

CMM

CAREMANAGEMENTMATTERS

SEPTEMBER 2018

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SLEEP-INS UPDATE

What should providers do now?

Care insurance

Do you have the cover you need?

Immigration enforcement

Are you at risk?

Supported Loving

Supporting people to find love



"A member of the care team requested that a resident was put on fluid watch as they were concerned that they weren't drinking enough. The fact that this member of staff, rather than feel frustrated, knew that the system could support us shows just how invaluable the system is..."

**Alison Redhead | Registered Manager
Minster Grange Care Home**



Person Centred Software Interviews Alison Redhead, Registered Manager of Minster Grange Care Home, part of LifeStyle Care

Minster Grange Care Home is an 83-bed residential and nursing home in York. The care home supports disabled adults and older people, including people who have nursing needs or may be living with dementia.

Alison Redhead, Registered Manager of Minster Grange Care Home, told us about her experience using Person Centred Software's Mobile Care Monitoring (MCM) system and how she felt it benefitted her staff, her residents and herself.

Minster Grange had been using paper to record all their care notes, which Alison says were 'kept in files, which were kept in rooms, which were kept in cupboards and then were kept locked.' This meant that she didn't have easy access to care records and notes when she needed them, whether they were needed by 'a CQC inspector or a social worker, or a family member.'

Since using Person Centred Software's system, Alison says that 'having all the data in one place is tremendously powerful' and 'each member of staff who is working with our residents can quickly access their records.'

She continues to say, 'it's amazing, the depth and the quality of the data that we've been getting [since using the system]'. Alison has been using Person Centred Software's system since February 2017 and her care home is rated Good by CQC in all areas.

See the full interview with Alison at www.personcentredsoftware.com/alison

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CMM

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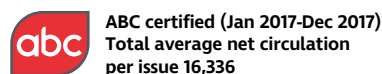
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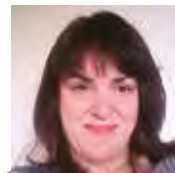
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From the Editor

Editor, Angharad Jenkins summarises this month's features and reflects on the announcements from the last two months.

Welcome to the September edition of CMM. Over the break, we said goodbye to our editor of 13 years, Emma, and I've stepped into her place, with big shoes to fill. I hope to follow in her footsteps and bring you the latest news, best practice and innovation from across the sector.

HIGHS AND LOWS

Since our last issue, we have seen Mencap win their sleep-ins case at the Court of Appeal, meaning the £400m back-pay bill is no longer due and an end to concerns faced by providers who couldn't afford to pay.

However, further uncertainty is now upon us, with Unison requesting permission to appeal to the Supreme Court. Matt Wort explains the Court of Appeal's decision and takes a look at what this might mean for the sector, and what providers should do next, in his feature starting on page 20.

Shortly after our last edition went to press, the sector also faced the news that the much-anticipated Green Paper was to be delayed until Autumn. This disappointing announcement came just three weeks before Matt Hancock replaced Jeremy Hunt as Secretary of State for Health and Social Care.

Mr Hancock has made various commitments to social care, promising the Green Paper won't be delayed again and outlining his early priorities. Vic Rayner lays out her thoughts on what should be included in the Green Paper in our Straight Talk on page 50.

PROTECTING YOUR BUSINESS

Working in the social care sector can make businesses more prone to being sued or losing revenue due to property damage. Our feature on page 25 explains the various types of insurance your business might need, with

examples to demonstrate where each insurance product could help.

Our article beginning on page 36 explores common mistakes providers are making when it comes to immigration law and Tier 2 visa compliance.

This complex area is made clear by Anne Morris who suggests how providers can ensure they are ready for a Home Office inspection at any time.

CELEBRATING INNOVATION

Our Business Clinic this month focuses on Supported Living

– a campaign to encourage care workers to support people with disabilities to have loving relationships. The initiative won the Technology category in our 3rd Sector Care Awards last year, and you'll see why when you read the feature.

Nominations for this year's Awards close on Friday 7th September so make sure you're in with a chance of winning by entering online.

As always, we welcome feedback on all the features in CMM – let us know what you think on the CMM website, where you can comment, share, learn and earn CPD points.



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“ Having the confidence in knowing that we have full training compliance with traceability and in depth information for our regulators, at the touch of a button in the event of an inspection, is invaluable. ”

*Jane Ratcliffe
Talent & Development Manager at Majesticare*

Equality and human rights are too often seen as a challenge – something that's a bit scary and hard to get right. But this couldn't be further from the truth. Promoting equality and human rights gets to the heart of good health and social care: ensuring care is centred around people as individuals and supporting them to make decisions about how they want to live their lives. Paying attention to equality and human rights improves care for people using services because it gives people the outcomes that they want.

Although progress is being made, too much inequality still exists and people with some protected characteristics, for example religion, belief or sexual orientation, are less likely to receive good quality health and social care. At CQC, we want to use our position to change this. We set ambitious equality objectives every two years to focus on where we think we can make an impact on quality of care for people who use services.

One of our current objectives is about person-centred care and equality. We know that good person-centred care is crucial to improving care quality, and it plays just as big a role in improving the poorer health and care outcomes of particular groups of people. Through our inspection and monitoring, we can assess how well providers ensure person-centred care for people with protected characteristics, as well as promoting and encouraging best practice. Last year, we focused on care for lesbian, gay, bisexual and transgender (LGBT+) people who use adult social care services, and this year we've begun to look at how people's faith, beliefs and religion are supported too.

So, what does this mean in practice? We have developed tools for inspectors to help them better assess how providers support LGBT+ people, and we're talking about this more in our inspection reports so that the public has this information when choosing care for themselves or a loved one. This is a great start and we want to improve how we do this so that people and providers can clearly see how equality and human rights are being promoted and supported by services. The more we talk about it, the more best practice we can share for others to learn from.

We're now taking a similar approach to looking at people's faith, beliefs and religion. This is a broad area and covers everything from how people are supported to practice their

religion, to how pastoral care for people in care settings reflects their faith and beliefs. We are working with a range of expert organisations and people to ensure their knowledge shapes the tools we develop to help inspectors make confident, informed assessments.

Providers should be seeing the impact of this work later this year, with more specific

“Although progress is being made, too much inequality still exists.”

questions related to person-centred care for people's faith, beliefs and religion in our inspections. This means staff and services may be asked how they meet people's needs and take an equality and human rights approach relating to this.

People using social care services should be able to be themselves, in exactly the same

way that everyone should. This isn't just about stopping unacceptable discrimination; this is about providers and staff who support people being confident with difference.

CQC can support the sector to grow in confidence in how it supports difference and equality by sharing examples of outstanding practice. As well as highlighting examples in our inspection reports, we will continue to use our independent voice to talk honestly about what we're seeing across the country. If you're looking for inspiration, you can read the case studies in our Equally Outstanding resource. It features providers who have shown that not only does focusing on equality and human rights result in the best outcomes for people, it can actually minimise the impact of challenges in times of financial constraint. There really is no reason not to put equality and human rights at the centre of providing care and support.

We would love to hear about the work you're doing to promote equality in your services. Share them with us by tagging @CareQualityComm on Twitter.

Inside CQC

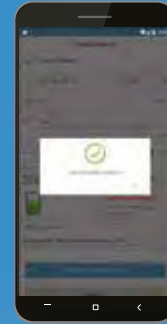
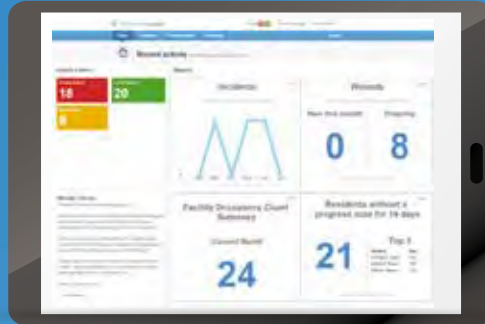
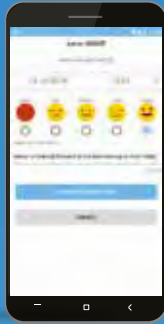
DEBBIE IVANOVA

In this month's Care Quality Commission column, Deputy Chief Inspector of Adult Social Care, Debbie Ivanova talks about CQC's equality and human rights approach to regulation.



Debbie Ivanova is Deputy Chief Inspector of Adult Social Care at the Care Quality Commission. Share your thoughts on Debbie's column and suggest topics for future CQC columns on the CMM website www.caremanagementmatters.co.uk Not a member? Sign up today.

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NEWS

Sleep-ins continue to cause uncertainty

Unison has appealed The Court of Appeal's decision to rule in favour of Mencap in the sleep-ins back-pay case.

Mencap and intervening parties, including Care England, achieved a landmark ruling at the Court of Appeal, which stated that only time spent awake and working counts as working time during a sleep in.

Represented by Anthony Collins Solicitors, the successful Care England intervention means the £400m allegedly owed to care workers who had been deemed to be underpaid for overnight shifts is no longer considered due under current legislation.

However, this decision could

now be under threat as Unison, acting on behalf of Tomlinson-Blake in the ongoing legal battle, has since lodged an official application to appeal to the Supreme Court.

If the Supreme Court grants leave to appeal, it will cause further uncertainty in the sector – with the court hearing possibly in the latter half of 2019.

The Supreme Court could take at least eight weeks to decide on whether to grant permission for the appeal to be heard.

Matt Wort, Partner at Anthony Collins Solicitors, offers guidance on what this means for providers in his feature beginning on page 20.

LGA launches Green Paper on adult social care

The Local Government Association has launched a nationwide consultation to kick-start a debate on funding adult social care and how to save the services caring for older and disabled people from collapse.

The eight-week consultation sets out options for how the system could be improved and the radical measures that need to be considered given the scale of this funding crisis. Possible solutions to funding adult social care in

the long-term are outlined in the Local Government Association's consultation.

It is seeking the views of people and organisations on how best to pay for care and support for adults of all ages and their unpaid carers, and aims to make the public a central part of the debate.

The Local Government Association will respond to the findings in the Autumn to inform and influence the Government's Green Paper and spending plans.

Health and Social Care Secretary's key priorities

At his first major speech since being appointed, Health and Social Care Secretary, Matt Hancock set out his early priorities for health and social care.

Speaking from West Suffolk hospital, the Secretary of State made it clear that he sees the need for a long-term plan for health and social care, saying, 'We must find a way to make health and care – by which I mean the whole health and social care system – sustainable for the long term.'

He highlighted three areas where he wants to make 'swift and decisive progress': workforce, technology and prevention.

Mr Hancock acknowledged the necessity of training across the sector; his desire to 'work with everyone across the NHS and social care system to embrace the next generation of technology'; and that 'The integration of the NHS and social care and wider services in local government is vital to getting [prevention] right.'

He has also since confirmed that the Green Paper will definitely be published in Autumn and will cover all of adult social care, not just older people. The full speech can be found on the GOV.uk website.

APPOINTMENTS

GOVERNMENT

Matt Hancock is the new Secretary of State for Health and Social Care. The West Suffolk MP takes over the position from Jeremy Hunt who has become Foreign Secretary. Kit Malthouse has been appointed as Housing Minister.

CQC

The Care Quality Commission (CQC) has appointed Ian Trenholm as its new Chief Executive.

OSJCT

The Orders of St John Care Trust (OSJCT) has promoted Kerry Dearden as its first Deputy Chief Executive. Kerry was previously Commercial and Marketing Director at OSJCT.

NHS DIGITAL

John Noble, Deborah Oakley and Balram Veliath join the Board at NHS Digital as non-executive directors, bringing their expertise to the leadership of the organisation.

QCS

Philippa Shirtcliffe has been announced as the new Head of Care Quality at QCS.

SOMERSET CARE

Somerset Care has announced the appointment of Sarah Hicks as Director of Care Operations.

INDEPENDENT CARE GROUP

Independent Care Group (ICG) has announced two key appointments as it looks to expand.

Lisa Pickard has taken up the post of Chief Executive and is joined by Beverley Proctor, who is joining ICG as Operations Director.

APPOINTMENTS

BUPA

Alaana Linney has been appointed to the newly-created role of Sales Director for Bupa Health Clinics.

