) rate 2018-19 has been announced by the Department for Health and Social Care. The standard rate is being increased to £158.16 from 1st April 2018. This is an increase of 2% from the current rate of £155.05.

The higher rate of NHS-funded nursing care will also increase

by 2% from the current rate of £213.32 to £217.59 per week for 2018 to 2019. This is only relevant for people who were already on the higher rate in 2007, when the single band was introduced.

This year's 2% increase follows a decrease of both the standard and higher rate in 2017.

New home for Eastbourne

Oakland Care is proud to announce it is creating more than 60 new jobs in Eastbourne, as it prepares to open what it says will be the town's most luxurious care home.

Beechwood Grove care home is due to open its doors in May. Inside, residents, visitors and staff members will find a 'five-star' setting, with facilities including a

therapy salon, bistro and outdoor terrace.

The new home will create more than 60 new jobs for the local community with 'exceptional pay, training and benefits' on offer.

The care home will have 58 en-suite bedrooms and offer residents personalised residential, nursing, respite and memory care.

IN FOCUS

Implications of different social care funding approaches

WHAT'S THE STORY?

A working paper has been published by the Health Foundation and The King's Fund on approaches to social care funding and the implications of different funding options.

The working paper sets out interim findings from their project looking at the funding options for social care in England.

WHAT DOES IT CONSIDER?

The working paper considers five different approaches to funding social care for older people in England. It doesn't make recommendations, but sets out the implications of each of the funding options. It is the first output of a wider project on social care funding, which is due to publish its final reports in May.

This paper looks at: Improving the current system; The Conservative Party's proposals at the time of the 2017 General Election (a revised means test and a cap on care costs); A single budget for health and social care; Free personal care; and A hypothecated tax for social care.

These models were chosen to reflect the most commonly raised solutions in the debate around social care funding.

WHAT ARE THE CONCLUSIONS?

There is scope for making small improvements within the current system, and this approach would recognise the great difficulty successive governments have faced in achieving major reform.

However, it would not address many of the fundamental problems with the current system, including the downward trend in the numbers receiving publicly-funded care. Nor would it protect people against 'catastrophic' care costs.

The Conservative Party's proposals would have, for some, resulted in a more generous system than the one currently in place. However, there are real concerns around implementing and operating such a complex system.

While a joint health and social care budget might support progress towards more integrated care, it will not in itself address the differences in eligibility between the two systems, or generate additional revenue for health or care.

Free personal care would mean increasing the Government's 'offer' on social care. However, given this would require an increase in public spending, there is a question as to whether this would be the best use of additional funding for social care.

A hypothecated tax may help gain public support for raising additional funding for social care. However, this would represent a significant shift from the existing system, and could exacerbate the lack of alignment between health and social care.

WHAT HAPPENS NEXT?

The project's final three reports, expected in May, will also include research into public attitudes to social care and demand modelling for the future.

Adult social care workforce consultation

The Department for Health and Social Care and Skills for Care are running an adult social care workforce consultation to seek views and evidence on what actions could be taken to address a number of workforce challenges specific to the adult social care sector.

It will feed into Health Education England's consultation to inform the development of a health and care workforce strategy for publication this summer.

The survey will explore attracting and recruiting into the workforce, improving retention, how to improve professional development, the role of regulation, and ensuring effective workforce planning.

As well as feeding into the joint health and social care workforce strategy planned for publication this summer, it will also inform the content of the forthcoming Green Paper. The consultation closes at 10am on 9th April 2018.

Hartford completes Scio acquisition

Hartford Care has recently completed its acquisition of Scio Healthcare Limited. The acquisition comprises three high-

quality nursing homes on the Isle of Wight. This adds 134 beds and over 240 staff to Hartford Care's portfolio.

CareRooms announces UK launch

CareRooms has now launched into the UK market. CareRooms.com enables patients who are medically fit and ready to be discharged from hospital, but are unable to leave due to the lack of available or suitable care, to now recover in a private home in their community.

CareRooms plans to bring significant additional 'post-discharge' capacity to communities and local authorities, which it says will free up beds in hospitals and social care systems

and prove beneficial for the UK's health economy.

CareRooms and the hosts are not registered to provide any personal care services. If required, these must be provided by a medical team or commissioned directly by the individual.

CareRooms is now commencing host recruitment, vetting and training in Cambridgeshire and is in discussions with a number of local authorities across the UK to provide vital room capacity.

Eden Futures' rebrand

Eden Futures has launched its rebrand.

The organisation, which provides person-centred care, support and enablement for

people with disabilities and support needs has launched a distinctive brand image which incorporates an improved website and updated visions and values.

Inspired Villages acquires seventh scheme

Inspired Villages Group (IVG), an operator and developer of later living accommodation established by Legal & General in August 2017, has acquired Ledian Farm, Leeds Village in Kent.

The organisation continues to deliver its ambitious growth plans to provide service-led later living communities across the UK to meet the needs of the most

underserved housing sector.

The seven-acre site, which comes with a detailed planning consent for a retirement village, is expected to have a Gross Development Value of in excess of £50m and provide over 115 homes when built.

In keeping with the IVG model, it will offer a selection of luxury cottages and apartments centred

around a prestigious clubhouse – providing a focus on wellness with plenty of opportunities for maintaining an active lifestyle, socialising and relaxing.

The acquisition of Ledian Farm further expands IVG's national footprint, which is currently arranged over six village schemes, located in Warwickshire, Cheshire, West Sussex, Devon and

Hampshire, as it looks to satisfy the growing demand for well-designed later living communities.

The development of Ledian Farm into a vibrant, service-led later living community will increase IVG's property portfolio to over 1,100 apartments and forms part of its ambitious plan to expand its property portfolio to 3,500.

Monitoring the Mental Health Act

In its new report on monitoring the Mental Health Act, the Care Quality Commission (CQC) has found that some patients who are subject to the Act continue to experience care that does not fully protect their rights or ensure their wellbeing.

While CQC found individual examples of good practice, the regulator has concluded that mental health services are not doing enough to ensure that people whose liberty has been restricted under the Act are able to exercise their rights; and that

this situation is not improving.

Throughout the year, CQC has carried out visits to mental health inpatient services to meet patients, review their care and speak to staff on the frontline of care.

In its annual report to Parliament on monitoring the Mental Health Act and how health services are applying it and responding to the wider challenges for the mental health sector, CQC has concluded that there has been:

- No improvement in aspects of

care planning that are important to supporting the recovery of patients and their discharge from inpatient services. These include involving patients in developing their care plans (32% found no evidence); making sure the views of patients are considered (31% found no evidence); whether clinicians had considered less restrictive options for supporting patients (17% found no evidence); or making a record of the plans for discharging patients back home (24% found no evidence).

- One in 10 records showed that people had not been informed of their legal rights on admission.
- Despite the importance of physical health checks for people with serious mental illness, CQC found that 8% of people reviewed had not had a physical health check completed when they were admitted to a psychiatric ward.

These problems are longstanding, and they have been raised by CQC in its previous reports to Parliament.

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OMS-MP-8100-Mar18

One in three people with dementia not getting support

New analysis reveals that one in three people living with dementia do not have a care plan, meaning they don't get the support they are supposed to. Age UK is warning of an urgent and growing need to provide much better support for those who have been told they have the condition.

Age UK analysed data from 7,185 GP practices in England and found that, in total, 458,461 people had

a recorded diagnosis of dementia in November 2017, but only 282,573 had a new care plan or at least one care plan review on record in the last year.

NHS England guidance says, 'there is an urgent need to ensure every person who has dementia has an individual care plan' and goes on to specify that these reviews should take place once every 12 months at the minimum.

The charity also found that a quarter (24.7%) of GP practices have 50% or fewer people with a dementia diagnosis having received or having had a review of a care plan in the last 12 months.

In light of these figures, Age UK has launched *Promising Approaches to Dementia* which identifies a number of interventions that are evidenced, cost-effective and scalable, and which could

be replicated by NHS Trusts, care providers and primary care services.

The services include counselling for the newly-diagnosed; encouraging people to get involved in arts and crafts activities; and helping people to reminisce through dance. Other groups include Sporting Memories; Dance Well, Dementia Adventure; the Secret Garden; and the Butterfly Scheme.

Moving beyond direct payments

A new report focusing on moving beyond direct payments and rethinking the role of commissioning has been co-authored by Dr Simon Duffy of the Centre for Welfare Reform and Angela Catley of Community Catalysts and published by Think Local, Act Personal.

The report says that direct payments were intended to help people have choices and offer flexibility with how they manage

their support. The reality is that, for many, the extra work involved with having a direct payment does not make them an attractive or easy option and people who receive direct payments can experience them as a burden. It states that there are alternative ways for local authorities to commission support that go beyond such 'limitations'.

In *Beyond Direct Payments: making the case for micro-*

enterprise, Individual Service Funds and new forms of commissioning in health and social care, the authors discuss ways of commissioning support that are a homage to the early days of personalisation with its focus on community and traditional social work practice, and that give people the chance to get flexible support.

Micro-enterprises like those nurtured by Community Catalysts;

Local Area Coordination; Social Prescription and the take up of Individual Service Funds are all cited as valuable examples.

The authors argue that managers working in health and social care could support and promote these types of commissioning if they are to help create a more diverse market to support people should a direct payment not be the preferred option.

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Choosing adult social care

Choosing adult social care in England is one of the biggest sources of stress compared to other key life events, according to a survey of 1,000 people carried out for the Care Quality Commission (CQC).

The survey findings reveal that seven in 10 (70%) adults who were responsible for choosing care in a care home or at home – either for themselves or a loved one – over the last three years have found it more stressful than choosing their child's nursery or school, or a venue for their wedding or civil partnership.

52% of people surveyed had cited choosing a care home and 31% had cited choosing care at

home in their top three most stressful life decisions.

People's experiences varied across the country, with the highest proportion of people in the North East (60%), Yorkshire and Humber (56%) and the North West and East Midlands (both 54%) saying that choosing a care home was their most stressful life decision.

These regions are some of those where CQC has found the highest proportion of services rated as Requires Improvement and Inadequate.

Conversely, two of the regions where the lowest proportion of people had said that choosing a care home was their most stressful

life decision – East of England (44%) and the West Midlands (49%) – are where CQC has found the highest proportion of adult social care services rated as Good and Outstanding.

