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IN THIS ISSUE

REGULARS

From the Editor 05

Is it just me…? 07
Rhidian Hughes looks at what is needed to make integration a reality and argues that it's not a quick fix to underfunding.

CMM News 09

A View from the Top 25
Pamela Bruce, Managing Director of Nurse Plus UK is the subject of our monthly interview.

Business Clinic 28
CMM summarises developments in Dorset with a new local authority trading company and plans to merge the councils.

Event preview 48
CMM previews the forthcoming Care and Dementia Show in Birmingham.

What's On? 49

Straight Talk 50
Vicky McDermott argues why the sector needs a sustainable solution to the severe underfunding it has experienced.







FEATURES



20 Homecare market stability – It is about the money
Colin Angel explores the current critical situation in the homecare sector and how the subject of money can no longer be side-stepped.

30 Creating a culture to maintain quality
Tom Owen and Jess Watson share My Home Life's experience of helping providers maintain quality and financial sustainability.

35 The competing demands of compliance
The impact of non CQC-related compliance initiatives on providers is discussed by Dennis Bacon.

38 Filling the skills gap in stroke care
Cate Burke examines specialist training and resources to help care providers understand the importance of stroke care and support.

43 Expect the unexpected
Simon Bentley looks at recent unexpected and unpredictable insurance claims and advises providers to make sure their risk management is robust.

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From the Editor

Editor, Emma Morriss asks why it's always the same story for older people and, as winter approaches, how we can break the cycle.



I had the pleasure of attending a 90th birthday party this month. My husband's grandmother - living alone, independent, with support from family for shopping and odd jobs but other than that, still very much active.

Whilst there I caught up with other family members and amongst the usual births, marriages and holiday stories heard about two of her contemporaries, who were caught up in the cycle of delayed discharge and subsequent, inefficient or inadequate care and support.

BED-BLOCKER

The first, a man in his late 80s has been in hospital for weeks. We all know the story, he doesn't need to be there, he needs a care plan and homecare support. But the family can't get everyone to join-up to arrange the package. His daughter-in-law who relayed his tale, explained how the hospital was adamant that they were discharging him the next day and the family were in a panic trying to ensure everything was in place - otherwise they'd be filling the gap, whilst managing their full time jobs and other pressures of life.

LONG-TERM CONDITION

The second, a lady in her 90s, living a couple of hours from the family. She has diabetes and has recently been discharged from hospital. However, while in hospital, no-one had explained to her how to manage her condition. Family arrived to visit and discovered she had no idea of her glucose levels and didn't have the means to monitor them. Added to this, kindly neighbours, who had been helping with her shopping, had bought her sugary, children's yogurts. The lady felt she was fine to be eating them because no-one had explained her condition to her, added to that she had no chance of tracking her glucose levels and no understanding of how to manage her diabetes. Where does that leave her?

WAIT UNTIL WINTER

These situations aren't rare. They're repeating patterns. Both older people will be back in hospital fairly soon for one reason or another - through lack of sufficient support, services or understanding but not necessarily their own fault. Kindly neighbours, busy hospital staff, struggling systems - it's not getting any better.

This was in early October - early autumn - winter isn't even here yet. Where will the system be in two months? Where will these people be in two months? Something needs to happen. How can we break the cycle for these and thousands of other people facing these situations?

As I tucked into birthday cake, I listened to the families, offering any 'insider knowledge' I may have in order to help them. But it's not enough to help signpost people. System change is needed. Now.

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Is it just me...?

Rhidian Hughes looks at what is needed to make integration a reality and argues that it's not a quick fix to underfunding.



Rising demand, increasing financial pressures and the need to modernise care services, little wonder that the integration is regarded as a panacea.

Integration has risen rapidly to the top of policy agendas. Heralded as a key approach to tackling demand and finances at the same time as delivering seamless services and joined-up care, on the face of it, such ambitions are to be welcomed. However, scratch beneath the surface and the commissioning and delivery of integrated services is not the simple cure-all it initially seems.

WHAT'S MISSING?

Alongside primary health, public health and the third sector, care providers are a key pillar of community services. Yet integration is often viewed short-sightedly. It is usually framed vertically within the NHS, or at best, between the NHS and local authorities. There is an absence of independent care sector voice and experience in delivering integration, and this risks compromising efforts.

Take the state of the transforming care (or the Winterbourne View) programme. It was set up to move people with complex needs out of institutional assessment and treatment units and into community provision. The programme follows a series of earlier initiatives that failed to deliver the change required.

It is still failing to engage with providers who are ready to help with the transition. NHS England commissioned Stephen Bubb, Chief Executive of the Association of Chief Executives of Voluntary Organisations, to review the stalemate. His report, *Winterbourne View – time is running out*, describes a need 'to move beyond the walls of the state – providers, individuals and local stakeholders must be brought in as equal partners'. These observations get to the heart of the matter – from Winterbourne View, to winter pressures or any of the pinch points currently being experienced at the health and social care interface.

The recommendations of the Barker Commission provide long-lasting solutions to the challenges of integrating budgets. It recommends the move to a single, ring-fenced budget, with a single commissioner. We also know that integration is as much a cultural challenge, as a financial one, for organisations to come together and collectively focus on population health and wellbeing.

WHAT NEEDS TO CHANGE?

We are at a crossroads. The state of funding in the sector is bleak and, as a consequence, the risk is that the entrenched positions of commissioners and providers will intensify. Opportunities lie in workable solutions, that build on good practice and are 'win win' for service users, providers and commissioners across the system.

We need to take the long view because as austerity continues to bite, the 'here and now' preoccupies policymakers, commissioners and providers. Being clear on our long-term ambition is essential to securing sustainable growth – whether from investors, commissioners or providers. This needs to be done in the round, because with around 400 separate commissioning organisations working across a host of markets, fragmentation is a critical issue impeding integration locally.

Social care needs to start talking the language of the NHS. The NHS Five Year Forward View offers an important opportunity to seize the benefits of integrated care. Care providers have a record of innovation and enterprise and are an integral part of the solution to joining-up local services to improve outcomes.

Providers can put people and co-production at the centre of care delivery. They can help to make connections between local services and to build community capacity, such as volunteers, that are at the heart of caring and economically prosperous communities. Providers can do more to articulate the case for social care investment in the local NHS, including increasing the evidence base for what they do. By doing so the sector will become an attractive proposition to clinical commissioning groups.

Integration is no quick fix to underfunding; it is more nuanced than the headlines suggest. But the approach, with the accompanying pooled resources and shared risk, does offer an opportunity to rebalance both the health and care systems. The focus is welcome, as is a more subtle debate, because continuing as we always have, caught up in silos, is no longer affordable and does nothing to encourage the innovative and sustainable approaches that both health and social care desperately need.

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NEWS

Invest in social care, says Age UK

New analysis by Age UK reveals that Government investment of an additional sum equivalent to less than 4% of the annual NHS budget of £112bn per annum would address the unmet care needs of more than a million over 65s who are currently struggling to cope on their own - and help sustain the NHS at the same time.

Age UK has calculated how much it would cost to help the 1,004,000 older people who are struggling with some level of unmet need for social care support.

According to the analysis, the cost of meeting these needs for older people is £4.2bn per annum. By contrast, emergency admissions for those aged 60+ cost over £3.4bn a year – some of which could certainly be avoided by better and timelier support.

As part of the Government's forthcoming Spending Review, Age UK is calling for further funds to be invested in the care system in order to provide support to those older people who currently receive no help at all.

National Minimum Wage increased

90,000 workers in social care were expecting a pay rise as National Minimum Wage (NMW) increased on 1st October.

However, 80% of employers across all sectors did not know the fines they faced for not paying eligible employees at least the NMW a new poll has found.

It is estimated that 90,000 workers in social care in the UK aged over 21 were being paid on or below the NMW in 2014, according to an ONS Annual Survey of Hours and Earnings.

The penalty for not paying employees at least the NMW that they are entitled to includes a fine of up to £20,000 per worker for underpaying and the business could be publically named.

The new NMW rates are:

- 21 and over - £6.70 (from £6.50).
- 18 to 20 - £5.30 (from £5.13).
- Under 18 - £3.87 (from £3.79).
- Apprentice - £3.30 (from £2.73).

New homecare guideline published by NICE

Whistle-stop homecare visits should be avoided and named care coordinators appointed to plan support for service users, according to guidance on domiciliary care from the National Institute for Health and Care Excellence (NICE).

NICE's guideline for councils and homecare providers said visits should last at least 30 minutes and only be shorter if the care worker is known to the person receiving care, the visit is part of a wider support package, and it allows enough time to complete specific tasks such as checking someone is safe and well. The NICE guideline for homecare also says that a 'one size fits all' service is not the best way to provide good homecare. Instead, it advocates a 'person-centred' approach where the needs and wishes of the individual are heard and respected.

Government to review FNC

The Department of Health (DH) is to review the rate paid by the NHS to private care providers (nursing homes) for nursing services.

Registered nursing care for residents, who are assessed to be eligible, in nursing homes is funded by the NHS.

The rate payable for this financial year is currently £112.00 a week per resident.

This review will consider whether the rate paid is reflective of the costs of providing this important service and supports high quality out-of-hospital care. The DH intends to complete the review in this financial year.

NHS-funded nursing care (FNC) was introduced by the Health and Social Services Act 2001, which made care provided by registered nurses in nursing homes an NHS responsibility.

APPOINTMENTS

HC-ONE

HC-One has appointed former Department of Health Director, Dr Glen Mason as its company's third Managing Director. Jake Rollin, current Assistant Director of Care and Independence at North East Lincolnshire Clinical Commissioning Group will become Director of Commissioned Services.

HUNTERCOMBE GROUP

The Huntercombe Group has appointed Dr Amlan Basu to the new post of Director of Research and Development.

THE CAMBIAN GROUP

The Cambian Group has appointed Lise Sugden as head teacher at Cambian Bletchley Park School, and executive head teacher at Cambian Potterspury Lodge School.

LEONARD CHESHIRE DISABILITY

Leonard Cheshire Disability has appointed Sally Davis as Chairman on a three year term.

VOYAGE CARE

Sue Donley has been appointed Human Resources Director at Voyage Care, while Alan Marshall joins as the company's first Managing Director for Community Services.

HADRIAN HEALTHCARE

Jane Tworkowski has been appointed manager of Ridley Park care home in Blyth, part of Hadrian Healthcare Group.

C&I NHS FOUNDATION TRUST

Wendy Wallace will be stepping down from her role as Chief Executive of Camden and Islington NHS Foundation Trust next spring.

Homecare market under threat from low council fee rates

Independent and voluntary sector homecare providers receiving low fees from local authorities could be forced into withdrawing from care, or going out of business, according to a recent United Kingdom Homecare Association (UKHCA) survey. The findings of the UKHCA Market Stability Survey 2015 compound an already critically underfunded care system.

The survey gathered data from a total of 492 homecare providers in the UK, with 63% of them trading with one or more local authorities. Many providers have indicated that they are already forced to hand back contracts for people's care to their local authorities which purchase them because prices paid are uneconomic.

Strong evidence suggests that the homecare sector faces significant instability over the next year, with 74% of providers trading with councils stating that they would have to reduce the amount of publicly-funded care they deliver. This is estimated to affect 50% of all the service users they support.

Only 38% of providers were completely confident that they would still be in operation at the same time next year. According to the survey, 11% of all providers thought that they would 'definitely' or 'probably' have stopped trading within the next twelve months.

The majority of providers (71%) believe that fee levels would not meet the extra costs when the new National Living Wage of £7.20 per hour comes into effect next April. 74% of providers responding said that the extra costs would affect the quality of care if it were not fully-funded.

In a warning to local councils, that providers' willingness to bid for new contracts could be at risk, 50% of those with a tender opportunity with a council decided not to bid for at least one of the contracts on offer, because they felt the price the council would pay successful bidders was too low to run a viable business.

Families paying too much for social care

A new report from the Local Government Ombudsman (LGO) raises concerns that families across England are paying more than they need to because they have not been given comprehensive information about the costs of care available in their area.

In the report, *Counting the cost of care: the council's role in informing public choices about care homes*, which looks at 'top-up fees' paid by families for their relatives' care, the LGO explains the confusion faced by people looking to place a relative in a home. It gives examples of cases where councils provide confusing or incorrect advice, do not offer potential residents a genuine choice of affordable care home or have any affordable homes available. Sometimes when a family member is settled in a home and all costs agreed, providers have tried to charge their own top-up fees without the local authority's consent. This confusion can lead to people paying more than they might need says the LGO.

In the report, the LGO provides guidance for councils to make sure their procedures do not put people at risk of paying too much and offers questions for councillors to help scrutinise their authorities' policies and procedures.

Diabetes in care homes guidance

New guidelines to improve the quality of care for people with diabetes living in care homes have been released.

They provide a series of indicators that can help Care Quality Commission (CQC) inspectors to assess whether a service is meeting the particular needs of people with diabetes.

The guidance has been published by the CQC having been developed in collaboration with Professor Alan Sinclair, from Diabetes Frail, and the Joint British Diabetes Societies Task Group.

Entitled *Guidance for CQC staff: Inspecting the quality of care for residents with diabetes mellitus living in care homes*, the publication also explains why people living with diabetes in care settings can be particularly vulnerable and dependent.

An assessment and support framework has also been included in the guidance. This means that care home nurses are able to determine that the residents' diabetes needs are being met thoroughly and in a way that protects their dignity and rights.