SENSE

Sense has appointed Richard Kramer as its new Chief Executive Officer. Richard replaces Gillian Morbey OBE, who has been leading the disability charity since 2010.

AUDLEY CARE

Audley Group has promoted Joanna Lander to the role of Care Director, formerly Head of Care Operation at Audley Care.

GORDONS SOLICITORS

Neil Grant has joined Gordons Solicitors as Partner.

ANCHOR HANOVER GROUP

The Shadow Board for the organisation that would be formed from the merger of Anchor and Hanover has been named. The Shadow Board members are: Mark Allan (Anchor), Nicola Bruce (Hanover), Julie Doyle (Hanover), Mike Green (Hanover), Alun Griffiths (Anchor), Peter Hay CBE (Hanover), Stephen Jack OBE (Anchor) (Shadow Board Vice-Chair), Richard Jones CBE (Anchor) and Richard Petty (Anchor).

CALVERT TRUST EXMOOR

Mike Gray joins Calvert Trust Exmoor as Chief Executive Officer after previously working as Managing Director for his own company. Also appointed is Andrew Laming as Chief Financial Officer. Stuart Devlin recently joined the Trust as Head of Marketing and Sales, and Hannah Cook has joined the marketing team.

The Markel 3rd Sector Care Awards – nominations open

The Markel 3rd Sector Care Awards are returning for the fifth year and nominations are now open for you to nominate yourself, a colleague, team or organisation in any of the 12 categories. Employees of all levels are encouraged to enter, as

long as they are working in a not-for-profit organisation.

All categories and entry criteria are available on the dedicated website www.3rdsectorcareawards.co.uk. Nominations will close on Friday 7th September 2018.

Cap on care costs must be fully funded

England's largest councils have backed government plans to introduce a cap on care costs – but warn that it must be fully-funded otherwise it will inadvertently push services, care providers and councils closer to breaking point.

The recommendation for a fully-costed cap comes in a new report from the County Councils Network (CCN), 'Sustainable Social Care: A Green Paper that Delivers

a New Deal for Counties', which sets out the CCN's policy positions on adult social care, ahead of the forthcoming government Green Paper.

The report argues that if Government's reform agenda is to be successful, then social care must remain a local service and ministers should 'not be swayed' by overly-simplistic arguments to combine all, or elements of, social care into the NHS.

Funding for supported housing: Government response

Government has responded to two consultations on funding for supported housing, stating that housing benefit will be kept in place for all those living in supported housing.

Ministers recognise that supported housing is a vital service for some of the most vulnerable people in our communities, and last year consulted on possible alternative funding for supported housing.

Having listened to views from providers, stakeholders and councils, the Government

has decided housing benefit will remain in place to fund this accommodation.

Government has also announced that it will work with providers, local authorities, membership bodies and resident representatives to develop a robust oversight regime. This work will ensure quality and value for money across the supported housing sector.

In addition, a review of housing related support will be undertaken to better understand how housing and support currently fit together.

Prime Minister announces more funding for the NHS

The Prime Minister has announced more funding for the NHS, however, this does not include social care. The headline figure in

the Prime Minister's announcement of more funding for the NHS was £20bn extra a year in real terms by 2023/24.

Green Paper delayed until Autumn

Former Secretary of State for Health and Social Care, Jeremy Hunt MP announced that the Green Paper will be delayed until Autumn and the funding profile of the sector 'will not be settled until the spending review'.

Commenting on the announcement, VODG Chief Executive, Dr Rhidian Hughes said, 'Social care exists in its own right and the current focus on NHS reform must not be at the expense of overlooking community care. It is wholly unacceptable that once again government has decided to delay the Green Paper process.'

Vic Rayner, Executive Director of National Care Forum added, 'The need for action on social care is now. We were promised a Green Paper on social care this Summer, way before the current announcements on funding and a ten-year settlement for the NHS. The continual pushing back of this key policy agenda is a disservice to people who need and use services, and the wider community.'

Care Workers Charity

The Care Workers Charity was joined by several organisations to complete its annual challenge event. This year's annual fundraiser saw 90 people from across the care sector take part in the Yorkshire three peaks challenge. The challenge raised a total of £35,698.

The Care Workers Charity is also inviting care workers from across the UK to take part in the #GladtoCare competition for the chance to win a holiday with Haven. The photo competition is being run by Person Centred Software. The competition closes at midnight on 10th December 2018. Entry details can be found on Person Centred Software's website.



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Social prescribing schemes to receive £4.5m

The Government has announced that social prescribing schemes will receive £4.5m to allow GPs to refer more patients to social activities and other types of support.

This might include walking clubs, gardening or arts and crafts activities.

23 social prescribing projects will receive a share of the funding to extend existing social prescribing schemes or establish new ones.

The schemes include a focus on:

- Reaching out to people who may be socially isolated.
- Providing support for those impacted by health inequalities.
- Helping people with particularly complex needs who regularly access health services.

The funding will come from the Health and Wellbeing Fund and the projects will be fully-funded in their first year.

Additional joint funding from local commissioners will then be agreed for the subsequent two years.

Ombudsman's review of council complaints

The Local Government and Social Care Ombudsman has issued its annual review of council complaints. The report shows the Ombudsman received 17,452 complaints and enquiries about local government in 2017-18, compared with 16,863 in the previous year.

The proportion of complaints it has upheld has increased to 57% – up from 54% the previous year. The Ombudsman has also issued 40% more public interest reports about local authorities in the same period.

With it increasingly challenging authorities on how complaints can improve services more widely, as well as remedying individual injustices, the Ombudsman has made 21% more recommendations for service improvements this year. Recommendations to remedy personal injustice were also up 3% (from 2,428 to 2,566).

Other statistics from across the country from 2017-18 include that the North West has the highest proportion of adult care complaints upheld, with the South East area having the lowest.

Last-time buyers and retirement villages

Retirement villages are an increasingly popular option for last-time buyers, according to new research from Inspired Villages Group and Legal & General.

The last-time buyers research programme, which has been

delivered in conjunction with economics consultancy, Cebr, revealed:

- 18% of last-time buyers said that they would be willing to move to retirement housing or a retirement village in the future.

- 45% of those who have considered moving to retirement housing or villages think it would offer them a lower-maintenance lifestyle.
- 17% like the idea of community.
- 13% cited security as a benefit.

In terms of the biggest motivators to moving house, nearly a third (29%) said that their current property is no longer suitable, and 31% of the people surveyed stated that their property is too big for them.

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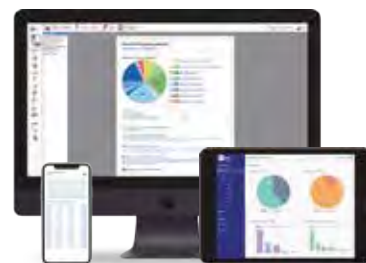
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Single complaints statement

The Local Government and Social Care Ombudsman and Healthwatch England have published a new single complaints statement for adult social care providers to help them deal with complaints better.

Councils and care providers are being encouraged to adopt the new statement which sets out best practice in receiving and dealing with comments, complaints and feedback about their services. An 'EasyRead' version is also available.

Increase in adults with unmet needs

There has been an increase in the number of adults with unmet needs, according to new analysis from Age UK. The charity says that the number of older people who don't get the care and support they need has soared to a record high of 1.4 million – a rise of nearly a fifth in two years. Age UK found that, among these adults, 296,813 need help with three or more essential activities, 158,468 of whom receive no help whatsoever from either paid carers or family and friends.

The charity has also calculated that delayed discharges from hospital due to social care not being in place costs the NHS £289,140,954 a year, equivalent to £550 per minute.

This is set against a context in which, between 2009/10 and 2016/17, spending on adult social care in England fell by 8%. Over the same period, the average spend per adult on social care fell by 13%, and an estimated 400,000 fewer older people received social care.

Caring for Carers – growth in family carers

The Social Market Foundation has calculated that there are 7.6 million people in the UK who provide unpaid care for a relative, 1 million more than in 2005.

Almost 15% of adults now care for a relative and, among carers, the proportion providing support for 20 or more hours a week has increased from 24% to 28% between 2005 and 2015. On average, family carers provide 19.5 hours per week of care.

The Social Market Foundation report, *Caring for Carers*, was sponsored by Age UK and sets out new details about the people who are providing the care on which the country depends.

The paper also suggests much greater use of 'care navigators' to help family carers guide elderly relatives through the complex system of public sector bodies likely to be involved in their overall package of care.

Dementia causes 13% of UK deaths

Alzheimer's Research UK is calling for urgent investment in dementia research, following statistics that show the condition accounted for 13% of all UK deaths last year. The figures were released by the Office for National Statistics.

Data for 2017 shows that in total, there were 67,641 deaths attributed to Alzheimer's disease or other forms of dementia. This is a rise from 2016, when there were 62,948 deaths from dementia (12% of all those recorded).

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DC Care sells Liverpool home

DC Care has completed the sale of Glenarie House Nursing Home, based in Liverpool. The home is registered for 20 people with mental health issues and

has been in the ownership of Mrs Angela Grugel for 25 years. Glenarie House has been sold for an undisclosed sum to The Fairhome Group.

The health and social care interface

The National Audit Office (NAO) has published a report assessing the challenges to integration that are preventing health and social care from working together effectively.

In a move to encourage the Government to create a long-term plan for a sustainable, joined-up care sector, Head of the NAO, Amyas Morse, is urging further and faster progress towards a

service that centres on the needs of individuals, meets growing demands for care and delivers value to the taxpayer.

The Health and Social Care Interface report anticipates the Green Paper on the future funding of adult social care and the planned 2019 Spending Review, which will set out funding allocations for both health and local government.

New Bill to replace DoLS

The Mental Capacity (Amendment) Bill has been introduced to the House of Lords, seeking to replace Deprivation of Liberty Safeguards (DoLS).

DoLS was criticised by a 2017 Law Commission review for being too complex and bureaucratic.

The Government has now developed a new system, known as Liberty Protection Safeguards, which will become law through the Bill.

The reforms seek to:

- Introduce a simpler process, involving families more and giving swifter access to assessments.
- Be less burdensome on people, carers, families and local authorities.
- Allow the NHS, rather than local authorities, to make decisions about their patients.

- Consider restrictions of people's liberties as part of their overall care package.
- Get rid of repeat assessments and authorisations when someone moves between a care home, hospital and ambulance as part of their treatment.

The reforms will also save local authorities an estimated £200m or more a year.

Minister for Care Caroline Dinenage said, 'Treating people with respect and dignity, no matter their disability or condition, is the touchstone of a civilised society. I want to ensure that the system works for everyone and ensures that individuals' fundamental rights are protected while reassuring families their loved ones are getting good care.'

Country Court Care

Country Court Care has announced the completion of a refinance which sees Cheyne Capital installed as the sole senior lender to its portfolio, replacing Barclays, Santander and AIB. In addition, Cheyne has provided a £51m

development facility to fund a pipeline of seven new build assets nationwide, as the group continues to expand.

Connell Consulting conducted commercial due diligence for the refinancing.

Medicine management in the community

NICE has released a quality standard for assessing whether people receiving care in the community need help with their medicines. It also covers deciding what support is needed to enable people to manage their

medicines, as well as guidance on communication between health and social care staff to ensure people have the medicines support they need. It describes high-quality care in priority areas for improvement.

Nominations open for Skills for Care Accolades

Entries are now open for the Skills for Care Accolades 2019 celebrating outstanding service provision.

The Accolades are open to organisations of all sizes, including individual employers, and providers

can find out more and enter online.

The closing date for entries is Friday 7th September 2018 and the winners will be announced at the awards ceremony in London in March 2019.

Short-term funding must continue

NHS pressures and care market failures across the country mean short-term funding must continue, according to the Association for the Directors of Adult Social Services (ADASS) Budget Survey 2018.

Despite short-term funding into the sector, adult social care faces market failures, reduced investment in prevention, and the knock-on effects from NHS pressures, reveals ADASS.

The Survey has also revealed

concerns about the impact of funding reductions. Three quarters of councils believe providers will experience financial difficulties over the next year and 78% are concerned about their ability to ensure care market stability within their existing budgets.

Recruitment and retention remains the most significant worry, with directors highlighting being able to increase salaries as the most important factor in recruitment and retention.

