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FEATURES

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From the Editor

Editor, Angharad Burnham focuses on how this month's articles can help you grow and improve your business.

We all understand that recruitment is an issue in the social care sector – and that it's a pressure that's only going to increase as time goes on and people age. This month, we are looking at different ways to tackle the staffing problem and help you keep and develop the employees you have.

Our Business Clinic on page 30 looks at how Middleton Hall Retirement Village has handed over ownership to its employees. We share the process they went through, the difficulties they faced and the outcomes they're hoping for, with comment from three experts who have given their thoughts on how this could be replicated and whether it might work in the wider sector.

We're also examining Sanctuary Care's methods for recruiting and working with volunteers. Sarah Clarke-Kuehn tells us what they're doing differently and the most beneficial ways of using volunteers to support the work of your paid staff. Read about the Group's experiences on page 37.

We can't talk about recruitment without discussing retention, so we've asked myAko to provide their best tips for staff engagement, looking at how this impacts on staff morale, quality of care and staff turnover rates. Discover the practical changes you can implement to benefit your organisation on page 42.

PROTECTING PEOPLE'S RIGHTS

Outside the recruitment scope, we are looking at the new Mental Capacity (Amendment) Act and how this will effect your business. Read about what's changing with the introduction of Liberty Protection Safeguards and where responsibility lies for ensuring people are protected and safe.

We're also shining a light on LGBT+ issues in social care, which have received a lot of attention recently. The sector is being reminded that older people especially are uncomfortable about sharing their LGBT+ status with social care staff. Professor Trish Hafford-Letchfield from Middlesex University explores the latest research in this area on page 20.

She offers tips on best practice, so that you can ensure you're not alienating LGBT+ people from your service, and that you're supporting any LGBT+ staff to be open about their sexual and gender identities.

YOUR FEEDBACK MATTERS

Finally, we are always striving to make sure CMM's content, website and events are tailored to what you need. Help us to do this by answering a few questions online and be in with a chance of winning advertising vouchers or a free enhanced listing on www.carechoices.co.uk, a site for older and younger people seeking care at their time of need.

We are also pleased to announce that nominations are open for the Markel 3rd Sector Care Awards 2019. Enter yourself or someone else for free in any of our 12 categories, which include a new Award for those supporting people with dementia. We look forward to reading your entries over our summer break and will be back with all the latest news in August.

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Inside CQC

KATE TERRONI

Kate Terroni, Chief Inspector of Adult Social Care, talks about what drew her to a career in social care and her priorities in her new role at the Care Quality Commission (CQC).

This is my first column for Care Management Matters and it is a pleasure to have the chance to tell you a bit about myself and what I have done between volunteering at my local care home at fifteen and becoming Chief Inspector of Adult Social Care at the CQC.

By background, I am a social worker, having been drawn to a career in social care at a young age by the possibility of helping people to live independently and have their voices heard where they might not otherwise have done.

I have worked across local government for the whole of my career to date, from commissioning to my last post as Director of Adult Social Care at Oxfordshire County Council.

Although I was sad to say goodbye to my job in Oxfordshire, I was excited to take on a new challenge and join an organisation where ensuring people receive high-quality care is at the heart of what we do.

I am very grateful to be in a position where I can contribute to achieving that goal, as this is as much of a driver for me now as it was when I began my career.

As I write this column, I have been in my role as Chief Inspector for a little over a month, but I have already had the chance to meet so many interesting people, both within the CQC and across the sector, who have shared their insight with me.

Meeting with provider representative organisations has been one of my highlights so far and has shone a clear light on the fact that we can work together more closely to achieve the joint aim of improving experiences for people who access social care.

Having the chance to shadow three inspections so far has also given me an insight into the hard work that both our inspection teams and providers put into being 'inspection ready'.

Working in social care for many years now means that I very much value the importance of working together to respond to the collective challenges we face and to raise the profile of our sector.

The voice of people who use services, their families and carers, providers and stakeholders is vitally important and should inform all aspects of our work.

Currently, we deliver care and regulate services in a siloed way, but people often do not differentiate between the services they receive – they just want good, joined-up care.

I am interested in exploring how the sector can deliver care that is more joined-up and how we can regulate to support this.

As well as working together, I believe that we must be innovative with care practices and technology.

Having the confidence to share ideas, test them in a safe and measured way, and discuss them with others is something I am very passionate about and would encourage everyone to do.

Learning from mistakes is just as important as celebrating an idea that is a success.

Over the summer months, we will be publishing a number of reports, including our *Oral Health in Care Homes* report which will look at the quality and awareness of oral health in care homes in England.

This report has been developed by inspectors from Adult Social Care and Primary Medical Services within the CQC, working in partnership with providers.

I hope to talk to you about more work which has been successfully collaborated on in the future. I hope that has given you a taste of what I am passionate about and will be driving forwards at the CQC in my new role.

I look forward to talking to you in more detail about our work in future columns.

"I was excited to take on a new challenge and join an organisation where ensuring people receive high-quality care is at the heart of what we do."

Kate Terroni is Chief Inspector of Adult Social Care at the Care Quality Commission. Share your thoughts and feedback on Kate's column on the CMM website **www.caremanagementmatters.co.uk** Twitter: **@CQCProf**

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NEWS

MPs polled on social care

New research has found that three in five MPs say people in their constituencies are suffering because of cuts to social care, with three quarters saying there is a crisis in care in England.

The poll of 138 MPs was conducted by ComRes and commissioned by the NHS Confederation, which is leading Health for Care – a group of national health organisations calling on Government to end the crisis in social care.

