CMM
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THE GREEN PAPER

What should we be expecting?

Are you prepared?

How to handle Inquests

Registered Managers

Supporting their mental health

Implementing technology

Six tips for success

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

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

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

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

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

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

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

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IN THIS ISSUE

FEATURES

REGULARS

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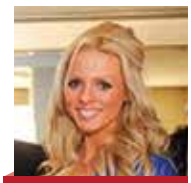

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From the Editor

Editor, Angharad Jenkins sums up this month's features in CMM and discusses some of the sector's key issues.

There's been a few big announcements for the social care sector this month.

Andrea Sutcliffe CBE stepped down in her role as Chief Inspector of Adult Social Care for the Care Quality Commission (CQC). After five years of making a real difference to the CQC's approach to monitoring, inspecting and rating services across England, Andrea will take up her new role as Chief Executive and Registrar of the Nursing and Midwifery Council (NMC).

Skills for Care released its *State of the adult social care sector and workforce in England* report and Matt Hancock used the Conservative Party Conference to announce an additional £240m for social care.

This announcement came with the proviso that the money is to be used to 'reduce pressures on the NHS' by reducing delayed transfers of care.

Whilst additional funding is welcomed, we have all been left wondering whether this in-year emergency funding will be supported by a long-term solution.

And in a busy month for the CQC, it has had its own evaluation from The King's Fund and The Migration Advisory Committee (MAC) has published its final report into European Economic Area (EEA) migration.

MAKING A DIFFERENCE

In our feature starting on page 20, Caroline Dinenage discusses what it is we can expect from the social care Green Paper. She explores in depth the areas that will be covered and why the Government has chosen to focus on these.

We know that workforce is a priority, but are we looking at the mental health of registered managers? We've heard upsetting stories recently of people who have found the pressures of the role difficult and there's little out there to support them. Paul Simic from Lancashire Care Association discusses what needs to be done to address it on page 41.

Protecting the reputation of a business is important to everyone, but especially so in social care, which already receives its fair share of negative press. Inquests can be daunting and when an Inquest is raised, it can be difficult to know what to do and what your rights are. Our feature on page 34 looks in detail at what's involved in Inquests and how you can ensure your side is heard.

KEEPING UP-TO-DATE

It can't be denied that technology is creeping more into the day-to-day running of a care business. From managing medications to using reporting tools, there are hundreds of solutions for operators to consider and knowing where to start can seem impossible. We look at the key things providers should be considering to ensure that whatever digital solution you're implementing really works for you.

For anyone who isn't already a member, make sure you sign up to the CMM website. It's free for providers and is developing all the time to bring you the latest news, extra content and online versions of the magazine. You'll also get discounts on our CMM Insight events.

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Jane Ratcliffe
Talent & Development Manager at Majesticare

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Inside CQC

SUE HOWARD

In this month's Care Quality Commission (CQC) column, Deputy Chief Inspector of Adult Social Care, Sue Howard discusses CQC's own workforce and the changes being made to improve inspection.

You can't talk about adult social care without talking about workforce. There would be no social care without the thousands of dedicated and talented people who work in it: from care workers, to nurses, to chefs, to cleaners to leaders. We're in a human business so the people who take on these roles are our biggest asset.

The same applies to CQC. Our people are the heart of our organisation. Like any other organisation we need the right people, with the right values, training and support to do what we do.

I started my career as a night care assistant in a home for older people, before moving into management roles in services and at CQC. I've been in frontline roles as well as leadership roles so I've seen from different perspectives that it's when an organisation creates that right environment, tools and support for its staff that they do the best job they can. At CQC, we've put a lot of thought into how we do this.

The current climate means we are regulating a changing provider landscape with new types of services and social care supporting people with increasingly complex needs. We're also seeing pockets of deterioration around the country and taking more enforcement action when we find poor care. Our teams must be able to respond to the regulatory demands in their local areas and have the specialist skills to understand what 'Good' looks like in different models of care.

To build the required flexibility into our workforce, we have moved to hub working. This means inspection teams working together in regional hubs to:

- Ensure we have capacity in regions to inspect in response to risk and direct our resources to where they are most needed.
- Build understanding of provider portfolios and risk across regions and improve how we share this.
- Develop knowledge of the local population and wider health and social care system.
- Improve the quality and consistency of our inspections and regulatory actions through collaboration, shared knowledge and constructive challenge in hub areas.

We know that constructive and consistent relationship management between individual service locations and their named inspector is something providers really value. It's fantastic that 79% of adult social care providers agree or strongly agree that their service has a good relationship with their named CQC contact person (annual provider survey 2018). For this reason, we have maintained the named relationship owner role of inspectors, but services may see different inspectors involved in the regulation of their service where this helps us take the right action at the right time.

Another key change we've made, to build our capability to regulate a changing and complex sector, is establishing 'Area of Interest' groups. These groups represent the services and activities that we regulate and are designed to help inspectors – who are all members of one group – develop their knowledge and professional development in an area then be equipped to share this with colleagues in their teams and hubs. There are nine areas of interest:

- Older people.
- Nursing.
- Mental health.
- Learning disabilities.
- Children and young people.
- Drug and alcohol misuse (in adult social care).
- Care at home and community services.
- Dementia.
- Enforcement.

We picked these nine as a starting point to focus our development approach and will see how these may evolve over time. Inspectors are still working across a mix of services, but the interest areas ensure our teams include colleagues who can advise on, support, and lead inspections and enforcement activity where needed. The groups will work in teams, hubs and nationally to learn together and develop new resources we can provide to all inspectors.

As well as helping us to improve how we perform as an organisation, these changes are important to individual wellbeing. Inspectors have a tough job that involves a lot of remote working and pressured decision-making. Building their support networks and creating a dynamic learning culture helps us make sure CQC is a good place to work for them.

I hope this has given you a flavour of the changes we've been making and why. We're not sitting still now we've adopted them; they're designed to be flexible and evolve over time to fit in with our needs and how the sector itself continues to change. If you've got any thoughts on the changes and any impacts you've seen so far, we'd love to hear them.

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

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NEWS

CQC State of Care report published

After much anticipation, the Care Quality Commission (CQC) published their report on the state of care throughout the country. At first glance, what people can take away from the report is that most people in England receive a good quality of care.

Despite continuing pressures and challenges which providers face on a day-to-day basis, the quality of care has been largely maintained, and in some cases improved.

However, dig a little deeper into the report and it becomes clear that the disparities in accessing care and support mean that whilst a person in one region accesses services easily and gets the help they need straight away, somebody in another region not so far away may be struggling to even get their foot in the door of their local services.

The report states that 1.4 million older people do not have access to the care and support they need and people who require inpatient mental health care often have to travel long distances to get it.

We know that in the long-run, funding, commissioning and decision-making are crucial to strengthening our social care system.

Though these funding challenges are well-documented, the steps to change and possible solutions are harder to find and it can feel like we are learning nothing new.

We have seen the government announce £20.5bn extra funding for the NHS by 2023/24, but there is no such solution for social care and those in the sector continue to hold their breath for the forthcoming Autumn Budget.

Making social care a more collaborative and joined-up system is key to reinforcing the backbone of social care and ensuring it can carry on into the future.

As the *State of Care* report suggests, if this fails to happen, 'The alternative is a future in which care injustice will increase and some people will be failed by the services that are meant to support them, with their health and quality of life suffering as a result.'

In response to the report, Danny Mortimer, deputy chief executive of the NHS Confederation, which represents organisations across the healthcare sector said, 'This concerning report makes it clear that it's time to get serious about transformation... Without a properly funded, well organised and integrated system we will continue staggering from one crisis to the next.'

VODG states its hopes for social care in Autumn Budget

In its latest report, the Voluntary Organisations Disability Group (VODG), representing over 90 leading not-for-profit organisations supporting disabled people, claim the damage to the fragile social care system will only continue if the sector is overlooked once again in the forthcoming Autumn Budget.

A stitch in time: the case for funding social care describes the growing threat to the nation's vital care and support services and details the impact of decades of underfunding.

Voluntary and not-for-profit providers predominantly serve publicly-funded clients so are disproportionately affected by adult social care budget cuts.

Local authorities' planned savings for adult social care in 2018/19 are £700m, cumulative adult social care savings since 2010 have amounted to £7bn, and the government has yet again postponed its Green Paper on the long-term funding plan for adult social care.

The report also stresses the knock-on effect on the NHS of a failure to focus on social care as a national priority, reiterating VODG's longstanding offer to collaborate with government on long-term funding strategies.

Andrea Sutcliffe CBE steps down

Andrea Sutcliffe CBE, Chief Inspector of Adult Social Care at the Care Quality Commission (CQC) announced she will be departing at the end of this year to take up a new appointment as Chief Executive and Registrar of the Nursing and Midwifery Council (NMC) in January 2019.

For the last five years, Andrea has been a passionate and vocal advocate for change in adult social care and her role was the first of its kind within the CQC. As well as focusing on transforming CQC's approach for registering, monitoring, inspecting and rating services across England, Andrea championed the 'Mum Test' to align the CQC's focus with what mattered most to people using those services. This personal touch was welcomed by all in the sector and created a meaningful assessment of quality which made a real difference to everyone involved with regulation and inspection.

Her commitment to adult social care was recognised in the 2018 New Year's Honours List with the award of a CBE.

Of her departure, Andrea said, 'I am very sad to be leaving CQC after five challenging but very rewarding years. It has been a great privilege to be the first Chief Inspector of Adult Social Care and I would like to thank everyone for their support.'

Funding for social care: sector response

Secretary of State for Health and Social Care, Matt Hancock has announced funding for social care totalling £240m.

The money is intended to help reduce delayed transfers of care and will be allocated to councils based on the adult social care relative needs formula.

The sector has responded to this announcement, with many welcoming the funding for social care but saying that it is not a long-term solution.

Councillor David Williams, County Councils Network (CCN) spokesman for health and social care and leader of Hertfordshire County Council, said, '[This] announcement of desperately-needed resource for social care ahead of the busy winter period is very welcome...We welcome the Government's recognition of the County Councils Network's calls for additional resources... However, this one-off, in-year funding cannot underpin ongoing resourcing and workforce strategies and perpetuates a trend of short-termism we have seen from successive governments when it comes to adult social care. With the 36 county authorities in the CCN membership facing a funding black hole of £1.4bn next year, further injection of funding for all services will be required for the next financial year in excess of what councils will receive from [this] announcement.

George McNamara, Director of Policy at Independent Age said, 'The social care budget has been cut by the equivalent of over £2m a day since 2010, so this announcement simply rolls back cuts over the past four months. This announcement is a headline-grabbing gesture, but in reality it is woefully inadequate to address the long-term funding crisis in social care...The Government needs to face up to its responsibility to millions of older people and their families.'

Family carers struggle to find support

Healthwatch has released research suggesting that family carers struggle to find support services. The briefing combines the views and experiences of over 5,000 carers from 27 communities across the country.

These stories aim to give an idea of what it's like trying to find and access help when taking on caring responsibilities for relatives, friends and neighbours.

Many of those who shared their stories said they felt they only found out about the help available 'by chance' and only really started looking at their options when they had already begun to find things difficult.

Healthwatch England has also analysed waiting time data, which shows that, on average, people wait two months between contacting the local authority and actually being able to access services.

Whilst this is not an excessive amount of time in its own right, for those seeking an assessment when already approaching a point of crisis these waits are creating incredible stress, says Healthwatch.

Whilst councils have a duty to support local carers, Healthwatch research found gaps in the data collected by many local authorities, with 51 of the 152 local authorities asked unable to provide a recent idea of how many carers lived in their area and 72 councils unable to say how long carers on lists had been waiting.

Healthwatch says that more consistent and better data is urgently needed if councils are going to reach out to carers earlier and make a successful case for the necessary resources to meet local demand.

Evaluating CQC inspections

The King's Fund has published a report evaluating the Care Quality Commission's (CQC's) inspection regime. *Impact of the Care Quality Commission on provider performance: room for improvement?* has found that the CQC's inspection and rating regime is a significant improvement on the system it replaced, but says that it could be made more effective. This is the first major evaluation of the approach since it was introduced in 2013.