Workforce Development Fund 2018

The Workforce Development Fund 2018 is now open for applications. Adult social care employers in England can claim contributions from the Workforce Development Fund, a limited pot of money towards the costs of employees completing adult social care qualifications and learning programmes between 1st January 2018 and 31st March 2019.

Providers can claim towards the cost of course fees (or

employer contributions) and associated costs, such as employees' salaries whilst they are undertaking training; coaching and mentoring costs; venue costs for the training and wage replacement costs.

A full list of funded adult social care qualifications and learning programmes as well as details on how to apply for the Fund are available on the Skills for Care website.

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Councils call for national taxation to solve funding crisis

Nine in ten (89%) councils say national taxation must be considered to solve the care funding crisis and secure the long-term financial stability of adult social care. The survey, by the Local Government Association (LGA), reveals that 96% believe there is a major national funding problem in adult social care.

The LGA has warned that extra council tax income cannot be expected to plug growing funding gaps and protect adult social care services from further cutbacks and

more than two thirds of councils (70%) responding to the survey agree that increasing council tax is not part of the solution.

A separate LGA public poll reveals nearly nine out of ten people (87%) surveyed believe that councils should be given more government funding to tackle the funding gap in the sector.

The LGA said the findings further demonstrate that political decisions are urgently needed to provide a long-term and sustainable solution.

Developing new care models through NHS vanguards

A report has been published by the National Audit Office (NAO) exploring developing new care models through NHS vanguards. It examines whether the NHS is well-placed to get value for money from its investment.

Developing new care models through NHS vanguards says that the programme has not delivered the depth and scale of transformed services it aimed for. It says that money originally intended to enable the initiative was instead spent on relieving short-term financial pressures in the NHS.

While NHS England co-ordinated the development of local vanguards, the NAO says it did not set clear national objectives or state how new care models would be spread. While this approach provided local, individual vanguards with more freedom to

design system change, it makes it harder to assess the performance of the programme overall.

However, NHS England's analysis indicates that in vanguard areas, emergency admissions to hospitals have grown significantly more slowly than in non-vanguard areas, on average, compared with 2014-15. Despite not meeting its original intention to expand the models across the country, the report says that vanguards have made progress in developing new care models.

The NAO recommends that NHS England strengthen its approach to transformation, setting out what it has learned from the vanguard programme. The Department of Health and Social Care and NHS England should also consider setting out clear plans for transforming NHS services over the long term.

Age Exchange and Community Integrated Care

Age Exchange has merged with Community Integrated Care. The partnership enables Age Exchange to benefit from Community Integrated Care's infrastructure to grow its organisation and increase its reach.

It will also enable the latter to elevate its existing dementia services and expand its offer to include Age Exchange's reminiscence and dementia services to the people they support.

IN FOCUS

Beyond Barriers: recommendations for change

WHAT'S THE STORY?

The Care Quality Commission (CQC) has published a report bringing together key findings and recommendations for change. This follows the completion of 20 local authority area system reviews exploring how older people move between health and adult social care services in England.

WHAT DID THE REVIEWS FIND?

Beyond Barriers highlighted examples of health and care organisations working well together and of individuals working across organisations to provide high-quality care. However, the reviews also found too much ineffective co-ordination of health and social care services, leading to fragmented care.

The lack of a shared plan or vision resulted in people not receiving the right care in the right place at the right time – with consequences ranging from care being provided at greater expense than necessary, to increased pressure on services, to people's quality of life being significantly diminished.

WHAT ARE THE RECOMMENDATIONS?

CQC has recommended the development of a joint plan, created by local leaders, for how older people are to be supported in their own homes, helped in an emergency and enabled to return home. The plan should be supported by long-term funding reform which should be underpinned by a move from short-term to long-term investment in services, and from an activity-based funding

model towards population-based budgets which encourage collaboration between local systems.

A single joint framework should be developed for measuring the performance of how agencies collectively deliver improved outcomes for older people. This would operate alongside oversight of individual provider organisations and reflect the contributions of all health and care organisations, rather than relying primarily on information collected by acute hospitals.

The development of joint workforce plans has also been recommended, with more flexible and collaborative approaches. National leaders should make it easier for individuals to move between health and care settings, providing career paths that enable people to work and gain skills in various settings so services can remain responsive to local population needs.

Beyond Barriers also suggests new legislation to allow CQC to regulate systems and hold them to account for how people and organisations work together to improve quality of care.

WHAT DOES THE SECTOR THINK?

Professor Martin Green OBE, Chief Executive of Care England said, 'This new approach is to be welcomed, particularly the recommendation for better oversight of local systems and commissioning. New regulation we hope will allow CQC to regulate not just individual organisations, but the quality of service for people across systems.'

CQC publishes review of services in Northamptonshire

The Care Quality Commission (CQC) has published its findings following a review of health and social care services in Northamptonshire.

The review found there was a system-wide commitment to serving the people of Northamptonshire but that

services had not always worked effectively together.

It highlighted a number of areas where improvements are needed to ensure those responsible for providing health and social care services work better together.

This review makes a number

of suggestions of areas where the local system should focus to secure improvement. These include:

- Relationships between system leaders across organisations.
- Integrated working between secondary and primary services.
- Working together to develop and

drive a shared strategic vision for the future.

- Improving information sharing across health and social care.
- Greater commissioning focus on preventative services.
- More evaluation and sharing of lessons learned across the whole health and social care system.

Increase in nurses from outside the EU

Latest figures from the Nursing and Midwifery Council (NMC) show an 86% increase in the number of nurses and midwives joining the UK workforce from outside the EU in the past three months.

The average number joining each month increased to 440 between April and June 2018 compared with an average of 237 per month in the previous nine months.

The spike in numbers follows recent changes to NMC processes

and the evidence it accepts to demonstrate English language capability.

Changes included accepting evidence that a nurse or midwife has been trained and examined in English or that they have practised in an English-speaking country. Other changes included accepting the Occupational English Test (OET) in addition to the International English Language Testing System (IELTS) language test.

Sector commits to more retirement communities by 2030

The retirement community sector has backed a vision for the future of retirement living, based on delivering high-quality housing and care for older people and helping the UK to catch up with countries around the world.

With the sector already showing signs of rapid growth, members of Associated Retirement Community Operators (ARCO) have

committed under Vision 2030 to provide 250,000 people with the opportunity to live in retirement communities by 2030. To achieve this, the sector has committed to ten pledges including calling on the Government to implement sector-specific legislation to protect consumers as the number of people living in retirement communities continues to grow.

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Wellgate Care acquires MNP Group

Wellgate Care has acquired Folkstone-based MNP Complete Care Group. The purchase, which will see it cement its plans to expand its network of purpose-built and adapted homes across the South East, will deliver major improvements for residents whilst

retaining the current outstanding care.

The acquisition is backed by Civitas Social Housing PLC, the first real estate investment trust dedicated to investing exclusively in portfolios of social homes in England and Wales.

Charity to tackle disability hate crimes

United Response is training its staff in Leeds to help people with disabilities and their carers spot the signs of hate crimes as new figures reveal a huge rise across Leeds and West Yorkshire.

Figures from West Yorkshire Police show disability hate crimes

and incidences recorded from April 2017 to January 2018 have increased by 71% to 915 – up from 535 the previous 12 months. In Leeds alone, disability hate crimes recorded by the police have increased from 30 in 2013/14 to 206 in 2017/18 – a 587% rise in four years.

Emerging Concerns Protocol

Eight health and social care regulators and other bodies have signed an 'Emerging Concerns Protocol' to help them share concerns with each other more effectively.

It seeks to provide a clearly defined mechanism for the signatories to share information and intelligence that may indicate risks to service users, their carers, families or professionals.

Organisations that have signed include:

- Care Quality Commission.
- General Medical Council.
- General Pharmaceutical Council.
- Health and Care Professions Council.
- Health Education England.
- Local Government and Social Care Ombudsman.
- Nursing and Midwifery Council.
- Parliamentary and Health Service Ombudsman.

The organisations involved acknowledge that sharing

concerns can make it easier to see that a problem is emerging. They also acknowledge that working together more effectively can reduce duplication by encouraging their organisations to come up with joint plans when they share similar concerns.

The Emerging Concerns protocol aims to ensure that regulators are transparent with the public, providers and professionals about the way that they work together.

Carterwood's sale on behalf of MHA

Carterwood, on behalf of MHA, has completed on the sale of a proposed retirement living development in Woking, Surrey, to Birchgrove.

The development benefits from full planning permission for 51 one- and two-bedroomed apartments.

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SLEEP-INS A NEW STAGE?

As the dust settles following the Court of Appeal's judgement in the Mencap case, providers will be facing decisions about their next steps. Matt Wort from Anthony Collins LLP explores the Court's ruling and looks at the options providers have now.

When the decision on sleep-ins back-pay was announced, and it was realised that the £400m back-pay bill had been rescinded, providers and commissioners throughout the country took a collective deep breath. It seems, that at least for now, care packages can continue to be delivered and we now wait to see whether Unison will be given leave to appeal by the Supreme Court. Our view is that the Supreme Court will give them leave to appeal and we can expect a Supreme Court hearing in late 2019.

Somewhat understandably, unions have raised their concerns about the outcome of the Mencap case. The suggestion that providers, local government and the NHS don't care about care workers couldn't be further from the truth. Most providers recognise that their workforce is their key asset and want to invest in them as far as possible. However, they can't pay





staff more than they receive in funding. The sleep-ins issue originally stemmed from court decisions creating confusion, even though the drafting of the legislation on the subject was clear. The Government's failure to act and bring clarity when it had the opportunity compounded the confusion, and commissioners funded sleep-ins at a low rate.

COURT OF APPEAL JUDGEMENT

The Court of Appeal concluded that it was not the intention of Parliament that all hours of a sleep-in should be counted when calculating National Minimum Wage (NMW). This is because the Regulations were seeking to implement the Low Pay Commission's recommendation that providers should be able to continue to pay a flat rate for sleep-ins, provided workers were paid

the NMW when they were awake and working.

The drafting of the legislation reflected this, and this practice was adopted across the sector for many years. Sadly, the case law took various wrong turns over the years resulting in a huge amount of confusion amongst providers and their workers and, most recently, significant HMRC enforcement activity and the Social Care Compliance Scheme.

As Judge Underhill, who ruled on the case, stated, 'It would not be a natural use of language...to describe someone as "working" when they are positively expected to be asleep throughout all or most of the relevant period'.

WHO DOES THE JUDGEMENT APPLY TO?

Most providers will have structured their arrangements for payment of sleep-ins such that the judgement should clearly apply.

Providers who have arrangements with staff where there are set tasks for periods of a sleep-in will want to ensure this doesn't blur the lines between a period of availability for work and periods of actually performing work. To help providers differentiate between different shift types, the Court of Appeal distinguished a typical sleep-in from a previous case of a night-watchman. The Court stated, 'It is also material that the employee in that case [Scottbridge Construction Ltd v Wright (2003)] had significant duties at either end of the shift, beyond mere hand over. The period during which he could normally count on being able to sleep was only five hours.'

Therefore, providers should review shift arrangements and responsibilities to clarify if the judgement applies. Where a worker is, in reality, trying to sleep between required duties during a sleep-in, NMW is likely to be payable throughout the shift.