UK is best for palliative care

The UK ranks first in the 2015 Quality of Death Index, a measure of the quality of palliative care in 80 countries around the world released by The Economist Intelligence Unit (EIU). Its ranking is due to comprehensive national policies, the extensive integration of palliative care into the National Health Service, a strong hospice movement, and deep community engagement on the issue. The UK also came top in the first Quality of Death Index, produced in 2010.

The Quality of Death Index, commissioned by the Lien Foundation, a Singaporean philanthropic organisation, is based on extensive research and interviews with over 120 palliative care experts from across the world. It shows that in general, income levels are a strong indicator of the availability and quality of palliative care, with wealthy countries clustered at the top. Australia and New Zealand take second and third place, as they did in 2010, while rich European and Asian countries dominate the top 20, along with the US in 9th place and Canada in 11th.

As expected, many developing countries are still unable to provide basic pain management due to limitations in staff and basic infrastructure. Yet some countries with lower income levels demonstrate the power of innovation and individual initiative. For example, Panama (31st) is building palliative care into its primary care services, Mongolia (28th) has seen rapid growth in hospice facilities and teaching programmes, and Uganda (35th) has made huge advances in the availability of opioid painkillers.

For the first time The EIU has also compared the supply of palliative care, as revealed in the Index, with the demand for such care. The demand analysis, based on countries' demographic profiles and the burden of diseases for which palliative care is necessary, shows China to be among the most vulnerable from population ageing and the rising incidence of conditions such as cardiovascular disease, which accounted for one-third of all deaths in the country in 2012. Many other developing countries will also need to work hard to meet rising future need as the incidence of non-communicable disease increases and their populations grow older.

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Save Our Homecare

An online petition, encouraging Government to take urgent action to prevent a crisis in homecare services, has been launched by United Kingdom Homecare Association (UKHCA).

The *Save Our Homecare* campaign forms part of the national and professional body's wider campaign, to influence the Government ahead of its Spending Review this November.

The petition enables people right across the UK, including those who use homecare services and their families to demonstrate the importance they place on homecare and the positive difference it makes to people's lives.

Mike Padgham, UKHCA Chair said, 'Almost a million people across the country every year need help to maintain their independence at home, but State-funded care is in crisis. If action isn't taken now, the already chronic funding gap will deepen – putting these vital frontline services at risk. Worryingly, this means people may not get the support they require at home and the stretched NHS faces more pressure.'

The *Save Our Homecare* petition needs as many signatures as possible to make a real impact on Government. If the campaign receives 10,000 signatures the Government will have to make a formal response and with 100,000 petitioners will create the need for a debate.

Working time regulations ruling

It has been ruled that mobile workers are technically 'working' when they travel to and from their first and last customers of the day, by the Court of Justice of the European Union (CJEU). As a result, companies that rely on such workforces, such as homecare providers, could find themselves in breach of working time regulations.

CJEU's ruling said, 'The Working Time Directive defines working time as any period during which the worker is working, at the employer's disposal and carrying out his activity or duties, in accordance with national laws and/or practice. Any period which is not working time is regarded as a rest period.'

'If a worker who no longer has a fixed place of work is carrying out his duties during his journey to or from a customer, that worker must also be regarded as working during that journey. Given that travelling is an integral part of being such a worker, the place of work of that worker cannot be reduced to the physical areas of his work on the premises of the employer's customers. The fact that the workers begin and finish the journeys at their homes stems directly from the decision of their employer to abolish the regional offices and not from the desire of the workers themselves. Requiring them to bear the burden of their employer's choice would be contrary to the objective of protecting the safety and health of workers pursued by the directive, which includes the necessity of guaranteeing workers a minimum rest period.'

Association of Directors of Adult Social Services (ADASS) Vice President Harold Bodmer said, 'Although we welcome the Court's ruling, ADASS is well aware that it may impose further costs onto a care sector already reeling from five years of financial cutbacks.

'Ministers and officials now conducting the current Spending Review really must ensure that these extra costs, along with many other's incurred in the past, are responsibly factored in to the process.'





Nursing in social care resources

Nurses play an increasingly critical role in adult social care, yet recruitment, skills and integration can be challenging. Skills for Care has produced six short videos which focus on some of the different nursing roles across social care.

The first in the series focuses on the different manager roles in a nursing home, subsequent roles covered include clinical managers, senior support workers, assistant nurses, student nurses and a university practice learning adviser.

Hft sells services in Lancashire

Carterwood has acted on behalf of Hft in the disposal of a purpose-built residential care and supported living community. Registered for 42 with an additional six supported living places, it is in semi-rural Lancashire. The service provides care and support for those with learning disabilities and complex needs.

The business has been acquired by Stanley Grange Community Association and service will be operated by Future Directions.

Danshell's future plans

Danshell is drawing up investment plans following the completion of its strategy to solely concentrate on providing services for people living with a learning disability, autism and complex needs.

Since expanding its portfolio with the acquisition of 20 sites, two years ago, Danshell has been reviewing its service provision in consultation with key stakeholders, including commissioners.

This comprehensive consultation has led to Danshell selling several sites that are no longer core to the business.

Adequate funding needed

The King's Fund has published its submission to the Government's Comprehensive Spending Review. The think tank argues that, if the Government is serious in its commitment to health and social care, it must ensure that adequate funds are available in this parliament and beyond.

If this is not done, the Government should be honest with the public about the inevitable fall in standards of patient care as NHS organisations cut their costs to cope with constrained budgets.

POLL

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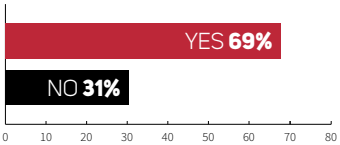
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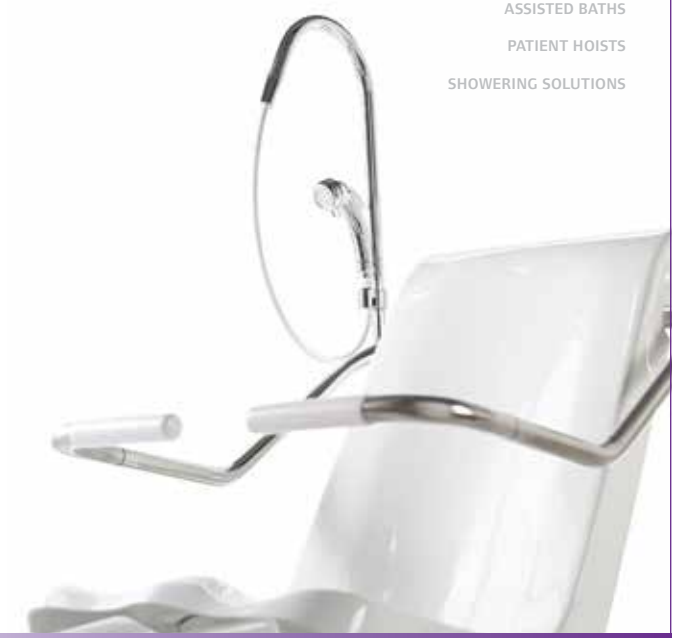
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New ambitions for end of life

The National Palliative and End of Life Care Partnership, made up of statutory bodies including NHS England, the Association of Directors of Adult Social Services, charities and groups representing patients and professionals, has developed a framework for action in making palliative and end of life care a priority at local level. *Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020*, is aimed at local health and social care and community leaders.

It builds on the Department of Health's 2008 *Strategy for End of Life Care* and responds to an increased emphasis on local decision-making in the delivery of palliative and end of life care services since the introduction of the Health and Social Care Act 2012. Since the publication of the strategy, good progress has been made but there is still much more that needs to be done.

Research by Hospice UK and the National Council for Palliative Care, carried out last year, shows that only around four in ten (43%) Health and Wellbeing Boards in England include the needs of dying people in their key strategies that shape health and social care services. Yet over the next 25 years, the number of deaths will increase by around 100,000 each year. The UK is considered a world leader in end of life care but a recent Ipsos MORI survey commissioned by Marie Curie found that carers say seven out of ten people with a terminal illness in the UK do not get all the care and support they need.

Care home benchmarking report

Care homes could be missing out on opportunities to increase profits and make savings according to NatWest's *Care Home Benchmarking* Report.

The report includes the performance of over 1,200 care homes across England, Scotland and Wales, analysing data on fee rates and occupancy as well as energy spend, buildings and technology. Energy stood out as the second most significant cost behind staff.

Neil Garton, Head of Healthcare at NatWest, said, 'Contrasting results from around the country show that there are many opportunities for care homes to either increase their profitability or make significant cost savings. This can be done through upgrades, renovations, or by improving their energy efficiency.

'When looking at fee rates, parts of the country are doing very well at the moment, but there are regions of England in particular where fee rates are lower than you'd expect…Care homes that have good locations but don't have high occupancy levels or modern facilities, such as en-suites, should look at whether they can invest in upgrading their facilities to get closer to full occupancy and attract more private clients.

'Energy use is another area that requires some attention. Surprisingly, only a small number of homes are taking advantage of renewable energy and energy saving technology, which could have a significant impact on their day-to-day running costs.'

Neil concluded, 'On the whole, the SME care home market is in good shape. Compared with corporate rivals, the quality of care is every bit as good. However, SMEs might struggle on cost-efficiency, long-term strategy and upgrading facilities owing to a lack of time and cash.'

Priory acquires Life Works

Priory Group has acquired Life Works, a private behavioural care clinic in Surrey from the Glenholme Healthcare Group. The clinic has 22 beds specialising in private in-patient therapy for individuals with drug and alcohol addiction, eating disorders, and depression. It was rated as 'Outstanding' by the Care Quality Commission in its most recent inspection in July 2014. The move comes as Priory continues to build its network of private behavioural care clinics across the UK.

IN FOCUS

Care sector unites to demand 'adequate and sustained financing'

WHAT'S THE STORY?

In a show of shared concern, organisations representing consumers, providers and commissioners of adult social care have jointly called on Government to make sure that the steady decline in resources available for older and disabled people is stopped.

The Association of Directors of Adult Social Services (ADASS), the Care and Support Alliance, the Care Provider Alliance and the NHS Confederation say, 'The quality, safety and sufficiency of social care services are fundamental to a dignified society. However, the social care sector is in danger of a deepening crisis which is compromising the dignity, health and wellbeing of older and disabled people, their families and carers, the workforce as well as the economy.'

They go on to urge Government to ensure that social care funding is protected, including making provision for the funding gap which will have grown in social care by 2020, alongside the £8bn gap in NHS funding over the same period.

WHY IS THIS SIGNIFICANT?

It's unprecedented. There has never been such a joint submission to a Government Spending Review and reflects growing concern for future sustainability of the social care sector.

WHAT DID THE SUBMISSION SAY?

The submission warns that:

- Fewer people are receiving State-funded care. This is leading to higher levels of unmet need displaced to unpaid carers and the NHS. Additionally, providers say that people paying for their own care are paying more than those funded by the State.
- More people are living longer with more complex needs and this requires additionally trained and supported staff.
- The care market is fragile; councils have frozen fees and providers are exiting the market, with lenders delaying investment decisions as they await the announcement of the Spending Review.
- The quality of care is being compromised across the sector.
- Sustaining a steady and reliable workforce is challenging. The National Living Wage is welcome but needs to be funded.
- An efficient and effective NHS depends on a financially sustainable social care system.

WHAT HAPPENS NEXT?

The organisations end by urging decision-makers to 'listen to our message…and demonstrate the value that our country justly places on getting it right for disabled and older people who need its care and support. We want to see a transparent debate about the cost of, and funding for, sustainable care of a decent quality.'

The outcome of the Spending Review will be announced by HM Treasury on 25th November.

See Vicky McDermott's Straight Talk on page 50.

Castleoak and MHA

Castleoak, a care sector developer and construction partner, has delivered two assisted living schemes for MHA as part of an £8.5m contract. The Maples, in Peterborough, offers 37 one and two bedroom high specification apartments for rent and 13 care studios.

Fitzwarren Court, in Swindon, comprises 33 one and two bedroom luxurious assisted living apartments, and four studio apartments for extra care.

DoLS applications rise tenfold

The Health and Social Care Information Centre has published its statistics report on the findings from Deprivation of Liberty Safeguards (DoLS) data collection for the period 1st April 2014 to 31st March 2015. It includes any application that was received and/or completed during the reporting year. It is the first annual official statistics report since the March 2014 Supreme Court judgment gave new guidance on the use of the DoLS.

There were 137,540 DoLS applications received by councils during the period, the most since the safeguards were introduced in 2009. A tenfold increase from 2013-14 (13,700).

62,645 applications were completed by councils during the year, almost five times as many as the previous highest volume – 13,040 in 2013-14. The number of completed applications has increased every year since DoLS were introduced in 2009.

There were 147 completed applications per 100,000 adults in England. Application rates varied considerably by region, with a rate of 389 per 100,000 adults in the North East, whereas the other eight regions had between 110 (East Midlands) and 150 applications per 100,000.

There were 52,125 granted applications in 2014-15, 83% of all completed applications. This the highest percentage granted since DoLS were introduced. From 2010 to 2014 between 55% and 60% of applications were granted. There was some regional variation, with only 61% of applications approved in the South West. All other regions saw at least 80% of applications granted, with the highest approval rate in the North East (93%).

There were 122,775 individuals with an active DoLS application. People can have multiple DoLS applications made on their behalf in a year and 12,005 individuals had at least two DoLS applications, 10% of people with an application.

Carterwood appointments

Carterwood has recruited five new members of staff. Hannah Cheese has joined as Team PA. Luke Sefton and Victoria Millard join as Analysts with Timothy Gaudet also joining the team as Research Assistant. Maria Fennell has joined as a Secretary.