This research, carried out by The King's Fund and Alliance Manchester Business School between 2015 and 2018, examined how it was working in four sectors in six areas of England.

The report suggests that relationships are critical, with an importance on mutual credibility, respect and trust. It argues that CQC should invest more in the recruitment and training of its workforce, and calls on providers to encourage and support their staff to engage openly with inspection teams.

Several areas for improvement have been highlighted in evaluating the CQC inspection regime. The report states that the focus on inspection and rating may have crowded out other activity which might have more impact. It recommends that CQC should consider more regular, less formal contact with providers, helping to drive improvement before, during and after inspections.

The evaluation also found significant differences in how CQC's inspection and ratings work across the four sectors it regulates. Acute care and mental health care providers were more likely to have the capacity to improve. They also had better access to external improvement support than general practice and adult social care providers. The report has recommended that CQC considers changing its inspection model for different sectors, taking into account differences in capability and support.

CQC is now implementing a revised strategy for regulation which addresses some of the issues raised in the report.

Voluntary sector partnerships

Voluntary Organisations Disability Group (VODG) is calling for partnerships with the voluntary sector to be strengthened to reduce delayed transfers of care.

VODG has expressed that whilst no-one holds all the answers, the right approach will enable the vision of people being supported in their local communities to become a reality.

VODG Chief Executive, Dr Rhidian Hughes said, 'People have every right to have their preferences, aspirations and choices met when using services. NHS England should significantly strengthen its partnership with the voluntary sector to build community capacity and reduce the numbers within long-stay hospitals. The forthcoming NHS plan must be clear on how funding and services will shift away from expensive and outdated forms of provision.'

Tiverton care home sold

Margaret Allen House, a residential care home for older people in the town of Tiverton, Devon, has been sold on behalf of Guinness Care by specialist business property adviser, Christie & Co to Easy Living Limited, a local care provider.

The home provides 15 en-suite bedrooms across the ground and first floors, accessible via a passenger lift, ground floor day rooms and an enclosed garden.

Previous owners, Guinness Care sold Margaret Allen House as part of a strategic view to move into developing more specialised extra care housing and care at home services.

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Demand for urgent action on sleep-in crisis

Essential overnight social care support services are at risk because of Government inaction over sleep-in payments, according to an open letter to ministers.

The letter, signed by care, health and education organisations, urges the government to clarify how sleep-ins should be remunerated.

Without clear information, the letter warns, commissioners and providers may move in ad hoc ways, something that would threaten the provision of a vital night time service. The ongoing lack of clarity affects not only care provider organisations, but individuals using personal budgets or direct payments to employ and manage support staff.

The letter also stresses the existing fragility of the social care market, with adult social care facing a £3.5bn funding gap by 2025 just to maintain existing levels of provision. The letter urges the government to:

- Clarify its position on sleep-in payments.
- Confirm that the current legal position means employers will not face potential HMRC retrospective action to recover underpayment of national minimum wage for sleep in work.
- Work with organisations to produce information so that people who use services and their families, the workforce, employers and commissioners understand how sleep-ins should be remunerated.
- Work with providers and local government on a sustainable funding solution that will ensure care workers are valued and fairly paid.

£1.4m to improve care

NHS Digital has announced £1.4m to improve care and support using predictive analytics and digital information sharing between the NHS and social care.

Eighteen councils have been awarded a share of the funding to develop digital projects that support social care.

The funding intends to improve collaborative working between local authorities, the third sector, health partners and academia.

Challenges of tackling loneliness

The challenges of tackling loneliness in the UK have been highlighted in a new study by British Red Cross and the Co-op, which have gone on to produce the report *Connecting Communities to Tackle Loneliness and Social Isolation*.

The findings have revealed key challenges of tackling loneliness, which the partnership says providers, commissioners, funders and Government should consider:

- Reaching the most isolated people.
- The stigma surrounding loneliness means people can be reluctant to access services.
- The gaps in community infrastructure mean that the range of services needed to support people locally don't always exist.
- The growing complexity of people's needs.

The report puts forward examples of best practice, practical steps and challenges in delivering a community connector-style service, which aims to help people build links in their local areas and form meaningful support networks.

It sets out practical ways providers, commissioners, funders and government officials could help to overcome common challenges.

Strain on unpaid carers

The increasing strain on unpaid carers is harming their health, jeopardising the care of people they care for, and putting the adult social care system at an increased risk of collapse, warn sector leaders.

The Local Government Association (LGA) and Carers UK have released research suggesting that rising demand for care services and the cost of providing the support is affecting families, putting more strain on unpaid carers and impacting their health and wellbeing.

The research says that, of the 5.7 million unpaid carers in England, many are unable to take a break from caring. It states that this is putting unpaid carers at an increased risk of also needing care and support. This position could result in the people being cared for requiring emergency care.

This latest research shows that nearly three-quarters (72%) of carers have suffered mental ill health, such as stress and depression, while 61% have experienced physical ill health due to caring. A fifth (20%) of carers responding to Carers UK's *State of Caring* survey have not received a carer's assessment in the past year, despite the majority of them caring for over 50 hours a week.

The LGA has estimated that it would cost £150m to provide these assessments which will help to identify carers' support needs. LGA says that this is more cost-effective than having to pay long-term costs for social care and emergency hospital care.

The LGA is calling for the cost of these assessments to be included in the long-term solution to funding adult social care and for the Government's delayed Green Paper to provide support to lessen the strain on unpaid carers. It is also calling for sufficient funding to ensure services, such as carers' breaks, are available to all carers who need them.

Planning for care needs

People are not planning for care needs in later life, according to new research that suggests people would rather 'wait and see'.

The research, conducted by independent health and care champion Healthwatch, suggests the current lack of information and advice is creating a culture where people aren't planning for care needs because they see it as too complicated and difficult to prepare for something that is 'impossible to pin down'.

Encouraging people to plan for care needs 'just in case' is the biggest hurdle for the Government's Green Paper, according to the Healthwatch research. It found that:

A third of over 55s haven't given any thought to what care they might need as they get older, adopting a 'wait and see' attitude instead.

Fewer than 1 in 10 feel 'fully prepared' should their circumstances suddenly change and they or a loved one need care support.

When it comes to planning for care needs, Healthwatch says there are few initiatives from Government compared with planning for retirement generally – for example, ensuring you have a pension. The limited help that is on offer focuses almost entirely on financial planning, with no real effort to help people think about what sort of care they may want or need.

Whilst people's most common questions around care focus on the potential cost, the research also highlighted a clear need for greater promotion of the sort of care available and the level of quality people should expect.

Greater understanding of how care services can help people live fulfilling lives is vital, so that if crises occur, planning for care needs is easier and people can make informed decisions for themselves, family and friends.

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EEA migration in the UK: Final report

The Migration Advisory Committee (MAC) has published its final report into European Economic Area (EEA) migration in the UK in terms of current and potential patterns of EEA migration and the impact of these patterns.

The report highlights possible issues that changes to EEA migration may cause in the social care sector.

It also comments on the difficulties the sector is already facing in securing its workforce, and suggests that the Tier 2 cap is removed.

It says, 'Social care is a sector that struggles to recruit and retain workers which is a cause for concern as demand is rising inexorably…We are concerned that special immigration schemes for social care will struggle to retain enough migrants in the sector if work in it is not made more attractive.'

Responding to the MAC's report on the impact of EEA migration in the UK, Danny Mortimer, co-convenor of the Cavendish Coalition, said, 'We strongly support many of the policy recommendations made by this timely report, and are pleased the MAC has highlighted the social care funding crisis…It would be completely unacceptable to allow vital social care services to close under the strain of not having the people required to provide good care, and so we welcome the recognition that sustainable funding would drive improved pay and conditions – and make this sector a much more attractive place to work.'

NHS funding for winter

Care England has responded to the announcement that hospitals are to receive £145m to prepare for winter demand.

The NHS funding for winter comes from the Department of Health and Social Care's budget and will be spent on 81 new schemes.

This will include:

- Upgrading wards.
- Redeveloping A&E departments.
- Improving same-day emergency care.
- Improving systems for managing the number of beds in use.
- 900 extra beds.

Health and Social Care Secretary, Matt Hancock said, 'Staff put in a huge amount of work preparing our health service for the challenge of treating more patients over winter and it's right that we make sure they have the resources they need so people receive the care they deserve.

'That's why I will be providing an additional £145m now to upgrade wards, redevelop A&Es and further improve emergency care in time for winter.

'And through the long-term plan for the NHS we will go further, providing an extra £20.5bn a year by 2023 to 2024 to transform care for patients and guarantee the future of our health service.'

However, Care England has suggested that this leaves social care 'out in the cold'. Professor Martin Green OBE, Chief Executive of Care England said, 'Whilst we welcome the Government's announcement to boost the NHS' resilience to cope with the inevitable pressures this forthcoming winter, it is futile if the social care sector is overlooked. Every winter we see the NHS receive new funding whilst social care does not.

'We hope however that the NHS will ensure that it works with the independent care sector to use existing spare capacity in care homes. The Department of Health and Social Care needs to demonstrate its understanding of the system or revert to type and be called the Department of Health and dispense with the social care.'

IN FOCUS

The adult social care workforce

WHAT'S THE STORY?

Skills for Care has published two reports looking at the adult social care workforce in England.

State of the adult social care sector and workforce in England and *Size of the adult social care sector and workforce in England* offer an analysis of the workforce by age, gender, location, pay and organisation type.

The reports look at growth, retention rates, training and diversity.

WHAT DID THE REPORTS FIND?

One of the areas looked at in the reports was workforce growth. The sector has grown by 21% (275,000 jobs) since 2009. The number of people aged 65 and over is projected to increase to 14.5 million by 2035, an increase of around 44% since 2017, meaning around 650,000 extra jobs may be needed in adult social care by 2035.

In terms of retention, the estimated turnover rate of directly employed staff was 30.7% which equates to approximately 390,000 people leaving their jobs over the last year.

Most of these people don't actually leave the social care workforce – 67% of recruitment in social care comes from within. Turnover rates have increased by a total of 7.6% between 2012/13 and 2017/18 which indicates that employers are struggling to find, recruit and retain suitable people.

A large proportion of staff turnover is a result of people leaving jobs soon after joining, with care workers under 30 years old more likely to leave their jobs alongside those with lower rates of pay.

Another area of focus was training. The reports found that 68% of care workers who started in the sector after January 2015 had engaged with the Care Certificate and 50% of care workers held a relevant adult social care qualification. It also found that workers who held a qualification were less likely to leave their roles than those without.

When looking at how experienced the adult social care workforce is, Skills for Care found that there is a 'core' of workers with an average of eight years' experience in the sector. Around 70% of the social care workforce had been working in the sector for at least three years.

Women make up the majority of the workforce, with 82% being female, at an average age of 43. 320,000 workers were aged over 55. 83% of the workforce are British and 104,000 jobs were filled by people with an EU nationality.

The reports also looked into the result of the EU referendum on the workforce. It appeared to have had little effect on the nationality trends in the workforce, with the number of EU nationals continuing to increase and the number of non-EU nationals decreasing.

WHAT DO THE RESULTS MEAN?

Skills for Care Chief Executive, Sharon Allen said, 'These authoritative reports produced by Skills for Care really help us understand the workforce needs of a growing sector which contributes around £38.5bn to the English economy.

'In a sector that is facing huge challenges it is ever more important to have this sort of high quality data so we have a skilled and knowledgeable workforce supporting people in our communities.'

Perspectives on end of life care

A report has been released sharing perspectives on end of life care and post-bereavement support of people living with dementia and their carers.

End of Life Care and Post Bereavement Support – Shifting the Conversation from Difficult to Important aims to shift end of life conversations from difficult to important. It found that people living with dementia and their carers need much more support in being enabled and empowered to have conversations about death and dying so that they can put plans in place while the person with dementia is able to contribute.

The report also revealed that the sense that these conversations are 'difficult' was largely felt by professionals, because of their own personal and professional vulnerabilities and lack of skills, knowledge and competence to initiate and facilitate these conversations.