Elsewhere in the survey findings, when analysing what had the greatest influence on people's choice of care home, the vast majority (72%) of respondents stated that seeing the care home for themselves was the most important influencer in helping them make their decision.

44% of respondents said that understanding the quality of care based on its CQC rating and its latest inspection report influenced their decision the most, with

76% of respondents who knew the CQC rating for their care home then going on to say that this knowledge made them feel more confident that they were making the right decision. One in 10 people said that using CQC's inspection findings helped them decide a particular care home was not the right choice for them or their loved one.

Other findings reveal that the ability of a care home to meet people's individual needs and its general 'feel' were the most important factors when making their choice (24% and 17% respectively), more so than its proximity to family and friends (7%) and cost (4%).

Audley acquires npower HQ

Audley Group has exchanged contracts on its 18th Audley Villages site at Scarcroft, West Yorkshire. The vendor is MNI (Scarcroft) Ltd (in Administration)

represented by FraserCRE acting as LPA Receivers and the agent for the vendor is BNP Paribas Real Estate.

The site is the former headquarters of npower. Planning

proposals will be submitted for the demolition of the office block and the development of an Audley Villages scheme.

The proposal also includes

sympathetic restoration of the dilapidated Grade II listed Scarcroft Lodge, built in 1830, with plans for it to be converted to the home of the Audley Club.

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Three steps forward, one step back

How to navigate the current health and social care landscape

Health and social care are changing, but they need to work together to keep the momentum. Debbie Sorkin delves into integration best practice and concludes that it's social care leadership that makes the difference.

It is a truth not universally acknowledged that social care knows what the NHS is only starting to realise: that people are more than their conditions.

The NHS *Five Year Forward View*, originally published in 2014 as a roadmap for the health sector's future, feels its way towards this, acknowledging that people are living longer, and with multiple conditions; that there needs to be a greater emphasis on keeping people well in their own homes, or in residential care; and that there needs to be a broader conception of health, with more attention paid to wider determinants of health and to overall wellbeing.

There is recognition that how we live now – and how long we live for – is not the same as in 1948, when the NHS was set up. As a result, the NHS is looking to recreate itself to take account not just of how people live, but of how they want to live. New structures are starting to take shape.



They're called different things in different parts of the country – Sustainability and Transformation Partnerships; Accountable Care Systems; or Integrated Care Partnerships. They're all at very different stages of development, but the underpinning idea behind all of them is to bring health, local government, social care, and the voluntary and community sectors together to provide better ways to support people and keep them healthy, and in a more person-centred way.

ACCOUNTABLE CARE SYSTEMS

For example, Wakefield, which is moving towards an Accountable Care System, has set up connecting care hubs, based around primary care. They bring together different disciplines to provide a more holistic service.

One hub has a focus on working with a community geriatrician, with weekly GP visits to residents with complex neurological conditions in specific care homes. Two others involve advanced nurse practitioners acting as care co-ordinators for residents identified as high-risk, with regular pro-active care visits and better links with GP practices. A fourth is prioritising better collaboration between primary and secondary care, and Age UK, with better use of video links and access to shared care records.

Wakefield has worked with local providers to set up multi-disciplinary teams across health and social care, often with the registered manager being the pivotal figure, and working with a range of health and social care practitioners, including district nurses, social care staff, pharmacists and specialists in palliative care.

They have prioritised skills development for care home staff, so that staff can deal with more complex medical needs and prevent emergency call-outs. Teams use a screening process to identify care needs, and the aim is to support the care home to meet these needs in order to reduce reliance on hospital admission and improve people's quality of life.

The system can point to positive, and quantified outcomes, including a 25%



Ageing in Common: An International Perspective



CONFERENCE 2018



Incorporating the inaugural Commonwealth Elders Forum and the NCF UK Care Conference

#EldersForum2018

#AgeingInCommon

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Katie Sloan
Chief Executive
Global Ageing Network



Hon. Anthony Agius Decelis M.P.
Parliamentary Secretary for People with
Disability & Active Ageing, Malta



John Beard
Head of Ageing and Lifecourse
World Health Organisation



Ngaire Hobbins
Dietitian Specialising in Ageing, Brain
Health and Dementia



Francis Njukom Nchii, Executive Director,
Community Development Volunteers for
Technical Assistance Cameroon

DAY ONE

CommonAge Elders Forum

COMMON AGENDAS

Opening Address from
CommonAge and National Care Forum
Commonwealth Agenda
Ageing Across the Globe

LUNCH & EXHIBITION

WHO - Decade of Healthy Ageing 2020
- 2030

Mental Health, Dignity in Care

Focus on Dementia

Global challenge, women and dementia,
Dementia Friendly Communities

Ageing in the Commonwealth, Oxford
Institute of Population Ageing Research
Report

Discussion Panel: Response to research
report

CONFERENCE DINNER

DAY TWO

CommonAge Elders Forum

GLOBAL ISSUES - LOCAL RESPONSE

Panel Discussion: **Older People and
Communities**

Workshops: **Older People and Communities**
Intergenerational Communities
Building Communities
Health Communities
Sharing Communities & Care Home Open Day

CommonAge
joins UK
delegation

NCF UK Care
Conference
Registration

LUNCH & EXHIBITION

Workshops: **Smart Solutions to Global
Problems**

Age Friendly Cities
Developing Leadership
Disruption and Design

NCF GOVERNANCE HUB

NCF member Trustees and Non-Executives
What Next for Ageing?

GALA DINNER

DAY THREE

NCF UK Care Conference

AGEING IN COMMON

Opening Address from National Care Forum

Panel Discussion: **Human Rights & Care**

CQC, Life Changes Trust, Dept of Health NI

Workshops: **Rights in Action**

Older people & learning disability, Mental
Health

Recognising Faith & Spirituality. End of Life
Care,
LGB Rights

LUNCH & EXHIBITION

Workshops: **The Future looks Bright**

Taking Activities to the next level
Alternative Sources of Funding
The Future of Home Care
Retirement Living
Nursing Provision

Panel Discussion: **Reform across the UK**

Representation from the 5 Nations and Age UK

**The Global Ageing Network - Ageing in
Common**

CLOSE

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Deputy Chief Inspector Adult Social Care
Care Quality Commission



Sanchita Hosali
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Claire Henry MBE
Director of Improvement and
Transformation, Hospice UK



Anna Buchanan
Director
Life Changes Trust



Prof Paul Burstow
Chair
SCIE

> reduction in ambulance calls; 30% reduction in A&E attendances, and at least 50 weekly visits to care homes by GPs – a significant increase. As a result of care reviews, 53% of care home residents taking part in initial programmes have seen changes in their medication, often with less medication required.

Accompanying surveys have indicated improved quality of life for service users and increased job satisfaction for social care staff, which in turn has had a positive impact on recruitment and retention.

ENHANCED HEALTH IN CARE HOMES

Similarly, The King's Fund, in a report published in December, noted a range of benefits for care home residents arising from the *Enhanced Health in Care Homes* pilots, funded through the NHS *New Models of Care* programme and involving social care alongside GPs, community care and acute hospitals. Benefits included:

- Significantly reduced hospital admissions, A&E attendances and ambulance journeys.
- Better continuity of care and involvement of residents and their families in care planning and review.
- Better prescribing practice, including fewer inappropriate prescriptions.
- Reductions in falls.
- Better wound care.
- Reductions in depression amongst residents.
- Improvements in residents' quality of life.
- Increased confidence amongst care home staff, a greater sense of empowerment and feelings of connectedness to other services.

PROVIDERS DOING IT FOR THEMSELVES

You don't have to be part of a pilot to get things moving. Social care providers are also working closely with the NHS and local authorities in other parts of the country, to get people out of hospital in a timely way. Hospitals can be dangerous places for older people. There is clinical evidence, underpinning a recent NHS programme called *End PJ Paralysis*, that people aged 75 and above can experience significant deconditioning and lose mobility if they stay too long in hospital beds without getting up and about.

In Portsmouth, AginCare, working closely with Portsmouth City Council and Queen Alexandra Hospital, has successfully proven the benefit of Discharge to Assess (D2A) using its live-in care workforce to get people out of

hospital in a timely manner.

Using Better Care Fund monies, the initial scheme – since extended – guaranteed rolling discharge capacity of between five and eight live-in care workers per week, to offer practical support, enable assessment at home within 48 hours, and offer up to 24-hour support and continued assessment over a period. The live-in care workers and NHS workers also trained together.

Again, there have been real financial savings for both adult social care and the NHS. However, the real benefits have been to patients and their families. The scheme has significantly reduced hospital stays. Only 6.5% of the patients involved in the pilot were readmitted to hospital, against a national average of 12.2%, and in the words of one family, 'We usually have to fight to get support, but this was so easy.'

LONG SLOG

From a social care perspective, and in other places, it can feel like a long slog to this brave new world.

In last month's CMM, Simon Whalley, Chair of Birtley House, an Outstanding-rated residential care and nursing home based in Surrey, described the problems and frustrations he has been encountering in setting up a pilot for a new scheme, a Virtual Care Home.

Simon has been trying to bring together Royal Surrey County Hospital, Surrey Heartlands Sustainability and Transformation Partnership, Guildford and Waverley Clinical Commissioning Group and local domiciliary care services and care homes to develop the pilot.

The idea is to deliver the services of the care home in a number of settings and be monitored by technology. The scheme also aims to give all those supported a sense of belonging.

On an operational level, it should help people get out of hospital sooner; manage care to reduce unnecessary admissions to hospital; help older patients go home and remain living there in a fully supported way; and prevent readmissions to hospital.

These are all laudable aims, and in theory, all the partners have bought into the idea. However, getting it off the ground is something else entirely.

As Simon noted when I spoke to him about setting up the pilot, 'Key personnel keep disappearing, which makes it very challenging. Those involved recognise the issues that arise from...the NHS...and the silo-thinking common within the public sector, but it's often a case of one step forward and two steps back.'

MAKING IT WORK

If this is your experience, what do you do? I think the first thing is to know what you're dealing with, and to keep going. You're working in a complex system: where things are new; where ideally you wouldn't start from here; where issues or people keep shifting; where no-one has all the answers or is entirely in charge; and where all your plans come up against those twin barriers of real life and other people: other people with different priorities and perspectives to you, and who – unreasonably and infuriatingly – don't immediately unite around your position.