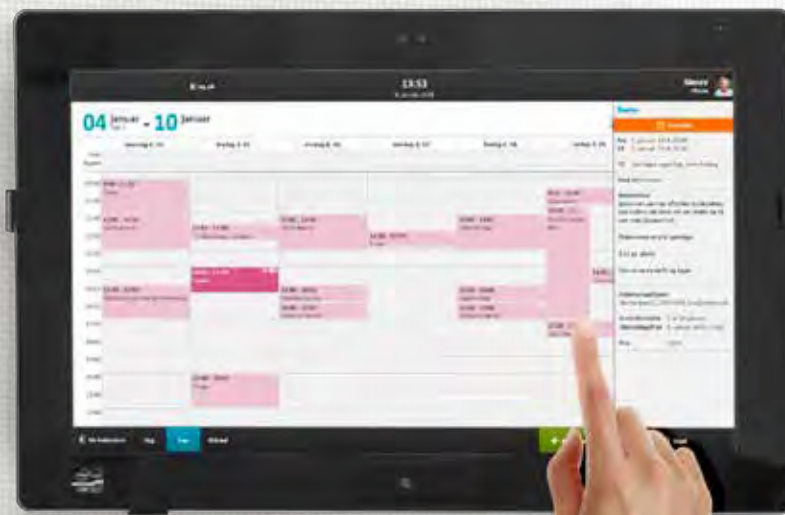
CONSIDERATIONS FOR NOW

For those providers who introduced top-ups, there are some difficult choices. Mencap was quick to

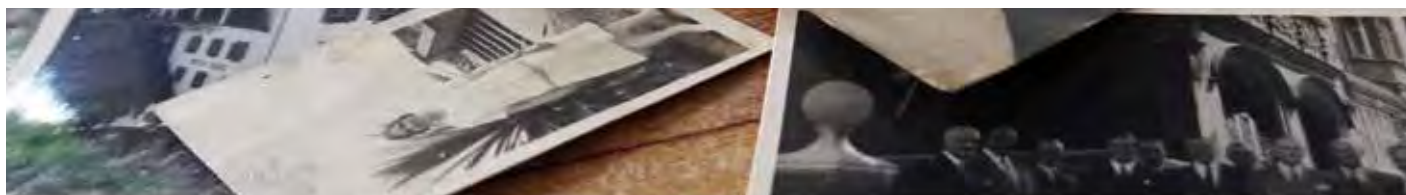


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➤ announce it would not be stopping the payment of top-ups, but what will happen if commissioners simply revert to their previous practice? Providers should seek dialogue with their commissioners before deciding their pay strategy for sleep-ins.

Many providers who introduced top-ups did so on a temporary basis, pending further guidance/case law. Those providers will be able to review their approach and consider whether to end the payment of top-ups. However, they will need to be mindful that market practice has moved on and will need to ensure their approach is broadly reflective of other providers in the market. Providers will also want to wait and see whether the Supreme Court give Unison leave to appeal before coming to a conclusion.

Different views on future pay are likely, given the significant challenge of recruiting staff in any event. Some providers will want to await notice from their funders that their approach is changing.

The work that goes into calculating top-ups is significant and they can unfairly penalise staff on higher hourly rates/salaries. Providers could instead consider an enhanced, competitive flat rate, also in the region of £40-£50 per sleep-in, so the market leads the way on setting an appropriate rate.

PAYMENT FOR WAKING TIME

It is important to ensure the differentiation between actual work and a sleep-in shift spent asleep is clear, both in definition and in remuneration. It cannot be right that someone who is awake and carrying out duties receives the same pay as someone who is expected to sleep other than to deal with emergencies. Waking night staff are disciplined if they fall asleep. Sleep-in staff are provided with a bed to sleep in and are not typically expected to do anything unless they are disturbed. It can't be fair for both types of workers to receive the same rate.

A key part of the decision is that the time workers spend awake and working counts as working time. Providers will still need to maintain clear records

as to when someone is disturbed during a sleep-in, so it is clear that the predominant role is sleeping, and it is not the case that there are simply lulls in activity where they are entitled to sleep.

Providers may take the view that their flat-rate payment is sufficient to cover these hours, however we have seen arguments from HMRC in the past that the flat rate will not count for NMW compliance purposes. We consider HMRC would be wrong to take that view but believe it is appropriate to pay the standard hourly rate for any significant time spent awake and working for time and salaried work. We consider such an approach to be correct and consistent with many providers' historical practice.

FUTURE FAIR PAY

The Court's decision does not take away the fact that the previous flat-rate levels of pay were too low, with some sleep-in rates just £25 per night. Most flat-rate payments for sleep-ins are now between £35 and £50 per night. Cash-strapped local authority and NHS commissioners have to decide where to allocate their own scarce resources in light of the Mencap ruling, and should avoid reverting to low rates. Poor pay and workers feeling undervalued contribute to persistent difficulties in not only recruiting, but also retaining quality care workers across the sector. More needs to be done to promote the care sector as an attractive career choice, particularly when considering the vital role care workers have, and returning to low rates for sleep-in shifts will not help to achieve this.

Therefore, I believe a workable, universally-agreed and regulated minimum rate should be introduced and this should be addressed by the Low Pay Commission as soon as possible. The rate will be open to discussion but, in my view, a nine-hour sleep-in should attract in the region of £40-£50. With a minimum flat-rate, commissioners will have a clear understanding of the cost to make it affordable for care providers to deliver sleep-ins. Given the differing lengths of sleep-in shifts across providers, the most

straightforward approach may be to set a minimum hourly rate for time spent sleeping during sleep-ins of something in the region of £5 per hour or perhaps two-thirds of the NMW rate moving forward.

Change isn't going to be easy; it will require commitment from the Government to provide the necessary additional funding and a collaborative approach in lobbying for clarification of the legislation that ensures commissioners cannot reduce amounts paid for a sleep-in.

In order to safeguard against the future of the sector and its users, guidance on how to pay workers for sleep-ins must be updated.

SOCIAL CARE COMPLIANCE SCHEME

The scheme no longer has much relevance unless the Supreme Court grants leave to appeal. Providers' options are:

1. Leave the scheme now.
2. Remain in the scheme and submit a nil-declaration.
3. Remain in the scheme for now and await HMRC's announcements on the future of the scheme.

Providers who are thinking of leaving the scheme may want some confirmation that HMRC is going to change its internal guidance and approach to sleep-in enforcement immediately in light of the Court of Appeal decision, but we consider HMRC doesn't really have any other option. It has already announced a temporary suspension for those providers in the scheme and will provide an update later in August. We expect they will not say anything significant until they know whether the Supreme Court has granted Unison leave to appeal. There is no immediate rush for any provider to leave the scheme and it would be sensible for providers to await a further announcement from HMRC before deciding their next steps.

So, the sleep-in issue can't be put to bed just yet, but, hopefully, the sector will unite and find a workable solution for all stakeholders over the coming months.

CMM

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The care sector is incredibly diverse with a broad range of insurance requirements, which often go well beyond the usual covers associated with other industries.

Care providers face several important considerations, such as ensuring effective corporate governance and providing a high-quality service, as well as managing risks such as assault or abuse, management liabilities and property loss and damage.

PUBLIC LIABILITY INSURANCE

In our increasingly litigious society, public liability insurance is an absolute necessity for organisations involved in the provision of care, support and advice for vulnerable people. This is because there are several 'wrongful acts' that can lead to a claim being made against you – ranging from a service user being



CARE INSURANCE – ARE YOU COVERED FOR ALL EVENTUALITIES?

➤ injured, to damage you might cause to third party property.

Accidental injuries, such as slips, trips and falls, can lead to a soft tissue compensation claim. Depending on the severity, this could cost around £2,000, plus legal fees which typically add another £5,000 to your costs; unless you have the right public liability cover in place.

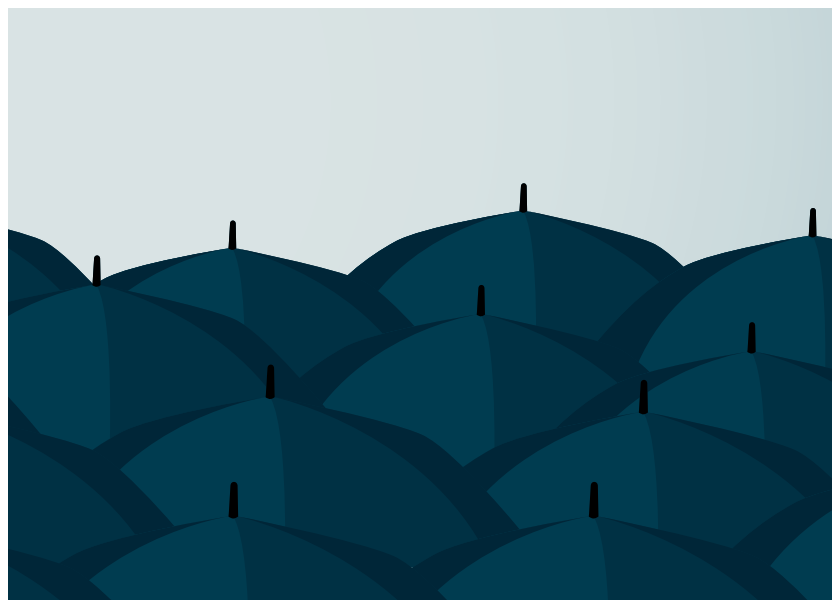
Some specialist insurance policies include abuse cover as part of their public liability insurance. This is particularly important for care organisations and can protect against an incident, or alleged incident, involving someone in your care that may occur during the period of cover.

Scenario 1: Third party damage

Public liability insurance would protect your organisation if, for example, a volunteer driver for a community transport organisation failed to adequately monitor a service user who then opened a car door into the path of an oncoming vehicle. The community transport organisation could be held responsible for the damage caused to both vehicles.

Scenario 2: Injury to service user

If a service user were sitting in the rear of a car awaiting assistance when a volunteer inadvertently closed the car door onto their outstretched hand causing cuts and bruising, you could be liable for the injury.



Scenario 1: Breach of professional duty

A care organisation employed an agency worker to fill a gap in their staff without checking that the worker had been provided with appropriate training. The agency worker negligently injured a service user leading to a claim against the organisation for breach of professional duty.

Scenario 2: Inadequate supervision

A service user was burnt during a cookery lesson undertaken at a training centre that catered for adults with learning difficulties. A family member made a claim alleging inadequate supervision.

PROFESSIONAL INDEMNITY INSURANCE

Regardless of how many years' experience your organisation may have, there is always the possibility that you or one of your employees could make a mistake.

Professional indemnity insurance covers you for legal costs and expenses in defence of a claim, and damages and compensation awarded against you.

“Ensuring adequate insurance is in place gives you peace of mind that you are prepared should an incident occur.”

It is an important cover for anyone who provides any form of care or support and protects against allegations of professional negligence, such as giving a client incorrect advice, defamation, employees' dishonesty and medical malpractice.

Providers who are involved in any kind of medical care should consider professional indemnity insurance that includes medical malpractice cover to ensure they are protected should a healthcare worker, for example provide negligent treatment resulting in injury or death. Without professional indemnity cover, your financial position could be left vulnerable if a claim were to be brought against you. Ensuring adequate insurance is in place gives you peace of mind that you are prepared should an incident occur.

EMPLOYER'S LIABILITY INSURANCE

Employer's liability insurance provides cover for legal costs and expenses in defence of a claim and damages and compensation awarded against you in the event of alleged injury to an employee.

It is a legal requirement for an organisation to have a minimum of £5m cover, and failure to get appropriate cover can result in a fine of £2,500 for every day you are not insured.

Employer's liability claims are extremely common. If employer's liability cover didn't exist, your organisation would have no option other than to fund the full cost of claims itself. This could include payments for damages and legal costs and the cost of obtaining your own legal representation.

Claims are wide-ranging. They can and do arise from ex and current employees. They can be brought due to a wide range of physical and psychological injuries sustained during employment.

Such claims should never be taken lightly or disregarded. Even a minor injury can cost several thousand pounds to deal with, while a more serious injury or illness can easily lead to claims in the tens or





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Scenario 1: Employee injury following assault

An employee who worked with vulnerable adults was assaulted by a service user when the employee refused to allow a snack before mealtime. The service user bit the employee's hand and shoulder resulting in the loss of the tip of the finger and permanent scarring to the shoulder. Employer's liability insurance would protect your organisation in this instance.

Scenario 2: Cumulative strain injury

A minibus driver working for a community transport organisation alleged cumulative injury because of the power steering on the minibus being defective. With employer's liability insurance, the community transport organisation would be protected against this claim.

MANAGEMENT LIABILITY INSURANCE

Management liability covers you for legal costs and expenses in defence of a claim, and damages and compensation awarded against you, in the event of a claim against a director, officer, trustee or manager at the organisation.

While most organisations are protected through public liability and other insurances, the individuals within the company are often unprotected. It is vital to recognise that individuals involved in the management and decision-making for care organisations bear considerable responsibility, both for their actions and the actions of the organisation they represent.