The research suggests that professionals need additional education and appropriate training and support to feel more confident supporting people living with dementia generally, but also in facilitating and empowering people living with dementia and their carers to begin discussing their plans around and perspectives on end of life care and post-bereavement support.

Improving learning disability support

New measures have been announced by Government to improve learning disability support at home and in hospital.

These measures aim to address the inequality in life expectancy between people with learning disabilities and the wider population and will include a consultation on increasing awareness training for staff who care for someone with a learning disability.

This training may cover legislation, making adjustments to the way care is provided, and looking at how to provide the kind of care that will help people reach their full potential.

The Department of Health and Social Care (DHSC) will consult on training proposals with people who have experience of learning disabilities, the wider sector, NHS and social care providers and the general public, to ensure the proposals are effective and training is valued. Health Education England will also develop an awareness training package which can be made available to all staff.

These measures come in response to a report from the first national mortality review of learning disability, known as the *Learning Disabilities Mortality Review (LeDeR) Programme*. DHSC and NHS England are addressing all nine of the report's recommendations as part of a drive to improve support across the health and care system.

All the measures announced recognise the clear need to promote awareness amongst staff of the needs of people with learning disabilities and how professionals must adapt to provide a quality service or assist them through practical support, advice and information, must-have knowledge of learning disabilities and the need to make reasonable adjustments to the way that care or information is provided.

Care Home Open Day 2019

The date for Care Home Open Day 2019 has been confirmed. The event which sees care homes across the country opening their doors to engage with local communities will take place on Friday 28 June 2019. More information will be made available in due course.

Registered managers in adult social care

Research from Skills for Care reveals more about registered managers in adult social care. Skills for Care's research was conducted by Research Partners UK Ltd and collected data through an online survey of 860 registered managers. The research aimed to form an idea of who registered managers are and what they do on a day-to-day basis.

The report reveals new insights into the role, highlighting that the job is both rewarding and challenging. According to the research, it is an evolving role which requires greater recognition within the sector and robust, ongoing support.

The research shows that most registered managers are committed, running a number of services and feel that the job offers great personal rewards, with many managers talking about their role as a 'passion' not just a job.

The study also found that:

- Almost 80% of managers felt that their role had changed since they first started. 73% of these managers said their role was more varied, while 83% also acknowledged it was more pressured.
- 70% of registered managers in adult social care were offered their first registered manager post by an existing employer; most had not planned to become a manager before the opportunity had arrived.
- Managers were typically splitting their time between day-to-day operations, working with families and relatives, working with external partners, leadership, and business strategy.
- Over a third of respondents perform tasks not in their job description.
- Just 20% of registered managers in adult social care felt that the role had become better recognised over time.

In addition to this research, Skills for Care says that, as of June 2018, 92% of providers rated 'good' and 100% of services rated 'outstanding' overall were also rated as 'good' or 'outstanding' for 'Well-led'. It suggests that ensuring the 20,000 registered managers in England are supported is therefore key to providing quality care.

Skills for Care's research identifies that a clear pathway is needed for the registered manager role. Career planning is an important part of supporting managers and leaders for the long-term future of adult social care.

Health Profile for England

Public Health England has released a report forming a health profile of people in England and expectations for the future.

The *Health Profile for England* report covers life expectancy; major causes of death; mortality trends; child health; inequality in health; wider determinants of health; and current health protection issues. This data will help to inform and shape the long-term NHS plan.

A major theme of the *Health Profile for England* report is future trends in health, which will aid policymakers to prioritise efforts to prevent ill health not just deal with the consequences.

The report has found that:

- The number of people aged 85 years has more than tripled since the 1970s and will include more than 2 million people by 2031.
- The number of people dying from dementia and Alzheimer's disease may overtake that of heart disease as early as 2020.
- The number of people with diabetes is expected to increase – from just under 4 million people in 2017 to almost 5 million in 2035.
- In the last seven years, smoking has dropped by a quarter to 15% and as little as 10% of the population could still be smoking by 2023.

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With requirements changing where adoption of technology in the care industry is concerned, relying on time and attendance software, whilst still vitally important, is no longer enough. And the facts support too – care providers using digital care planning systems gain more Outstanding ratings for supporting person-centred care than those services still using paper-based care plans.

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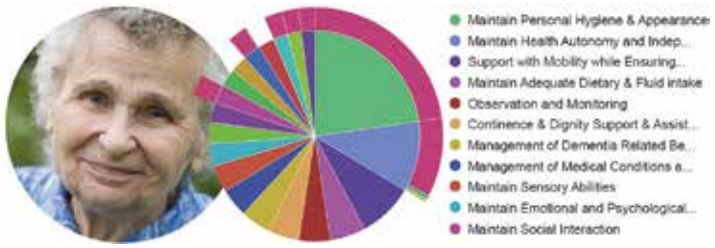

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Care Minister urges health and care system to join 'vital' collaboration push

Caroline Dinenage, Minister for Care, has urged health and care organisations to achieve closer collaboration to improve the quality of care and support.

Her comments followed a meeting with national health and social care organisations to update on Quality Matters, an initiative aimed at improving adult social care that is co-led by partners from across the sector.

During the session the Minister heard examples of how Quality Matters is supporting improvement across the system, including the new digital resource 'Unlocking capacity: smarter together' which is inspiring local organisations and system leaders to work collaboratively to deliver seamless, person-centred care.

The resource, which was trialled at NHS Expo earlier this month, provides advice and information to help local health and social care leaders support new ways of working and ensure services are working together at every stage of planning and provision.

The free online resource features successful examples of collaborative working, for example in Dudley they have worked to establish a new model of care with a focus on prevention. As part of this, the council and local NHS worked with care home providers to invest winter pressures funding into flu vaccinations for care home staff to help relieve pressure on the NHS. The result was 80% fewer flu outbreaks in local care homes last winter, compared with the year before.

The resource also includes an animation to help people better understand and navigate adult social care services at a local level.

The resource will be followed by a more detailed resource, 'Integrating Better', from NHS England and other partners, which will contain more detailed case studies and support for integration.

Nursing vacancies in mental health

Statistics published by NHS Digital are evidence of a service under severe strain, says the Mental Health Network.

Workforce statistics show 35,674 registered nurses working in mental health NHS trusts in England in June 2018, which is a drop of more than 12% since September 2009.

At the end of the first quarter of 2018/19, the latest period for which NHS Improvement figures are available, there were 8,448 registered nurse vacancies in mental health NHS trusts. More than a fifth (20.6%) of all nursing vacancies are in mental health.

Health Education England's workforce strategy *Stepping Forward* said 19,000 additional roles from March 2017 were needed by 2020/21 to implement the *Five Year Forward View for Mental Health*. The Government has also revealed that just 917 have been added.

The Mental Health Network acknowledges NHS England Chief Executive Simon Stevens prioritising mental health in the service's long-term plan. But it calls for any investment in the sector to be underpinned by a sound, costed, multi-disciplinary workforce strategy and support from the government to make it work.

Ambitious expansion plans

Precious Homes has secured funding from Clydesdale Bank to support its plans to refinance and complete a number of innovative purpose-built projects.

The business has shown steady growth since its inception through a combination of organic and new developments.

The new funding package will allow the continuation of further facilities, having already opened five new services over the last 18 months.

Precious Homes was advised by Harrison Clark Rickerbys, while Clydesdale Bank was advised by Browne Jacobson.

CQC successfully prosecutes unregistered care provider

A company director that illegally provided domiciliary care services from three north London addresses has been fined more than £3,500 at Highbury Corner Magistrates' Court.

The company was not registered with the Care Quality Commission as required by law. Mr Yousef Jowaheer was fined £1,200 for each offence (two offences as Director for CapeHealth Care and Cape Home Care) and was also ordered to pay £170 victim surcharge and £966.40 costs, making a total of £3536.40. He was disqualified as a company director for five years following the hearing on 3 August 2018.

Mr Jowaheer ran care services from different addresses in north London at: Broadhurst Gardens, Camden; Talbot House, Imperial Drive, Harrow and Canada House Business Centre, Ruislip, Hillingdon, over a period of years.

'Fragmented' diabetes care for older people

A international expert says diabetes services for older people are 'too fragmented' leaving them 'vulnerable to poor health' in the later stages of their lives.

Professor Alan Sinclair, from the Foundation for Diabetes Research in Older People and Diabetes Frail, has carried out a number of research papers into the subject, more recently investigating diabetes services carried out in care home settings.

Professor Sinclair said, 'We believe more than a quarter of care home residents have type 2 diabetes, and it's imperative those with the condition – at whatever age or domicile – carry out proper management. If the patient fails to control their diabetes, it can lead to frailty, dependency, disability and reduced life expectancy.'

Solar Care Homes becomes part of The Regard Group

The Regard Group has strengthened its presence in the South West with the acquisition of the Cornwall-based Solar Care Homes Ltd.

This latest acquisition has increased Regard's portfolio to 167 services, offering 16 new beds in Redruth to adults with learning disabilities, autism and physical disabilities.

Over the past year, the group has opened 12 new services in the South West with a further 12 openings planned for the year ahead.

THE SOCIAL CARE GREEN PAPER:

WHAT CAN WE EXPECT?

Social care has been expecting a Green Paper since Summer 2017. With promises from Government that it will be released by the end of the year, Minister of State for Care, **Caroline Dinenage MP** reflects on the changes the sector has seen over the last year and looks at the areas we can expect the Green Paper to explore.

This year has already shown itself to be a decisive one for the social care sector with the creation of my role as a dedicated Minister of State for Care, alongside the renamed Department of Health and Social Care. This reflects a recognition within central Government of the importance of finding a sustainable and effective solution for social care, given the increasing pressure of our ageing population.

We are all living longer – around 15,000 centenarians currently live in the UK and, by 2050, we expect over 56,000 people to reach this milestone. This is clearly something to celebrate, but it's important to think about how we need to adapt our health and care system to meet the changing population's needs. As a society, we need to think not just about living longer, but ageing well and how we can support older people, as well as people with disabilities, to live independently for longer. You could say it's about not only the years in our life but the life in our years.

Across Government, we are already working on the Ageing Society Grand Challenge to ensure Britain remains at the forefront of the technological revolution around ageing. This is supported by a £98m 'healthy ageing programme' which will drive the development of new products and services to help people to live in their homes for longer, tackle loneliness, and increase independence and wellbeing.

A sustainable health and care system is central in supporting independence and wellbeing. The upcoming Green Paper will

set out reforms so that people of all ages – including some of the most vulnerable in society – can be confident in the system, knowing that their care needs will be met now and in the future. The reforms seek to address the main challenges and responsibilities facing the sector, including quality, integration, more individual control over people's own care, workforce, supporting families and carers, and ensuring a sustainable social care system.

QUALITY

When it comes to quality, 82% of adult social care providers are now rated Good or Outstanding by the Care Quality Commission (CQC) – testament to the hundreds of thousands of hardworking and committed professionals working in care. But still too many people experience care that is not of the quality we would all want for our own mum or dad; and there is too much variation in quality and outcomes between different services and different parts of the country.

In the short term, we are working closely with the sector on a range of measures to improve quality and sustainability. This includes Quality Matters – a shared agreement published last year to deliver high-quality adult social care that is person-centred, safe and responsive to individual needs. This joint commitment, created by commissioners, providers, staff, national bodies and people who use services, remains a great example of our collective endeavour to make quality personal.

To this end, the Quality Matters partners have recently published a new digital resource, 'Unlocking capacity: smarter together' which provides valuable advice and support to providers to help them achieve closer collaboration between health and care in local areas. I hope local leaders across the health and care system will use this resource to help >

> drive up the quality of adult social care in their area.

INTEGRATION

Another vital issue is the need for better overall integration of our health and social care system. We know that across the country there are impressive examples of innovative working. There are examples of partners using the Better Care Fund as a catalyst to develop a clinical response team to take emergency calls from 999/111, GPs and care homes, helping to reduce A&E attendance. We are also working towards joint health and social care assessments and support plans, with £1m to run pilots in three areas to implement these for all adults accessing adult social care over the next two years.