In a complex system, uncertainty is the norm, and there won't be a linear relationship between what you do and what happens. There's no management lever to pull.

However, there are things you can do to make progress. We know these work thanks to research, stories from other places and independent evaluation:

- Start small and from where you are – look for progress rather than overnight success.
- Build-up relationships, trust and influence across a system, so you're less vulnerable when someone leaves partway through the process. Systems move at the speed of trust.
- Find a coalition of the willing – a few people who think the same way you do – and work with them. Don't try to get the whole system to the starting line in one go.
- Work from a common purpose – something you all really want to do; and where you all understand what that entails for other people.
- Once you've got common purpose, work from 'clarity for now' – just enough space so you know what you're doing next. You don't need a five-year plan.
- Tell emotionally resonant stories – have a consistent narrative, based on evidence, about what you're doing and why/how it will bring benefits.
- Frame your stories in ways that appeal to different audiences.
- Understand that this will feel messy and take time.
- Know that doing this really can work – there will be setbacks, but you can get real change.

If you're in social care, you're probably used to working in this way anyway. This means you're in a great position to step up to the plate and lead the way in showing how you work in complexity – in other words, in the real world. It's social care leadership that enhances the quality of care, and quality of life, that people experience. It's social care leadership that makes the difference. **CMM**

Debbie Sorkin is National Director of Systems Leadership at the Leadership Centre. Email: Debbie.sorkin@localleadership.gov.uk Twitter: [@DebbieSorkin2](https://twitter.com/DebbieSorkin2)

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TACKLING HEALTH INEQUALITIES

THE ROLE OF PROVIDERS

Rhidian Hughes discusses the part providers must play in ensuring disabled people receive good healthcare.

Until recently, Emma's kidney problems involved treatment daily and throughout the night, using a form of dialysis that takes place within the body.

The almost constant process severely restricted her quality of life and, after eight years, the dialysis was starting to lose its effectiveness. Emma, whose complex health needs also include a learning disability, began getting life-threatening bouts of peritonitis. Without alternative treatment, she would die within two weeks.

Emma's consultant ruled out a transplant and the only option was



➤ a different treatment using an external dialyser. However, clinicians were concerned about infection if Emma touched an exposed dialysis line.

Emma's support staff at care provider, Turning Point came up with a solution. They presented their health colleagues with a document describing the life Emma wanted, describing how she spends her time and her aspirations for the future. Turning Point staff said they could provide restraint, if needed, when the lines were exposed. They successfully argued that this was the least restrictive option, because there was a risk of death without new treatment.

After three days of specialist training to facilitate the new approach, Emma started the new dialysis three times a week.

The treatment has transformed Emma's life. She now goes out for the day and belongs to a drama group. Better still, she has been on holiday to Kefalonia where, with the support of her consultant and care staff, she got dialysis at a local hospital. Emma may now be a potential candidate for a transplant.

Without the staff team advocating on Emma's behalf, the outcome would have been very different. As Turning Point says, 'Persistence and skilled advocacy, based on an in-depth knowledge of the individual and their wishes, can change a person's life.'

HEALTH OUTCOMES FOR DISABLED PEOPLE

Enabling Emma to get the very best from health services is a fundamental aspect of good support. Emma's story features in one of the latest reports from VODG (Voluntary Organisations Disability Group), *Tackling Health Inequalities*.

The publication is based on an event we held on health outcomes for disabled people. It reflects the unique role of support providers in working alongside disabled people and their families in understanding how someone's health needs fit into their life circumstances. It also sets out what social care providers believe can help or hinder their health treatment.

Tackling health inequalities is a key priority for VODG. Our aim is to enable our members to work together so the people they support make informed health and lifestyle choices and live

healthier, more active and more fulfilled lives.

The report builds on VODG's longstanding work in this area. It is a year, for example, since we renewed our focus on tackling health inequalities. Since that decision, which was taken during a network meeting of our chief executives, we have been sharing good practice developments among our members. We are also supporting the STOMP health campaign to stop the

women with a learning disability die 20 years sooner. The recent inquest into the early and preventable death of Richard Handley, a 33-year-old man with learning disabilities, highlighted failures in his support from the agencies involved in his care.

In a separate case, an inquest found that the death of Anthony Dawson, a 64-year-old man with learning disabilities could have been avoided if he had received medical attention earlier.

“Improving how services support people with their health needs is a crucial piece of the jigsaw when it comes to delivering better health outcomes.”

over-use of psychotropic medication to manage people's behaviour and which re-launched the learning disability health charter, which now includes dealing with over-medication.

As a next step, we are focusing on dietary issues for people supported by VODG members, proposing to develop tools that enable providers to audit the nutritional value of what people eat and drink.

In 2016, for example, only 26% of adults were eating the recommended five portions of fruit and vegetables per day. But how many care providers know whether the people they support eat a healthy diet or drink enough?

These are among the questions raised in our health inequalities report. There are over 11 million people with a limiting long-term illness, impairment or disability in the UK. Disabled people seek more healthcare than people without a disability and have more unmet health needs. Yet health promotion rarely targets people with disabilities. Some studies indicate that disabled people are more likely to engage in health risk behaviours, such as smoking, poor diet and physical inactivity.

Men with a learning disability, for example, die 13 years sooner than people without learning disabilities and

GOOD PRACTICE IN HEALTH FOR DISABLED PEOPLE

According to registered managers and first-line managers whose views shape our new report, good practice in health for disabled people is localised, rather than consistent across the country. The kind of healthcare developments that providers say work well in some areas include Health Action Plans, the use of a hospital book or passport and enhanced GP services.

Tackling Health Inequalities lists care providers' most common successes in ensuring good health outcomes for people supported. Among these are improved health monitoring and achieving health goals, collecting good health data and boosting participation in screening programmes. Training for staff or the people they support on a variety of health issues is another positive area, as is the launch of initiatives to promote healthy lifestyles, including information on diet, exercise or smoking reduction.

For example, adjustments to how NHS staff communicate with citizens can make all the difference when it comes to the quality of healthcare for someone with a hearing impairment. Take Alan, a cancer patient who is deaf and has additional needs requiring ➤

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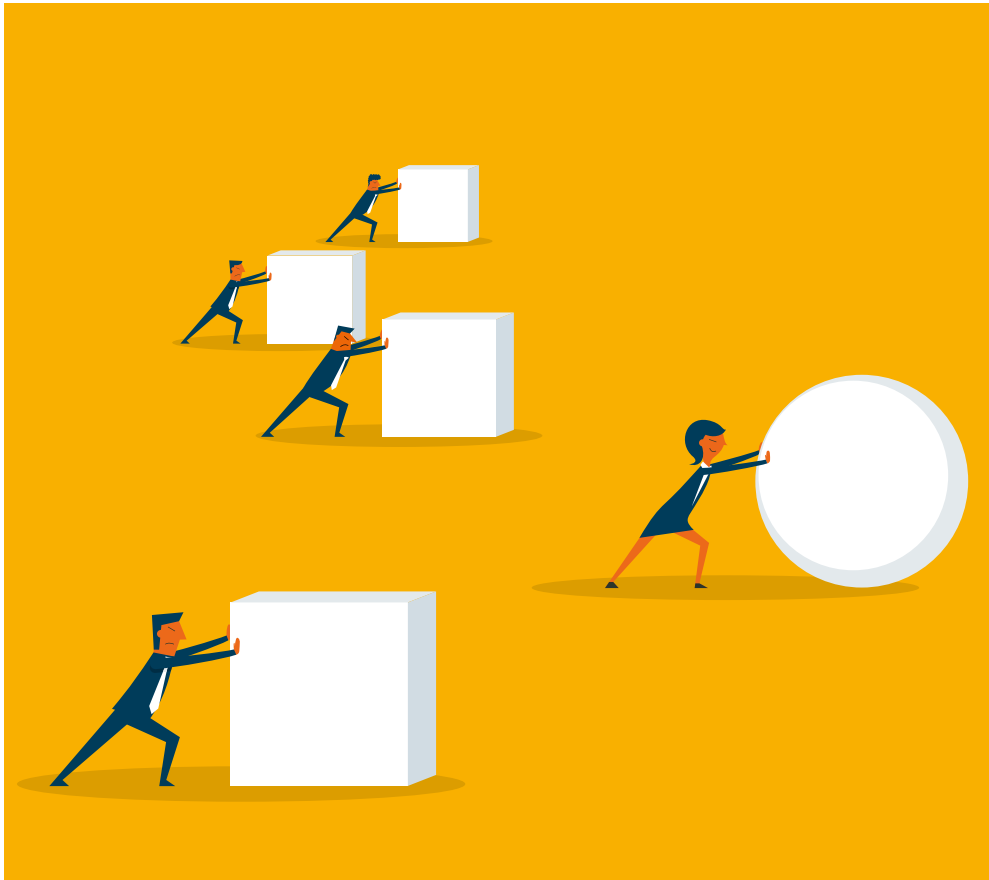


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➤ month-long radiotherapy. There were no interpreters booked for his hospital treatment because of the prohibitive cost and because the procedure was the same every day. However, nurses needed a daily understanding of how Alan was feeling.

Alan's support staff at Action on Hearing Loss created a wellbeing log, encouraging Alan to complete the form before each day's treatment. The daily record answered all the questions the nurses would ask and enabled them to work out adjustments to Alan's treatment. It also meant Action on Hearing Loss could monitor any side effects.

As a result, the radiotherapy was completed successfully, with clear and accurate communication between Alan, nurses and support staff. As Action on Hearing Loss says of such adjustments, 'There are steps we can take to increase a person's autonomy

and privacy in their involvement with health services.'

However, there are also common and significant challenges in relation to supporting people's good health. One issue, for example, is that care staff and those they support have a low awareness about the importance of living a healthy lifestyle. Providers also report poor access to mainstream NHS community services. Letters about screening are not accessible, for example, and fail to explain what people are being invited to. There also needs to be a clear understanding about the rights of disabled people to reasonable adjustments in healthcare settings. So, what can be done?