Lancashire care site sold

Acting on behalf of Worthington Properties, CBRE has sold a 1.2 acre care development site in Lytham St Annes to Octopus Healthcare for an undisclosed sum.

The site has been acquired subject to planning consent for the development of a care home for up to 64 residents, built to the specifications of Octopus Healthcare with dedicated landscaped areas and parking facilities.

The new care facility will form part of a larger mixed use scheme comprising a supermarket, public house, a 132 home residential scheme and a 30 unit development.

Integrated and person-centred care resources

Personalised care and support planning (PCSP) is at the heart of the vision for a sustainable health and care system, where the renewable energy of people and communities is harnessed to deliver improvements in health and wellbeing.

It is a 'meeting of experts' between those with lived experience and those with other expertise; it identifies the issues and develops solutions and actions, keeping the person at the centre, and in the driving seat, of decision-making.

There are some deep roots and some fantastic examples of this working well in health and social care, where it is now set out in statute. Yet it is rarely done holistically, to cover all health and social care needs, and it remains far from common practice in mainstream NHS services.

Think Local Act Personal, commissioned by the Department of Health, the Local Government Association and the Association of Directors of Adult Social Services and in association with Coalition for Collaborative Care, has launched a major new online tool to support PCSP and to aid broader implementation of the Care Act.

The tool is aimed at commissioners, planners, clinicians and practitioners across health and social care grappling with the complex changes needed to deliver person-centred, coordinated care. The tool is intended to stimulate and inform service design and highlight some common principles that should underpin any local approach.

Arrow Healthcare and Target Healthcare agreement

Arrow Healthcare has entered into a long-term management agreement with Target Healthcare to provide a high quality provision of care to the people living in Alexandra Court in Kingston-Upon-Hull.

Alexandra Court is registered to provide care, including nursing care, and accommodation for up to 84 older people who may have a dementia related condition. The home is fully-compliant with all the standards required by the Care Quality Commission.

PJ Care's 15% pay increase

PJ Care has announced an unprecedented increase in pay for care staff.

The increase, which took effect from the 20th September, saw care staff earning between £7.30 and £8.30 per hour, rising by at least a further 20p an hour in February 2016. This means that PJ Care will pay care staff more than the National Living Wage of £7.20 which comes into effect from April 2016.

New service for Glen Care

Glen Care is opening a new residential care service with nursing for men with learning disabilities, complex needs and impulsive behaviour at the Langford Centre in Bexhill-on-Sea.

Highwoods is a specialist service that will support men with learning disabilities. The service will support those who have a history of poor response to treatment, mental health issues, substance misuse, impulsive and aggressive behaviour and complex needs.

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Austerity measures created two-tier market

UK long-term care for older people is a highly polarised marketplace. At one end of the market are those operators with a focus on private pay residents, who are doing relatively well.

At the opposite end are those providers that cater mainly for Government-supported residents, who face becoming the latest financial failures in a sector which is already suffering from a greater annual capacity loss rate than growth rate, says the latest LaingBuisson report.

Research published in LaingBuisson's *Care of Older People* market report has revealed that real terms fee reductions by local authorities, a result of the Government's on-going austerity drive, is now clearly the main driver for falling profits in a service provision market worth an estimated £16bn per year.

With 90% of residential and nursing care services now delivered by independent providers, the report states that more than ever before there is strong evidence of a marketplace where profits can only be made by those operators focusing on self-pay residents in affluent areas of the country.

Hallmark Care Homes

Terry Tucker has been appointed as People and Performance Director for Hallmark Care Homes.

Terry brings with her over 16 years healthcare experience. She has worked in roles for Barchester Healthcare, Priory Group and in the NHS.

Impact of charging carers

Councils across England considering charging carers for support are being urged to put carers' wellbeing at the heart of their decision and to continue to help them free of charge. Research by Carers Trust found that a growing number of councils are considering charging carers for the support they receive, putting them in financial difficulties and at risk of ill-health.

Freedom of Information requests were sent to 147 local authorities in England to find out how many are currently charging carers for support, the impact those charges are having on carers and the number of councils that will be debating the introduction of charges in the next twelve months. Eight of the 132 councils that responded currently impose a charge, and another 23 will be considering charging in the next 12 months. Costs currently in place range from £3 per week to £16.98 per week per carer.

It is estimated that there are 247,539 unpaid carers living in the eight authorities which are currently charging, meaning that nearly 5% of carers in England live in authorities where they face potentially being charged if they are assessed as needing support from the local authority. *A Charge on Caring? Analysis of the Use and Impact of Charges by Councils Providing Support to Unpaid Carers* is available on the Carers Trust website.

LNT Group

LNT Group has announced that Matt Lowe will take the post of Chief Executive.

Matt Lowe has held the role of Commercial Director at LNT for over three years.



Statistics on requests for council services

Just under two million (1,846,000) requests for adult social care support for new clients were actioned by councils during 2014-15. This equates to an average of 5,000 new requests actioned per day.

This figure comes from *Community Care Statistics: Social Services Activity, England 2014-15*, released by the Health and Social Care Information Centre. The report is based on a new national data collection from councils, which covers short and long-term social care and provides new information on the primary reason people need support.

Of the 1,846,000 actioned requests for new clients: 72% (1,327,000) related to adults aged 65 and over and 28% (519,000) related to clients age 18 to 64. 31% (575,000) resulted in the client being given a 'universal service' or 'signposted to other support. 28% (520,000) had an outcome of 'no services provided'. 16% (304,000) saw ongoing low level support provided. 12% (218,000) had short-term support provided to maximise independence. 8% (144,000) had an outcome of long-term support.

When looking at both new and existing clients: a total of 890,000 adults received long-term support from local authorities at some point. Of these, 74% (659,000) were receiving this support at the year-end on 31st March 2015 and of those, nearly half a million (485,000 or 74%) had received this support for more than a year. For long-term social care users over 65, the most common primary reason for support was personal care (64% or 384,000 in this group). For those aged 18 to 64 it was learning disability support (43% or 124,000).

There were 254,000 completed instances of adults receiving short-term support to maximise independence during the year. In addition, 29,000 clients were receiving short-term support on 31st March 2015. For those receiving a completed instance of short-term support, the most common primary reason for support was personal care (70% or 178,000). After receiving this form of support, 26% (65,000) went on to receive long-term support, of which 93% (60,000) received long-term support in the community.

Hospital complaints in 2014-15

A new report has revealed that the top three reasons for hospital complaints investigated by the Parliamentary and Health Service Ombudsman in the last financial year (2014-15) were poor communication, errors in diagnosis and poor treatment.

Non-medical aspects of patient care are cited as a factor in almost half of all complaints investigated by the Parliamentary and Health Service Ombudsman. Poor communication, including quality and accuracy of information, was a factor in one third of all complaints. Other reasons included staff attitude and behaviour, which were factors in two out of 10 complaints.

The report outlines how many unresolved complaints the Parliamentary and Health Service Ombudsman investigated for every acute trust in England and the final decision made. It compares the number of complaints the Parliamentary and Health Service Ombudsman investigates to the size of each trust. The size of the trust is determined by the number of 'clinical incidents' such as outpatient appointments, elective surgery and emergency admissions the trust has carried out. This shows how likely a trust is to receive a complaint about its service.

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HOMECARE MARKET STABILITY

It *is* about the money



Q **Can homecare become sustainable in the near future? What is the impact of the underfunding? What is the current situation and what can be done to tackle it?**

A **Colin Angel, Policy Director, United Kingdom Homecare Association**

The social care sector seems to have been under pressure for over a decade, but the warnings of possible market failure, particularly in the homecare sector, have suddenly got much more urgent and social care makes daily news headlines.

Independent and voluntary sector providers have already begun to signal the possibility of large-scale hand-backs of local authority funded homecare services. Some large homecare providers have shared evidence with United Kingdom Homecare Association (UKHCA) suggesting plans to exit from as many as 39% to 45% of their council contracts.

This matters because 883,000 older and disabled people used homecare services in the UK last year and public expectations that their care and health needs can be met effectively at home are increasing. Add to that the headlines we should expect about delayed discharges from hospital. We already know that the number of people sitting in hospital while home-based care is arranged has steadily increased over the year. The homecare sector has a vital role in relieving pressures on the NHS.

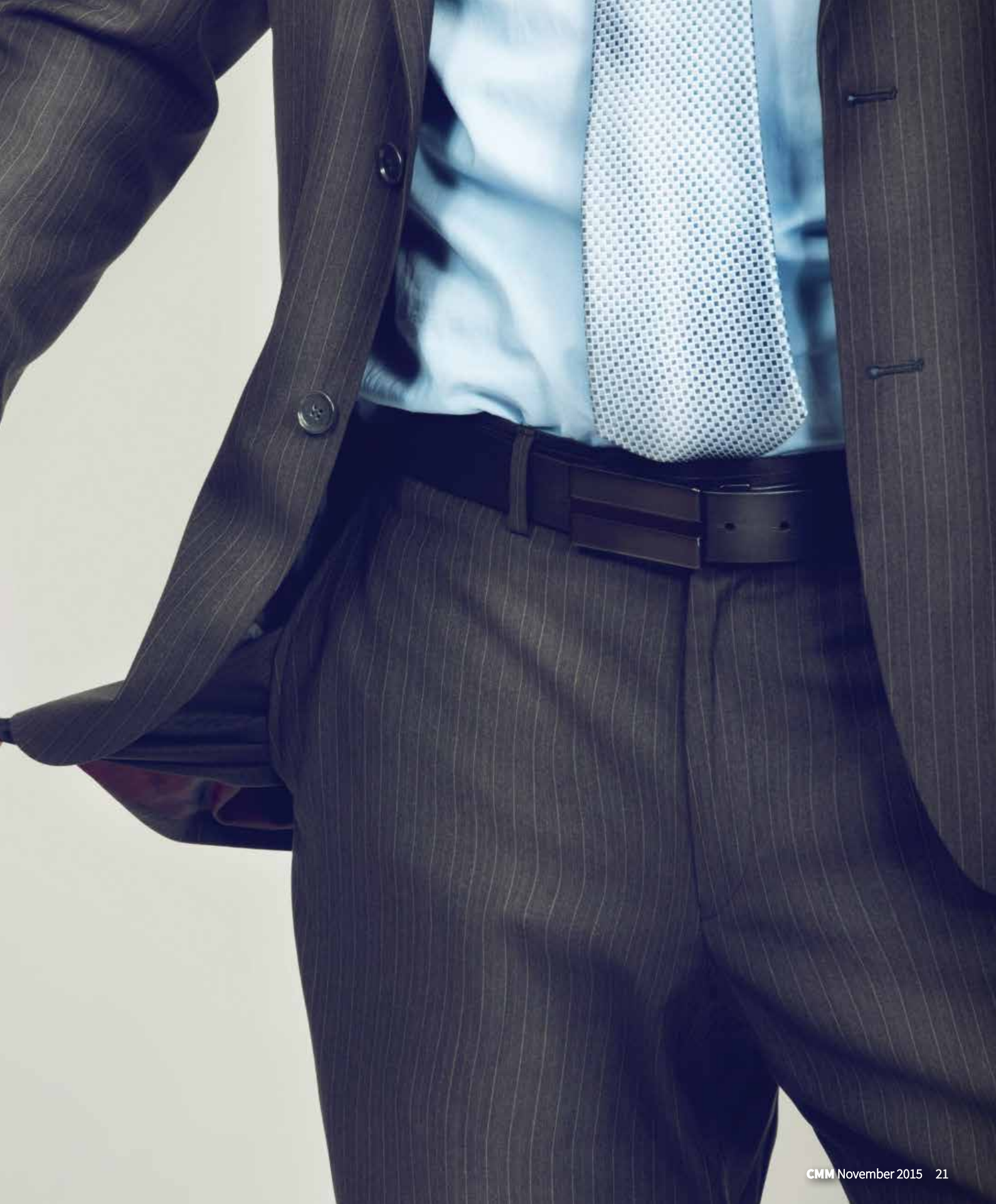
The warnings from social care aren't just because a Spending Review provides the opportunity for a billow of shroud-waving in the hope of more money, but indicate a growing awareness of the pressures in a homecare sector. UKHCA estimates that the sector is running at a deficit of £514m this year, due to increase to £753m next year, if the costs of the new National Living Wage are not funded in care purchased by the public sector.[1]

STATE-FUNDED HOMECARE

The proportion of homecare purchased by the State, rather than by private individuals, is thought to be around 70%, so the rates councils pay for homecare services are critical for a functioning market. The statutory guidance to the Care Act 2014 (for England) forcefully reminds councils that they 'must not undertake any actions which may threaten the sustainability of the market as a whole…for example, by setting fee levels below an amount which is not sustainable for providers in the long-term'.[2]

UKHCA has produced a minimum price for State-funded homecare for several years.[3] Using data obtained under the Freedom of Information Act, UKHCA could find only 28 councils out of 204 across Great Britain paying this minimum price.[4]

The introduction of the National Living Wage, from April 2016, has been described as the final straw by many providers; not because the benefits of a properly paid workforce are not welcome, >



> but because they know just how severe the impact of public spending cuts will continue to be. We heard from a large provider who has written to 78 local authorities about insufficient fee rates. Just 28 replies were received, with only one council increasing rates in response.