INDIVIDUAL CONTROL

A truly universal health and social care system must put people at its heart to be successful, and this is where personalisation comes in. It empowers people to get the specific care and support that will meet their needs – rather than simply what's available. There are already huge numbers of people benefitting from personalisation. In social care, the number of personal budgets totals over 400,000. And in the NHS, over 28,000 people now have a personal health budget; a 200% increase in the last two years.

We recently consulted on extending the right to a personal budget to more people, including people with learning disabilities and wheelchair users. We know that fully integrated, person-centred care allows people to stay longer at home, and to live healthier and more independent lives, with fewer visits to acute care. The Green Paper will set out our intention to address this opportunity to enable personalised care to become a reality for more people.

WORKFORCE

One of the biggest priorities is how we sustain and grow our most important asset: the 1.47 million people who work in adult social care. We want to do more to promote social care as a positive career choice for people of all ages, including better opportunities for progression into areas like nursing which span both the health and social care sectors. To grow and retain a quality care workforce, care workers must be afforded the same respect and motivation as those they are tasked to help. Recruitment must be based on positive shared values, skills, professional development and the promise of career progression.

In February of this year, we launched the adult social care workforce consultation with Skills for Care to explore potential solutions to challenges including recruitment, retention and professional development. The aim was to seek new and better ways to expand, enhance and diversify the care workforce in England. The consultation closed earlier this year and we're working with stakeholders to analyse feedback and collaborate on a new workforce strategy to be published later this year.

This autumn, the Government is also launching an adult social care recruitment campaign to raise the image and profile of the sector. We want to build awareness of the rich variety of roles, opportunities and careers on offer. We want to attract the right people, with the right values, to deliver the very best care to the most vulnerable members of society. If we can do this effectively, the 110,000 social care vacancies will become gateways to rewarding careers and myriad opportunities to change many lives for the better.

With this in mind, we recently launched the Department's new workforce engagement platform, TalkHealthandCare. This online platform is specifically designed to reach out to those on the very front line of care and health, to hear about what matters to people, what's working well, and what more we can all do to improve things. I encourage everyone working in adult social care to join in that conversation.

FAMILIES AND CARERS

There are not only thousands of care workers in England, but also hundreds of thousands of unpaid carers – the 'hidden army' of family, friends and community volunteers that make each day possible. Without them, the health and care system would simply grind to a halt.

Many of us will become carers at some stage in our lives. Indeed, around one in ten adults are in that position right now. It's a profound change in personal circumstances – a change many embrace willingly, but nearly always without sufficient recognition or support. In June, we published the Carers Action Plan, which sets out a two-year programme of tailored work to support unpaid carers. This is the just the start of the journey though, and the Green Paper will look at long-term, sustainable solutions to supporting unpaid carers within the social care system.

A SUSTAINABLE SYSTEM

We now also have a new Secretary of State, Matt Hancock, with new thoughts and ideas and seemingly endless energy! We will see his priorities reflected throughout the work of the Department. One of these priorities is prevention, by which we mean empowering people to remain healthy in their homes for longer, treating problems quickly and delivering care in the appropriate settings. There is a role for everyone in prevention, not just the health and social care sector.

This will be complemented by the recently announced NHS 10-year Long-Term Plan. Health and social care are two sides of the same coin and any reforms must be aligned – that's why both the social care Green Paper and the long-term plan will be published later in the year. Both will ensure we can cope with the pressures of a growing and ageing population and ensure everyone has access to the highest quality health and social care.

Building a sustainable care and support system will require some big decisions, and we need to get these right. The result is a better system that everyone can have confidence in, where people understand their responsibilities, can prepare for the future, and know that the care they receive will be of a high standard. We want to help everyone maintain their independence and wellbeing throughout their lives.

BUILDING TOGETHER

The Green Paper has an important place in jump-starting a debate and I am keen to hear a wide range of views from everyone in the adult social care sector. Ensuring a long-term, sustainable approach is too important a task to complete in isolation and we must get it absolutely right. **CMM**

Caroline Dinenage MP is Minister of State for Care. Twitter: **@cj_dinenage**

What do you want to see in the Green Paper? What changes need to be made to make social care sustainable? Share your thoughts on the CMM website where you can also feed-back on this feature **www.caremanagementmatters.co.uk**

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Gordons Partnership LLP is delighted to announce that Neil Grant has joined its Health and Social Care Team.

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A vital change:

SIX STEPS TO CHOOSING AND IMPLEMENTING TECHNOLOGY

Matt Hancock has focused on technology for social care since his appointment earlier this year. Here, Jonathan Papworth, Co-Founder of Person Centred Software considers the use of technology in care, providing six simple steps to help you find and successfully implement the right solution for your business.

Matt Hancock was appointed Secretary of State for Health and Social Care in July 2018. In his speech after taking office, he identified technology as one of his early priorities for the health and social care sector.

It's unsurprising that technology is on Mr Hancock's agenda for social care. In the last year, the Care Quality Commission (CQC) updated its Key Lines of Enquiry (KLOEs) with a new focus on technology, and GDPR has come into force. This has created an atmosphere where technology is becoming increasingly accepted and necessary in social care. >

> Up until now, our sector has struggled to keep up with the advancements in the digital world. Decades after other industries transitioned to using computers for work, care providers continued to evidence care on paper, as the care environment meant they had no desk to use a desktop. However, in the last 10 years, technology has evolved to include mobile computers, such as smartphones and wearables. This means that care and nursing staff can use computers in their daily work and reap similar time and efficiency savings as other industries.

WHY ADOPT TECHNOLOGY?

If integration between health and social care is to occur, it is vital that care providers adopt technology, or they risk being left behind.

The benefits of technology are widely acknowledged. Technology enables staff to be more efficient, so they can spend more time with residents; it also gives them therapeutic tools that benefit residents with dementia, for example. It can help providers to increase visibility and transparency, engaging families in care updates. It can provide information to reduce risks to the business; increase communication and sharing of information among staff and other professionals such as GPs and hospitals; and reduce delayed transfers of care.

Furthermore, solutions can give managers information needed by regulatory bodies; to increase funding if necessary; and ensure GDPR compliant practices for record-keeping. It can also improve staff morale, with improved quality of care, time savings and transparency of information across the organisation.

BARRIERS TO ADOPTION

The value that technology brings to the sector is clearly identified, but barriers to installing it still exist. Reluctance to adopt technology due to fear of change, worries about time and effort to adapt to a new system, and the cost of technology itself are all challenges to be overcome. Managers understandably have fears about transitioning to new systems as the risk of having gaps in documentation can lead to CQC investigations, safeguarding alerts and be a serious risk to residents and the organisation.

Additionally, there are concerns among the workforce about how easy technology is to use, and how easy it is to adopt. Typically, staff will include people for whom English is a second language, people with dyslexia, and people who are not IT-literate. Technology must also be designed for environments where there may be blackspots of WiFi, or no WiFi at all, so the technology needs to work both online and offline.

Balancing the effectiveness of technology against the cost is also a barrier to adoption, especially in an often under-funded industry. Providers need to know that the technology they buy will provide them with exactly what they need and have confidence that it won't fail.

MOVING FORWARD

In CQC's updated KLOEs, there is a question (E1.3) that specifically asks how technology and equipment are used to enhance care. But how can you ensure you choose technologies that will enhance the quality of care and support at your service?

It might seem a daunting task. While it may look intimidating from the outside, choosing and implementing an effective system can be straightforward. These six steps should help you move forward with technology; they focus on the first questions you need to ask yourself, through to managing the implementation and seeing the outcomes of the system.

Step 1: Identify your primary goal

Identify your primary goal and what you want to achieve. For instance, is the motivation GDPR and wanting to keep your care records secure and compliant,

"If integration between health and social care is to occur, it is vital that care providers adopt technology, or they risk being left behind."

but still accessible for your staff to update and read whenever they need?

Electronic care recording will help to improve the quality, visibility and quantity of care records evidenced by staff. Applied technology like wearables, on the other hand, are worn by residents to monitor a whole range of medical and physical conditions and ensure optimum wellbeing.

If the technology is good, there will be subsidiary benefits. For instance, staff being freed up from documentation means that they have more time to spend with residents.

Step 2: Assess the challenges you and your team face

Think carefully about the challenges your service faces. Speak to staff who are closest to residents about the areas that could be made more efficient and effective. What could be done >

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> better in your organisation? Then, think differently about the problem to solve it and evolve working practices. For instance, the accepted way to check on people during the night currently is by going into their room multiple times. But alternative solutions, such as acoustic monitoring, are safer and lead to less disturbed sleep. Technology is only worth adopting if it is going to move you closer to your goal, whether that's delivering person-centred care, providing quality of care, or supporting residents' independence.

Step 3: Do your research

Start to look for solutions that will help you achieve your goal and solve problems in the service. There are several ways to find out about different technology providers. Trade shows such as Health+Care in London or Care Show in Birmingham are where lots of technology providers exhibit so you will have an opportunity to browse and gather a lot of information in a day. Industry bodies like Care England and the National Care Forum host smaller events, often they will have a 'technology day'. Your care association may also host local events specifically about technology.

Don't discount the value of speaking to other care homes directly or through local care association meetings about what technology they've tried or use. Ask around for recommendations and see if you can arrange a site visit to see the technology in action. Some care homes have developed certain areas of their care homes to demonstrate the innovations they use, for instance WCS Care group have an 'Innovation Hub' that welcomes anyone in social care to attend.

The internet is also your friend; a simple Google search will bring up organisations that provide technology that you may not have come across. Additionally, forums and social media groups exist to start conversations about the technology that others use in their own care homes.

Step 4: Shop around to find the right solution for you

Once you've found providers you want to investigate, focus on the size of your organisation. If you are a single care home or a small group, you may want to ask for a site visit to see the system in action at another care home before you invite the technology provider in for a demonstration.

If you are a larger organisation, you can contact technology providers with a request for information (RFI) where they will fill in the information you require. However, a downside of an RFI is that the questions you ask need to be very specific for the goal you want to achieve. You risk boxing providers into answering questions that don't show the full scale of their technology and you could end up with a system that isn't quite right for your needs.

Step 5: Arrange presentations and demonstrations

Arrange presentations and demonstrations with providers. You will want to see at least two systems, more if you can. Prepare questions to ask each technology provider to ensure you're choosing the system you need. No question is a bad question, and you will need to find out how the provider will work with you to embed their system into your organisation. For instance, the outcome you want to achieve to improve your service won't happen if the solution is cumbersome and unintuitive for care workers to use. Ask about what training and support is offered, and how quick and easy it should be to get up and running – and verify that with other users.

If you are a larger group, now is the time to arrange tenders based on that information gathering.

Step 6: Manage the change

Once you've chosen your system, get people in your organisation to support the changes. Encouraging a 65 year old care worker to use a smartphone to record care may not happen overnight, but pointing out the benefits and supporting them with the change will increase their confidence with technology.

Assigning a project manager if possible will help to manage the process of moving to the technology and ensuring that the goals you want to achieve are realised. There will be an implementation period, and, if you are a part of a group, a trial period or pilot study at one or two services will help to ensure a straightforward rollout at the remaining homes.

A KEY PRIORITY

Matt Hancock's early priority of technology is a motivating factor for the care sector to embrace technology, along with GDPR, and the technology KLOEs. Technology will help social care and health achieve integration and improve efficiency and quality of care.

The barriers to adopting technology are very real, and the risks associated with 'standing still' are only going to get greater. But with clear goals and a process for selecting solutions, the outcomes will provide real value for providers, staff and residents for many years. **CMM**

Jonathan Papworth is Co-Founder of Person Centred Software. Email: **hello@personcentredsoftware.com** Twitter: **@PersonCentredSW**

How have you embraced technology? What barriers have you faced? Share your views and feed-back on this feature on the CMM website **www.caremanagementmatters.co.uk**

GREAT COMMUNITIES – SUPPORTING PEOPLE WHO 'FALL THROUGH THE GAPS'

Local authorities are facing unprecedented demand for services, accompanied by budget reductions. These pressures are leading to cuts in services and providers are being asked to support more people for less money. This all creates a risk that some people will 'fall through the gaps'.