Making an incorrect decision on a seemingly minor issue can put the individual at risk of compensation claims, legal action or official investigations being directed towards them personally.

Scenario 1: Risk assessments not followed

Management liability insurance would protect your organisation if, for example, a manager of a centre providing respite care was investigated when a service user choked on their food and was hospitalised because the relevant risk assessments were not followed. The actions of the manager could be investigated by the police and the Health and Safety Executive (HSE).

PROPERTY DAMAGE AND BUSINESS INTERRUPTION INSURANCE

Business interruption covers you for loss of income and increased cost of working following an interruption, for instance if your premises had been damaged by an unexpected event, such as a fire or flood.

Property damage and business interruption covers the

loss of income and increased cost of working in the event of damage to premises caused by unexpected events, such as fires and floods. Property damage insurance protects the building's content in such scenarios.

Business interruption insurance helps to minimise the impact caused when you are unable to use your property. It can cover the additional costs incurred in seeking alternative offices or the income ordinarily earned from the affected premises.

Property damage covers you for buildings, general contents and portable equipment in the event of accidental damage, theft and various disasters including fires and floods.

Repairing or replacing damaged property can come at great cost to an organisation. Property damage insurance can protect against such expenses.

Business interruption insurance would protect your organisation if the following situations occurred:

Scenario 1: Premise was affected by floods

The premises of a residential care home was in a badly flooded area. The flood caused damage to the property and contents. As a result, the organisation had to rent temporary premises while the clean-up and repairs took place.

Scenario 2: A leaking pipe

A rehabilitation centre's property was damaged when water escaping from a leaking pipe in a bathroom caused part of the ceiling to collapse. As a result, the organisation had to cover the cost of repairs to the property. This would be covered by property damage insurance were it taken out.

ADDITIONAL COVERS TO CONSIDER

- **Fidelity** – covers you for loss of money or goods in the event of fraudulent acts by employees. Fidelity would protect your organisation if you were to experience theft by an employee.
- **Entity Defence** – covers an organisation for legal costs and expenses, for example, in the event of corporate manslaughter, breach of contract or Health and Safety Executive investigation.
- **Cyber Risks** – covers legal, IT security and regulatory costs in the event of a cyber-attack, theft or loss of data and network interruption.
- **Employment Law Protection** – covers for legal costs and expenses in the case of an employment dispute, such as an allegation of constructive dismissal.

Care workers and providers are a key risk group when it comes to claims being made against them. Specialist insurance advice and cover is absolutely critical to give operators the confidence to run their businesses effectively.

CMM

Justine Dignam is UK Marketing and Propositions Director for Markel International.

Email: Justine.dignam@markelintl.com Twitter: [@MarkelUK](https://twitter.com/MarkelUK)

What types of insurance have you taken out for your business? Share your experiences on the CMM website www.caremanagementmatters.co.uk and give feedback on this article. Not a member? Sign up today.

SUPPORTED LOVING – THE IMPORTANCE OF RELATIONSHIPS

Research suggests that people with learning disabilities do not, generally, have access to loving relationships or awareness of their rights to such relationships. Supported Loving is working to address that. What role can providers play in supporting people to have loving relationships?

Research into adults with learning disabilities published in 2005, highlighted that in the UK only 3% of people with a learning disability live as part of a couple, compared to 70% of the general population.

Dr Claire Bates, Honorary Research Associate at the University of Kent's Tizard Centre and Quality Analyst at Choice Support, set out to explore the subject for her PhD thesis. She researched how people with learning disabilities find romantic love and form partnerships, what brings them together, and what helps them to maintain relationships.

As part of her research, Claire found that good staff support for people's relationships made a huge difference to the relationship's potential success. Her findings also included that people with learning disabilities experience barriers to relationships, that their rights and choices are not always respected and that there's a climate of risk aversion in areas such as sexual relationships. The research also highlighted the balancing act staff must engage in to ensure that they remain supportive without being controlling or overprotective of individuals in relationships.

SUPPORTED LOVING

From these findings, Claire set up Supported Loving; a social media campaign to raise awareness of the importance of loving relationships for people with learning disabilities, focusing particularly on the difference that good staff support can make.

The six-month campaign started in February 2017 in order to:

- Share information far and wide, amongst professionals, people

with learning disabilities, their families and staff.

- Highlight the importance of good support in helping people with learning disabilities develop and maintain loving relationships.
- Identify what constitutes good and poor support in relationships.

It included:

- Video and text blogs on the topic of good support in relationships.
- Sharing stories in words, pictures and films, of good and bad support on Twitter and Facebook.
- A national network group which meets quarterly.

Claire explained her reasons behind the campaign, 'I used to work as a support worker myself and when I was doing my PhD research I was reminded that support staff have a difficult job. When they are supporting people to find and maintain relationships they end up taking on many different roles – protector, friend, relationship counsellor, mediator, sexual health adviser...the list goes on.

'I saw the difficult challenges that staff faced when working with women with learning disabilities who had suffered sexual abuse yet wanted to find a new partner. Staff were providing both emotional support and practical advice on keeping safe. Staff were also the point of contact when something went wrong in a couple's relationship. For example, one married couple I was speaking to for my PhD separated during the course of my research, and I saw how staff had to support both parties and mediate a separation and possible divorce.'

The campaign was so successful that it has continued beyond the

original six months. On Twitter, it has over 1,250 followers and a reach of more than 32,000. It also has a regular podcast of interviews and questions from Twitter.

Supported Loving has also attracted additional money from generous network members at Hft to sponsor more network meetings. Claire continued, 'We hold network meetings every three months for around 50 people at a time. They book up very quickly. We now have a strong network of people across the country who are able to offer expert advice to members on issues such as supporting positive relationships, including sexual ones, advice on safeguarding and risk management regarding relationships, sexuality, the law surrounding sex and practical training for staff and people with learning disabilities.'

PRACTICAL APPLICATIONS

As a result of the work and campaign, two staff within Choice Support were inspired to set up two lesbian, gay, bisexual and trans social groups in the north and south of the country.

Claire has also, along with some people with learning disabilities, participated in a focus group for an online dating site designed for people with Asperger's, autism and learning disabilities.

On a financial level, Claire's research showed that when people are in a loving, supportive relationship they can require less paid support. She explained, 'I know of couples who no longer need paid support to travel independently as their partner can do this with them.'

ROLE OF SUPPORT WORKERS

For Supported Loving to continue on its path of raising awareness and supporting people to have loving relationships, it needs providers to engage and support workers to have the right attitude, training and support themselves. It also needs to be incorporated into support planning.

Claire continued, 'The role of support staff is complex as often they are not just supporting the couple or individual but other people who live in a shared home.'

'During my research interviews numerous participants discussed their housemates' jealousy about relationships, and how staff had to mediate the ensuing conflict. And what is already a demanding task is made harder, as we know that in times of austerity, relationship and sexuality training is a luxury that many support providers cannot afford. To make love a reality for everyone, there needs to be good quality training for staff, we need a workforce that is prepared and has the right attitude and organisations who are willing to facilitate this.

'Organisations need to start seeing the real social value in relationships and what they can offer to people rather than the risks.'

CMM

OVER TO THE EXPERTS...

How can the sector embrace Supported Loving? What barriers are there? How can it be incorporated into support planning?

ISOLATION IS A BIG BARRIER

Looking for love can be difficult, especially if you have a learning disability and are isolated.

If you do find love, it can be a big thing for a person to be in love with someone and this may be happening for the first time.

Good support can help people with learning disabilities understand relationships, what is good and what is bad, what to do when things are rocky, what to do if a relationship ends, and how to develop a relationship further.

If a person is there to support a person with a learning disability on their terms, we agree with that.

There can be many barriers to finding love for people with learning disabilities and there is a big difference in living independently to supported living.

Not everyone is supported by their staff. We know of instances where staff can be controlling, including time constraints on

people's routines, like a 10.00pm curfew, staff getting in the way of relationships, and uncertainty and confusion about what to do if you are lesbian, gay, bisexual, or transgender.

Isolation is a big barrier and we know first-hand about the issues people have looking for love and forming relationships online; financial abuse, psychological abuse, and emotional abuse.

We think that Supported Loving is a brilliant campaign and we want to encourage more work in this area.

Supported Loving goes hand-in-hand with supported decision-making and we would like to see more training, resources, and information for support staff in organisations to help realise the value in loving relationships for people with learning disabilities.



Shaun Webster MBE International Project Worker, CHANGE

WE MUST IDENTIFY WAYS TO EVOLVE

For the sector and providers to fully embrace Supported Loving, we must be honest about our intention to provide person-centred support that always revolves around the needs and wishes of the individual. We, as providers, should give people the opportunity to safely explore and experience love, intimacy and relationships if they wish to. If we are not doing this, then we are not providing person-centred support.

The challenge of embracing Supported Loving is supporting staff to manage the intricate balance between safeguarding and enabling positive risk taking. To do this we must revisit our training, policies, and procedures across the sector and ensure that staff are fully supported in their endeavours to enable and support people with learning disabilities to experience loving relationships. This is particularly important with

regards to challenging the taboos surrounding sexual intimacy for those with different abilities.

Providers need to identify the ways in which they can evolve their organisations to embrace Supported Loving. At Walsingham Support for example, we have set up a working group from all aspects of the business, from recruitment, induction and training to quality assurance processes, personalisation, and service delivery. Providers should be focusing on how these can be improved to ultimately support every individual to explore loving relationships if they so wish. It is only through this collaborative approach across all facets of the organisation, that supporting people to make friends and find love can become truly person-centred.



Mick Burgess Director of Operations and Development (England), Walsingham Support

THE TIME IS RIGHT

Politicians, policy-makers, managers and all professionals generally hate talking about love and sex.

In our own lives, few would fail to notice that love must be central to everything we do.

Without love we cannot flourish, without love we cannot stay sane, without love we frequently suffer and die before our time.

But it's hard to talk about love – and it's especially hard to talk about sex.

In this context the Supported Loving campaign has crashed through several taboos and its success tells us that the time is right.

One reason that people are hesitant to talk about things like love and sex is that people think you can't have a right to something that we don't know how to give someone.

Public services are stuck in the

zone of giver of gifts – and when there is no gift to give, the system falls silent.

Instead of thinking about how to give people love, we must think about how to help people find love.

This requires active support and education, but it also means taking down the barriers that the system puts in people's way.

To tackle these issues seriously we need a rights-based approach, one that recognises that love is something we have a right to and that how we empower people to develop lives of meaning, citizenship and love challenges our assumption about power and relationships.

We are taking the first steps on a journey that could reshape the very foundations of the social care service system forever.



Simon Duffy Director, Centre for Welfare Reform

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D A W N B E R R Y

Dawn Berry, Chief Operating Officer
of Eden Futures

REFLECTIONS ON THE LAST DECADE

We cannot over-estimate the importance of social care as one of the supporting pillars in our society, equally as important as our health service, emergency services and governing bodies. I have seen great steps in the professionalisation of social care workers who support and offer a lifeline to some of the most vulnerable people in our country. I hope to see the recognition deserving of that commitment into the future, and funding from central government to match the growing need.

I have been lucky enough to work with some of the most innovative and progressive organisations supporting people with complex needs who challenge the system and our teams. The work that is happening now to bring together health and social care commissioning cannot come quickly enough, and this government must support providers to innovate and enable them to build on what has already been achieved. We could support so many more people but we need the resource and commitment centrally to properly fund great social care.

PROJECTIONS FOR THE NEXT DECADE

The future of the sector relies not only upon obtaining the funding so that organisations like ours can support more people to achieve, but also upon recruiting and retaining a professionalised workforce whose values

and aspirations make people's lives better. We have to start with recognising the work that the social care sector already does, and could do, to support people. Quite rightly, there is a focus on poor quality care and support; but it would be great to hear some of the positive stories – of which there are hundreds – so that the public can be made aware of the huge achievements and differences that are being made to people's lives every day.

INSIGHT

As Chief Operating Officer of a busy and growing business, it's important for me to know what's going on at all levels as I believe that this supports good decision-making. Eden Futures works closely with commissioning teams and I'm really proud of the collaborative approach that the team has when considering service quality, and we have achieved so much in the past few years that it's also important for me to make sure that the whole team has the recognition it deserves. Recognising people's strengths and values and what they can bring to the team, ensuring that each team member has the freedom to innovate and challenge themselves and the way in which we work, has brought the team together to achieve the best it can.