MARKET INSTABILITY

In a recent survey of homecare providers, 93% of those trading with councils had faced a real-terms decrease in the price paid for their services in the last 12 months, with 20% reporting authorities decreasing the actual fees paid.[5]

The vast majority of providers in this survey (71%) said they were not confident that the fee levels they were likely to receive would meet the additional costs of the new National Living Wage and that, even where they could, the additional costs would affect the quality of care, presumably because they would need to cut spending on training, supervisory staff or quality assurance.

We believe that there is strong evidence of pending market instability over the next year. In this survey, 11% of all providers thought that they would 'definitely' or 'probably' have ceased trading within the next twelve months. Just 38% of providers were completely confident that they would still be in business at the same time next year. In addition, 74% of providers trading with councils said that they would reduce the amount of publicly-funded care they delivered, estimated to affect 42% of all the service users they support.

The statutory guidance to the Care Act places robust requirements on authorities in England and the pay and conditions of the social care workforce feature in a number of them. Councils are expected to 'assure themselves and have evidence that service providers deliver services through staff remunerated so as to retain an effective workforce' at rates 'at least sufficient to comply with the National Minimum Wage legislation'.[6]

This assurance can't just be a tick-box exercise (though we have already seen examples of this approach from several councils). The guidance also tells councils that contract terms and fee levels must not only promote the wellbeing of people who receive care and support, but 'allow for the service provider ability to meet statutory obligations to pay at least the National Minimum Wage and provide effective training and development of staff'.[7]

UKHCA's Minimum Price for Homecare increased to £16.16 per hour following the October 2015 increase in the National Minimum Wage. The minimum price becomes £16.70 when the National Living Wage is introduced next April. We can reasonably assume that the average price for older people's homecare across the UK (£13.66) will have changed little since we surveyed councils last year. The risks of this disparity for market stability should be obvious. UKHCA has repeatedly called on councils to enter into open-book costing exercises with providers to understand the real costs in local markets. There have been some encouraging moves by several councils, but by no means all.

POTENTIAL SOLUTIONS

UKHCA made four recommendations to Government when the National Living Wage was announced.[8] Most importantly, the Spending Review 2015 must support social care with additional funding for councils; although we also believe that UK social care regulators must be empowered to oversee councils' commissioning practice. The Chancellor could provide additional buffering by a change to the current VAT exemption, so that social care services become 'zero-rated'; this would enable councils and private individuals to continue to purchase homecare services without paying VAT, and would enable homecare providers to reclaim VAT on the costs they incur. Finally, Government should consider tax incentives for private individuals funding their own social care, particularly as the Care Cap in England has effectively been abandoned.

We have also suggested that providers' EBITDA margins could be a reasonable prediction for market behaviour. EBITDA margin provides a singular measure of business performance, useful for comparing similar companies across a single industry, as it minimises the non-operating effects that are unique to every company.

Ten major homecare providers advised that they were currently operating on EBITDA margins on local authority business of between 2.0% and 8.1% (median 4.1%). They estimated that unless the costs of the National Living Wage were funded this would fall to between -5.3% and 3.0% (median 1.3%). We suggest that these providers will consider exiting uneconomic contracts as EBITDA margin falls to 5% and are likely to exit the State-funded market at 3%. Needless to say, smaller providers are likely to require slightly higher margins to remain in business.

Even if providers continue just to survive in the homecare sector, they will have to consider whether costs associated with non-mandatory requirements will be cut and whether to support innovation which bears financial risk or up-front investment. Neither of these are desirable for people who use services, nor councils wanting to explore new models of care, including outcome-based commissioning.

The Care Quality Commission received 'market oversight' powers in England as a result of the Care Act. This regime will act as an early warning system, but its function is largely to alert authorities to the imminent failure of very large providers where coordinated action will be needed to maintain the continuity of care for people who use services on a temporary basis. Councils have responsibility for their local care markets, but what is needed is not additional monitoring, but real action which keeps the operating environment stable.

MONEY AND POLITICS

The repeated refrain 'but we don't have the money', even when voiced by the most sympathetic local authority commissioners, cannot be an end of the discussion. Nor is 'it's not just about money' a sufficient dodge for the real issue: we are now at the stage where it really is about money. There is a political decision for councils about the priority it places on the care of older and disabled citizens, who rely on a stable social care market to remain independent at home. **CMM**

[1] Estimates by UKHCA submitted to HM Treasury, August 2015.
[2] Department of Health (2014) Care and Support Statutory Guidance, paragraph 4.35.
[3] Angel, C (2015) A Minimum Price for Homecare, Version 3.0.
[4] Angel, C (2015) The Homecare Deficit. Sutton: United Kingdom Homecare Association.
[5] The survey, which will be published by the time this article is printed, was completed by 492 homecare providers in the UK, who delivered almost 888,000 hours of care a week to over 85,000 people.
[6] Department of Health (2014) Care and Support Statutory Guidance, paragraph 4.30.
[7] Department of Health (2014) Care and Support Statutory Guidance, paragraph 4.31.
[8] Open Letter to the Chancellor of the Exchequer. http://www.ukhca.co.uk/downloads.aspx?ID=473

Colin Angel is the Policy Director at United Kingdom Homecare Association (UKHCA). Twitter: **@colintwangel**

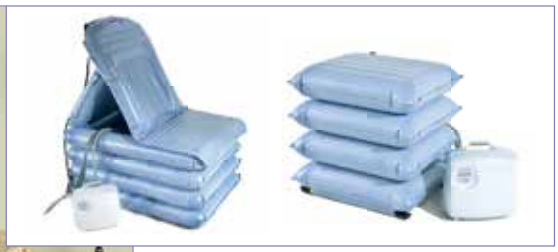
Do you believe homecare faces a sustainable future? Do you agree with Colin that it is about the money?
Visit the CMM website **www.caremanagementmatters.co.uk** to share your thoughts and access the reports referenced here. Subscription required.


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PAMELA **BRUCE**

Pamela Bruce is Managing Director of Nurse Plus UK.

REFLECTIONS ON THE LAST DECADE

Social care has become a huge part of Nurse Plus' business and a very important part; we strongly believe that this is an invaluable service to provide. Social care, however, has always been the poor relation to health. This is even more apparent now. Budgets are continually being reduced, margins squeezed and costs rising, leaving providers wondering if it's a viable business to be in.

Quality has increased tenfold, with much more stringent recruitment and training being introduced. 10 years ago it was learn on the job with minimal formal training. Care Quality Commission requirements have also changed dramatically with very in-depth inspections. This has weeded out the poor quality providers but it all adds cost to ensuring quality is at the forefront.

The requirements of social care have also changed. It used to be assisting with personal care and meal preparation. Now the more common requirements are administering medication and dealing with dementia and other complex conditions. The job is more of a career path, with extra training and diplomas a must.

One of the main problems, however, is the negative media interest which makes staff consider leaving the sector and puts off potential new employees.

In 2005, when Nurse Plus was incorporated, it was a staffing business, providing healthcare professionals to hospitals, care homes and learning disability services. We started with three branches and continued to open new ones. We're now at 45. The branches developed into other marketplaces, always within healthcare. One of these specialisms has been in homecare – both domiciliary and complex care. We are continuing to roll out all aspects of the industry into all branches whilst continuing the opening programme to get to 60 branches in the next two years.

My career in healthcare started 19 years ago in domiciliary care and progressed into the recruitment industry in both healthcare and commercial. My dedication to healthcare recruitment started in Andover where I set up a branch and built it into a successful business. I understood the importance of quality and met other likeminded individuals with a vast amount of experience. I became one of the original founders of Nurse Plus in 2005. The group that came together brought a wealth of experience and knowledge that we used to grow Nurse Plus. I started by opening the Salisbury branch. I also assisted with all new branch openings, ensuring they were set up to the correct standard, with quality at the forefront. Robust procedures and policies are always followed.

In 2010, I became Operations Director for Nurse Plus by which stage the company had grown to 18 branches. This allowed a more strategic focus on branch openings as well as developing the existing 18 branches to be the best they could be. In 2014, I became Managing Director.

PROJECTIONS FOR THE NEXT DECADE

Healthcare will always be a passion for me. It is one of the most satisfying sectors to work in and the future is very bright, with care set to continue to grow. More people are choosing to be cared for at home as the ageing population is growing. As long as the company continues to be built on a quality ethos, the future is bright for us.

INSIGHT

As above, it's about surrounding myself with like-minded individuals who have a passion for this industry, who care about what they do and place the individuals we care for at the centre.

LESSONS

Be open, honest, deal with every problem that presents itself properly and thoroughly and learn from mistakes.

ADVICE

Treat all staff with dignity and respect at all levels, work as a team, value, develop and train your staff to be the best they can. Listen, take points on board, work together to face challenges and listen to others' opinions. In the main though, I can't say enough how important it is to deal with all issues thoroughly. Never brush anything, no matter how trivial, under the carpet. **CMM**

An extended version of this interview can be found at **www.caremanagementmatters.co.uk** Subscription required.



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Using information wisely

If we are serious about developing a good strategy for improving efficiency, increasing standards or reducing staff turnover, it is critical that we learn from our own experience and from the experiences of others.



We need to critically evaluate what others have done, or are doing, so we can use that shared knowledge and evidence to deliver improvements across the social care sector for people who need care and support, employers and employees.

To work strategically, organisations need access to information, data and experience. Strategic leaders need to gather information that enables them to make evidence-based challenges to systems and processes to identify opportunities for service improvements.

At Skills for Care, we evaluate everything we do and the impact it is having, so that we can constantly improve our work. We also have useful tools and information that will help you plan more strategically or embed evidence-based practice within your organisation.

Our National Minimum Data Set for Social Care (NMDS-SC) allows you to compare important sector information such as pay and turnover in your area so you can benchmark your organisation against others. Our informatics publications focus on the importance of information in social care, how we should be using that information and how we can analyse and collate it.

On our website we're helping to make it easier for you to find, appraise and apply research evidence. Our Research Knowledge Base is a free online searchable database that provides access to a wealth of information about the adult social care workforce.

We have also endorsed some of the best training providers available and put them in a searchable online directory. This mark of quality is only possible to achieve for those providers who can demonstrate a high standard of provision to support employer's to identify and commission training services that meet their desired outcomes. You can find out more on the Skills for Care website.

It is important that leaders, managers and staff all take the responsibility for collecting and using information and data to make efficiency savings, improve processes and, most importantly, to improve the care and support for those who need it. If used correctly evidence-based practice will help with staff retention, service improvement and reducing running costs.

If you need any support with how data and information can help you, please call **Skills for Care** on **0113 245 1716.**

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Delivering better quality in a measured way

Pressures on social care employers to manage capacity with challenging budget restrictions demands innovative approaches to service delivery. Managing resource constraints, continuing demographic pressures and the rising expectations of people with care and support needs is becoming a balancing act for leaders and managers.

The way in which leaders and managers gather, share and interrogate knowledge of their workforce, environment and customers can be central to the business's ability to develop successfully.

Using data and information effectively can help to:

- ensure the business is fit for purpose and can become more cost effective
- provide better continuity of care for those people who access care and support
- give the business a competitive advantage
- allow businesses to plan for the future in an innovative way.



It can also demonstrate quality and value for money to commissioners.

The term "informatics" (the collection, storage and processing of data) has been used extensively throughout the healthcare sector, but is relatively new in social care. We know that services can be even better if their leaders invest in an 'informatics approach' because information helps them paint a richer picture.

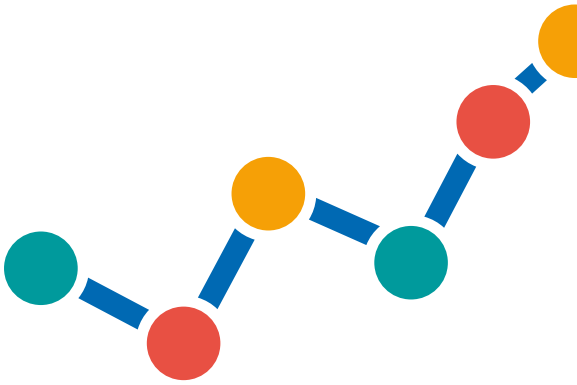
This approach was driven by the implementation of the Care Act 2014, which demands that the citizen is placed at the very heart of service delivery.

It places an increased requirement on local authorities to provide "information, advice and guidance" so citizens can choose their own route to care and support whether this is via web portals, e-marketplaces or handbooks. Citizens now have access to information about a wide range of services from nursing homes to garden maintenance, local social groups to education opportunities.

The impact for social care providers is that they are expected to provide clear, meaningful and accessible information about their service - a crucial step towards personalisation. Staff will need to understand data and information standards, local and national policies and protocols, security systems, data sharing protocols, integrated systems and benefits realisation.







Nick Smith, Head of Learning and Development at Home Instead, has been involved with informatics for some time. He says his organisation recognises the importance of data and the impact it can have when collected correctly. “Statistics cannot be seen in isolation. The numbers have to be connected to knowledge. Whether that knowledge is provided by the same person or someone else, without detailed knowledge of the business, they remain simply numbers.”

Analysis of data and information can support the measurement of the impact of changes made to service delivery or processes, e.g. around safeguarding, near misses or medication management. What was the impact on organisation, staff and people who need care and support?

Here are some things for you to consider.

- Ask the right questions – leaders need to know what questions they are asking to ensure that the right data is collected.
- Be open minded – keep an open mind about the information being presented, be honest and objective and try to recognise what the data is telling you rather than what you want to see.
- Think outside the box – try new things, consider new angles, question things differently.
- Don’t rely too much on anecdotal evidence. Measuring impact, success and evaluate.

Remember that effective use of data and information is an enabler, not a barrier.