In response to this risk, Community Catalysts and MacIntyre have worked in partnership to create the Great Communities project, piloting in Warrington.

The aim is to reach out to people with disabilities who may find themselves in this situation – without services to support them but unable to fully support themselves.

The project is supporting these people alongside the local community, including businesses, to reflect on what they do and how they can evolve to provide rich opportunities to more people with disabilities.

The aim is to make connections and think differently to ensure that Warrington is a vibrant, inclusive and aspirational community for all.

MAKING CONNECTIONS

Great Communities connects with those at risk of missing out on services.

It works by speaking to people about their lives and goals, learning about the things they are good at and the things they care about. It then starts to connect them with organisations or individuals that might help, including others in a similar situation.

Sometimes people can see that the only way to tackle an issue they face is for them to take the lead and set up something new – and Great Communities is there to help them. It also looks to find unused assets in Warrington – spaces, vehicles, and people who wanted to help but were unsure what they could do.

Sarah Burslem, Chief Executive of MacIntyre expanded on the drivers behind the project. She said, 'It is clear that many people who, in the past, would have been eligible for social care support will no longer meet the eligibility criteria.

'As a provider who has a local infrastructure and good community connections, we see first-hand the impact that a lack of support is having on the lives of some disabled people and their families. We also see the warmth, inclusivity and creativity of some communities.

'The Great Communities project will quite simply find a way to link the two. Warrington seemed a great place to start as we already had a strong presence, some great connections and are providing support to many people with learning disabilities.'

Making the most of everyone's skills and encouraging contribution is at the heart of the project – local people helping themselves and each other, one connection and contribution at a time.

CURRENT WORK

In many cases, the team has found it takes just one conversation with an individual to start a series of connections and actions that have the potential to improve the lives of many people.

The project is still in its early days. It is mostly connecting with people aged 19 to 30; some people have lost contact with friends since leaving school and find themselves without a career or educational pathway.

They may have a lack of confidence in travelling independently or in knowing where or how to meet people. Their skills and talents are often not being recognised or used and they have low aspirations.

The project saw one young woman, Kellly, who didn't have many friends and wanted to increase her social circle.

She had a part-time job and was able to travel independently, but she wanted to meet people. She was sure there were other people out there who wanted to connect because they felt isolated.

With the help of Great Communities, Kelly decided to start a social group to meet new people and fill a gap in the local social scene for others.

She has now made two good friends and says, 'It feels good to have people I can click with. People who understand and are in the same position.' Until she met her new friends she said, 'I always thought it was only me that struggled.'

The newly-established group decided they wanted to help more people, so the Great Communities project is supporting Kelly and the others to develop the group.

The group decided on the kind of venue they wanted and, through developing connections with a local business woman, MacIntyre supported them to secure a base and to apply for and secure a small start-up grant.

MacIntyre also supported group members to make connections with other people who might like to join, increasing the group size to nine people in the first week.

MacIntyre has co-produced with group members and helped people to plan how to proceed, make decisions collectively and think how to make the group sustainable. The group aims to have 20 members by December 2018.

ASPIRATIONS

So far there has been a great deal of interest from professionals of every discipline and families keen to connect with Great Communities.

MacIntyre's vision is for the Great Communities project to support good and lasting relationships that help to reduce the gaps. Warrington is a great place to start and the charity hopes to replicate elsewhere. **CMM**

OVER TO THE EXPERTS...

Is this scheme replicable in other areas? Can it benefit more social care organisations? What about other areas of adult social care? How can it be expanded to support more people?

THE BEST IDEAS ARE OFTEN THE SIMPLEST

As I read more about McIntyre's Great Communities project I was struck not only by its simplicity but by how it acts as a reminder to those of us working in the charitable sector to go back and check our objectives. In times of austerity, it's too easy to forget why we're here, to make decisions about our resources based on finances, ignoring our very reason for being.

The Great Communities project address both our social impact and limited resources in a way that adds value to the communities we serve. If you browse the websites of organisations across the social care sector most will say that our organisation is at the heart of the community, but is this really true? Do we connect with others who are not like us and do different things?

Voluntary and statutory services alike have struggled with the pace of change in social care and at times failed to realign resources. By taking an assets-based approach, McIntyre has captured the imagination of a whole community and helped them to see their role and contribution to the place they work and live.

Rather than wait for the social care Green Paper, organisations could take a leaf out of McIntyre's book and seek new collaborations that put something back into the communities they have worked within for many years.

This is a scheme that could so easily be replicated locally and nationally across all areas of adult social care. All it takes is for one organisation to step up and decide that it can work with others to make a difference.

So thank you McIntyre for showing us that the best ideas are often the simplest. All this needs is a belief that giving something back to our communities can change lives.

Sarah Maguire Chief Executive Officer, Choice Support

MUCH TO LEARN AND SHARE

This is a brilliant demonstration of the central and active role that voluntary sector care providers play in their local communities. These are the kinds of community-building initiatives that commissioners value, but rarely fund.

Cumulative adult social care savings since 2010 amount to £7bn and, this year alone, local authorities' planned savings for adult social care are around £700m. Yet there is an urgent need to build community capacity and resilience.

As this project demonstrates, building social capital and recognising innovation and community engagement makes local care and support more effective and sustainable in the long term. It can also save money, but this should not be the primary driver.

Commissioners should prioritise providers that are effective, or have potential, in delivering social value. This requires relationships to be built up over the long-term. But the 'merry go round' of costly re-tendering exercises can detract from the prize of sustainable development. In some cases, retendering can see providers exiting local areas. A focus on providers as community capacity builders is not just right, but reflects legal principles enshrined in the Public Services (Social Value) Act.

Clearly there is much to learn and share from the Great Communities project. Yes it can be replicated and expanded. But the bigger prize is in maximising the levers of social value and getting the right organisations working within communities towards common goals. Good providers should set themselves challenging goals to create as much social impact as they can, and then they should seek to create even more.

Rhidian Hughes Chief Executive, VODG

IT'S VITAL THAT THIS IS ENCOURAGED

There are multiple pressures on our current social care system. The talk is of constant crisis and imminent collapse. Rising demand for services, increasing expectations, pressure on budgets and workforce are all combining to fill the column inches with doom and gloom. We have to reimagine.

This pilot in Warrington takes a very different view to the traditional. Instead of assessing someone for their 'deficits' then giving them a 'package', this project looks at a person's 'assets'. Navigating and connecting people to bring together their networks, giving permission for community-based mutual support and crucially allowing the space for reciprocity. No one wants to be a 'service user'. We all thrive from the support we receive from our friends, families and neighbours; and we thrive too on what we are able to give back.

This approach recognises and releases the humanity, ofttimes squeezed out in our current rigid 'needs assessment' culture. The crucial importance of relationships. With the potential to bring hope into people's lives, create better jobs and using resources more effectively.

In a report I recently authored, with Des Kelly, for the government of Northern Ireland a clear outcome of our consultations was that this kind of approach should be scaled to become the 'way we do social care' in the future; the citizen at the heart in resilient and connected communities.

Examples are emerging in many parts of the UK. It's vital that this is encouraged, learned from and scaled. The challenge is to persuade commissioners and regulators to think outside the old ways and allow a reimagining of social care for a 21st century society.

John Kennedy Independent Social Care Consultant

RISING **STARS**

Anna Lewkowicz is Home Manager at OSJCT's Gregory House.

CAREER HISTORY

I started my career in social care in 2007 as a care assistant at Spalding Care Home which had 56 beds. I loved this role and stayed with the home for ten years, completing qualifications and learning a lot. My manager at the time was a huge influence on me. I didn't have any desire to become a registered manager but she pushed me and started to give me some of her responsibilities. I didn't realise until afterwards that I think she was training me up to take over her role, as she had plans to move on.

When she left, I became Acting Registered Manager and the decision was made to make it permanent. I'm still in touch with my manager from the service and I owe a lot to her. She recognised my passion and drive to learn and gave me the push I needed to further my career.

I left Spalding Care Home in 2017, moving to a bigger service with around 80 beds. Although I still enjoyed the role, I found that being in a larger service meant I couldn't have the same relationships with residents and staff as I'd had at the previous home. Building these relationships is a key part of the role for me, and it's so important to know the residents and their families, as well as all of your staff.

I looked for a new opportunity in a smaller home and found The Order of St John's Care Trust (OSJCT) were looking for a manager for their care home, Gregory House. I was delighted to get the job, especially as the home had just received an Outstanding rating in a CQC inspection in late-2017.

ORGANISATION

Gregory House has 31 beds and looks after elderly people who need a little extra support to go about their daily lives. Many of our residents are people who were living at home by themselves and didn't want to be alone any more. We also have one or two people who are living with dementia. We take both local authority and self-funded residents.

Our aim is to make Gregory House as homely as possible – we view it entirely as the residents' home and they're involved in all the decisions. This could be about menus, activities, or the running of the home. Two of our residents are an integral part of our interview panel, giving us their opinions on any potential new staff and allowing them the opportunity to ask questions of interviewees that are important to their own lives.

We do as much as we can by way of activities to make our residents' lives fun. We listen to what they want to do and structure activities around that. Six volunteers come in regularly to run singing sessions with residents, support them to take part in gardening or to take residents out to the shops.

We have a lot of long-service staff, which is great because it makes the home feel like a family. For us, coming to work isn't a case of doing a job – it's our life. We recognise that the people we support are people, with histories and lives ahead of them. We work with colleges and local churches to ensure

our residents are seen by the community and appreciated for the people they are. I don't believe in residents having to give things up when they move in to a care home – we just need to find new ways of doing them.

CURRENT ROLE

I started here in January 2018 but have been a registered manager since 2015. I find that different providers do things differently and picking up knowledge from my previous roles in terms of new approaches has helped me to settle in to my current position. The registered manager position definitely becomes easier with time as you learn ways of handling things that you know will work – as well as those that don't.

Being a registered manager was never something that was on my radar. I have been led here by the people around me and, now I'm here, I'm so glad I was. I wouldn't change the path I've taken to get here – it's been a learning experience and I couldn't do the work I do now without the knowledge I've gained up to this point.

I always thought that being a registered manager would be a lot of work, responsibility and pressure, and I think I was right. One of the most difficult parts of the role is that you have to oversee everything. I make sure I'm involved in the day-to-day work – helping in the kitchens, working with residents and taking part in activities. I've seen managers who spend their time in offices and I've worked under people who are visible and more involved. The latter approach is definitely for me as I find it makes it easier to know what's happening on the ground.

I feel privileged to be part of someone's life in such an important way and I love pushing my passion onto others – if you're excited about what you do then your staff and residents will 'catch' it. This is not a 9-5 job. You take it home with you whether you like it or not so it's hugely important that you actually like it.

Supporting people to do things they want to do and be silly and ultimately give them their lives back is really rewarding. And having this relationship with our residents means that I can identify when someone seems unwell or upset. Our residents' families are reassured that I know their loved one and they're looked after.

On the other hand, keeping everyone happy can be challenging. I try to encourage staff to join in with activities, even those that don't necessarily suit them (some don't like singing for example), but it can be tricky to get people to show their silly, human side.

It can also sometimes be hard to get residents to gel. We are like a family, but there can be cliques, and ensuring new residents feel welcomed and comfortable is sometimes difficult.

RISING STARS

I didn't know about the Rising Stars programme, or even that OSJCT was part of the National Care Forum, until Jo Blackburn, our Quality Director and Caroline Dunagan, Assistant Operations Director emailed me suggesting I enter. I immediately said yes and did my research into the programme afterwards.

I was surprised and honoured that Jo and Caroline had seen this potential in me, that I could be something more in the future.

I'm really enjoying building up my network of people in the sector. Having a mentor and attending events means I am learning innovative ways of improving that I can take back and implement in the home. Lots of people have ideas for improvement but often they don't work. The Rising Stars programme is encouraging the sharing of these ideas – so you already know it's worked elsewhere before you start.

It can be difficult to share information and ideas – often it is seen as a competition – but I'm a big believer that sharing is key to development. Before Rising Stars I was guarded; if something went wrong, I wouldn't necessarily share that with anyone who didn't need to know. Now I can see that sharing experiences, even ones that haven't gone well, can help everyone learn.