INFLUENCES

I have always loved learning from people around me who have been able to share their experiences, so the

biggest influences on me have been my colleagues and friends over the years. Latterly, having a young family and all the additional challenges that provides has been a new learning experience bringing some great perspective to life – both at home and at work.

LESSONS

My first manager instilled in me, very early on in my career, how important it is to maintain and insist upon the high standards that you set for yourself and for others. It may be a cliché, but I think that if something is worth doing, then it really is worth doing as well as you possibly can; 'good enough' should never be an option, always strive for excellence and the best results for everyone involved, be that your team members, the people you're supporting or your organisation.

ADVICE

Never stop learning from those around you – always recognise that others can give you another perspective which you may not have thought of. Really listening to those around you, and taking the time to understand yourself and others, will support better decision making. Hand in hand with that, never make a decision in haste, there are few decisions that cannot wait until you've heard from everyone involved; and always remember the reasons you're working in the sector – keep people at the heart of your business.

CMM

Read about Dawn's typical day on the CMM website www.caremanagementmatters.co.uk. Sign up today.

RISING STARS



Lena Norman is
Contract Manager at
Look Ahead's Cromwell
Road Preventative
Homelessness Service.



CAREER HISTORY

I didn't know that I wanted to work in the social care sector. I was working in Claire's Accessories looking for a graduate placement when I saw the graduate scheme at Look Ahead, as well as a receptionist role at one of Look Ahead's larger services in Elephant and Castle – I applied for both. I got the receptionist job and started there, and later found out that I'd also been accepted onto the graduate scheme.

I left the receptionist job and started the graduate scheme, becoming a support worker. I got to choose two placements as part of the training so chose to work in a young people's service in Slough and a homelessness service in Westminster.

I went in with the expectation of staying in young people's services as this has been a passion of mine since university, but working in the homelessness service really clicked for me. The progress is slower in this type of service, but it gives you a chance to build relationships with the customers and see their lives change.

My manager at that time was a huge influence for me and, when my then Team Leader went on secondment, my manager encouraged me to apply for the team leadership position to cover the role. I really enjoyed the management position and, after my Team Leader returned, I was posted in different services as additional support in management when needed.

When Look Ahead won the contract for the service I work at now, I was pleased to have got the team leadership position there. I did this for around a year before stepping up into the Contract Manager role in 2015.

ORGANISATION

The service is a hostel supporting 54 men with complex needs – we have varied customers, including people who misuse substances, people with mental health issues and people with dual diagnoses.

Our aim is to help our customers to become part of their communities again, supporting them to take control of their health, gain life skills like cooking, find work and live independently. We take a holistic approach, encouraging customers to rebuild relationships with their families and friends, as well as working with support agencies, so they have a support structure and are less likely to relapse.

CURRENT ROLE

I wanted to become a manager to support my peers to support customers. I was trained to be a manager as part of the graduate scheme with Look Ahead, and I wanted to put all of my training into practice. However, the transition to Team Leader wasn't always easy. My first Team Leader position meant I was managing the team I had been a part

of and I found this difficult at times. I expected it to become easier as I moved to a new team, but quickly learnt the necessity of adapting my managerial style based on the people I was managing.

I felt a weight of responsibility moving into the Contract Manager role, but it helped me develop from a manager into a leader. I took on board feedback from my team, focusing on the negatives to help me improve. I hold a strong belief that leaders need to understand that their team matters – what they think matters and how they feel matters, too.

The best part of my job is leading people. Seeing my team members being self-sufficient, even when I'm not there, is so rewarding and I am passionate about supporting them to provide a service we can all be proud of. I also love seeing team members progress in their own careers.

Another important aspect of my job that is really gratifying for me is how rewarding it is to work with customers. Seeing a customer making positive decisions, choosing to go into rehab, or rebuilding relationships with their families is amazing and is better than any pay you can receive; it is the reason we do what we do.

I would have to say the most challenging part of being a Contract Manager is finding ways to get everyone on board when it comes to implementing different ideas in the team. As a manager you have 'umbrella vision' – you are thinking about everyone and all aspects of the business. Your team don't have this overview and you need to share your vision to get them on board – and getting everyone on board is not always easy.

In my team, we have created a culture where people can share their views and concerns freely in reflective practice. I think having things like that embedded in your service makes a big difference.

RISING STARS

I was nominated for Rising Stars by my manager – he told me about it and suggested we apply. I was really pleased when he said he thought I should go for it; I didn't feel like a rising star and it was nice for someone to recognise it in me. The idea of learning from a group of other people and having a mentor was really appealing, especially as they are from outside organisations which gives me the opportunity to build my network in the sector.

The training side of the programme was also a big draw for me. I'm currently doing a Masters with the London Housing Foundation, which my manager did before me, and his manager did before him. I am learning so much from this, and coupled with the Rising Stars initiative I feel I am really building my knowledge from both an academic and a practical perspective.

I hope to progress into bigger roles, one day becoming an operational manager and maybe one day a director of a company.

ADVICE

The best advice I have been given is to go at your own pace. My graduate scheme set me on a path towards being a manager and I knew I wanted to get there. But it's important to focus on the level of responsibility this comes with.

To be an effective manager, you need to discover your own managerial style. I had a manager who was so inspiring that I tried to echo their style, but it doesn't work like that – you aren't them. Always be authentically yourself and know when to adapt. Trust that you will develop into the manager you want to be. Also, don't be afraid to delegate.

If I were going to give out one piece of advice, it would be to know that your team is important, that they matter, and to encourage a good working culture. My current manager made me see that it's alright to make mistakes and I've passed this down to my own team – they bring their concerns to me and we find a way to resolve them together.

I think it's important for senior managers to make sure they offer good training to aspiring managers – not just in how to do the job but in how to be a good leader too. Promoting the idea of transformational managers also matters. Managers should care about the wellbeing of their staff and take a holistic approach. And they must communicate this to their teams – you could have the best intentions but if your team doesn't know what you're trying to do, it might not work.

Becoming a manager is one of the most challenging things I have done (luckily, I love a challenge). When you are dealing with a difficult customer as a non-manager, you assume things would be different if you were a manager. But once you become a manager, you still have challenges. Your customers and team members are all people, and yes, your customers are going through something, but your staff can be facing personal issues too. Recognising this is key to supporting your team.

There are many occasions when I have felt extremely proud of my team – how they managed a situation or worked together – and that's always a wonderful feeling. I have also sometimes felt remarkably challenged and that too, should be acknowledged. But I think, with the right support from your manager and your peers, you can work through even the most challenging circumstances and keep learning. That, I think, is one of the best aspects of the job. **CMM**

Lena is part of the second 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



**Immigration
enforcement:**

Compliance is key

Everyday working practices are opening care providers up to Home Office penalties for illegal working. Immigration solicitor, Anne Morris from DavidsonMorris explores common issues and offers solutions for addressing them.

The health and social care sector continues to attract the attention of Home Office immigration enforcement. This is likely due to the high numbers of international nurses employed under the Tier 2 visa. All providers are legally required to comply in full with UK immigration rules and the compliance duties they place on employers. However, we are still seeing penalties being issued by the Home Office.

Under the right to work regime, employers in every sector must carry out document checks on all employees to verify their lawful working status. Providers who hold a valid points-based system (PBS) sponsorship licence to hire skilled international workers will need to meet further ongoing compliance requirements. Where the Home Office alleges a breach of these duties, employers face tough sanctions. Failure to perform right to work checks correctly can result in a fine of up to £20,000 per illegal worker. Sponsor licence breaches can result in a licence downgrade, suspension or revocation, impacting the organisation's ability to employ PBS workers lawfully.

A number of management and operational practices prevalent across the sector are falling foul of the immigration rules. Identifying and addressing these issues proactively can help to avoid Home Office scrutiny, investigations and any resulting penalties.

CONSISTENCY AND COMPLIANCE

Without exception, every care provider in the UK must meet the same high standards for immigration compliance. This applies to single providers as well as all services within any group.

With larger care providers, central management and HR are often fully aware of immigration compliance and usually processes have been developed to ensure compliance. However, the extent to which this compliance goes beyond head office can be limited. It's not uncommon to see vast differences in working practices within one organisation. For example, while

some care homes within a large group might be organised and adhering to policy, others under the same group may be operating below the required standard.

Discretion is also a threat to compliance. If managers or those responsible for hiring at a local level are exercising discretion in respect of immigration compliance, or are not performing right to work checks correctly or at all, the business as a whole will be put at risk of non-compliance.

Providers operating multiple sites should take proactive measures to ensure the effective implementation of systems to consistent and adequate standards. Training helps to ensure all personnel involved in recruiting have the knowledge and skills to comply. It is also wise to carry out internal spot-checks to be confident that the company's documents are in order.

UPDATING PBS LICENCE RECORDS

For licensed sponsors, updating records on the Sponsor Management System (SMS) is a mandatory requirement. The Home Office expects SMS information to be a snapshot of the business at any one time, so it has to be accurate and current.

This includes a requirement to notify the Home Office, via the SMS, of changes to any circumstances. Beyond updating basic contact information for the business and sponsored employees, you will also be required to input certain organisational changes into the SMS, such as opening a new home or a company merger. The reality is that during such high-stakes projects, focus is generally directed in other areas, and immigration compliance is either left until last or forgotten about completely. But failure to notify within the prescribed timeframe is a breach of your duties and leaves you open to Home Office penalties.

Remember also that for every new PBS worker, the information on the SMS will need to be updated. The Home Office is becoming increasingly



➤ sophisticated in sourcing intelligence relating to individual workers. It is able to cross-reference its records with those of HMRC and inconsistencies are leading to investigations.

This intelligence is also highlighting an issue of care providers failing to pay the required salary level to Tier 2 staff. We have seen examples of employers routinely deducting expenses incurred (in the recruitment process and securing the Tier 2 visa) from employees' salaries. This is in breach of not just the immigration rules, but also employment law legislation.

WORKING HOURS AND LOCATION

The reality in many care homes is that employees are required to work in different homes, as and when required. This presents a problem with Tier 2 employees, where the licence prohibits working in locations other than those recorded on the SMS.

The same applies to working hours. Shifts can be long and they often run on as the role demands. But PBS workers have to stay within the parameters of what is permissible under the licence to avoid compliance issues.

Should the Home Office arrive for an unannounced inspection and find any PBS employees present and working outside of their permission, this would be considered grounds for enforcement action. Penalties could include a downgraded licence to 'B' rating – prohibiting the company from sponsoring new migrants – a fine for failure to comply with the sponsor licence, or potentially suspension or revocation of the licence.

Tier 2 employees are permitted to work across multiple sites, provided this information is detailed in the SMS. This requires forward-thinking on the provider's part at the point of the visa application to ensure they cater

for future needs. 'Changes of circumstances' such as employee hours and work address can be updated on the SMS, but this has to be within 10 working days of taking effect. Any changes must be within the code of practice as per the original Tier 2 visa.

The Immigration Rules in this area are clearly at odds with the flexibility relied on by providers operating multiple sites. The Home Office demands full transparency and disclosure from employers in respect of their Tier 2 workers, which they justify on the basis of preventing illegal working and erosion in employer compliance.

RETAINING PERSONNEL RECORDS

The Home Office has the right to request employee documentation for up to two years after any employee has left your employment. Therefore, providers must ensure previous employees' documents are kept for at least two years after they have left the business.

We are seeing a lot of instances where the records have been deleted or destroyed before this date. This is not accepted practice and would be regarded as a breach of right to work duties.

EXPIRED SPONSOR LICENCE

If your company's sponsorship licence expires, your Tier 2 employees will no longer be lawfully employed.

Sponsor licences are allocated for a period of four years and the licence will automatically expire if you do not successfully apply to renew your licence in advance of the expiry date.

The expectation is on businesses to have effective processes in place to renew on time. It's more common than you might think for a sponsor licence to expire without the employer's knowledge. For example, out of date contact

details on the SMS could mean the wrong person receives the expiry reminders.