> **“We must think outside the box to decide what data to collect, whether the data is useful and what does the data actually say.”**

> **“We believe that it is our commitment to providing just what our clients want that has brought us the award of being the highest rated home care provider for older people.”**

All quotes are from **Nick Smith, Head of Learning and Development,** Home Instead Senior Care

By using information and data in an organised, efficient, effective and fit for purpose way you can ensure you are centred on the needs of the people they support.

Using data and information to plan your workforce

Workforce costs can account for up to 80% of your budget. A comprehensive workforce plan will help you establish whether you have the right people with the right knowledge, skills, values and experience to meet the changing needs of the business, deliver a high standard of care and be responsive to new opportunities.

Effective workforce planning is an essential part of a manager's role. It underpins the delivery of quality personalised and safe services. The workforce itself is arguably the most important tangible asset of most organisations.

Workforce plans can also create access to learning opportunities for your workers, which could help you to improve staff retention, save costs and help make the best use of your resources. The absence of a workforce plan can leave a business vulnerable and unable to deliver their business plans.

Tools such as the National Minimum Data Set for Social Care (NMDS-SC), an online workforce data collection system, can help with your workforce planning.

The system has a series of predesigned and programmed screens called dashboards, which allow account holders to interrogate workforce data and export it into excel for their own reporting and planning. Managers can also search for information on pay, turnover and qualifications and can benchmark themselves locally, regionally and nationally within NMDS-SC.

By using tools which not only allow you to plan but also predict workforce issues and trends, leaders and managers can become empowered to recognise and promote the strengths of



your organisation and your workforce.

A good workforce plan may also highlight whether your staff are better qualified than others, or that you have a more stable workforce than other organisations, which will ultimately contribute to the long term success of your business.

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Lactulose Sachets
Transforming our care home practice

Constipation is a major issue in care homes and is reported to affect up to 80% of residents.[1] Lactulose is commonly prescribed on a daily basis for the condition. Ongoing treatment and medication administration creates a burden on nursing time.

"The administration of standard lactulose is a care home nightmare – with the issue of messy, sticky bottles! We decided to address this problem by piloting the use of Lactulose Sachets to see if it made a difference to the day-to-day management in our local care homes," said Lindsay Gracey, a Ballymena pharmacist, who services 11 care homes in the local area.

One local care home, Lindsay Gracey serves, currently has 45 residents, with at least 80% on routine lactulose. The care home manager explained, "The sachets have transformed the way we provide lactulose to our residents. It is so much easier using the simple single dose sachet – less messy and far less time consuming than measuring out the correct amount from a bottle each time. Lactulose Sachets are very easy to give – just tear open the sachet, empty the contents on to a spoon and give it to the resident."

The home uses both bottles and sachets and is trialling sachets for ease of storage, administration and auditing purposes.

Currently the home uses two types of trolley; one which allows bottle storage in the doors, and the other where the trolley has a cube for each patient and a neat box of Lactulose Sachets can be stored with their other medications. Alternatively all the residents' prescribed lactulose can have a box placed in a single cube together, as this is also very tidy and space efficient.

"Using the Lactulose Sachets has transformed the daily practice in this busy care home, and we hope more of our care homes will benefit from using the sachets in the future"

With the old 'bottle system', the process of accurately determining the amount left in the bottle is difficult, time consuming and messy. In comparison, the simple process of counting the sachets in the box and confirming this matches the administration record is accurate, clean and convenient.

"As most residents are on multiple medications, a box of sachets can be stored easily with the individual's other medication. The problem with lactulose bottles is that they are often sticky, causing hygiene and contamination problems with other medications", the care home manager said. "The staff like using the sachets for ease of administration. The single dose lactulose sachet is the way forward as it is so much easier to administer and more efficient – with the bottles it is so time-consuming continually having to stop to wipe bottles and clean hands."

Another major advantage of switching to the Lactulose Sachets is for the weekly or monthly audit. "It saves me valuable time because I can easily check off the use on the individual residents' administration sheet versus what medication has been used from a box of sachets. With the old system I have to reconcile the amount that is left in a bottle versus the administration sheets and this is difficult when lactulose is stored in dark brown bottles. Checking the amount is not very accurate as usually I have to estimate roughly what is left in the bottle – this is a time consuming procedure."

Lindsay Gracey concludes, "Using the Lactulose Sachets has transformed the daily practice in this busy care home, and we hope more of our care homes will benefit from using the sachets in the future."

[1] Potter J and Wagg A, '*Management of bowel problems in older people: an update*', Clin Med, 2005, vol. 5, no. 3, pp. 289-95.


Bottle storage


Cube storage


Cube storage

For further information on **Lactulose Sachets** please visit www.intrapharmlabs.com or contact:
Marisa Broadbent at Intrapharm Laboratories – marisam@intrapharmlabs.com – 01628 771800

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Always read the label

TIME FOR CHANGE IN DORSET

Three councils in Dorset have launched the country's first pan-council local authority trading company. Added to this there are plans to merge some or all of the councils in the region. Is this the future for local authorities? What does it mean for providers?

Local authority trading companies (LATCs) are growing as alternative ways for local authorities to deliver services. A recent report by Grant Thornton, *Alternative service delivery models in local government – Spreading their wings: Building a successful local authority trading company* sets out the main drivers for local authorities to take this route. 'As councils have come under financial pressure, they have considered how to reduce costs, generate income and improve efficiency by introducing commercial structures. For many councils, the use of LATCs is a step towards becoming self-financing.

'We predict that the number of LATCs will grow in the next five years. The main reason for this growth is local government's desire to generate income to protect other services. Secondary drivers include:

- The need for certain services to be separate from councils to allow them to compete in a wider geographical area;
- A view that greater commercialisation will drive efficiency;
- A view that certain services are non-essential to the council and would be better managed separately.'

TRICURO

Bournemouth Borough Council, Borough of Poole and Dorset County Council have come together to launch their LATC, Tricuro. The first pan-council LATC and reported to be the largest in the country, it sees the transfer of a number of all three councils' existing adult care services, with a budget of over £38m and employing over 1,200 staff.

Transferred services include residential care; reablement; day services including skills training for independent living; shared lives; care catering services; Oh Crumbs! offering people with a disability opportunities to develop work skills and experience; support time and recovery for people with mental health conditions; and training projects including employment-related skills training for people with a disability.

Tricuro was set up to improve value for money through a partnership between the three councils and the LATC, which incentivises services to improve. It also enables the councils to hold managers to account for quality and financial performance. It enables significant cultural change within the workforce and management which should allow Tricuro to make efficiency savings and provide the council with a year-on-year reduction in costs. Tricuro can also generate additional income through trading with self-funders and other public bodies. This would keep the revenue within the LATC or the councils, so it could be reinvested in additional services. It is also hoped that it will develop an entrepreneurial culture by encouraging new ideas and services from staff and combining all three local authorities' public sector perspectives with private sector discipline.

Although LATCs are increasingly being set up by councils, a joint, county-wide approach, taking on the services and pooling the resources of three different authorities is unique. As with other LATCs, it opens up the councils' services to a wider audience, meaning they can be purchased by those receiving direct payments, carers and self-funders.

As a large provider of services, it is hoped that Tricuro will enjoy a 'significant market position within the independent sector – making market penetration easier and with a high profile brand and reputation.'

It also enables smaller council-run services to work alongside their new counterparts and offer services to residents that were traditionally outside their area.

MERGING COUNCILS

In addition to the launch of Tricuro in September, it was also announced that a group of councils in Dorset is exploring plans to become a new, single unitary authority. The proposals have been set out by Bournemouth Borough Council, Borough of Poole, Christchurch Borough Council and East Dorset District Council. If agreed, the new council would be formed in April 2019 and would become the eighth largest local authority in England.

The councils involved say that the benefits are expected to be numerous and include:

- Cost savings and more efficient service provision, through economies of scale, reduced management, better use of assets and buildings, and rationalisation of suppliers.
- Better strategic planning.
- Greater access to funding nationally and internationally.
- Enhanced economic growth opportunities.

However, some Dorset councils were already looking into becoming a combined authority when this proposal was put forward.

Draft proposals were exploring the possibility of the combined authority covering Bournemouth Borough Council; Dorset County Council; Christchurch Borough Council; East Dorset District Council; North Dorset District Council; Purbeck District Council; West Dorset District Council; Weymouth and Portland Borough Council; and Poole Borough Council.

Dorset County Council leader, Robert Gould said at the time of the single unitary council announcement, 'There are so many public services which operate on a pan-Dorset basis that a more ambitious devolution plan should look towards one unitary authority for the whole county. Our priority is to identify the most cost-effective public service model for Dorset and all its communities. We need to develop a business case which is based on sound evidence and puts the people of Dorset at the heart of any decision.

'There is a great deal more work to be done but I believe evidence is likely to show that a new single unitary council for the whole county will deliver the best outcomes for local people and make the best use of limited public money.' **CMM**

OVER TO THE EXPERTS...

Dorset councils are taking significant steps to manage the impact of ongoing budget pressures and efficiency savings. LATCs are more able to compete with private providers than traditional council-run services. As such, what does Tricuro mean for providers in the region? Also, does the clear intention to merge the councils in some way highlight the urgency of the situation facing local authorities across the country? What does a merger in Dorset mean for services, authorities, and providers in the region?

AN EXTENSION OF WELL-DEVELOPED BUSINESS ACUMEN

Has the future already arrived or has the past caught up with the present? Local government is the most innovative part of public services according to the Cabinet Office and innovation is booming.

This example is just one of many innovative ways of trying to tackle the long standing issue of getting value for money while continuing to meet need. It sets in motion a new narrative on the relationship and dynamic between council and individual.

Councils are reeling from budget cuts (the ADASS *Budget Survey 2015* calculates a 31% reduction in adult social care (ASC) budgets over the last five years) and the numbers of people living longer with complex long-term conditions is set to increase.

Integration of services isn't new. Councils have been experimenting and implementing different ways of organising themselves almost since local government began. This is why, wherever you live, your experiences of services will differ, although your outcomes should be the same.

What is important is not so much the ethos, but whether individual personalised improved health and wellbeing outcomes are met and that individuals are protected from abuse. These are the marks of a civilised society and ASC must keep its eye firmly on these long-held principles.

Equally, it is vitally important that as well as securing quality outcomes, the interests of staff are protected. It is impossible to dislocate an enthused, well-trained and well-remunerated staff from a well-cared-for, secure and safeguarded public.

The experiment in Pan-Dorset of LATCs is an innovative extension of the existing, well-developed business acumen that councils have grown over the past 30 years. We shall all watch the changes with interest whilst giving every encouragement as we usher in the future face of local government.



Ray James President, Association of Directors of Adult Social Services

INNOVATION WILL UNDOUBTEDLY HELP COUNCILS

The squeeze on local authority funding is expected to tighten further with the forthcoming Spending Review. At a time when funding is being reduced, demand is growing. The pressures of an ageing population are particularly acute in the areas represented by the County Councils Network (CCN), where the number of over 65s significantly outstrips other parts of the country.

Even if Government listens to calls for additional ring-fenced funding for social care, councils will need to deliver innovative efficiency savings to continue to sustain vital services.

LATCs, such as the pan-Dorset initiative, are a shining example of what local partners can do together. By taking a commercial approach to service provision, LATCs have the potential to reduce costs while generating income for sustaining, improving and investing in local services. Tricuro follows in the line of other counties in developing LATCs which seek to provide community-based, preventative services, to keep people independent for longer and reduce long-term, recurring demand on both health and social care.

The use of LATCs will grow. A recent CCN survey of county leaders showed that 61% felt that traded services are regarded as an effective or very effective means of mitigating funding reductions over the next five years.

Whilst innovation will help councils meet the fiscal challenges, the merging of authorities or dreaded words of 'local government re-organisation' will never be far away. It's clear that any proposal would need to be voluntarily agreed to by all partners to gain any traction with Government. It would also need to deliver the economies of scale to ensure it has the necessary economic benefits and efficiencies across public service providers. The Dorset proposal spans only part of Dorset and would seem to have neither to entice Government to take it seriously.



James Maker Policy Manager, County Councils Network

WHO COMMISSIONS THE COMMISSIONERS?

As providers we had heard rumours as early as May 2014 that a LATC was being considered, but it was just an 'option' and we should not worry as there would be further consultation. Fast forward to December 2014 and, without further consultation, the local newspaper announced that a landmark agreement had been reached to form a new LATC.

From the Association's perspective our concerns are around the potential advantages that will be available to the LATC and how exactly Dorset's private providers fit within this model.

Our members are fully aware that county councils are facing unprecedented pressures, yet there does not seem to be the same concern and emphasis placed upon the survival of Dorset care homes. We have already seen local homes closing and are now faced with significant uncertainty over the direction that the LATC will take.

Also, what happens if the scheme should fail? As happened in Chelsea and Kensington in 2011 and Stockport in 2012. Who will pick up the pieces and, more worryingly, the cost?

The Association has seen evidence of council-run care homes in Dorset commissioning services at higher rates than they will pay the private sector. How will the council keep our commercially-sensitive contracts private when they are commissioning with their own enterprise?

More worryingly, we are further informed by the council that all the contracts have already been awarded to the LATC for a period of five years. Providers are concerned once again, as we are commissioned one year at a time. Are we already seeing nepotism from the council towards their new-born baby?

The Council has answered some of the questions we have asked, but sadly we are currently left with more questions than answers.