It's been eye-opening for me that other homes and managers face the same struggles as us at Gregory House. It's nice to know that others are in the same boat – that you aren't alone or failing. Having those days out of the home to reflect and see that you are doing a good job is invaluable.

I hope to build on the connections I've made and to keep meeting people, and to stay in touch with the others in the programme after it's ended.

ADVICE

I think it's important to know that, wherever you are in your career, you will meet people and you will find your way. I always tell people that if you want to achieve, you can. Grab the opportunities, ask questions, take part in training and trials. It might take you a while to get where you want to be, but you can do it. I also believe that managers should lead by example and never ask someone to do something they wouldn't do themselves.

Senior management should show support, and reward and showcase good work and what can be achieved – including sharing financial information so registered managers can see what is available for development of their services. **CMM**

Anna is part of the second cohort of Rising Stars. This innovative programme, developed by National Care Forum and supported by Carterwood and apetito, is designed to identify leading lights within organisations who will shape and form the care sector in the future.

More information about the programme, the candidates and future opportunities can be found at **www.nationalcareforum.org.uk**

What **should** you know about **Inquests**?

REDUCING YOUR **RISK**

Inquests in social care are common. Care providers will frequently be involved in giving evidence, which poses risks to their reputation, may be damaging to staff morale and could result in further action being taken. Here, Tim Coolican and Jonathon Enston from Slater and Gordon examine what is involved in the Inquest process and how risks can be reduced.

An Inquest is a formal court hearing, conducted by a Coroner to establish how someone died. Not every death leads to an Inquest, as Section 1 of the Coroners & Justice Act 2009 only requires an Inquest to be held if the Coroner has reason to suspect:

- There has been a violent or unnatural death.
- The cause of death is unknown.
- The death was in custody or in state detention.

In most cases, the Inquest will be heard by the Coroner alone, who will ask questions of relevant witnesses and then reach their own conclusions >

> about the key issues. By law, the Coroner is required to establish:
- Who the deceased was.
- Where and when they died.
- The medical cause of death.

In cases where the death arises following direct involvement of the state, the Coroner will also be required to outline the broad circumstances in which the deceased came to die, including whether there have been any failings on the part of the organisations or individuals concerned.

In a small number of cases, the Coroner will be assisted by a Jury of members of the public. An inquest must be held with a jury if the Coroner has reason to suspect:
- The deceased died while in custody or otherwise in state detention, and that either the death was a violent or unnatural one, or the cause of death is unknown.
- The death resulted from an act or omission of a police officer, or a member of a service police force in the purported execution of the officer's duty.
- The death was caused by a notifiable accident, poisoning or disease (for example a death which must be reported to the Health and Safety Executive).

A Coroner may also hear an Inquest with a jury if they consider there is sufficient reason for doing so.

INTERESTED PERSONS

In many straightforward cases, the Coroner will ask all of the questions. In more complex Inquests, there may be a number of 'Interested Persons'. These can include the family of the person who died, as well as individuals and organisations who might face criticism about the circumstances leading to the death. Where an Inquest is considering a death in a care home, the care provider will almost always be regarded as an Interested Person. Individual managers and staff would normally only be given this status if there is some reason for criticism to be made of their personal conduct.

Interested Persons are entitled to be legally represented during an Inquest and their lawyers may ask questions of any witnesses asked to give evidence. It is for the Coroner to decide which witnesses are needed to establish the key issues, taking into account the views of any Interested Persons.

Before the Inquest takes place, the Coroner will obtain as much information as possible. This may include obtaining evidence from the police or regulator, if they have already conducted an investigation. The Coroner will often ask for Interested Persons to provide any relevant documents and can ask potential witnesses to provide a statement outlining any relevant evidence they can give.

In complex cases – for example where there are many witnesses and the Inquest is likely to last more than a few days – the Coroner will hold one or more preliminary hearings. This is to ensure that all relevant evidence has been obtained, to hear the views of the Interested Persons about what evidence is relevant and to fix a date for the Inquest hearing.

The Coroner will ask questions of each witness first and will then allow questions to be put by any of the Interested Persons or their lawyers. Where the witness is legally represented, the Coroner will always allow their lawyer to ask questions last, so that they can clarify any issues that have arisen.

The Coroner may also agree to take into account written evidence, especially where there is no dispute about the contents.

In addition to establishing who the deceased was, when and where they died and what the medical cause of death was, the Coroner or Jury will normally decide on a formal conclusion. In most cases this is expressed by using one of the following descriptions:
- Accident.
- Open verdict.
- Suicide.
- Natural causes.
- Alcohol/drug related.
- Neglect.
- Unlawful killing.

A conclusion of neglect is perhaps the most frequent outcome to an Inquest that will be of concern to a care provider. This outcome can only be reached where the Coroner or Jury conclude that there has been a gross failure to provide nourishment or basic medical attention to a dependent person. The Coroner or Jury must also conclude that the neglect in question directly caused or contributed to death. Such an outcome will carry with it the clear suggestion that the care provider has failed to provide an appropriate level of care.

In some complex cases (including those where there is State involvement), the Coroner or Jury may provide a narrative conclusion. This can take the form of answers to a series of questions set by the Coroner or a short description of the broad circumstances leading to the death.

The conclusions reached by an Inquest are not permitted to state that negligence has been established or that a named individual has committed a criminal offence. However, the factual conclusions reached may obviously imply that there have been failings by organisations and individuals.

CHALLENGES FOR PROVIDERS

If a death takes place while care is being provided or as a result of the care being provided, the Care Quality Commission (CQC) must be notified. Where the circumstances reported raise concerns about the standards of care provided, this may well give rise to an investigation by the CQC even before the Inquest hears evidence about the death.

In cases where there are grounds to suspect that the death arose from negligence or an unlawful act, an investigation may be commenced by the police, who will decide with the Crown Prosecution Service whether a Criminal Prosecution should be brought. Even if there has been no initial police involvement, the Coroner can stop an Inquest if they consider a criminal offence has taken place and refer the matter to the police for formal investigation.

Where the police or regulator conduct an investigation, the Inquest will normally be adjourned until their investigation has concluded and the evidence obtained may be used to assist the Coroner.

An Inquest will almost always be heard in public and will often attract press attention, and an outcome that the death was contributed to by neglect can cause serious harm to a provider's reputation.

Where there is a finding of unlawful killing, the police and Crown Prosecution Service are obliged to reconsider whether a >

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> criminal prosecution should be commenced. Where new evidence of poor care emerges, this may also prompt CQC to reconsider whether it should take action.

Even where there is no outcome which reflects critically on the care provider, press reporting of allegations about the care provided may have a serious impact upon a business.

Giving evidence can be a daunting experience for care home staff, in particular where they face criticism from lawyers acting for a bereaved family. Handled poorly, this can be extremely damaging to staff morale.

An Inquest may also lead to a civil claim being brought against the business, with the process often used by lawyers to obtain information to support their case.

PREVENTING FUTURE DEATHS

If the Coroner believes that action needs to be taken to prevent future deaths, then they have a duty to make a report to the relevant organisation with the power to action such changes. These reports are intended to improve public health and safety.

A Prevention Future of Deaths report must be made when the investigation or Inquest reveals information which concerns the Coroner that future deaths may occur if an issue is not addressed.

If a care provider is subject to a Prevention of Future Deaths report they must provide a written response to the Coroner within 56 days of the report being sent. The Chief Coroner will then send this response to any interested parties, including CQC or the police if relevant, who then may use the report to inform their own investigations.

WHAT IF AN INQUEST IS RAISED?

It is essential for providers to be well prepared if they are likely to be involved in an Inquest, and early legal advice should be sought.

Lawyers acting for the care provider can liaise with the Coroner and ensure that Interested Person status is obtained, which will enable the provider to play an active part in the preparation for and conduct of the Inquest.

Whenever a death occurs, especially when unexpected, care providers should conduct their own internal investigation, which will later assist in identifying any relevant evidence that should be disclosed to the Coroner. Care providers should take legal advice and consider instructing lawyers to undertake the investigation, to ensure that nothing is done during the investigation to prejudice action that may be taken by the police or CQC.

Members of staff and management who are likely to be called to give evidence will need to prepare witness statements and be familiar with all relevant documents. Advice should be provided to ensure that witnesses from the care provider understand the process and know what to expect.

Consideration should also be given to preparing a statement from a senior manager to demonstrate the steps that have been taken to minimise the risk of a death occurring in similar circumstances, to assist the Coroner in deciding whether a Prevention of Future Deaths report is required.

Legal representation during an Inquest is essential, to ensure the best possible outcome and to reduce the risks outlined.

THE IMPORTANCE OF INQUESTS

Inquests involving care providers are an important part of the process to help families of the deceased understand how their loved one died. Establishing exactly what happened and whether appropriate care was provided can help provide comfort and closure for a grieving family.

The Inquest process can also help identify improvements required to ensure that those using care services are kept safe. Where mistakes and errors have been made, it is important that the lessons learned inform best practice in the future.

While involvement in an Inquest can be a daunting experience for a care provider and their staff, with the right advice and careful preparation, any potential reputational and regulatory risks can be minimised. **CMM**

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How have you handled Inquests in your business? Share your experiences and feedback on the CMM website **www.caremanagementmatters.co.uk**

THE MENTAL HEALTH OF REGISTERED MANAGERS

As one of the most rewarding roles in social care, the job of a registered manager also comes with great challenges. Paul Simic from Lancashire Care Association and Gina Kidd from BMI Healthcare explore what support is out there and why it is so important it exists.

RCMS ARE "VITAL"

When it comes to a topic as important as mental health, it may well be worth starting with some statistics. "Registered Managers play a vital role in adult social care"[1]. More than eight out of ten registered managers are female. Half are aged 50 or more with just 1 in 5 under 40. Skills for Care estimate that "around 10,000 registered managers may retire within the next 15 years." They operate in a sector with a high turnover. Rates for turnover in care homes with nursing are >

> higher than care homes without nursing or domiciliary care[1].

The Office of National Statistics data on "suicide by occupation 2011 – 2015"[2] found that women working in healthcare were at higher risk of suicide (24% higher than the female average). There is, in particular, a high suicide risk among female nurses. So how can we look after those looking after the most vulnerable people in our society? What support is there to ensure they feel valued in their roles?

LCA-FACILITATED REGISTERED CARE MANAGERS NETWORK

Lancashire Care Association (LCA) facilitate a support group for Registered Managers which meets in small group, safe space, meetings around the county and is designed to help registered managers feel less isolated and to build a support network promoting the RCMN as a leadership body in the care sector in and across Lancashire. Key issues from the small meetings also feed into the workshops at the LCA/CMM Lancashire Care Annual Conference in autumn each year.

Meetings tend to be dominated by a handful of issues: the low worth accorded RCMs both in the public arena and by health and local authority staff; the burden (and 'skew') of regulation and the unnecessary duplication across a number of bodies with similar roles; the relative isolation of individual RCMs, the ever higher levels of need and expectation to be met with inadequate funding from cash-strapped and often antagonistic public sector commissioners.

There are a lot of positives and good ideas in the meetings, not just negative, but the issues of the poor image of the sector and relatively low standing of the RM profession loom large in the discussions.

At the 27 September Conference the focus at the Annual RCM Network meeting was on mental health and wellbeing. We made a conscious decision in planning the meeting to start from the place we were at, however uncomfortable.

WHY?

The trigger for raising the topic with the group was the experience of one of the authors who, in quick succession, learned of the death through suicide of a colleague who was struggling with a poor CQC inspection. The author then learned the next day from another colleague that their partner had tried to take their own life under similar pressures and then heard from a third colleague, later the same day, that they had just before been speaking to another manager who vouched that they had recently had suicidal ruminations when under pressure from a very critical inspection.

We chose not to start the discussion at the meeting with euphemisms – e.g. 'wellbeing', 'resilience', 'coping strategies' – but with the stark fact that someone who was well-regarded and active in a community of providers found themselves at a lonely and inhospitable crossroads with nowhere to go and no-one to help them.