Licence expiries usually come to the attention of the Home Office when a PBS employee attempts – quite innocently – to rely on their immigration status to apply for indefinite leave to remain for example, or when trying to come back into the UK after time

For example, the Home Office's own records may not be up-to-date. We have seen this cause specific issues where care providers have been fined for breaches relating to foreign nurses not holding the requisite pre-registration qualifications. Penalties are being challenged where evidence can be shown that the employee has in fact passed

“Whatever the reason, where a sponsor licence has expired, a number of immigration and wider business-related issues will inevitably follow.”

overseas. Home Office records are checked and the expired licence is identified.

Whatever the reason, where a sponsor licence has expired, a number of immigration and wider business-related issues will inevitably follow. As soon as you become aware of the expired licence, you will need to take swift action to try to reinstate your licence and avoid issues with your Tier 2 employees' permission to remain in the UK.

It is good practice for all personnel involved in the licence management to diarise a date around six months before the licence is due to expire. At that point, you can start to compile your renewal application.

ALLEGATIONS OF NON-COMPLIANCE

If you are facing Home Office enforcement action, you should first assess the allegations made against you. If you can prove that the Home Office has got it wrong, you may be able to challenge to have the fine either reduced or cancelled. The Home Office is not blemish-free; it too can be guilty of procedural errors and failure to meet its own standards.

the relevant examinations.

If you believe you have grounds to challenge the Home Office's decision, on the basis of factual error for example, you will need to respond to the Home Office within the timeframe specified in the letter of notification, providing comprehensive reasoning and evidence to support your appeal.

THE FUTURE OF IMMIGRATION COMPLIANCE

Under the current system, the government relies heavily on employers in respect of immigration enforcement. Any changes to the UK immigration rules that result from Brexit will continue in this way, with employer right to work checks acting as the frontline in verifying the immigration status of anyone seeking to work in the UK.

Whatever shape the UK immigration rules take post-Brexit, immigration compliance will remain an unavoidable business concern for employers. In preparation, now is a good time for providers to assess their immigration compliance processes to ensure they remain fit for purpose and are compliant. **CMM**

Anne Morris is Managing Director of DavidsonMorris. Email: anne.morris@davidsonmorris.com Twitter: [@DavidsonMorris](https://twitter.com/DavidsonMorris)

Do you have any tips for keeping on top of immigration regulations? Share your thoughts and let us know what you think of this feature on the CMM website www.caremanagementmatters.co.uk



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TOP TIPS

to help you find homecare workers

Chloe Mahtani from Bluebird Care shares her top tips for recruiting homecare workers and explains how to retain the right people for your organisation.

Working in homecare can be an incredibly rewarding and fulfilling career, but it can also come with its fair share of challenges. It is, therefore, very important to make sure you are recruiting the right people for the job.

To offer high-quality homecare a company needs compassionate, thoughtful and personable individuals who value helping people to maintain their independence by living at home. To recruit these individuals, it is important to constantly evaluate existing recruitment processes, record what works and what doesn't, and reflect on the type of person you want to attract. If you get these things right, you have every chance of recruiting and retaining a professional and committed team that is well-prepared to deliver Outstanding homecare.





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> TREAT APPLICANTS WELL

When it comes to recruitment best practice in homecare, one of my biggest pieces of advice is to make sure that you treat your applicants well, offering support and clear communication throughout the process. For this reason, recruitment is about so much more than just posting adverts in local papers and on social media; excellent recruitment is about investing time and resources in the process to make each prospective team member feel valued and important. This can be done in a variety of ways, for example, by offering candidates a single point of contact throughout the process and making sure that you communicate clearly and respond in good time, so that you don't lose great candidates.

REVIEW YOUR PROCEDURES AND SPOT PATTERNS

While it is vital to invest time, money and resources in recruiting great homecare staff, it is also important to collect information, spot patterns and keep a critical eye on your recruitment procedures. This can help you to avoid wasting money and ensure you are channelling resources where they are most effectively deployed.

Finding out how you can use your resources effectively is a simple task if you make an effort to collect information over a long period of time and analyse the data to spot trends. One good way to do this is to monitor your advertising and find out which days, times and seasons of the year bring in the best response rate and value for money. For example, one of our Bluebird Care franchises has collected their data so carefully over the last few years that they now only advertise three days a week, when they know their money will be mostly wisely invested.

Another great tip is to ask applicants where they heard about the job opportunity; this can help identify which forms of advertising are most effective and maximise your return on investment.

PROMOTE KEY MESSAGES AND BRANDING CONSISTENTLY

When thinking about how to improve your recruitment strategy, it is also important to make sure your adverts and recruitment materials accurately mirror your organisation's voice. By making sure your adverts fit with

your current branding and using the right key messaging, you will attract a person that is not only a great homecare assistant, but also a good fit with your organisation's values and mission statement.

To do this, your job advert needs to be honest and reflect the way you operate. For example, Bluebird Care has a nationwide recruitment campaign, which is running from May to August, called the #MakeADifference Campaign. It has been carefully designed around the values and qualities we look for in our employees. Campaigns like this have proven to be a successful way to attract team members who share our commitment and passion for providing high-quality care to people in their own homes, and who are proud to work in the sector.

YOU'VE RECRUITED, NOW RETAIN

Recruitment is not just about getting the right people in the door. It is also vital to remember that after investing in recruiting and training team members, it is really important that you keep them.

I have found that offering a designated support programme for new recruits can be valuable and can boost retention rates. For example, once an individual is hired, offer them a mentor, who is a more experienced member of the team but who works in the same role. The mentor can offer guidance, support and share their own personal experiences. These types of initiatives are easy to implement, relatively inexpensive and can benefit both the mentee from having additional support and the mentor who is likely to have their morale boosted and feel valued by the responsibility you have given them.

To boost retention and ensure staff feel valued, consider implementing a programme which acknowledges the efforts of your staff and offers rewards which show your appreciation for their hard work. For example, run a rewards programme which gives small gifts or acknowledgments to employees who go above and beyond, such as responding to calls after hours, or stepping in to help a colleague. In my experience, these schemes can help to ensure every employee feels valued.

Depending on the size of your organisation, you may consider running an awards or other recognition programme where employees can

nominate team members that have made an exceptional contribution to their business. Nominees can be collected from all levels of the business and then celebrated. You could invite them to annual business events to talk about their achievements, and enable the business to offer thanks for all their hard work. If this is likely to make the individual uncomfortable, you could offer thanks in more

“One of my biggest pieces of advice is to make sure that you treat your applicants well, offering support and clear communication throughout the process.”

discreet, one-to-one ways that make them feel valued and appreciated for their hard work.

Another really important way to keep hold of great employees is to put in place opportunities for continuous professional development (CPD). This is important because working in homecare can be a great career with lots of development opportunities. For example, care assistants may get the chance to become registered managers in a relatively short period of time with the right support and opportunities, and many have done so successfully. Additionally, we run a 'Lead to Succeed' scheme, which is a carefully designed programme that helps our care assistants to develop the management and soft skills they need to progress through their career.

SIMPLE TIPS

If you follow these simple tips, including taking the time to review your recruitment processes, keeping a note of what works well and making sure your recruitment materials highlight the compassionate, kind and committed person you are looking to hire, you can ensure that you recruit and retain outstanding team members who share your vision of enabling people to live well in their own homes.

CMM

Chloe Mahtani is Recruitment Manager at Bluebird Care. Email: ChloeMahtani@bluebirdcare.co.uk Twitter: [@BluebirdCare](https://twitter.com/BluebirdCare)

Many of these tips for homecare recruitment and retention can also be applied to the wider care sector. Do you have any successful recruitment and retention processes? Share your top tips on the CMM website, where you can also feedback on this article and claim CPD points.

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The unregistered health and social care workforce plays an increasingly crucial role in care provision, and its ability to respond appropriately to clients' needs greatly influences the quality of care. In recognition of this, the Department of Health and Social Care (DHSC) recommended that, from April 2015, all newly-recruited care workers in England should undertake Care Certificate training. On average, this training takes 12 weeks of blended learning, covers 15 fundamental topics in health and social care, and is intended to provide care workers with transferable skills to take between care organisations.

To investigate whether the Care Certificate is having the desired impact of improving the training, competence and career development of care workers, a national evaluation has been undertaken, involving a partnership between the University of Nottingham and Nottinghamshire Healthcare NHS Trust. This took 18 months and was funded by the NIHR Policy Research Programme. It aimed to evaluate the effectiveness of the Care Certificate and its implementation.

COLLECTING THE DATA

A national telephone survey was carried out, speaking to people who had responsibility for the training or induction of care staff. The care organisations surveyed were randomly selected from the CQC database.

The survey questions focused on the approaches and challenges of



Implementing the Care Certificate: is it achieving its aims?

A recent national evaluation of Care Certificate training for care workers in England has identified a number of challenges and opportunities in the process of its implementation. Dr Elaine Argyle summarises this evaluation and its findings.



➤ implementing and delivering the Care Certificate training and its impact on the organisation, care workers and service users.

Further in-depth evidence about the implementation of the Care Certificate was collected through qualitative studies of ten care organisations, including NHS Trusts, care homes, and domiciliary care providers. These organisations had been identified as being able and willing to participate in a site visit. Interviews and focus groups with care workers, trainers and managers at these sites were used to explore their experiences of the training as well as potential barriers to successful implementation and outcomes.

CARE CERTIFICATE IMPLEMENTATION

Of the 401 organisations that took part in the telephone survey, 352 had implemented the Care Certificate training for new care staff. Most respondents (65%) felt that the Care Certificate had led to a positive or very positive impact on their organisation. As such, it was widely welcomed as providing a standardised approach to improving the skills of those new to care, better preparing them for their role and enhancing their sense of confidence and achievement.

There was considerable variation in the way that the Care Certificate training was being delivered, to whom, and over what period. Some organisations chose to train their staff to assess care workers undertaking this training, as well as providing regular training updates to all their staff, while others did not.

Most organisations used a variety of training methods, combining computer, classroom, and clinically-based approaches. These mixed methods were felt to be particularly effective as they allowed participation and enabled care workers to network, reflect and learn from the experiences of colleagues. Some organisations also chose to adopt a broad approach in the delivery of the training, aiming it not just at newly-recruited care workers but also a broader cross-section of their workforce.

This diversity in patterns of training delivery reflects the flexibility of the

training itself, allowing the adoption of a bespoke and site-specific approach. However, the inconsistency between organisations in the training's implementation could undermine the credibility of the Care Certificate, as well as its use as a transferable qualification to support the movement of care staff between organisations. This has led to calls for greater regulation and standardisation in Care Certificate training.

As a result of scepticism about the quality of any prior training and the lack of external validation of this training, most participating organisations surveyed required new recruits who had completed their training elsewhere to repeat some or all of it.

Organisation size, leadership, capacity and resources were all major factors in determining the effectiveness of Care Certificate implementation, with health organisations reporting more positive responses than social care organisations.

Where organisations had significant resources to devote to the training, it was also more likely to be perceived in a positive light. Many larger organisations spoke of the way in which the support of a training team facilitated the development of the training and its assimilation into their existing induction programmes. Conversely, smaller organisations, such as independent care homes and home care providers, were more likely to struggle, either not implementing the Care Certificate at all or facing issues such as a lack of capacity, resources and leadership to support implementation.

RECOMMENDATIONS

The research drew a number of recommendations about the implementation of the Care Certificate. It found that Care Certificate training appears to be most effectively delivered when it involves regular updates and assessor training. This helps to promote the quality and credibility of the training and its sustained impact. Furthermore, the adaptation of existing materials in order to meet Care Certificate standards helps to avoid the duplication of work

and promotes a seamless transition from one mode of training to another.

Care staff should be encouraged to 'own', value and be aware of their continued professional development through such things as Care Certificate presentation ceremonies. To facilitate the transfer of learning, confidence and competence, training should allow for peer support, mutual reflection and mentoring and incorporate participatory and experiential approaches as well as practical and classroom components.

A similarly broad approach can also be beneficial when selecting team members to train, including not just newly-recruited care staff but also longer-established staff, health professionals and care leaders within each care organisation. This will help to promote the awareness and credibility of the training and its impact on workplace culture.