Shan Seewooruthun Chairman, Dorset Care Homes Association

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The challenges facing the sector continue to grow – there's no question that things are tough right now. In an environment where many providers are on the edge of survival, there's a drive to understand how to stay in the game financially without compromising on quality. At My Home Life (MHL is a UK-wide initiative promoting quality of life in care homes) we've been gathering knowledge from hundreds of managers and operators we've worked with. We don't have all the answers but these insights show how a positive culture can be a foundation for maintaining the quality of care and improving business outcomes.

THE DANGER OF CUTTING BACK

On the whole, your customers are attracted by the 'feeling' of a home. Residents and families emphasise the importance of staff having time with the people in their care, and being drawn to the love and companionship that the home offers. A focus on quality is the key factor in performance.

Delivering this culture of care where there are deep connections between staff and residents isn't always easy. Worryingly, even once established these cultures are fragile. When staff are aware of cuts like reducing staffing levels, or sensing the building not being properly maintained, this can significantly affect their motivation which, in turn, quickly impacts upon the quality of engagement with their work and the care that they deliver. Your home culture can suddenly become dominated by a sense of insecurity, anxiety and low motivation that will be felt by residents, families and the outside world – losing the positive feeling that attracts newcomers.

When things are tight, the business response is to look closely at what efficiencies can be made; typically staff, training, activities and maintenance. There may be good sense in scrutinising those aspects of the business away from the frontline delivery of care, if savings can be made. However, while this might lead to short-term gains on the balance sheet, don't underestimate the damage that this can do to your business' ability to deliver quality and attract new customers.

We've had many conversations with care homes about the opportunities and challenges they face in delivering quality, and what goes into creating positive outcomes. In this article we'll focus on two parts of these conversations: developing managers and a positive organisational culture, and how together these can create a strong foundation for quality. If time and energy investments are made at this level, this provides the building blocks from which other aspects of quality (eg staff development; internal and external processes; wider community engagement) can >



When there's no money around, how do we create the foundations for a culture that can maintain quality and the business? Tom Owen and Jess Watson share My Home Life's experience of helping providers maintain quality and financial sustainability.



CREATING A CULTURE

TO MAINTAIN QUALITY

> develop. We will explore these other areas in later articles.

MANAGER DEVELOPMENT

It's widely acknowledged that the care home manager's role is pivotal for the success of a home. At its simplest, a manager who is resilient, skilled and confident is better able to value and develop their staff, engage positively with families and the community, and lead positive change in the home. However, the work of managers is hugely complex and multifaceted – in many ways, unrealistic. It's difficult for managers to see themselves, and be seen as, a leader, conveying values and vision that support quality as well as modelling the behaviours that that they expect from their staff.

MHL has identified that regular professional support for managers can make a significant difference to the wellbeing of the manager and, as a consequence, the wellbeing of residents, relatives and staff. A small investment in their support can help retain their confidence, sharpen their skills and allow them to work more effectively in their complex roles with more resilience and energy.

This is also seen in international research. In the USA, as care homes became more engaged in culture change and adopted more of the associated practices, a number of benefits were found including an increase in person-centered care approaches and staff empowerment initiatives, staff retention, market competitiveness, occupancy rates and operational costs. Committed leadership was thought to be the driver of culture change.

Care home managers agree; when we asked one group how their monthly Leadership Support (through the MHL Transformation Package) helped them deliver business outcomes, their responses demonstrated the wide-reaching impact of supporting leaders:

- Managers feel calmer, more able to cope with their complex role and so have more mental capacity to see the bigger picture of developing and growing the business.
- Through better management and leadership, staff are taking ownership and developing creative solutions which support their engagement with the home and builds the reputation.
- Improved staff wellbeing and engagement has led to better retention.
- Managers have created a nurturing environment and positive atmosphere, noticed by relatives and external stakeholders and improving reputation.
- The culture change in the home had led to a calmer, more engaged environment resulting in improved outcomes for older people with dementia who become less anxious.
- Some described stronger connections with staff and relatives meaning they were more able to respond to customer needs, and pre-empt issues that might otherwise lead to complaints.
- Due to increased skills in delegating, managers have more time to respond quickly to new business, delivering assessments and engaging with external initiatives.
- Managers developed their professional confidence, meaning that how they articulate themselves to the outside world is better for business.
- Some reported better communication with line managers resulting in the wider organisation having a greater understanding of what's really going on.

THE FOUNDATION FOR POSITIVE CULTURE

Leadership at both company and home level is a critical enabler of positive culture. So we look at another vital building block – the relationship between manager and proprietor.

Where MHL has witnessed significant improvements in quality, there is a strong and positive working relationship between managers and the wider company. Managers regularly share with us how they perceive a lack of trust from their proprietors. They can feel that their time is spent responding to their proprietors' demands, whether paperwork or simply pressure to deliver more income, rather than delivering their primary aim – quality of life for people within their care.

Of course, proprietors want to do their best to ensure that care homes are compliant and are not at risk of poor practice, but this must balance with not being overly controlling and enabling managers to take forward their own approaches. There's great strength in providers using 'servant leadership' where, after a shared vision is agreed, the organisation does everything it can to support, enable and nurture the manager, allowing them and frontline staff to deliver great care (knowing that great care means good business). If problems occur, managers feel confident that the proprietor will quickly respond to what the manager states that they need to help them resolve the issue. Looking into how the organisation currently behaves and communicates is, therefore, crucial to achieve this confidence between manager and owner.

Here we see the value in investing energy in manager leadership alongside organisational culture. We've found that as owners notice improvements in the manager's confidence, they are reassured that quality is being delivered. In turn, we see a healthier relationship emerging with greater respect for each other's perspectives and priorities. The relationship becomes less adversarial, controlling and threatening, and more about two individuals working together to do the best for the business and, most importantly, for the quality of life of residents, relatives and staff.

In smaller providers, we often hear about a lack of clarity between the respective roles of the manager and the owner. Sometimes, owners are emotionally attached to the home, so it feels a real wrench to step back and allow the manager to lead. It's also easy for the owner to feel so stressed by the high risk nature of the business and worried about the potential threats of things going wrong, that they want to come in and control the home. Managers may be developing their own plans and processes and then find their proprietor can come in with a completely different plan or process, disempowering the manager and creating confusion within the staff team.

There are actions that providers can take to help support managers:

- Provide assistance (even if it's just approving a morning off) for manager support, such as attending local managers' forums.
- If you are part of a group, encourage managers to meet up by themselves for peer support.
- The owner or line-manager and the care home manager sit down together, clarify how they want to work together, understand what the home manager needs in order to deliver their best, and what they can realistically expect from one another.
- Between owner and manager, develop clear plans for who leads on what and try to stick to them.

These conversations about openness and honesty aren't always easy but it's the foundation from which great things can happen.

Supporting managers and helping with their development can pay dividends in the current market. Balancing pressures on finances with a drive to deliver quality care can be achieved by establishing a positive culture. **CMM**

Tom Owen is Director and Jess Watson is Social Action Lead at My Home Life England. Email: **mhl@city.ac.uk** Twitter: **@MyHomeLifeUK**

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The competing demands of compliance

Dennis Bacon explores the impact that non-CQC related compliance initiatives have on providers.

The Institute of Public Care's Market Shaping Toolkit takes a significant leap forward in attempting to understand the pressures facing health and social care and the relationship between local authorities and care providers. It supports both smaller care providers and local authorities to engage in market shaping and develop innovative practice to meet local needs together. It has been designed to highlight good practice around the country in the way that local authorities and smaller care and support providers collaborate and provide innovative services.

As part of this, the report attempts to break the key myth around private providers being out for personal gain. It says:

Myth: Private providers are only interested in making a profit for personal gain. Any additional cash will go on that rather than improved services or conditions for staff.

Reality: The majority of providers, regardless of sector, will use profit to reinvest in the business. Private providers will need to use some of their profits to pay back their financial backers, charities will invest surplus to >

> meet their charitable aims. Banks and other lenders take a risk when lending and need a minimum level of return if they are to take that risk. Any type of organisation (private or voluntary) may have to declare significant profit in order to stay cash neutral. A provider that does not invest in its business or fails to reward its staff adequately is unlikely to survive. Quality will fall through the lack of investment and staff will leave because of uncompetitive wage rates. Not generating a return on investment, or taking all the profit for personal gain, are both unsustainable business strategies.

FINANCIAL PRESSURES

Health and social care budgets are under increasing pressure. This is resulting in a reduction to the fees that providers can charge under revised care contracts with commissioners. At the same time as constraints on fees, providers are being compelled to react to increasing demands from improvement programmes, staff training and compliance reporting activities. All of these demands redirect resources from delivering care. They also have a financial impact, whether direct or indirect, which increases costs beyond the income generated from local authority contracts. Understandably, this has led to independent and not-for-profit providers questioning the future sustainability of their services.

COMPLIANCE PRESSURES

Looking at compliance specifically, all providers are required to comply with Care Quality Commission (CQC) standards. These are designed to ensure both a consistent standard of practice and an acceptable level of safe care. In most cases, providers are capable of managing the quality processes between the regulator (auditing) and organisational performance (governance) requirements with approaches in place to address non-compliance.

However, as well as complying with CQC standards, providers have to consider other agencies and initiatives developed to ensure the delivery of safe and quality practice. These include public health infection control audits, and clinical commissioning groups' quality audits as part of contract monitoring. It would be reasonable to suggest that many of these duplicate the intended outcomes of the CQC.

'Providers feel under pressure to participate in the ever growing number of compliance (and often duplicating) quality assurance initiatives'

In the recently released *Commissioning for Better Outcomes: A Route Map*, commissioners have accountability to ensure that they:

- Work in partnership with a wide range of local authority services, housing, health, the third sector and care and support providers to develop shared outcome frameworks.
- Have a collaborative relationship with the CQC; sharing information between the organisations to avoid duplication of effort, ensuring a shared focus on services requiring improvement.

This needs to happen. Providers feel under pressure to participate in the ever growing number of compliance (and often duplicating) quality assurance initiatives – even if they fall outside of, or compete directly with, the requirements of the CQC.

COSTS OF COMPLIANCE

This pressure to participate also has an associated cost for providers. Money and time represent potential opportunity for providers. However, organisations can only realise this opportunity when they have both access to, and the targeted use of, these resources. Those aspects of operations that aren't a constructive use of time or money reduce productivity and divert resources from delivering effective, quality services.

It's difficult to quantify how much work this is and what the associated costs are, but the impact is being felt across the sector and is affecting the sustainability of services. Providers' sustainability is based on their ability to manage their costs. Adhering to any of a number of different compliance considerations that fall outside the CQC's remit costs time and money and could impact on the service in a variety of ways. It could lead to stagnation, continuous improvement or innovation but providers don't always know which. This means it is important that we identify the level at which compliance with non-CQC initiatives impacts on the ability to deliver services.

It is reasonable to assume that complying with initiatives may be adversely impacting the provision of services. It reduces the time available to spend on caring and increases non-productive demands. When given the option, and surplus resources and revenue to dedicate to something, providers should consider prioritising those initiatives that translate to higher levels of care against the CQC's standards. While this is the ideal, the issue remains that to be able to decide which initiatives to undertake and to quantify the costs, we need to understand their impact on both resources and finances. Also, the impact of not being involved in the activities, whether reputational or otherwise, must be considered.

RESEARCH

In the absence of quantitative data on the cost of compliance, providers will continue to struggle with targeting their resources towards growing the business in capacity and quality of services. Research needs to be undertaken into the cost of compliance to identify where duplication is evident. This will enable the CQC, commissioners, market shapers and providers to collectively manage the essential element of quality and safety, while ensuring resources remain available for innovation and continuous improvement. **CMM**

Dennis Bacon is Chair of Norfolk Independent Care Association. Email: **dennis.bacon@norfolkindependentcare.com** Twitter: **@NorfolkICare**

How do you balance the competing demands and costs of compliance? Visit the CMM website **www.caremanagementmatters.co.uk** to share your thoughts and access the reports referenced here. Subscription required.