The point raised here is not to try to use these tragic and sensitive issues as some sort of weapon to 'bash' CQC with. It is to argue that we can't get a good care system from a culture of fear and blame and we need to build some supports for and a sustaining narrative around what it is to be a registered manager in the current political and organisational context of care. We believe that part of that support structure requires, recognition of, and open dialogue in relation to, a largely closed and taboo subject. It also requires a reappraisal of what it is to be a care manager in the independent sector.

Registered managers and small home owners, particularly, are often left isolated and exposed in the midst of a flawed system whose first response when things go wrong is not to look and learn but to apportion blame and move on as quickly as possible. We call for some manifest duty of care in the system (not just a flag to salute but some auditable processes that give expression to that duty) and other support mechanisms to ensure that 'wherein the peril lies therein lies the remedy.'

R-E-S-P-E-C-T

From the Registered Care Manager Network, and from our events and other member feedback, there is one thing those who run and manage services in the independent sector want and consistently see a lack of: respect. To be recognised, to be valued, to be included are the key features of that respect.[3,4]

To be respected is to experience positive regard, appreciation and role validation. It is destructive if just one part of that whole system feel they are uniquely held to account for whole-system failures. The NW ADASS report 2018[5] sees the sector as unequivocally at a tipping point.

THE CONTEXT

The CQC State of Health Care and Adult Social Care in England 2016/17 pointed out that "the quality of health and social care has been maintained despite very real challenges. The majority of people are getting good, safe care. However, future quality is precarious..." It added, "The efforts of staff have largely ensured that quality of care has been maintained – but staff resilience is not inexhaustible ...the entire health and social care system is at full stretch." It goes on to say, "To truly coordinate care, local system leaders must ensure there is a golden thread linking vision to delivery, so that everyone involved can not only share the vision but see themselves as part of the team that delivers it... Leadership and support at all levels – system, organisation, service and practice – will be crucial."

Research[6] has shown that "...if [the] dependency and care home proportions remain constant in the future, further population ageing will require an extra 71,215 care home places by 2025."

"There is one thing those who run and manage services in the independent sector want and consistently see a lack of: respect."

"Our research suggests that the current social care crisis is due not only to the increasing numbers of the very old, with their higher morbidity and greater health and social care use, but that current older people are spending more of their remaining life with low and high care needs. Low care needs have implications for family and friends who supply unpaid care because this low dependency is unlikely to meet eligibility criteria for publicly funded care. High care needs have considerable implications for future provision of community services and the state provision of funding for care."

Registered managers are the carriers of the 'golden thread' through the system. The philosophical point is how we have a genuine debate about meeting '4th age' needs. The practical point is that the system needs the right leaders, workers and resources to step up to the plate.

Their leadership role is essential and, switching metaphors from threads to something more mechanical, they are the point of leverage in the system and if this body of professionals can't meet the challenges because the challenges are too great and/or they are not supported by the whole system in the right way, the system will fail. >

> THE ANNUAL RCMN WORKSHOP 2018

There was a heated debate around the issue of being valued – or rather not being valued – by other professionals in the system as well as in the context of the general public discourse. The lack of a counter-balancing positive narrative for registered managers, such as there is in relation to the NHS, was seen as a major factor in tipping the balance. The notion that personal 'resilience' was lacking in some way was strongly rejected. It was, indeed, the ability of RCMs to function under the most extreme pressure that helped ensure that the health and care system had not already collapsed under the weight of its contradictions.

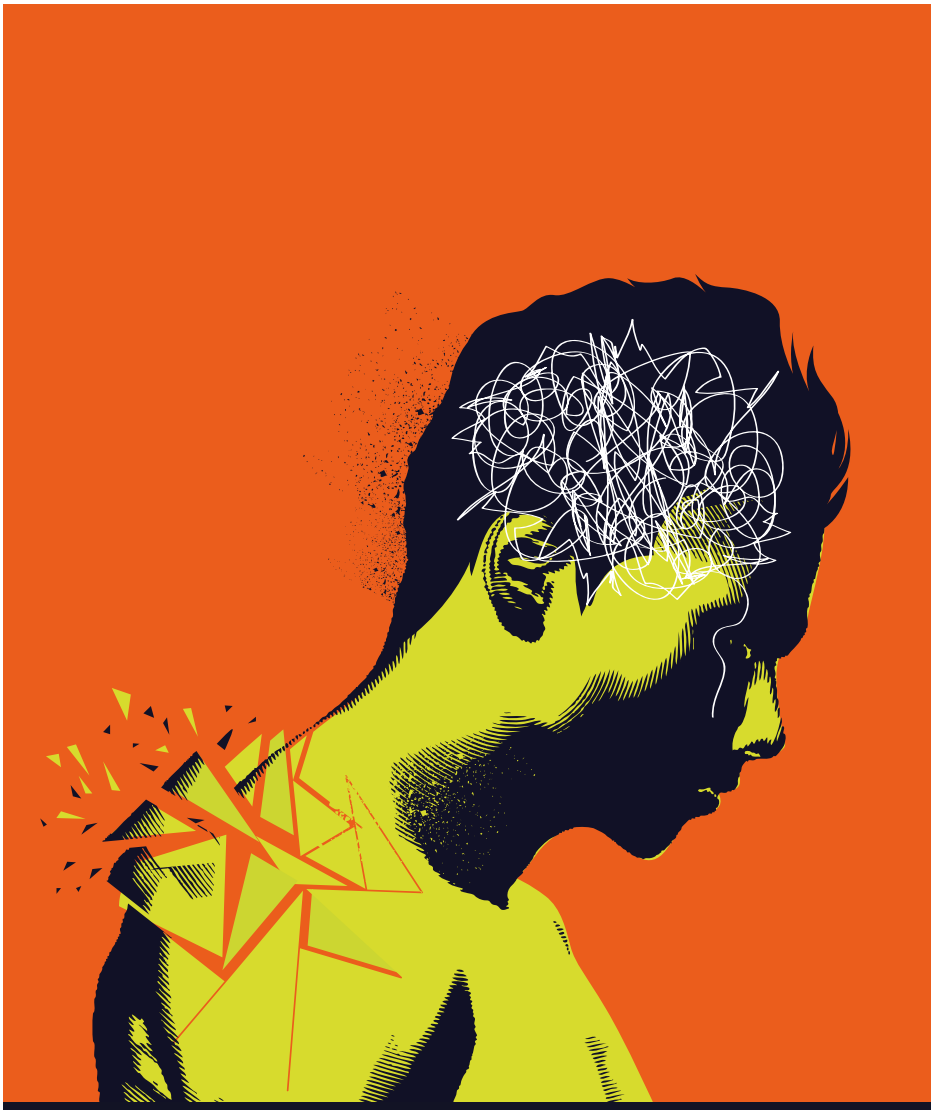
Attendees on the day replied to a survey and everyone said they found their job stressful. Managing staffing, recruitment, workload and time pressures were the main components of day to day stress. Over two-thirds wanted more support from effective networks for RCMs.

NEXT STEPS

The Annual Meeting agreed to focus on:

- Raising the profile of the issue of mental health and suicide in the context of RCMs as a professional network, locally and, with partners, regionally and nationally.
- Giving the topic legitimacy and 'air time' and finding ways of giving it due recognition through the whole system so it is seen as something that can be talked about openly.
- Conducting some primary research about mental health and registered managers to get some picture of prevalence.
- Using this as leverage for influencing how the issue of mental health and care managers (and care workers) is regarded in the public discourse and in the realm of employment.

This is to be set in the context of an emerging campaign from LCA and CMM with partners locally, regionally and nationally to recognise mental health in Registered Managers as a significant policy issue. **CMM**



USEFUL RESOURCES

1. Wellbeing for registered managers, a practical survival guide.
   An exclusive resource for registered manager members of Skills for Care.
2. The power of networks.
   A survey highlighting the value of network to registered managers.

References [1]Skills For Care NMDS-SC briefing 26 (2016): Registered managers in adult social care, January. [2]ONS (2015) Suicide by occupation https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015 [3]Simic, P, Barnes, K and Kidd, G (2017) Venusians, Martians and Registered Managers, CMM journal. [4]Simic, P., Newton, S., Wareing, D., Campbell, B., & Hill, M. (2012) ""Everybody's Business" – engaging the independent sector.", The Journal of Adult Protection, Vol. 14 Iss: 1, pp.22 - 34. [5]NW ADASS (2018) NORTH WEST MARKET SUSTAINABILITY AND OVERSIGHT REVIEW, Jan. [6]Kingston et al (2017) Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS), The Lancet, Volume 390, No. 10103, p1676–1684, 7 October.

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Are you a Registered Manager who has a strong network of support around you? What were the steps you took to find it? Or do you feel more needs to be done to protect the mental health of those with high pressure jobs in the care sector? You can share your thoughts and ideas with others on the CMM website **www.caremanagementmatters.co.uk**

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3rd Sector Care Awards

Autism Together – Creative Arts Service

Autism Together won the Creative Arts Award in the 3rd Sector Care Awards 2017 for the person-centred arts workshops it delivers as part of its day services.

As 2017 winners of the Creative Arts award at the 3rd Sector Care Awards, we're immensely proud that our work is being acknowledged. The ceremony itself was very emotional, and it was fantastic to hear how other organisations like ourselves have delivered life-changing services to people and communities, and how they have supported people through incredibly tough times.

Working in the health and social care industry can be frustrating and there are many ups and downs. My team do their best to use the resources available, to use imaginative and innovative ideas to motivate our service users. They face challenges and behaviours every day and they do it with a calm, professional approach, a smile and a laugh, and a real 'can-do' attitude that never ceases to amaze parents, carers and myself. This award reminded them that there are people out there – like-minded people who simply 'get it' and appreciate the hard work they have put in every day.

THE WORKSHOPS

Our creative arts department is part of an extensive suite of day services provided by Autism Together, based in Wirral. These workshops have developed over the last five years from two multi-use rooms to six well-resourced rooms specific to different arts.

We now have five highly-skilled and formally-trained instructors – two qualified to degree level – allowing up to 200 clients a week to use a wealth of resources such a potter's wheel, sewing machines and screen printing equipment.

We've invented a variety of methods to assist people with lower ability levels and more complex needs, using templates and masking techniques to guide clients to form shapes. Alternatively, we use their hand painting and cutting-out to create more sophisticated works.

We also love to get involved in community projects, which can be a wonderful way to help service users develop their communication skills. Our ceramics department produced a beautiful ceramic wreath of red poppies which is laid at a memorial on Remembrance Sunday, and we currently have an exhibition running for a month in Liverpool Metropolitan Cathedral.

These community projects allow our fantastic artists to be proud of their achievements and show off what they can do. As a department, we also sell a series of prints, greetings cards and postcards based on our artwork.

CHANGING LIVES

Each individual with autism can get something different from the arts. Some have an extraordinary ability to think visually and express ideas through drawing or other artistic media. For others, it's about encouraging communication and nurturing emotional growth. Through recognition of this award, we have been able to encourage our service users to take up more creative activities, with our trophy beaming proudly down over us.

In our creative arts department, we implement a lot of group projects to encourage social interaction and turn-taking. We design these collaborative projects around all ability levels, allowing everyone to participate and have a sense of achievement in the end result. We use interactive smart boards and touchscreen technology to 'paint' in light. Even an everyday program such as Paint has been used to create some amazing artwork.

We have consistently achieved excellence through creativity, and have many success stories to show this. One service user, Peter, had a history of very challenging behavior. He loved 'acting' so we encouraged him to develop plays based on his favourite films, such as Harry Potter. He makes the props, costumes and back-drops in the art sessions and the staff are the players. His behaviour is far less challenging now.

Another service user, Allen, loves washing machines, so with lots of support he made his own life-sized washing machine from cardboard and even used the sewing machine and old bits of fabric to make the 'clothes' to go in it.

A mother of one of our service users has commended our department. She said, 'My son is 25 and he visits creative arts twice a week. He's very proud of the artwork he produces. I've seen him displaying challenging behaviour and watched staff calm him down and get him back on track. It's not an art class where you sit someone down with a project and they just do it. The staff are incredible. They make sure service users are involved and understand what they are doing.