Guidelines on the Care Certificate, such as those developed by Skills for Care, should be updated to incorporate greater clarity on its delivery and implementation. Support and guidance should be particularly targeted at smaller care organisations through such things as the development of local workshops, networks and mentor schemes.

LOOKING FORWARD

The Care Certificate was formally introduced in England in April 2015 as a means of assuring fundamental skills in front-line care and to improve the quality of this care. This national evaluation of the Care Certificate has shown that the training has been widely adopted throughout care organisations and generally welcomed as a positive development. This adoption has often involved the adaptation of existing training materials, easing the process of transition, and has tended to take a flexible approach, helping to meet the specific needs of different care organisations.

However, greater guidance and support is required to facilitate implementation and to promote the credibility and transferability of the Care Certificate.

CMM

Dr Elaine Argyle (RMN; DipSW) is a researcher at the University of Nottingham and was Project Manager on the Care Certificate Evaluation. Email: Elaine.Argyle@Nottingham.ac.uk Twitter: [@elaineargyle](https://twitter.com/elaineargyle)

Have you implemented the Care Certificate training? Share your experiences and feedback on this feature on the CMM website www.caremanagementmatters.co.uk Not a member? Sign up today.

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CMM INSIGHT – LEARNING DISABILITY AND MENTAL HEALTH SERVICES

21st June 2018, Manchester

CMM Insight returned to Manchester in June to bring together experts and senior managers in the learning disability and mental health care sector. The carefully thought-out agenda had been developed to include content relevant to all providers. Kathy Roberts, Chief Executive of MHPF chaired the day, providing a brief policy update to lead into the first presentation.

POLICY UPDATE

Alicia Wood from Dimensions started us off, sharing her thoughts on the policy landscape, discussing the progress of the Transforming Care programme. Alicia punctuated her presentation with photos, giving stories of people Dimensions has supported to lead independent lives when no-one thought it was possible. She showed that, with the right package, even more people could be supported to live in their own communities.

Alicia's engaging talk was followed by Steph Thompson and Rachel Peacock providing a joint presentation on making Transforming Care work. Steph took to the stage first, discussing how 'myths and dragons' are putting up barriers to integrated working. She suggested that providers and services aren't their stereotypes and that we all need to keep an open and unbiased mind when entering conversations. Rachel then discussed the importance of upskilling staff and ensuring you treat your staff well to make sure you're providing the best service you can.

Johnathon Cunningham spoke to delegates next, providing an entertaining look at how care homes can achieve outstanding. He told delegates it's all about the clients before leading us in to the break with a rousing singalong to Bring Me Sunshine.

INFORMATION-PACKED

After the break, where delegates were able to speak to sponsors, exhibitors and the morning's speakers, we welcomed Stuart Marchant to the stage. He discussed Registering the Right Support, asking whether it presents an opportunity or a threat to providers, and discussing how the sector can embrace it to improve services.

Matt Wort then took delegates through the sleep-ins issue, exploring what providers should and shouldn't be looking to do, as well as managing to cram in information about holiday pay. Lots of note-taking went on during this presentation which was followed by a short question-and-answer session with the audience.

A panel discussion followed, giving delegates the opportunity to ask specific questions of the speakers and seek their opinions and elaboration on points that had been raised in the morning session.

AFTERNOON SESSION

After lunch, delegates chose from various workshops based on their own preferences. Nourish delivered an informative presentation on the use of technology, specifically in learning disability and mental health care, while Public Health England spoke with delegates about the Prevention Concordat, offering an update on future plans for suicide prevention. Agincare Enable discussed core skills training in learning disability and mental health, giving delegates lots of information to take away, including further useful resources.

Andrew van Doorn brought us back

to the main stage, stressing to delegates the importance of recognising supported accommodation as a model of support. He looked ahead to what the future holds for this part of the sector and what its role in care pathways might be.

Scott Sheridan was the last speaker of the day, giving his top tips for recruiting and retaining the right staff. He also explored the biggest and most common mistakes providers make when recruiting.

The informative day left delegates with huge amounts to take away and implement in their own services, as well as some potential new contacts from networking in our exhibition.



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Contact: GSF Centre, Tel: 01743 291891

Event: UKHCA England Conference and AGM
Date/Location: 9th October, London
Contact: UKHCA, Web: www.ukhca.co.uk

Event: Care Show: Building a Better Future for Care
Date/Location: 17th-18th October, Birmingham
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Event: NCF Managers Conference
Date/Location: 12th-13th November, Warwick
Contact: National Care Forum, Web: www.nationalcareforum.org.uk

Event: Logging On: Care England 2018 Conference and Exhibition
Date/Location: 14th November, London
Contact: Care England, www.careengland.org.uk

Event: National Children and Adult Services Conference
Date/Location: 14th-16th November, Manchester
Contact: LGA, ADASS and ADCS, Web: www.ncasc.info

CMM EVENTS

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
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Event: The Transition Event East 2018
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STRAIGHT TALK

Vic Rayner discusses the delay of social care's Green Paper and shares her thoughts on what should be included when it is published.



When the former Secretary of State for Health and Social Care announced that the social care Green Paper was to be delayed until Autumn, there was a collective sigh of resignation, exasperation, frustration and, at some level, a note of desperation. This was the Green Paper that had been due to make an appearance in 2017 – pushed forward to Summer 2018 and now promised as the mists roll in and the nights get longer.

Of course, since this announcement, we now have a new Secretary of State, Matt Hancock, and it will be of great interest to see how he views the Green Paper and, crucially, its relationship with the NHS ten-year plan. The two documents should demonstrate strong synergy and support the development of greater integration.

Early indications about the new leader suggest that he is very

interested in the role of technology in both health and care, and this has potentially significant implications for the sector in how future revenue and capital investments move forward. As politicians regroup after recess, further details will need to emerge as to how Government intends to run the forthcoming Comprehensive Spending Review process, and the sector will need to have a united voice to influence this key political milestone.

If we were to solely focus on the technology – what are the things that we should be ensuring are clear and present within the Green Paper? The first has to be the news that social care is both ready for and, in some areas, actively involved in a radical transformation from the adoption of technology.

I regularly talk to providers who are piloting and rolling out technological transformation in care planning, medication management, back office and key areas of recruitment and retention. I have seen the introduction of virtual reality to support people with reminiscence or involvement in experiences they cannot physically join in, or to enhance training and learning by providing opportunities to 'walk in someone's shoes'. The growing presence of robots, such as 'Pepper' leading Zumba sessions and robotic pets including seals, horses, cats and dogs offering comfort and connection are all breaking down perceptions of the potential role of robotics and the response of people living within care settings interacting with technology.

We know that we can adopt and utilise technology; but we also want the Green Paper to be clear about how we know that it makes a difference.

One of the biggest challenges for social care is collecting and interpreting validated data on the impact of provision. This challenge includes understanding just how important this data will be in enabling the flow of central and personal resources into social care and encouraging truly person-centred care.

We know that the data sources for individual decision-making about social care are relatively unsophisticated, and recent research indicated that word of mouth continues to be one of the strongest drivers around choice of care. However, the recent draft guidance published by the Competition and Markets Authority, with greater demand for transparency and 'key fact' comparators, will only drive more requests for data on provision. In health, we have got used to preparing for our own medical interventions by comparing key statistics on success rates, post-operative length of stay, failure rates and more. Social care needs to be in the driving seat of specifying, gathering and interpreting the data that the sector will share and must equip itself to analyse that data to ensure that it learns from what works in a planned and evidence-based way.

Finally, we need the Green Paper to recognise that these seismic shifts cannot happen without support. There needs to be central infrastructure funding to make this happen. This is not the 'funding gap' that is so often talked about in relation to day-to-day revenue costs; this is the funding chasm that, unless filled, will cause an ever-growing fissure between the ambitions of integrated health and care and its reality.

I hear too often the rebuttal that central government cannot or should not be seen to invest in independent providers, but of course, without this short-term investment, the long-term vision cannot be achieved. The Government has on many occasions seen fit to invest in independent providers – including GP surgeries, pharmacies, technology start-ups, universities, housing associations and more – why not social care? Whether that funding appears directly to individual providers, or via mechanisms such as a Local Enterprise Partnership is the kind of detail that the Green Paper will need to thrash out – but it must not shy away from its role in maximising this unique opportunity to turbocharge social care transformation.

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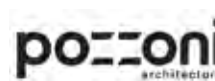
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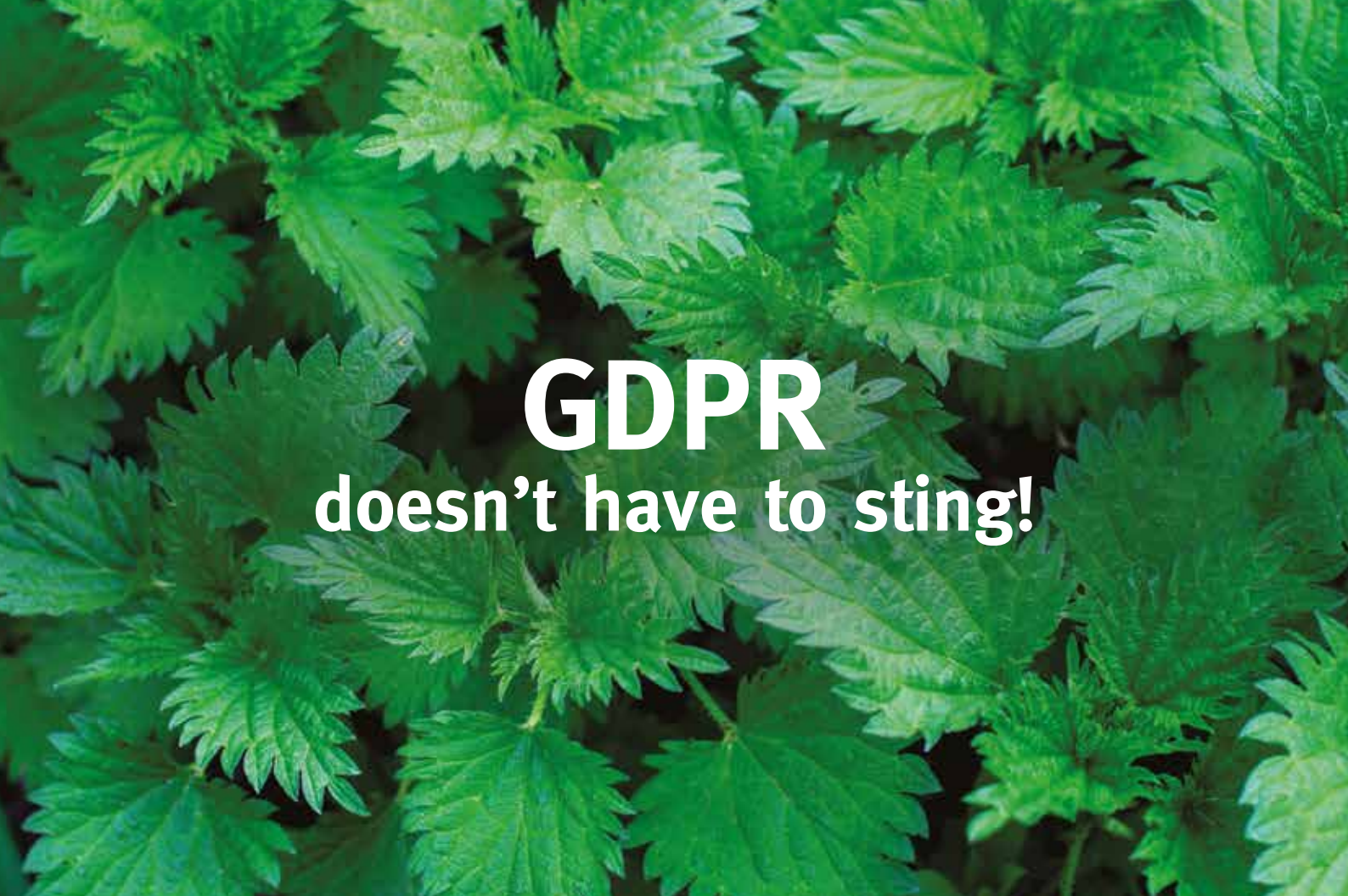


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