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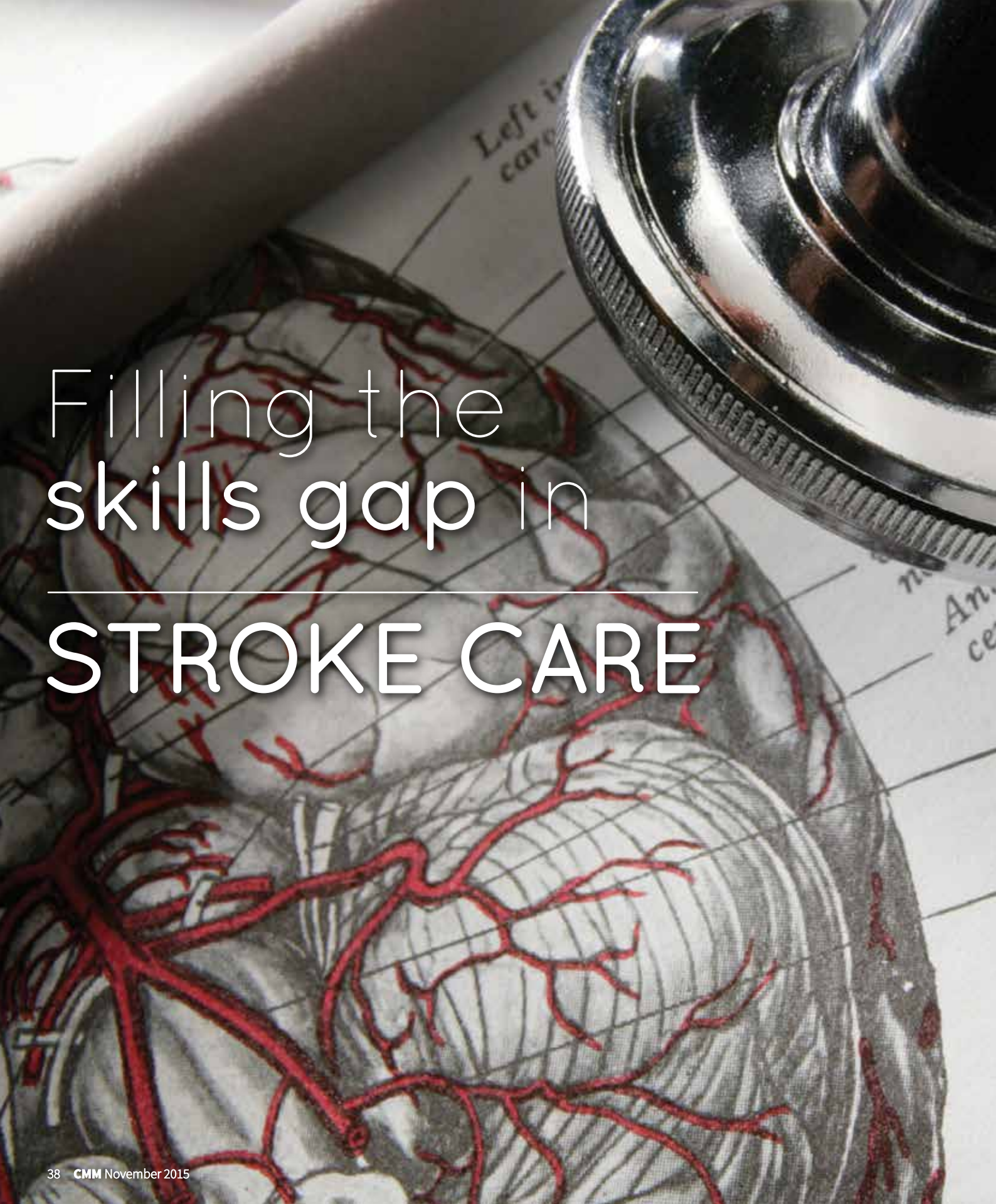
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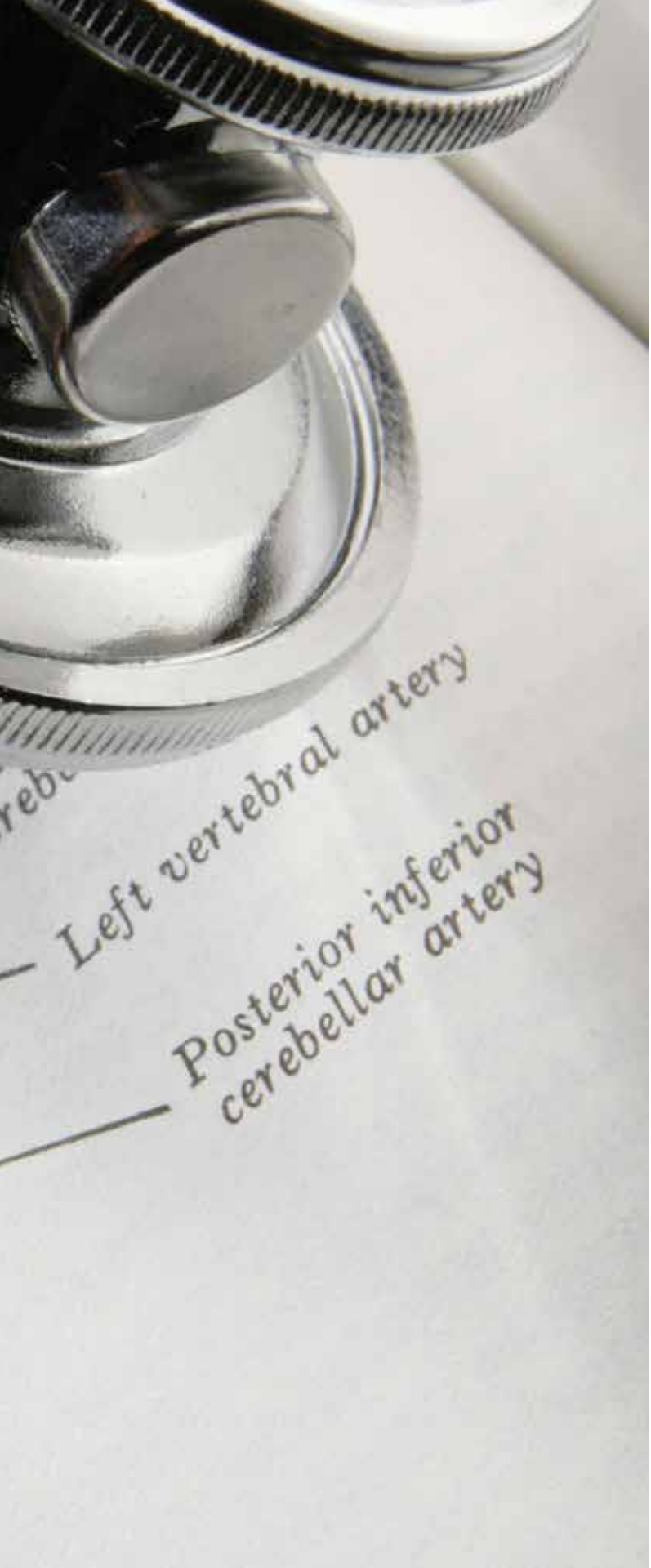
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Filling the skills gap in STROKE CARE



Stroke is the second most common neurological condition among care home residents, however there can be a gap in stroke-specific training and skills. Cate Burke explores specialist training and resources to help care providers understand the importance of stroke care and support.

Managing stroke prevention and care is a growing concern for care homes, and no wonder. Care home residents are particularly likely to have experienced a stroke, or to be at risk of having a stroke. A report from the Centre for Policy on Ageing, *The changing role of care homes*, reveals that stroke is the second most common neurological condition among care home residents, after dementia.

Stroke rehabilitation, six month reviews of stroke survivors, and identifying symptoms of stroke are all measures which can be taken in residential care homes to improve the treatment of stroke. This would be in line with the National Institute of Health and Care Excellence's (NICE) current quality standard consultation on stroke care. Yet despite this, evidence shows that, prior to receiving any stroke training, people working in the care sector underestimate the number of stroke survivors in their care by up to 44%. This lack of awareness makes the provision of person-centred care for such individuals very difficult to achieve.

BEST PRACTICE RESOURCES

There are a number of resources available to care homes to support them in delivering best practice, which gives residents and their families confidence that their stroke risk will be managed and the needs of those having had a stroke will be met.

The Department of Health's Stroke Specific Education Framework (SSEF) outlines the knowledge and skills required by those who provide care for stroke survivors in all settings, from acute to long-term care. The SSEF consists of 16 Elements of Care, based on the quality markers in the National Stroke Strategy. Within each element of care there are key competencies that reflect the knowledge, understanding, skills and abilities a member of staff should possess if they >

> work in that area of stroke care delivery. The SSEF is a freely available resource for anyone interested in stroke care. The SSEF website provides information on specific roles, and has courses to ensure that all staff have appropriate levels of training.

SPECIALIST TRAINING

Stroke is the largest cause of adult complex disability, so specialist training is vital. The condition causes brain damage and the long-term effects caused by a stroke will vary greatly from person to person. Some effects can be quite obvious. For example, most people will be able to recognise one-sided weakness. However, other problems such as depression, sight loss or fatigue can appear 'hidden' and much more difficult to spot.

Despite great strides made by some care homes, there are significant skill gaps that need to be addressed. The Chartered Society of Physiotherapy and the Stroke Association recently carried out research into how much stroke training is carried out in care homes and found that:

- Three in five care homes are not following NICE guidelines that the needs of a stroke survivor must be assessed by a specialist within 72 hours of admission.
- Less than half (46%) of staff said they received training covering stroke.
- The median length of training was 2 hours.
- Only a quarter (26%) of staff surveyed knew that they should use the FAST test if they suspected someone was having a stroke.
- Only half of staff said the FAST test was included in their annual training.

In order to ensure as many stroke survivors as possible receive the best possible care in care homes, the Stroke Association (with support from Skills for Care) has developed two training qualifications for staff.

The Qualifications and Credit Framework (QCF) Level 2 Award (GSCE equivalent) in Stroke Awareness and QCF Level 3 Certificate (A-level equivalent) in Stroke Care Management reflect the demands of the SSEF. The two qualifications can be funded by the Workforce Development Fund in England for those who are compliant with the National Minimum Data Set for Social Care (NMDS-SC).

STROKE CARE AWARD SCHEME

Stroke survivors and their families want to have confidence in their care providers' ability to meet their individual needs. The Stroke Association's Stroke Care Award Scheme for care homes and organisations, is currently being piloted across the UK. The aim is to support care providers striving to improve stroke care and to help families make decisions about what is best for their loved ones.

The Stroke Care Award Scheme helps organisations to embed a culture that understands stroke and the needs of service users in relation to stroke. The Award is gained by the whole service achieving five core standards with the QCF qualifications, including:

1. Training – different training requirements need to be met for each level (gold, silver, bronze) of the Award.
2. Information – access to Stroke Association information should be available for staff, residents, service users and their families.
3. Policy and signposting – a stroke and mini-stroke policy should be in use in the home as well as evidence of signposting to primary care and other agencies that are involved in the care of the individuals.
4. Prevention – care staff should be able to demonstrate that they understand stroke as a preventable vascular condition and show how their organisation supports stroke prevention.
5. Person-centred approach – the service should be able to provide evidence that the needs of the individual are being addressed and care and support is adapted as necessary.

People living in care are at high risk of stroke. These core standards improve the understanding, empathy and quality of care that staff can deliver to those affected by this devastating condition. Stroke survivors frequently have co-morbidities, so the recovery and reablement for stroke survivors is linked to support strategies that also can be applied to other neurological conditions (such as dementia, Parkinson's disease and acquired brain injury).

PROVIDERS' RESPONSIBILITY

Care providers and their staff have a huge responsibility to be ambassadors to those in residential care, to fight their corner, and to act quickly to give patients the best chance of recovery from stroke. The condition is extremely complex and can change people's lives in a variety of ways. Dedicated stroke training can give staff the tools to help people make the very most of life. **CMM**



The FAST test

- Facial weakness: Can the person smile? Has their face fallen on one side?
- Arm weakness: Can the person raise both arms and keep them there?
- Speech problems: Can the person speak clearly and understand what you say? Is their speech slurred?
- Time: If you see any one of these three signs, it's TIME to call 999. Stroke is always a medical emergency that requires immediate medical attention.

Recognising the signs of stroke or mini-stroke and calling 999 for an ambulance is crucial. The quicker a patient arrives at a specialist stroke unit, the quicker they will receive appropriate treatment and the more likely they are to make a better recovery. If you suspect a stroke, always dial 999.

Cate Burke, Assistant Director of Education and Training, Stroke Association. Email: **cate.burke@stroke.org.uk** Twitter: **@TheStrokeAssoc**

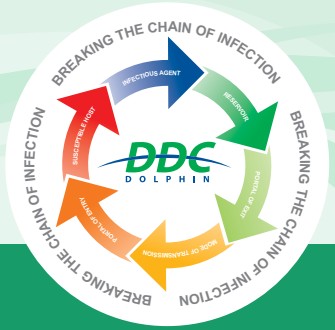
Do you feel your staff have adequate stroke training? Visit the CMM website **www.caremanagementmatters.co.uk** to share your thoughts. Subscription required.

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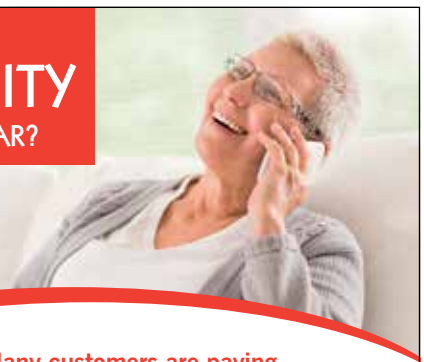
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Expect the **unexpected**

Simon Bentley looks at recent unexpected and unpredictable insurance claims and advises providers to make sure their risk management is robust.

Quality standards (or risk management) are vital to care homes and domiciliary care providers. They help keep service users, employees and visitors safe and secure by reducing the chance of injury, accidents or death and subsequently prevent the associated lawsuits.

Although good quality standards inspire general good practice and lead to positive Care Quality Commission reports, it is hard to plan for everything. Danger lurks around every corner and even the most risk-aware care businesses can run into unexpected problems.

We handle these unexpected incidents on behalf of clients all the time, some of which turn into insurance claims. Although they're unexpected and unpredictable, they may help >

> providers to consider issues they may not have in the past.

CLIENT WITH PARAPLEGIA SUFFERS BURNS

A homecare client with paraplegia was having his feet washed by his care worker. The water was run and left on the floor. The care worker left the room, intending to return and wash the client's feet once the water had cooled down. However, the service user was able to reach the bowl and decided he would wash his own feet. He was unaware that the water was just below boiling point and having no feeling or nerve senses in his feet could not feel the heat.

He suffered burns as a result and brought a personal injury claim against the domiciliary care agency. While the claim is currently ongoing, it will almost certainly result in him receiving a significant payment for his injuries received from an accident which could so easily have been avoided.

Had the care worker been safety conscious and not left a bowl of boiling water unattended on the floor, or informed the gentleman of the fact it was too hot to use, this would not have happened.

This case also emphasises how important it is that staff have a good knowledge and understanding of clients and their capabilities as well as communicating clearly where possible. If care workers have any doubt as to their knowledge they should be cautious.