'My son doesn't have a lot of language but he has drive and determination. Other clients have less drive – so staff have to work hard to keep them engrossed in what they are doing. My son is very proud of what he produces and it's helping him develop language.'

"Since winning the award, we have been inspected by The National Autistic Society and won accreditation of our day services. I am sure this award went some way as evidence of the fantastic work we do."

CONTINUING OUR WORK

There is no other art-based autism workshop as highly skilled and resourced as ours in the North West and parents and specialist schools are eager for young adults to attend. We have learned that investing in equipment and staff is worthwhile.

Since winning the award, we have been inspected by The National Autistic Society and won accreditation of our day services. I am sure this award went some way as evidence of the fantastic work we do.

We have our lovely trophy in a display case for everyone to see as they enter our main headquarters. This award helps us prove to people that we are a specialist service, that we are the best place for their autistic son or daughter to come to and that the staff supporting them are highly commended. **CMM**

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THE LANCASHIRE CARE CONFERENCE 2018

CMM INSIGHT
CONFERENCES • EXHIBITIONS
The Lancashire Care Conference • 27 September 2018

27th September 2018

CMM returned to the North West in September for another packed day of information and updates at the Lancashire Care Conference.

Run in association with Lancashire Care Association, the agenda brought delegates a local perspective on key issues facing the sector.

SETTING THE SCENE

Paul Simic, Chief Executive of Lancashire Care Association, chaired the day, opening with an informative overview of the pressures in the area. He expressed his concerns that things can't stay the same as they are, setting the scene for the day of the need to drive change and make improvements.

Attendees were then introduced to Louise Taylor from Lancashire County Council, who gave an honest and interesting overview of the work that the council has been doing to engage with providers. She spoke on how important it is to work together to achieve outcomes and the need to make aims clear in order to succeed.

John Kennedy was next to be welcomed to the stage, providing his thoughts on what might be in the social care green paper. He noted that other sectors have transformed in the last 30 years, while adult social care has stayed essentially the same, despite various calls for reform. He went on to talk about what he suggests this reform should look like – outcomes-focused, with brave changes backed by real thought about what will improve the sector.

Attendees then had a chance to explore the exhibition, where sector services showcased their latest products and spoke to delegates about how they could support them.

IN DEPTH

After a morning break, delegates returned to the main conference room to hear Hannah Bollard from Anthony Collins Solicitors speak on employment law. She summarised the key issues in this vast area of law, updating on sleep-ins, exploring the rules around holiday pay and how it is calculated, looking at disability discrimination claims and how to ensure you aren't liable, before rounding up with a brief look at how Brexit could affect the laws in this country. It was an informative session with lots to take away.

Delegates then broke out into workshops, picking from a choice of three sessions on investigations and Inquests, the role of technology and its place in a digital revolution, and how and when to challenge CQC inspections. Each workshop was repeated in the afternoon and all were both educational and engaging.

AFTERNOON SESSION

Tom Maloney and Andrew Burridge gave the final presentation of the day, exploring the North West Association of Directors of Adult Social Services' market research into the social care market in the region. The findings were summarised with graphs and charts that made it clear what differences there were in each of the areas of the North West.

Paul Simic then closed the day, inviting all delegates to attend the Registered Care Managers Network session which immediately followed the conference. This session focused on the mental health of registered managers, with discussion around what can be done to prevent breakdown and how the sector can do more to support managers through an incredibly challenging and stressful job. Read more on this on page 41.

This year's conference was sponsored by QCS, Hempsons, Nourish and Slater and Gordon and CMM's thanks go to all of them and the exhibitors for making the day possible.

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WHAT'S ON?

Event: NCF Managers Conference
Date/Location: 12th-13th November, Warwick
Contact: National Care Forum, Web: www.nationalcareforum.org.uk

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

Event: National Children and Adult Services Conference
Date/Location: 14th-16th November, Manchester
Contact: Local Government Association, Association of Directors of Social Services and Association of Directors of Children's Services, Web: www.ncasc.info

Event: Hospice UK National Conference
Date/Location: 27th-28th November, Telford
Contact: Compleat Conference Company, Tel: 01489 668333

Event: The King's Fund annual conference 2018
Date/Location: 27th-28th November, London
Contact: The King's Fund, Tel: 0207 307 2409

Event: The Future of Ageing 2018
Date/Location: 29th November, London
Contact: ILC-UK, Email: events@ilcuk.org.uk

Event: Outstanding social care: exploring good practice
Date/Location: 4th December, London
Contact: The King's Fund, Tel: 0207 307 2409

CMM EVENTS

Event: The Transition Event East 2018
Date/Location: 15th November, Newmarket
Contact: Care Choices, Tel: 01223 207770

Event: The Markel 3rd Sector Care Awards 2018
Date/Location: 7th December, London
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight Dorset Care Conference 2019
Date/Location: 7th February 2019, Poole
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight Lancashire Care Conference 2019
Date/Location: 19th September 2019, Mercure Dunkenhalgh Blackburn – TBC
Contact: Care Choices, Tel: 01223 207770

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STRAIGHT TALK

Peter Kinsey, Chief Executive of CMG looks at Registering the Right Support and asks, where does duty of care fit in?

Registering the Right Support is the Care Quality Commission's (CQC's) policy on registration for providers supporting people with learning disabilities and autism.

I support the overall direction of the policy – the scandal at Winterbourne View in 2011 demonstrated just what can happen in poor-quality, institutionalised services. However, I question the lack of flexibility in its implementation.

There are occasions when failing to take account of the specific circumstances may lead to worse outcomes for the vulnerable people concerned.

The quality of the manager and the ethos of the organisation is often more important than the exact size of a service. A service supporting eight people with good values and strong management is likely to provide better outcomes for individuals than a service for six people with poor-quality leadership. Overall bed numbers should be an aspiration, not a hard and fast rule that is blindly adhered to.

Interestingly, CQC's own data on the quality of residential homes for people with learning disabilities indicates that providers are more likely to be rated Outstanding if their service has more than six beds. As CQC moves towards a more data-driven inspection regime, perhaps it is time the policies more closely represent the data already being generated.

Whilst Registering the Right Support aims to promote high-quality care, a potential consequence of the policy appears to have been a marked reduction in the development of new residential services.

Affordability of supported living accommodation can be difficult, particularly for people with complex and challenging behaviour, due to the capital cost of the building compared to the rent level achieved through housing benefit – even at an enhanced rate.

This issue is particularly pronounced in the South East, where property prices are high. It may well be the case that, in the medium- to long-term, CQC's policy results in a lack of provision for some of the most vulnerable people, leaving them trapped in inappropriate hospital settings.

Whilst I support the values-led approach taken by CQC, I do feel that time could be better spent ensuring existing supported living services are operating at the expected standard.

In recent years, supported living services have been accommodating people with complex needs requiring high levels of staff support. I believe these services require the same level of scrutiny as care homes and care homes with nursing, if we are to provide these individuals with the appropriate provision needed to thrive.

The challenge with the current arrangement is that supported living is treated like domiciliary care. As some providers are registering domiciliary care offices overseeing a large number of supported living services, only the office and a selection of services are inspected.

As a result, a significant and growing number of supported living services are going completely unregulated. This risks a large group of very vulnerable people being supported in an environment which is not receiving regulatory scrutiny – worsened by local government cuts leading to insufficient numbers of support staff.

There appears to be a myth in our sector that supported living automatically means good quality. Most often it does, however, I have seen some extremely poor quality, institutionalised supported living services. In most cases, where we have taken over supported living services from other providers, we find they are of mediocre quality. The individuals being supported have their basic needs met, but these services are rarely helping people to fulfil their potential – a goal which should be at the forefront of all providers' objectives.

By focusing to such a large extent on Registering the Right Support, the industry is at times losing sight of the real duty of care, and due to poorly regulated services, the safety and wellbeing of thousands of individuals is being put at risk.

Just as providers must rightly deliver a person-centred approach to care, regulation should apply a more flexible and tailored approach to registration. Instead, CQC's current approach is potentially leading to fewer vulnerable people accessing the very best care, whilst poor-quality services slip through the cracks. CQC should reconsider, if it is to truly protect and uphold the rights of the most vulnerable people in society. **CMM**

Peter Kinsey is Chief Executive of Care Management Group. Email: **peter.kinsey@cmg.co.uk** Twitter: **@CMGCare_Support**

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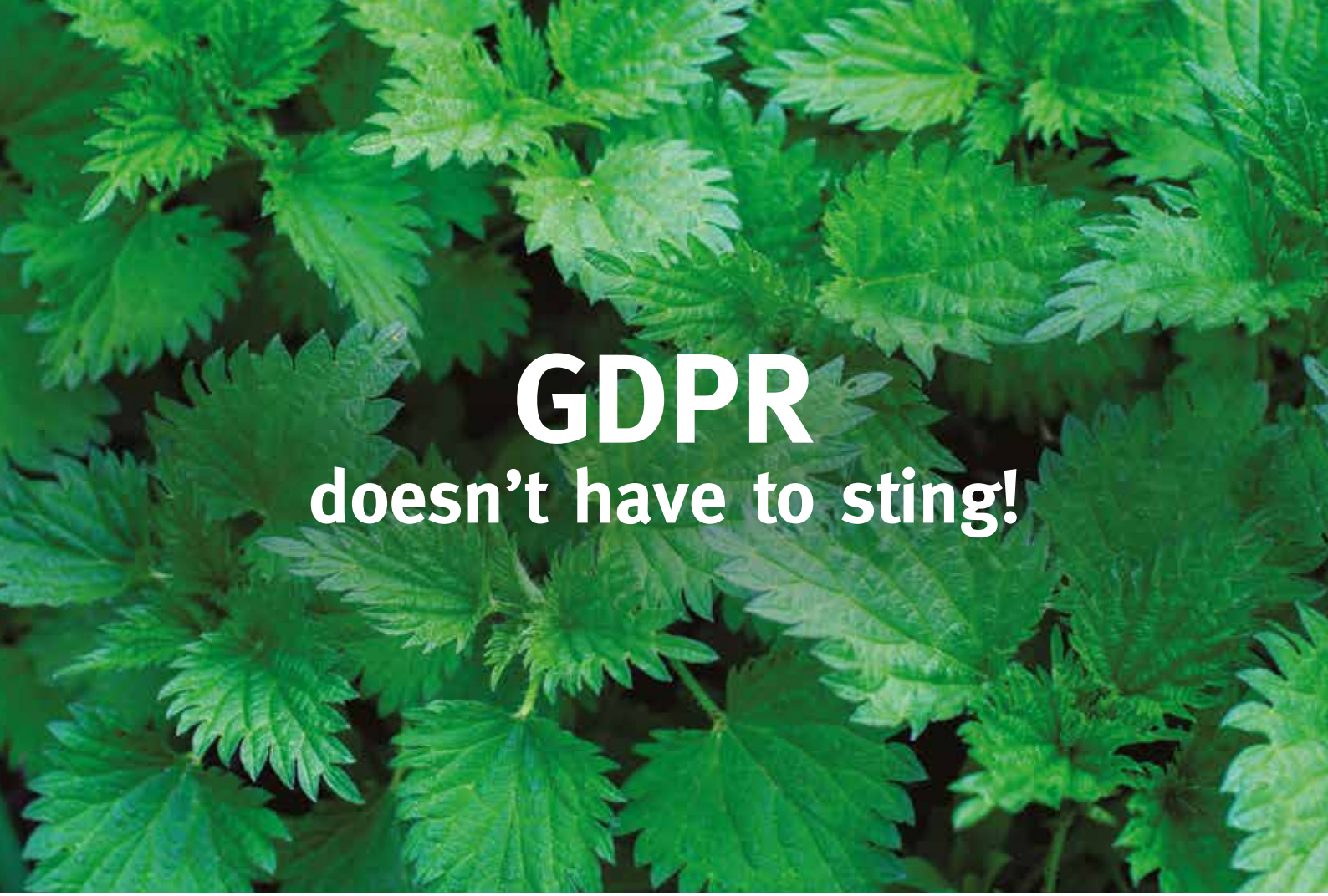

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