SOLUTIONS FOR PROVIDERS

Among the answers is for social care providers to equip their staff with

the skills and knowledge not only to advocate for the people they support, but also to develop confidence to engage in equal conversations with health professionals. For this to happen, the issue of someone's health must be regarded as an essential element of the support worker role. Staff should also have time to talk, reflect and discuss the health needs and outcomes relating to the people they support.

Collaborative relationships, high-quality communication and record-keeping and a willingness to engage in important conversations with disabled people and their families are also fundamental aspects of good practice. VODG members suggest that achieving this involves thinking about what care workers need to know from health staff in order to support the person well. A good rule of thumb is asking yourself, 'What would I expect for someone I love?'

Learning from each other is equally vital in improving how we tackle health inequalities. Sharing good practice, both within an organisation and externally, includes disseminating good news stories and being willing to share learning when things go wrong.

Improving how services support people with their health needs is a crucial piece of the jigsaw when it comes to delivering better health outcomes. Good healthcare can contribute to the improvement in people's life expectancy.

VODG is committed to contributing to the health inequalities agenda by championing the rights of disabled people through our campaigning and promoting good practice. If individuals are to have better health outcomes, then we need far greater awareness of the health issues experienced by disabled people and more widespread use of reasonable adjustments. Social care professionals have the power to influence both these issues.

The fact that disabled people have poorer health outcomes than the general population is something about which we, as a society, should be ashamed. However, it is a challenge which care providers are strongly placed to tackle.

CMM

Rhidian Hughes is Chief Executive of VODG. Email: Rhidian.Hughes@vodg.org.uk Twitter: [@RhidianHughes](https://twitter.com/RhidianHughes)

Share your best practice of supporting disabled people to have equal access to healthcare on the CMM website www.caremanagementmatters.co.uk Sign up today.

BREAKING BOUNDARIES – **BIOMETRICS IN AUTISM SUPPORT**

Autism Together is developing a ‘world-first’ autism assessment and diagnostic centre which will use biometric technology to support people with autism.

Autism Together has launched a £2.5m appeal to fund a high-tech project with the potential to transform the care of people with severe autism.

The charity, which specialises in the care of people with extremely complex autism, plans to build a world-first autism assessment and diagnostic centre using biometric technology to help understand what people are feeling and how they respond.

Biometric technology measures minute physiological changes such as skin surface temperature, heart rate, sweating and three-dimensional limb movements, like repetitive movements, which can indicate stress.

The use of biometrics in autism has been studied over the last decade by a team of US scientists from Boston's Northeastern University, Maine Medical Centre and the University of Pittsburgh. Having developed biometric wristbands, they collected thousands of examples of challenging behaviour from 20 young people with autism, showing that changes in body signals may be able to predict rapid mood changes.

The lightweight biometric wristbands can be worn by people who may be unable to communicate how they feel. Realtime readings help to identify periods of high anxiety in a person, enabling them to step in and support them before the anxiety escalates.

TRIALLING THE TECHNOLOGY

This spring, Autism Together intends to trial the biometric wristbands with seven residents at one of its care homes in Wirral.

Information on anxiety levels collected by the wristbands will be cross-referenced with detailed staff notes on the dates, times and locations of behaviour changes and extreme incidents. Staff will note levels of heat, noise and light in each situation – such as loud TVs, bright sunlight or hot radiators – and merge this data with biometric readings to understand how people are reacting to sensory stimuli.

Jane Carolan, Director of Client Services at Autism Together explained why they decided to use biometrics in this way. ‘We had a number of individuals in residence who we were responding to, rather than understanding. We were being reactive not proactive. We realised that if we could get to know how people were feeling, and what was causing them to feel anxious on a physiological level, that would cut out a lot of the unknown. It would help us put in better support.’

DIAGNOSIS AND ASSESSMENT UNIT

Beyond the trial, and use of biometrics for people with autism, the charity also wants to build a state-of-the-art diagnostic and assessment unit using the technology.

Jane continued, ‘We’ve seen first-hand how individuals with complex autism are often let down at NHS assessment and treatment units. They’re designed to be a port in the storm to those in crisis but are often unable to get to grips with extremely complex cases. People get marooned in these units – sometimes for two or three years. It’s a desperate situation which helps no-one, and we’re

determined that 21st century science should help our healthcare system do better. If we can prove this technology now, we’ll be helping future generations have better lives.’

Autism Together’s Future 50 appeal and building project will see its original residential home, Raby Hall in Wirral replaced with an autism-specific building. Based over three floors, the top two floors will offer accommodation for 12 individuals and the ground floor will include consulting and therapy rooms.

It will be an in-patient assessment and treatment unit and out-patient diagnostic centre. The staff team will include community psychiatric and clinical nurses along with highly-trained autism support workers.

Jane explained, ‘Our assessment unit will be a short-term service. People will be referred through their clinical commissioning group or the clinical route. To get a true understanding of an individual and then put in autism strategies and support packages will take around two months. Then we’ll offer a passport for each person showing their person-centred strategies, such as “this is how best to support me” and “this is what I need from my environment”. This should take them back to their normal environment.

‘We feel that commissioners won’t want people to remain indefinitely in our care as it would unbalance local provision and budgets. Assuming an individual has to travel from out of area into our assessment service (and this is likely to happen, as we’ll be providing such a highly-specialised provision), then it is better for them and their families if the step-

down element happens back in their home town.

‘Having said that, a temporary step down within the assessment facility is possible. People, for example, could be supported to have more say in their lives in order to build them up ready for the transition back home.’

THE FUTURE

The project will roll out in a series of stages over five years. Each stage will be thoroughly evaluated and will start with trials at an existing service. Jane added, ‘We’ll then monitor their progress and try to understand what elements of the living environment work best for the people we support. It is at this point, with all this learning under our belt, that we’ll be able to start the big build of Raby Hall, which will become the assessment unit.

‘Our methodology must be painstaking. These individuals need to feel warm and secure. They need an environment that won’t impact on them negatively. We need to get to know them and to see how our autism approaches are able to support them. To do all this well, we will have extremely highly-trained autism support and clinical staff and a state-of-the-art, autism-specific building in which to work.’

CMM

OVER TO THE EXPERTS...

What are your thoughts on the use of biometrics in autism support? Is Autism Together breaking new ground with its trial and planned diagnostic and assessment centre? Could it change the approach to autism support in the future?

FURTHER RESEARCH NEEDS TO BE MADE

We need to know more about this new technology.

Maybe it should be talked about and shown at a big exhibition on technology. Its uses around learning disability and autism should be explained clearly.

People with learning disabilities/autism and their families, friends and organisations need to know about the technology.

People might be wary about technology being used for assessment – my concern is it might be used in the wrong way and read people's minds, are they thinking good thoughts or bad thoughts, a bit like a lie detector?

It shouldn't be the only way of assessing people – talking to people's families and friends is really important as they are the ones who know the person best.

However, it's a new way of trying to understand people with autism and could have good benefits for some people.

I am all for technology if it is going to improve lives and is for a good reason.

Some human beings need some positive stress in their lives.

Communication can be used through touch-screen computers and so on, and all other technology should be looked at.

Further research needs to be made on all types of technology. We must keep people with learning disabilities/autism, and their families, friends and other organisations informed. Everyone needs to know more about all types of technology out there.

And there is a cost to all this, who is going to pay for it? We know a lot of people cannot afford expensive technology. Will everybody who needs it be able to use it, or will it only be for the people that can pay for it themselves?



Gary Bourlet Co-Founder, Learning Disability England

TECHNOLOGY FEELS LIKE A TANTALISING SOLUTION

For many autistic people, understanding and communicating anxiety can be a challenge. Care staff can struggle to understand when an autistic person is anxious, or intuitively understand autistic behaviour and separate that from issues like anxiety or pain.

In people who are minimally verbal with complex needs, the challenge is particularly stark. Our research priority-setting exercise with the autism community showed mental health, issues with language and challenges managing anxiety as three of the highest priorities.

Technology feels like a tantalising solution to address anxiety, with a range of options including apps and sensors. The idea of using sensors to collect data which might give us insights about an autistic person's internal states is particularly exciting, but we do need to ask ourselves what the technology is telling us

and whether the information is accurate.

Despite the hype, there isn't much high-quality evidence to suggest that sensors can detect anxiety well. Funding issues and the challenge of carrying out research with people with high levels of need means there have been no studies large enough to produce good evidence. The US study only included 20 people and this new project will only involve seven.

Although we applaud Autism Together's ambition and embrace of innovation, to push forward in this exciting area and generate the evidence to change things at scale. We need larger numbers and rigorously designed research to convince commissioners. That will be key to realising the future we all want to see, where all autistic people live long, healthy, happy lives.



Dr James Cusack Director of Science, Autistica

THESE TRIALS ARE INDEED GROUND-BREAKING

In the 1980s and 1990s, one of the few pieces of technology available for use as a form of biometric testing was a galvanic skin response monitor.

Getting someone with autism to use such a 'clunky' machine was very difficult. Its use was limited to attempting to get people to relax and slow their respiratory rate through auditory feedback.

However, in this instance with the use of more modern biometric technology, having real-time feedback that provides multiple dimensions of anxiety measurement can only be an aid to understanding and predicting likely behaviour in people with an autism spectrum condition.

The difficulty – as always – will be in the quality and consistency of the staff data collection for cross-referencing with the biometric data. That said, it may be possible to limit this through the use of alternative technology, for example, objective

temperature gauges in the environment and decibel monitors, etc. Explicit monitoring guidelines could also be used to minimise the difficulties, so it will be interesting to examine the methodology adopted in this pilot.

From a positive behaviour support perspective, having this information could be invaluable in providing antecedent control strategies. As a result it could help to minimise the chances of anxiety-based behaviour occurring, which has often led to individuals being admitted to traditional assessment and treatment units.

These trials are indeed groundbreaking and successful outcomes from the diagnostic and assessment centre could provide a new model for both assessing people on the autistic spectrum and in models of support for people in the community.



Dave Jackson Group Director of Operations, Choice Support

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P E N N Y F E L L

Penny Fell is Managing Director of Surrey Choices and sits on the Board of Directors for the National Care Forum.

REFLECTIONS ON THE LAST DECADE

The last 10 years of my career have seen a steady erosion of the traditional boundaries between public, private, and voluntary social care sectors. Yet, the recent history of Surrey Choices shows it is still possible to build social care provider organisations that retain the strong vision and values inherited from the public sector of the past, and bring to the fore up-to-date and fit-for-purpose bodies that can compete in a 21st century commercial social care market.