While the gentleman involved here has suffered injury to his skin, thankfully he continues to make a good recovery.

OVEN EXPLODES INJURING EMPLOYEE

A care home employee suffered serious burns after the gas oven she was attempting to switch on suddenly exploded. Thankfully, she was not seriously injured and was able to return to her duties within a fortnight. However, an employer's liability claim has been brought and is ongoing. Investigations are being carried out at the home to establish the cause.

In this case the oven was reasonably new, but the reason for it exploding is the subject of a Health and Safety Executive (HSE) investigation. If the home is found to have fitted the oven improperly, this will likely result in HSE prosecution. This will give the employee a more than reasonable chance of succeeding in claiming for damages.

All kitchen equipment must be fitted, tested and certified by appropriately qualified personnel (eg an electrician or Gas Safe qualified engineer), then tested at regular intervals to be sure it is safe, fit-for-use and complies with the regulations set out by HSE. It is also important to make sure it is bought from a reputable catering equipment company and supplied with the appropriate safety certificates.

RESIDENT FRACTURES SKULL

A resident of a care home was checked at bedtime and was sitting in a chair. Ten minutes later the resident walked out >



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Seeking Freelance Writers/Authors from the Care Sector (Working from Home)

Agora Business Publications is seeking experienced and informed writers/authors to write issues for the following newsletters: *Care Quality Matters*, *Dementia: Care and Support* and *Home Care Management Today*.

Areas covered include: residential care and nursing homes; domiciliary care; dementia services, and palliative care, amongst others. Our titles are written for Registered Managers or business owners, senior care staff and trainers. We provide step-by-step guidance to help them manage and run their businesses more effectively, and clinical advice to provide the best possible care, helping them to pass their CQC inspections.

All of Agora's titles offer practical solutions plus forms, templates, sample policies and checklists which can be implemented immediately.

We seek writers, ideally who have successfully managed elderly care services, to provide practical, actionable tips and advice on how to improve care quality within care homes, palliative care services, dementia services and domiciliary care services.

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> of the room with blood flowing from her head. On being admitted to hospital it was found that she had suffered a fractured skull. She currently remains in hospital.

Marks on the wall of the resident's room indicated she most likely had woken in her chair, decided to put herself to bed unaided and fallen while attempting to do so. However, it highlights some of the challenges facing care home owners. The resident suffered a serious injury when it would appear that all checks and procedures had been in place.

As per the care home's procedures, it is important to regularly check vulnerable residents, especially those with poor mobility, and ensure areas they occupy are tidy and free of obstacles they might trip over. Unfortunately though, as this case shows, accidents do happen and at times they can happen without anyone really being certain of what has occurred.

This is currently an open incident that is being investigated by the home and no formal public liability claim has been submitted by the resident or family of the resident. However, the family are taking legal advice with a view to bringing a claim. The resident remains in hospital and is unlikely to return to the care home, especially in view of the family's opinion that the home is responsible for their relative's injuries.

SERVICE USERS KNOCKED OVER ON THE ROAD

A husband and wife were on a weekly outing with their care assistant when they were knocked down by a car. Both sustained injuries but neither husband nor wife were seriously injured. Paramedics attended but both were allowed on their way after a thorough check and soon made speedy recoveries. This has as yet not become a formal claim and the care assistant's employer is confident that all the correct procedures and risk assessments were in place should any formal claim develop.

With an incident such as this, the claim would most likely be directed towards the driver of the vehicle. However, the family and their legal advisers may feel the easiest course of action is to claim against the care provider, as a public liability claim, for failing to supervise and look after their relatives safely.

Insurers would be reluctant to accept a claim of this nature, but if the motorist is uninsured or untraceable it could be brought against the care provider.

In this situation it is key to be able to evidence all risk assessments and safety procedures relating to accompanying service users on outings. This may include ensuring all accompanying care staff are suitably trained, the physical transferring of clients in and out of wheelchairs or vehicles, gaining the correct level of authorisation for the trip (eg from a registered care manager or the clients' relatives) and recording in the care plan that the clients are both able and willing to go on such an outing.

CARER BREAKS TOE

A live-in carer, working for a domiciliary care agency, got out of bed and stubbed her toe on the bedframe. After confirming the toe was broken she took six weeks off work. However, to date she has failed to produce a doctor's note, either as evidence of not being able to work or a 'fitness to return to work' certificate. As a result, she is deemed to have taken unauthorised leave.

Her employer had undertaken all necessary checks and risk assessments which would avoid the employee making a successful employer's liability claim against them. They also took advice on how to deal with the unauthorised absence. This led to the employee being disciplined and she has subsequently left the employment. However, the employer now has to wait to see if anything will develop following either this injury or her employment.

Unfortunately, sometimes employees make claims that may (or may not) be spurious in nature. This demonstrates the importance of having completed risk assessments, if for no other reason than to demonstrate to the Courts that your business is well-run.

EXPECT THE UNEXPECTED

These examples have happened in one quarter of 2015. Although they are unusual in nature they highlight the need for good risk management, quality standards and insurance cover. All too often it isn't just the unexpected that happens, but a sequence of events that you are never likely to be prepared for

As a result, it is so important that providers pay proper attention to quality standards. Those that implement these effectively will keep clients safe and secure, minimise the risk of litigation and operate smoothly and efficiently. Don't forget that when choosing an insurer, only consider those regulated and authorised by the Financial Conduct Authority. **CMM**

'It is so important that providers pay proper attention to quality standards. Those that implement these effectively will keep clients safe and secure, minimise the risk of litigation and operate smoothly and efficiently.'

Simon Bentley, Manager, Howden Care (CHIS and PrimeCare Insurance). Web: **www.chis.net** or **www.primecareinsurance.net**

Visit the CMM website **www.caremanagementmatters.co.uk** to share your thoughts on these and join the debate. Subscription required.

CARE AND DEMENTIA SHOW 2015

Care & Dementia Show
3-4 November 2015 NEC Birmingham

3rd/4th November, Birmingham

Taking place on the 3rd and 4th November 2015, Care and Dementia Show – formerly known as Care Show, Birmingham – will provide two simultaneous, free of charge conference programmes featuring pioneering speakers to address the key issues facing those involved in caring for people with dementia.

KEYNOTE THEATRE

The Keynote Theatre will feature leading speakers from the Care Quality Commission, National Care Association and Alzheimer's Society to educate and inspire attendees. Topics include:

- Implementing the new NICE homecare guideline.
- Exploring fundamental standards of quality and safety.
- Calculating the market price for care.
- The future funding of adult social care.
- Successful tendering for public sector contracts.
- Integrated care and new care models: why dementia matters.
- Solutions to deal with the staff shortage in the care sector.

DEMENTIA CARE THEATRE

The event's Dementia Care Seminar Theatre will feature presentations from the University of Stirling's Dementia Services Development Centre (DSDC) covering thought-provoking topics around the challenges of dementia. Speakers include DSDC Director, Professor June Andrews and Head of Learning and Development, Shirley Law. Topics include:

- Dementia – the one stop guide.
- Innovations in staff education – the best practice project for care homes.
- Stress and distress: communicating at home and in care homes.









START UP ACADEMY

The finalists of this year's new feature, the Start-up Academy will showcase their innovative products and services the new Start-up Pavilion. The product innovators will also feature within the Dementia Care Seminar Theatre. Among the finalists are Happy Days Dementia Workshop, eMARx Solutions Ltd, ReminiScent Ltd and Kinesis Health Technologies.

WHY ATTEND?

Care and Dementia Show 2015 will be the largest event of its kind. There will be over 250 exhibitors covering sectors including technology, health and safety, uniforms and utilities through to bathing, furniture and professional services. Exhibitors will offer both practical support and advice to visitors. Attendees are encouraged from the care industry, housing providers and associations, specialists in technology, planning and design, local authorities, GPs, clinical commissioning groups and NHS professionals including occupational therapists and nurses.

Care and Dementia Show 2015 is being held alongside a dedicated International Dementia Conference, also co-ordinated by the DSDC.

For full details and to register to attend the Care and Dementia Show or the International Dementia Conference, please visit, www.careshow.co.uk

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CMM Media Partner

Event:	UKHCA England Conference and AGM 2015
Date/Location:	21st October, London
Contact:	United Kingdom Homecare Association, Tel: 0208 661 8188
Event:	The Future for Social Care in England
Date/Location:	26th October, London
Contact:	Westminster Forum Projects, Tel: 01344 864796
Event:	Care and Dementia Show
Date/Location:	3rd/4th November, Birmingham
Contact:	Care Show, www.careshow.co.uk
Event:	International Dementia Conference – The Future of Health, Housing and Care
Date/Location:	3rd/4th November, Birmingham
Contact:	Care Show, www.eventbooking.uk.com/dementia
Event:	NCF Managers Conference 2015
Date/Location:	9th/10th November, Oxfordshire
Contact:	National Care Forum, www.nationalcareforum.org.uk/managersconference.asp
Event:	What's New? A year of change? Care England 2015 conference and exhibition
Date/Location:	12th November, London
Contact:	Care England, Tel: 0207 492 4840
Event:	Obstacles and opportunities: future-proofing the health and care system
Date/Location:	19th November, London
Contact:	The King's Fund, Tel: 0207 307 2596
Event:	Supported Housing Conference
Date/Location:	20th November, London
Contact:	Capita Conferences, Tel: 0870 400 1020
Event:	Cloud Breaking – Finding the person behind the symptoms of Dementia
Date/Location:	26th/27th November, Norwich
Contact:	Dementia Care Seminars, Tel: 01725 553168
Event:	Priorities for integrating health and social care in England
Date/Location:	26th November, London
Contact:	Westminster Health Forum, Tel: 01344 864796

CMM EVENTS

Event:	3rd Sector Care Awards
Date/Location:	9th December, London
Contact:	Care Choices, Tel: 01223 207770
Event:	CMM Insight 2016
Date/Location:	25th February 2016, Reading
Contact:	Care Choices, Tel: 01223 207770
Event:	The Transition Event 2016
Date/Location:	26th May 2016, Birmingham
Contact:	Care Choices, Tel: 01223 207770

Please mention CMM when booking your place.

STRAIGHT TALK

Vicky McDermott argues why the sector needs a sustainable solution to the severe underfunding it has experienced.



Even before I became Chair of the Care and Support Alliance (CSA) earlier this year, the crisis facing the social care system had been at the top of the agenda. It is having a huge impact on disabled and older people, their carers and family members, and something simply has to be done.

Underfunding has seen dramatic year-on-year rationing of the support for older and disabled people and their carers, of which there are around seven million in the UK. The result: the exclusion of hundreds of thousands of people from the support they desperately need.

In response to the Government's spending review in November, the CSA was proud to stand alongside the Association of Directors of Adult Social Services, the Care Provider Alliance and the NHS Confederation in what was rightly described as an unprecedented show of shared concern.

One of our key messages was that we were together fighting for simple and fundamental rights – rights that you and I take for granted. Without social care, many people would be lonely and isolated. It is an essential life support system that people rely on for everyday tasks like washing, dressing and eating. Without realistic funding of social care, the dignity, health and wellbeing of disabled and older people is being compromised. This has to stop.

To anyone who thinks there is already adequate funding in place, I would inform them that one in three people have had experience in the care system. One in three adults over 65 need help with at least one activity of simple daily living. And almost one in 10 adults say their day-to-day activities are limited owing to old age, a long-term health problem or disability.

And this problem isn't going away. It is simply going to get worse, with figures suggesting the number of people over 85 in the UK is expected to increase by more than 50% to 1.9million over the next decade. But these figures are not matched by funding, with the amount spent on social care falling every year since 2008.

More than a million older people whohave difficulty getting out of bed, washing, or dressing get no formal help. Two in five disabled people are failing to have their basic needs met. These facts, this situation, is shocking.

I don't believe in simply criticising without giving any solutions. So how can things change and the lives of disabled and older people be substantially improved? Quite simply, it comes down to investment.

Now, I know we can look at so many aspects of today's society where people will argue that throwing more money at it will solve the problems. I know there isn't enough money to go around. But investment in improving social care is not only the right thing to do for some of the most vulnerable in society, it also makes economic sense as it will help ease the challenges faced by the NHS and other public services.

A week doesn't go by without more headlines screaming about problems within our beloved NHS. As we all know, it is creaking and struggling to cope with a population that is living longer with more and more complex needs.

We must all look at ways of keeping people out of hospital. Likewise, almost nine out of 10 GPs attribute the pressures faced in their surgeries to a reduction in social care. More investment is crucial.

I am very proud to lead the CSA, an organisation which represents more than 75 of Britain's leading charities campaigning alongside the millions of older people, disabled people and their carers who deserve decent care.

We believe the Government was right to delay the introduction of a care cap earlier this year, it was the right decision at the current time. To introduce a cap without doing anything to address the underfunding of social care would have been a recipe for disaster. Only once the funding crisis has been addressed can we start thinking about introducing a cap.

On behalf of the CSA, my message to George Osborne is a very simple one as he prepares to unveil the Government's Spending Review on Wednesday 25th November. Please take leadership on this issue and use the Spending Review to address this crisis.

This is a great opportunity to announce a sustainable solution to this severe underfunding in social care. Please show that our country truly values our disabled and older people and will do everything in its power to end this growing unmet need and give them the care and support they deserve.

If you don't act now, these problems are only going to get worse. **CMM**

Do you agree with Vicky? Join the debate at **www.caremanagementmatters.co.uk** Twitter: **@CMM_Magazine**

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