At the same time, the breakdown in these barriers offers an opportunity for both providers – such as Surrey Choices – and commissioners, like Surrey County Council, to work together more effectively, co-producing high-quality services for the people we support within a landscape dominated by the need to produce best value from limited social care budgets.

PROJECTIONS FOR THE NEXT DECADE

The work that Surrey County Council and Surrey Choices are doing together to co-produce high-quality services for the people we support clearly signposts the future direction for the social care sector.

Not only is this an effective means of commissioning and providing commercial social care services, but it also sets a course for improving care quality and service user experience.

It does so by expecting social care providers, like Surrey Choices, to both plan for the future and deliver on those plans on time and to budget.

INSIGHT

As Surrey Choices' Managing Director, I have, with the backing of my Board, started to roll-out strategic and business plans that have been cascaded throughout all 23 sites of the organisation.

They mean that all 400 staff know what it is Surrey Choices has set out to achieve for our c1,600 customers; when, over the next three years, it expects to do this; and every member of staff's role in delivering this.

My job as Managing Director is to make sure that these plans have clear aims, SMART business objectives and activities, and that all concerned know when and how we will deliver them.

Pivotal to our plans is the understanding that, working back throughout the company, up to and including my senior management team, we monitor and evaluate both our successes and areas where we still meet development needs.

INFLUENCES

Over the past 40 years, my career has encompassed not only the social care sector and the NHS, but also: corporate roles in local and regional government; construction and law; national capacity building and funding; and local voluntary sector care delivery.

The experience I've taken from each of these roles has added to the knowledge and skills that I've been able to bring to Surrey Choices as a local authority social care trading company.

However, the most important influence by far has been the day-to-day job satisfaction I get from Surrey Choices customers and their support networks when we get things right. On those occasions when we don't get it right, it's a determination to drive forward the changes we need to make.

LESSONS

The best advice I have brought with me to Surrey Choices is the overriding need for any organisation, regardless of sector or size, to have a plan, to implement that plan thoroughly and to do it today.

I have learned in today's social care sector it is crucial that social care providers like Surrey Choices not only deliver efficient services day in and day out, but they also base their activities on effective joint plans, co-produced with their commissioners.

ADVICE

The social care sector already holds the key to driving forward integrated health and social care delivery.

The forthcoming Green Paper on Social Care of Older People will set out plans for how the Government proposes to improve care and support for older people and tackle the challenge of an ageing population.

My advice to senior managers in the sector is to rise to this challenge and use their experience, knowledge and skills to plan ahead, so we all ensure that best practice from the past sets the agenda for the future of social care provision. **CMM**

RISING STARS



Michelle Bladen is
Manager of Prince
Edward Duke of Kent
Court in Essex which is
run by the Royal Masonic
Benevolent Institution
(RMBI).

CAREER HISTORY

I left school with the intention to train as a nurse. I had a degree place confirmed but then changed my mind. I had just started working in a care home and it was then I felt that it was the career for me.

From that care home for older people, I moved to a service supporting people with learning disabilities. It was a large organisation supporting over 100 people.

I started as a care support worker and during my time there I moved through the organisation to become deputy manager and then manager. Whilst working, I studied for my NVQs and got my Registered Managers Award.

I then moved to Crossroads in North London. It was a role supporting children and adults, but it was office based. I got bored of spending all my time in the office, not with the people we supported, so I decided it was time to move back to residential care. I worked in that next care home for a couple of years before I moved to RMBI.

I think my time working in learning disability services really helped shape me as a manager and build up my knowledge. At that time, learning disability services were leading the way in person-centred care. I learnt a lot and I think it's that background which made a difference to how I approach support for older people.

YOUR ORGANISATION

I've been with RMBI for about two and a half years. I'm very content here, the role, the organisation, the hours, the home, it all makes me happy. RMBI, in particular, is a lovely organisation to work for. I've just returned from leave and I'm happy to be back.

Prince Edward Duke of Kent Court supports 50 people, 30 in residential care and 20 in our dementia service.

It's a lovely Grade II* Listed stately home, with beautiful grounds which we share with a golf course. It's a wonderful setting for a care home.

Our clients are a mixture of local authority and privately funded. As we're a RMBI home, we predominantly support freemasons and their dependents.

CURRENT ROLE

I feel very settled here. When I was deciding my career path, I didn't know what I wanted to do. I chose to go into nursing as I knew I could do that, which is why I applied for my degree place.

However, that first care home role I took changed my mind; I fell in love with the job, although the home wasn't the best fit for me. I didn't agree with the approach of the home manager, and it didn't fit my values and ethos, so it spurred me on to become a manager and do what I felt was a better job. Also, I was determined to achieve something if I

didn't do my degree.

Before joining RMBI, I had been a registered manager for two years. I've found that all the organisations I've worked in have been very different. But saying that, I've worked mainly in the charity sector for most of my career.

One thing I realised early on in my career was that I wanted not only to support clients, but to support staff too and build them up to deliver the best possible care. I've spent a lot of time developing staff to do that.

I also love being able to spend my time with the people I'm responsible for. I like being in the home, seeing everyone, being available to residents and staff and engaging in the daily life of the home. That sense of attachment is great.

Of course, there are challenges with the role and aspects that aren't as enjoyable, but, of course, I still do them. They come with the job. However, I do find it particularly hard if we can no longer support someone and they have to move on, for whatever reason. It doesn't happen often but when it does, it's very hard.

RISING STARS

I was nominated for Rising Stars by our managing director. I've really enjoyed meeting different people and sharing ideas with them. It's really positive, I've got a lot of good ideas from the networking and my mentor, who I've met a few times. I'm keen to reflect on my own service and practices and the initiative has helped me to do that.

I think the initiative is important as it enables us to step away from the service and spend time together networking, sharing what works and what doesn't and how other people do things. It also helps to discuss ways to push the service forward, our service is rated Good and the day-to-day running is great, but you've always got to be looking for that next



level and how to get there. Having someone impartial to talk to helps in that process.

I have a good support network at RMBI, but it's always great to have someone different to bounce ideas off.

THE FUTURE

I'm very happy in my role, but I'm aware that I won't want to do it forever. I want to develop and grow, but I don't know what or where yet. I'm not one to change things for the sake of it, so I'll know what I want to do when I see it. I'm content waiting, working and seeing what happens.

Rising Stars has given me the time to reflect and think about myself, I don't usually get the opportunity to reflect on myself or my service. I'm motivated to push forward and develop not only me, but the home too. I have real momentum.

My advice to others would be to get involved in networks, locally and nationally, especially if you don't have it internally. Also, network and mix with other providers – it can be incredibly useful.

Try to get on courses or training and get away when you can to reflect, although this can be difficult as a registered manager. It's helps to have an open and safe place to share concerns and work through them, that's another useful aspect of the Rising Stars initiative.

Finally, having a senior management team that's available to talk has really helped me develop my career, as have peer networks.

CMM

Michelle 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

HMRC's Social Care Compliance Scheme for sleep-ins

PLASTERING OVER THE CRACKS OR SETTING NEW FOUNDATIONS?

With the sleep-ins crisis hitting the headlines on a weekly basis, Lloyd Clarke summarises the HMRC Social Care Compliance Scheme and whether providers should opt in, or wait until the law is settled on the subject.

Having previously waived financial penalties for employers found to have underpaid their staff and delayed their new enforcement approach for several months, on 1st November 2017, the Government finally announced the resumption of National Minimum/Living Wage (NMW) enforcement and, perhaps more importantly, the introduction of a new Social Care Compliance Scheme (SCCS).

The SCCS was introduced on the back of the recent joint appeal of three separate appeal cases dealing with the issue of sleep-ins, the most notable of which involved Mencap. The case did provide some helpful guidance on sleep-ins by



developing a 'multifactorial test' to determine whether the NMW should be paid for each hour of a sleep-in shift.

However, in delivering their judgment, the Employment Appeal Tribunal (EAT) were keen to stress that 'no bright line can be drawn', with each case turning on its particular facts. It is also important to note that Mencap is due to appeal the EAT's decision in March 2018 and, therefore, the law here is by no means settled.

Unfortunately, it remained the case that even after the Mencap ruling, confusion amongst social care employers (providers) continued to reign and therefore it was hoped, optimistically perhaps, that the SCCS would provide further clarity and a helping hand to those operating in the sector, particularly with the Government having previously faced accusations that its guidance had not kept up with developing case law.

WHAT IS THE SOCIAL CARE COMPLIANCE SCHEME?

The SCCS is a voluntary scheme, open to providers until 31st December 2018. It is aimed at encouraging providers to reimburse workers for any NMW underpayments related to sleep-in shifts, the practice by which providers pay low flat fees, typically around £30 per shift, to staff who they require to remain present on their or a customer's premises overnight and during which they are allowed to sleep, only having to wake up and perform any duties if and when required.

An independent survey carried out by VODG, Agenda



- Consulting and Trowers & Hamlin LLP has revealed that:
- 99.7% of sleep-in shifts are spent asleep.
 - 95% of all sleep-in shifts are undisturbed.
 - 66% of providers do not currently pay the NMW for sleep-ins.
 - 32% of those providers plan to start paying sleep-ins at the NMW.
 - Nearly 80% of providers pay at or above NMW if a sleep-in is disturbed, the average disturbance lasting a maximum of 30 minutes.

The SCCS gives participating providers that may have paid workers below NMW a further year to identify any underpayments to workers, supported by advice from HMRC ('self-review period').

Where an employer identifies any underpayments once the self-review period is complete, they will then be given a further three months to pay any arrears to the workers concerned. HMRC described the introduction of the SCCS as, 'a proportionate, time-limited, sector-specific approach which recognises the importance of continued care for vulnerable individuals whilst securing arrears of pay for care workers working sleep-in shifts'. It also argued that it provided social care employers with more time to get their house in order, whilst also allowing them to avoid being 'named and shamed' on the Department for Business, Energy and Industrial Strategy's website or being subject to HMRC's normal financial penalties tariff (up to 200% of the underpayment or £20k per worker).

PROGRESS WITH THE SOCIAL CARE COMPLIANCE SCHEME

Four months on from its introduction, how is SCCS faring? As briefly touched upon above, when the scheme was first introduced it appeared to be an attractive proposition

for employers who remained concerned about the complex and muddy landscape that is sleep-in shifts and NMW compliance.

However, soon after the fanfare around its introduction had subsided, concerns were raised about the lack of detail in the supporting guidance. For instance, it remains unclear what support the Government will actually provide in helping employers to pay for any underpayments to staff or how far back in time the scheme may extend, albeit I have set out below my thoughts on the latter.

HMRC also appear to be attempting to oversimplify what is a complex area of law, in spite of the fact that they have already admitted that previous guidance issued by them on the subject was 'potentially misleading'.

Furthermore, some commentators have said that they see the SCCS as a bullish attempt to place further pressure on an already severely-strained sector, by giving the sector a deadline to settle what some estimate to be a £400m bill, such a sum being even more stark when considered that this is in addition to the further estimated £1.3bn cash injection required to simply keep the social care system afloat.

SHOULD PROVIDERS OPT IN?

All of the above begs the question...should providers opt in to the SCCS or not? Although every provider is encouraged at a very early stage to broadly assess their potential exposure, for instance by ascertaining how many sleep-in shifts have been undertaken in the past six years and at what rate they were paid, at present I see little benefit in participating in the SCCS.

Firstly, no provider would want to complete the very significant administrative work of carrying out a self-assessment before the Mencap decision is given in March 2018.

Also, given that a provider can delay opting to self-review until December 2018 (and, therefore, any arrears would potentially go back six years from this date), it would appear to be beneficial for providers to start any self-review as late as possible, assuming that NMW compliance is started now or before December 2018.

Secondly, HMRC can go back six years with respect to underpayments of NMW, albeit there remains a number of reasonable arguments to be made to challenge this period. For instance, the initial case the Government relied upon in enforcing sleep-in NMW compliance was not decided until November 2013 (*Whittlestone v BJP Homes Support Limited [2013]*). In suggesting that all hours of the shift (even when asleep) count towards the same, it could be argued that providers cannot be expected to go back beyond that point in paying NMW arrears to staff.

In addition, and as a further fall-back position, HMRC has also accepted that guidance issued before February 2015 was potentially misleading (given that it stated that time spent asleep did not count in a typical sleep-in setting) and therefore, again, how can HMRC legitimately enforce the periods before February 2015 against providers?

Nonetheless, it remains the case that a provider would still need to persuade HMRC of such arguments via inspection or the self-review process, and potentially challenge through the courts if ultimately a notice of underpayment is served on them with respect to periods before February 2015.

GOVERNMENT EFFORTS

Ultimately, many providers, particularly smaller ones, remain reluctant to sign up to SCCS in the absence of any funding assurance from the Government, with some

commenting that to do so would be akin to 'writing their own suicide note'. Such a point leads on nicely to the question of what efforts, if any, the Government is making to minimise the impact to providers.

The answer, simply put, is very little at the time of writing.

Back in July 2017, the Government voiced its commitment to seek a solution to the £400m liability hanging over the sector, recognising that it could pose significant challenges to providers and, in extreme circumstances, result in providers being unable to meet their repayment obligations. Such rhetoric was repeated when the SCCS was introduced, with the Government stating that it had opened discussions with the European Commission to determine whether any financial support, if deemed necessary, would be subject to EU State aid rules.

However, as we stand today there remains little indication that such help will be forthcoming any time soon, leaving providers to fend for themselves and attempt to keep their heads above water in the meantime.

As such, the current position regarding arrears for NMW remains largely the same. With no Government intervention on the horizon anytime soon and many providers having neither the reserves nor income in their budget to make provisions for back pay, the liabilities for which run into the tens and, in some cases, hundreds of thousands of pounds, large parts of the social care sector face collapse.

Some providers, in an effort to mitigate further exposure going forward, have resorted to taking the bold step of paying sleep-in shifts above the NMW for every hour, meaning that their margins per hour for such shifts equate to a few pence, again bringing into question the sustainability of the sector as a whole.

CMM

Lloyd Clarke is an Associate Solicitor at Attwells Solicitors LLP. Email: Lloyd.Clarke@attwells.com Twitter: [@Attwells](https://twitter.com/Attwells)

The issue around sleep-ins is changing rapidly, new developments will be published on the CMM website's News pages. Sign up to receive daily news alerts www.caremanagementmatters.co.uk

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Caroline and Brendan, Social Services

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

Pete, Community Integrated Care

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

Claire, Shaw Healthcare Group

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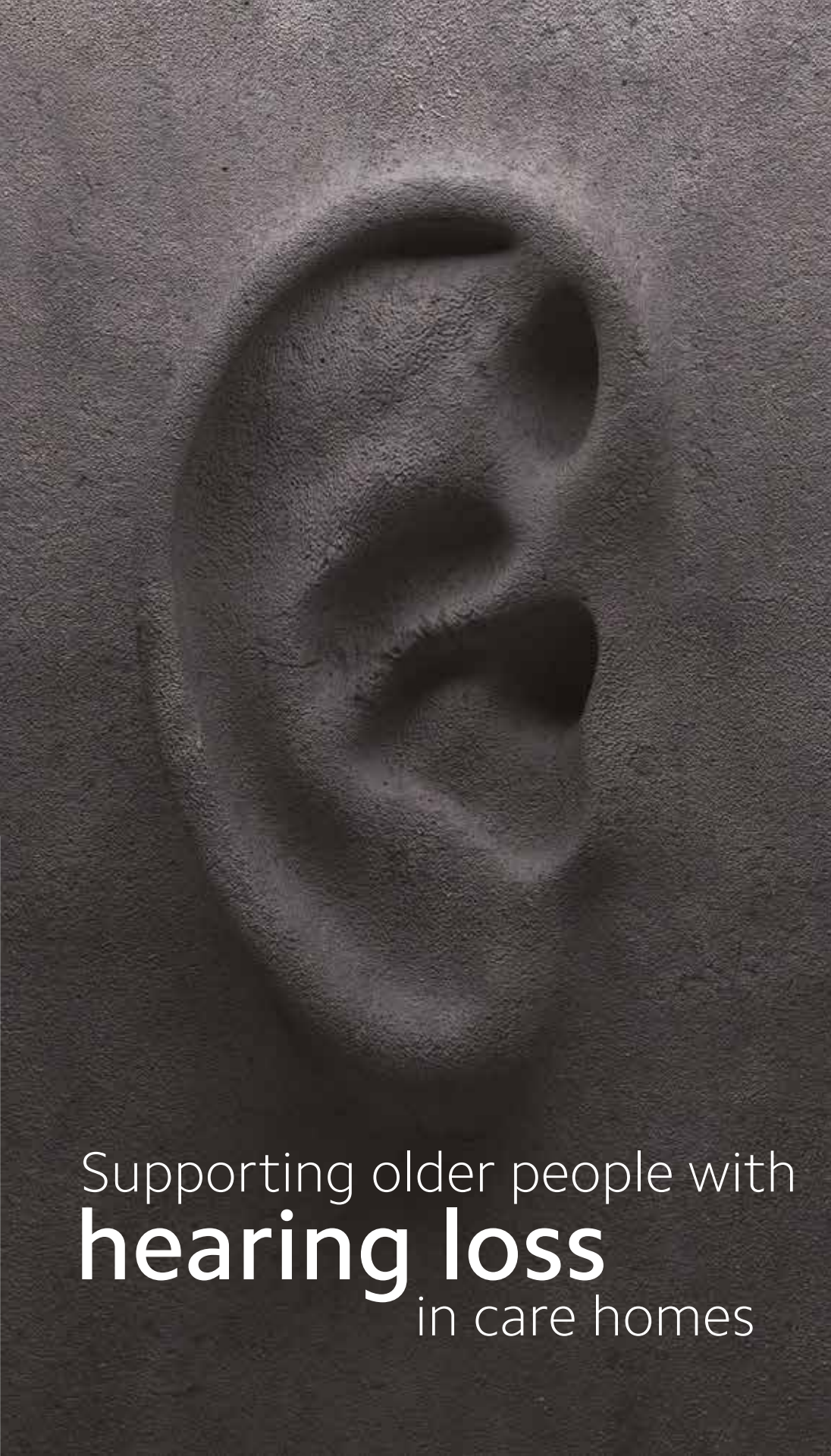
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Supporting older people with hearing loss in care homes

Action on Hearing Loss has developed a project to help staff support older people with hearing loss in care homes. Sarah Treadwell-Baker explains more about the report and accompanying resources.

Hearing loss is a major public health issue, it affects more than 11 million people across the UK – that's one in six of us.

The most common type of hearing loss is called 'presbycusis' or 'age-related hearing loss', which develops gradually with age. Around 71% of people aged over 70 have some kind of hearing loss and it's estimated that 75% of people in a care home have hearing loss too. This will increase to 80% by 2032.

If people are not properly supported to manage hearing loss effectively, it can lead to:

- Communication difficulties.
- Social isolation and loneliness.
- Anger and frustration.
- Low confidence, especially in social settings.

Added to this, our 2015 report *Hearing Matters* highlighted that hearing loss:

- Doubles the risk of developing depression.
- Increases the risk of anxiety and other mental health issues.
- Increases the risk of developing dementia.
- Is linked to cardiovascular disease, >

- stroke and obesity.
- May be linked to sight loss and more frequent falls.

Our 2012 research report *A World of Silence* showed how, if the hearing loss of care home residents is identified and managed effectively, there is a real chance of improving their quality of life by improving their overall health and wellbeing.

HEAR TO CARE

In 2014, to address this, Action on Hearing Loss secured funding from the Department of Health to improve long-term care and support for older people living with hearing loss in care homes.

The project – called *Hear to Care* – saw the charity work with more than 100 care staff across seven care settings in Leeds, Rotherham, Manchester, Cheshire and North Staffordshire.

Over the last two and half years that the pilot has been running, the teams found that each home had a different way of working, depending on the needs of residents with hearing loss. This, ultimately, meant there was no set procedure or standard across the board for supporting people with hearing loss in care homes.

Despite staff taking the time to communicate and listen to those people with hearing loss, research undertaken as part of the project found that a high turnover of employees led to skilled staff being lost from settings. This was exacerbated by a lack of time and resources for training on hearing loss issues.

To overcome this, the project delivered training to 114 care home staff in all target areas and the results have been used to produce new guidance for providers.

HEAR TO CARE TRAINING

The care home staff training delivered as part of the project included:

- Understanding the impact of hearing loss, deafness and tinnitus.
- How to identify a resident with hearing loss.
- Communication tips.

- Using a screener to check for hearing loss.
- How to use a personal listener.
- Managing hearing aids.

Four care workers were also appointed as 'Hearing Loss Champions'. Their role was to raise awareness, knowledge and understanding of hearing loss and hearing aids amongst colleagues, and be a key link to local audiology and other hearing services.

The project piloted and tested changes that can be made to improve the diagnosis and management of hearing loss among care home residents.

Julie, a care home manager who participated in the project said, 'The Hear to Care project has helped by developing staff understanding of the importance of identifying hearing impairments in our customers and referring them to the audiology services.'

'For those customers who already have hearing aids, staff have an increased knowledge of the importance of cleaning the hearing aid and how this can be done by taking the tubing apart, which a lot of staff did not know they could do.'

'The services we already had included one customer having a conversation listener that staff use to communicate with her. We are looking at hopefully installing a loop system and purchasing another conversation listener.'

'Overall, improved communication between staff and customers has been beneficial, with staff picking up on hearing problems a little faster and making referrals.'

RESULTS

The project provided Action on Hearing Loss with a real insight into the needs of residents in care settings with hearing loss, and also into the daily challenges facing the staff supporting and caring for these residents.

Upon evaluation of the project, we have seen a real increase in the knowledge, skills and confidence of staff in identifying and supporting people with hearing loss.

The residents involved with the project have reported many positive

outcomes, such as using equipment to enable them to hear staff better and gaining hearing aids through the support of staff and audiology departments working together.

“The project provided Action on Hearing Loss with a real insight into the needs of residents in care settings with hearing loss, and also into the daily challenges facing the staff supporting and caring for these residents.”

INFORMATION SHEETS

As a result of the project's findings, Action on Hearing Loss has produced its *Hear to Care* guide and a range of easy-to-use information sheets to support care home managers and staff to:

- Identify and check for hearing loss.
- Improve hearing aid use and management.
- Meet communication needs.
- Provide assistive listening devices.
- Identify and manage other ear problems, such as tinnitus and ear-wax blockages.
- Appoint Hearing Loss Champions.

Hear to Care has found how simple interventions and training can help to raise the quality of life of people with hearing loss living in care homes. It also concludes that there is potential benefit to offering hearing checks to all residents on arrival to the care home, and every 12 months thereafter.

However, it's important to be aware that hearing loss can sometimes be misdiagnosed as dementia, or can make the symptoms of dementia appear worse. Diagnosing and managing hearing loss, and taking a person's hearing loss into account when diagnosing and managing other conditions, are therefore essential to ensuring good communication and care.

CMM

Sarah Treadwell-Baker is Development Projects Manager for Local Engagement England at Action on Hearing Loss.
Email: Sarah.Treadwell-Baker@hearingloss.org.uk Twitter: [@ActionOnHearing](https://twitter.com/ActionOnHearing)

The reports mentioned here can be downloaded from the CMM website www.caremanagementmatters.co.uk Sign up today.
More information on *Hear to Care* is available from Action on Hearing Loss www.actiononhearingloss.org.uk/heartocare

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REVOLUTIONISING
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Do you offer Gr8 support?

The Gr8 Support Movement

Sally Warren, Jo Giles and Jo Clare share details of the Gr8 Support Movement and how it can raise the status and value of support workers.

At Paradigm we all have slightly different memories of how the idea for The Gr8 Support Movement started. We do remember that the idea came from two very different starting points: one a wish, the other a growl.

The first was a long-standing wish on the part of Sally Warren, Managing Director of Paradigm, to do something with, and for, great support workers.

There is a much better chance of putting people with learning disabilities firmly at the centre of good ordinary lives if those doing the support, rather than organisations, are in the driving seat of innovation and problem-solving.

Yet few support workers get an opportunity to network and connect with each other at work, let alone outside work or beyond their employing organisations.

The other starting point was a damning photograph which hit the headlines in March 2016: a support worker apparently taking a fag break while shopping bags were dumped on a man with learning disabilities in a wheelchair who she was supposed to be looking after.

Mencap were immediately and duly appalled and did the right thing by suspending the staff member >





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> concerned.

Once we had stopped growling about it, we agreed that enormous damage had been done to the reputation of support workers by that photograph. A wave of scandals – the high profile criminal abuse which was uncovered at Winterbourne View, the unforgivable death by neglect of Connor Sparrowhawk – had indicted providers, and along with them, care and support workers, whose public image had been sliding into the mire for years.

With that photo, the epitome of disrespect and indifference, public image was pitched into yet another intolerable low point.

GR8 SUPPORT WORKERS

Driven to act, we knew that the antidote to this dreadfulness lay buried in the many examples of great support which we knew about. With minimal planning and a new hashtag, #gr8support, we immediately launched a mini twitter campaign to focus on what 'good' looks like and highlight known examples of great support.

The idea resonated and gathered momentum. We connected with over 350 people with learning disabilities who talked with us about what great support looked like for them.

Lots of buzzy conversations, coloured umbrellas, ping pong balls and hundreds of words later, Gr8 Support was distilled into eight qualities of a great (Gr8) support worker:

- Adventurous.
- Friendly.
- Encouraging.
- Supportive of My Loving.
- Connecting.
- Advocating.
- Respectful.
- Resourceful.

In May 2017, support workers from 21 organisations got together in Birmingham to shape, co-design and launch the national Gr8 Support Movement and over 100 people, nicknamed 'Change Makers', signed up to test drive the plans and pioneer the movement.

After a highly-successful pilot and review, the Gr8 Support Movement is now growing in membership and gathering momentum. Organisations pay to sign up as many of their staff as they like to a vibrant online network of people focused on learning and innovation and being the best they can be.

SHARING PRACTICE

Methods of connecting and engaging are time-efficient and cost-effective. Staff connect online whenever they can to share insights, swap ideas and solve problems. They generate and take part in debates on campaigns

and burning issues like Staying Up Late #nobedtimes.

They ask and answer cutting-edge and challenging questions about, for example, how to support sexual relationships or parenthood.

Staff also support and encourage each other to stop poor practice or challenge the stale old status quo.

For example, one Change Maker, from Getta Life, suggested creating a jar of motivational ideas to solve the problem of people doing the same things week in week out.

Since routine and boredom is a perennial challenge to quality of life across the care sector, this simple but effective solution is now a kit resource for the whole network to use.

One member, thinks that breaking routine is key to dreaming big, 'Our best work comes from support workers being lifted out of routine and into the realm of reflection and excitement. I am convinced that, if we play our part, joining the Gr8 Support Movement will mean most of our staff dreaming big with and for the people they support. Priceless!'

Innovators and great practitioners also stimulate discussions, via articles and monthly webinars. The series of webinars to-date has included:

- Getta Life and their cutting-edge approach to risk (Adventurous).
- Us on the Bus on Intensive Interaction (Respectful).
- Exclusively Inclusive on connecting with community (Connecting).
- 'Goodbye Daddy John' by Rowena, a mother's story about helping her son with complex needs understand that his Dad had died (Supportive of My Loving).

They share freely the trade secrets of their solutions or outstanding practice. For care providers who are more accustomed to competing than co-operating, sharing innovation as a common resource rather than a guarded secret is a refreshing and priceless resource.

Sue Livett, Chief Executive of the Aldingbourne Trust said, '[It's] fantastic to have links to others who provide and promote Gr8 Support as well as lots of ideas as to how we can be even better.'

EMPOWER SUPPORT WORKERS

The aim of the Gr8 Support Movement is to empower support workers to become change makers everywhere – in their own practice, within their organisations and across the sector.

Early signs are that it will help the care sector challenge itself to root out indifference, neglect and abuse in all its forms and, in line with the eight great characteristics chosen by people with learning disabilities, provide truly great support.

Over time, it may also help repair public perception of care providers and increase the status and value of support work. That is a change from which everyone will benefit.

CMM



Support Movement

a Paradigm project

Sally Warren is Managing Director of Paradigm. Email: sallyw@paradigm-uk.org Twitter: @SallyAWarren Jo Giles is a Freelance Associate at Paradigm Email: Jo.giles@paradigm-uk.org and Jo Clare is Chief Executive of Three Cs. Email: Jo.Clare@threecs.co.uk

More information on the Gr8 Support Movement is available on the Paradigm website www.paradigm-uk.org/gr8-support-movement

CMM INSIGHT 2018 LEARNING DISABILITY AND MENTAL HEALTH SERVICES

21st June 2018, Manchester

CMM's renowned national conference for learning disability and mental health providers is gearing up for a return to The Renaissance Hotel in Manchester.

Known for offering actionable solutions to the issues facing providers across both sectors, the conference and exhibition will be held on 21st June.

Chaired by Kathy Roberts, Chief Executive of the Association of Mental Health Providers, the agenda is carefully tailored to encompass best practice, policy and practical workshops.

AGENDA

Delegates will be able to explore current policy across both sectors, including transforming care, mental health service reform, the impact of austerity and more.

To help providers turn policy into practice, there will also be a presentation focusing on practical examples of what other organisations are doing to meet the policy changes and how the work of others can be built upon.

Regulation, including the Care Quality Commission's *Registering the Right Support* and any market opportunities it brings, will also be considered along with the impact such regulatory changes are having on the sector. This important presentation will be delivered by Stuart Marchant, a leading expert in health and social care law and regulation.

SLEEP-INS

With providers facing a sleep-ins back pay bill of £400m, and the situation changing by the

week, there will be an opportunity to hear from Matthew Wort, Partner at Anthony Collins.

Matthew has been awarded the right to intervene in the Court of Appeal's sleep-in shift case, on behalf of Care England. This right gives Matthew and Care England, on behalf of the sector, an opportunity to pursue new arguments that are yet to be considered in the case. It is the original ruling in this case which stated care providers must pay the National Minimum Wage.

Delegates will be able to hear up-to-date information on developments with sleep-ins, and ask specific questions of Matthew too.

BUILDING THE RIGHT SUPPORT

For providers looking to develop supported living and supported accommodation, Andrew van Doorn of HACT will be focusing on what the future of this type of provision looks like, as well as the role of integration and creating a care pathway.

FINDING THE RIGHT STAFF

The day will also feature the must-attend



presentation on recruitment and retention by Scott Sherriden of The Care Hub. This will be delivered in a Q&A format, enabling delegates to ask questions, raise ongoing issues and get practical answers.

WORKSHOPS

Delegates will also be able to attend practical workshops. Previous topics have included technology, training and the mental health prevention concordat, suicide prevention plans and peer support.

EXHIBITION

Running throughout the day will also be an exhibition of carefully selected products and services. These partner organisations focus on supporting providers across learning disability and mental health to deliver best practice, achieve efficiencies, grow and operate in what is a challenging market.

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£750,000 - £3,975/month	£1,800,000 - £9,540/month	£11,500,000 - £60,950/month
£985,000 - £5,221/month	£2,600,000 - £13,780/month	£15,000,000 - £79,500/month
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- Event:** Ageing in Common: An International Perspective, Incorporating NCF UK Care Conference and Commonwealth Elders Forum
Date/Location: 16th-18th April, Reading
Contact: CommonAge and National Care Forum, Web: www.commonage.org and www.nationalcareforum.org.uk
- Event:** Care Home Open Day 2018
Date/Location: 21st April, Nationwide
Contact: Care Home Open Day, Web: www.carehomeopenday.org.uk
- Event:** NAPA Challenge 2018 – a Food Journey Around the Commonwealth
Date/Location: 18th-25th April, Nationwide
Contact: NAPA, Web: www.napa-activities.com/whatson/napa-challenge-2018
- Event:** Naidex
Date/Location: 25th-26th April, Birmingham
Contact: Naidex, Web: www.naidex.co.uk
- Event:** Delivering the Future of Health and Care
Date/Location: 27th-28th June 2018, London
Contact: Health + Care, Web: www.healthpluscare.co.uk
- Event:** NAPA Annual Conference London: Getting Activity Right for Everyone
Date/Location: 11th July, London
Contact: NAPA, Tel: 0207 078 9375

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CMM EVENTS

- Event:** The Transition Event Midlands
Date/Location: 17th May, Coventry
Contact: Care Choices, Tel: 01223 207770
- Event:** BAPS – SEND Blogging Awards
Date/Location: 17th May, Coventry
Contact: Care Choices, Tel: 01223 207770
- Event:** CMM Insight – Learning Disability and Mental Health Services
Date/Location: 21st June, Manchester **NEW DATE**
Contact: Care Choices, Tel: 01223 207770
- Event:** CMM Insight Lancashire Care Conference
Date/Location: 27th September, Blackburn
Contact: Care Choices, Tel: 01223 207770
- Event:** CMM Insight – Berkshire, Buckinghamshire and Oxfordshire Care Conference
Date/Location: 11th October, Slough
Contact: Care Choices, Tel: 01223 207770

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STRAIGHT TALK

Kerry Dearden discusses
the funding challenges
facing the care home
sector.



1948 was a pivotal year for healthcare, witnessing the launch of the NHS and implementation of the National Assistance Act. The principle of the former was to bring free healthcare to all with funding via taxation, and the latter identified 42,000 people as needing 'care and attention' delivered through a residential care home. At the time, local authorities could levy means-tested charges for residential and community services but not healthcare.

Since then, funding principles have remained largely unchanged – the NHS provides services that are free at the

point of delivery and local authorities fund social care for those who cannot afford to fund it themselves, but people with financial means pay for their own social care. Around 400,000 older people live in a care home today.

The sector has also seen numerous Government papers, consultations and independent commissions. These have made useful recommendations regarding underfunding, caps on care fees and a lack of healthcare integration, but despite this, gross underfunding continues and is at a cliff edge. Social care funding continues to be the poor relation in terms of investment despite it being needed for the most vulnerable in society.

Added to this, life expectancy has increased for both men and women, many of whom now have multiple illnesses and a growing dependency on the healthcare system. Further, lifestyle changes like greater alcohol consumption, smoking, poor diet and lack of exercise place an extra burden on the system. Expectations have also changed; people demand more and have a louder voice, expecting to receive person-centred care.

This demand is set against a backdrop of a growing number of care homes for the elderly becoming insolvent. This means that the question is not if the sector is in a crisis but when it will go over that cliff edge.

Providing an Outstanding quality of care requires a sustainable workforce. However, at any one time there are approximately 80,000 social care vacancies in England and around 27% of employees leave the sector every year, generating a heavy reliance on agency staff. At The Orders of St John Care Trust, we support the principles of the National Living Wage (NLW) especially for our dedicated workforce in health and social care, but the question remains: how will the sector fund the 17% (£1.25/hour) increase to the NLW expected by 2020? Since 2016/17, the sector has already needed to find an

additional £600m. Further pressures seem inevitable given the likely impact of Brexit as carers and nurses decide not to move to the UK.

The emergence of the 'two-tier' system of homes is evident within the sector. The new care homes and/or villages are predominantly being built for those fortunate enough to be able to pay for their own care, as only these fee rates provide the necessary return on investment. The Care Act states that people have a choice of residential accommodation but in reality, local authority fee rates do not even cover basic provision of care costs. This means those funded by the local authority have access to a diminishing number of services. Providers who predominantly operate in the local authority sector are at increasing risk of becoming insolvent if they do not diversify quickly, unless the funding regime changes.

Recently, we've seen the impact of using funding from private equity, but for us, the very high interest rates and terms are an unsuitable route to support a sector that cares for the vulnerable. There is a place for high-end homes for those who wish and are able to pay to live there, but for the rest of the sector there is insufficient funding to support a third party's requirement for investment returns.

It is obvious that the sector has structural funding problems, and one cannot ignore the volume of media coverage on this topic. Such coverage has a negative effect on how the sector is perceived by financial providers, vulnerable people deciding on long-term care solutions, and on the career choices of potential employees.

An answer to this problem is needed quickly and whilst we wait to see what this summer's Green Paper brings, experience indicates that we shouldn't be holding our breath for a resolution on the funding crisis. However, I do hope that all political parties finally put the needs of the nation's most vulnerable citizens first.

Kerry Dearden is Commercial Director at The Orders of St John Care Trust. Email: enquiries@osjct.co.uk
Twitter: [@DeardenKerry](https://twitter.com/DeardenKerry)

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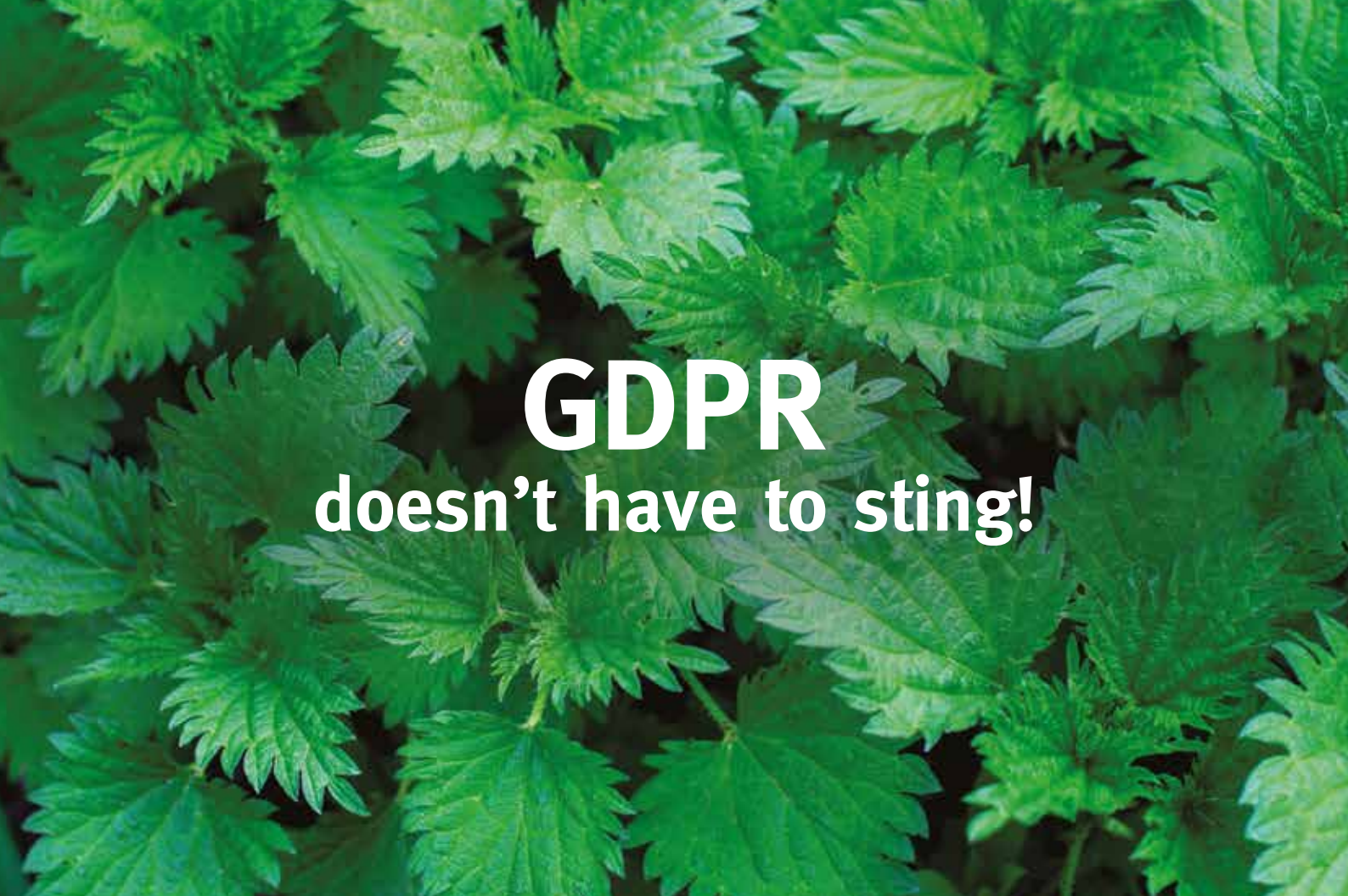
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