The report, *Crisis in care: what do MPs think?* found:

- Two thirds of MPs (65%) say the number of people in their constituencies coming to them with concerns over social care has increased during their time in office, with nearly half (46%) saying it has increased significantly.
- Concern was highest among MPs in the north of England where two thirds (62%) of MPs strongly agreed that their constituents are suffering because of cuts to care.
- There is little faith among MPs that the green paper will improve standards of social care provision – only half (49%) agree it will.
- More than half (58%) of Conservative MPs agreed there is a crisis in the sector.

Niall Dickson, Chief Executive of the NHS Confederation said, 'The scandal of social care in this country is leaving record numbers of vulnerable people to struggle every day without the basic care and support they need. And millions of family carers are exhausted and at the end of their tether...

'There is a marked lack of political consensus on how to solve the problem. This simply isn't good enough considering this is the greatest social challenge of our time. The Prime Minister came to power promising to fix the crisis in care but failed – her successor cannot afford to do the same.'

While there is consensus among MPs that social care is in crisis, politicians are split in their support across four potential solutions:

- Introducing free personal care (21%).
- An auto-enrolment insurance system (20%).
- A cap on costs and a revised 'floor' to the means test – a variant of the Dilnot proposal (19%).
- Improving the current system (18%).

Broken down by the two main political parties, Conservative MPs are most likely to support the option of an auto-enrolment insurance system (30%) and Labour MPs are most likely to support the introduction of free personal care (40%). The full report is available on the NHS Confederation website.

Lessons from CQC on medicines optimisation

The Care Quality Commission (CQC) has released a new report describing lessons for better medicines optimisation across health and social care providers and the positive impact of involving pharmacy professionals in these settings.

CQC states that when medicines are managed and used effectively, providers can not only improve outcomes for people, but also drive improvements in overall care, reduce wastage and involve people in their own treatment. This is the goal of medicines optimisation.

However, a recent study estimated that 237m medication errors occur in England each year and there is work to be done to make sure that everyone has access to high-quality, safe care.

The report includes examples of positive outcomes in a variety of services thanks to the input of pharmacy professionals, from helping to upskill care home staff on medicines, to direct involvement in reviewing people's medicines at the point of discharge from one setting to another.

Medicines in health and adult social care: Learning from risks and sharing good practice for better outcomes is based on qualitative and quantitative analysis of over 200 inspection reports of NHS and independent providers where CQC knew there were medicines-related issues, 100 enforcement notices (such as Warning Notices) and 1,500 National Reporting and Learning System (NRLS) and statutory notifications from providers between 2015 and 2018.

As well as learning for people working in primary care, mental health, adult social care and hospital settings, there were common areas for improvement across health and care, including staff competence and workforce capacity; reporting and learning from incidents; prescribing, monitoring and reviewing medicines; and transfer of care.

Whorlton Hall abuse: sector response

The sector responded with outrage following BBC's Panorama documentary which showed shocking abuse of people with learning disabilities and autism at Whorlton Hall in County Durham.

The Care Quality Commission (CQC) has released a statement apologising for missing the signs. Dr Paul Lelliott, Deputy Chief Inspector of Hospitals (lead for mental health), at CQC, said, 'When we last inspected Whorlton Hall in March 2018, we did so as a result of whistleblowing concerns... We found the provider in breach of regulations and told them to address these issues.

'It is clear now that we missed what was really going on at Whorlton Hall, and we are sorry... We will urgently explore ways in which we can better assess the experience of care of people who may have impaired capacity, or even be fearful to talk about how they are being treated because of the way that staff have behaved towards them.'

The Department of Health and Social Care has reportedly told BBC that it treats allegations of abuse 'with the "utmost seriousness", but could not comment any further because of the police investigation.'

A joint statement from Voluntary Organisations Disability Group (VODG), Learning Disability England, Shared Lives Plus and Association of Mental Health Providers following the BBC Panorama programme states, 'There are sadly no surprises here. People's misery and untimely deaths have been met with reviews rather than radical change. Long-stay institutions for people with learning disabilities, autism and mental ill health should have closed decades ago yet successive governments have not acted...

'These environments cannot offer an ordinary life to people who need support to live their lives. The ongoing commissioning of secure inpatient provision is a national scandal that must be brought to a halt.'

An ex-CQC inspector has also spoken out, reporting on social media that he allegedly inspected the service three years ago, 'Three years ago when I worked for CQC I inspected [Whorlton Hall] and raised significant concerns! Internally the report was deleted and never published. I whistleblew and an internal investigation found my report should have been published and recommended so. It never was!

'These poor people have been let down significantly and CQC knew about this because I wrote the report and raised concerns to the highest level possible and nothing was done...I can't express how angry I feel.'

Dr Paul Lelliott goes on to say, 'Working with the local authority and NHS England we have acted urgently to protect the people living at Whorlton Hall.

'Sixteen members of permanent staff were immediately suspended and CQC inspectors, NHS England, a safeguarding team from the local authority and clinical staff from the local NHS mental health trust have all been on-site to ensure that people are safe.'

Professor Martin Green, Chief Executive of Care England has also responded, saying, 'The findings of this undercover programme are utterly shocking. The behaviour of the staff is utterly deplorable and frankly totally inexplicable.

'It is unacceptable that eight years after Winterbourne View abuse has not been stamped out... It is essential that commissioners, the regulator and providers...work together to increase community capacity for people currently in hospitals. This is a process that should be led by, and reflect the needs and ambitions of, people with learning disabilities and their families.'

Funding gap set to grow

Councils in England could face a funding gap of more than £50bn over the next six years, says the County Councils Network (CCN). Local authorities warn that they will have to resort to providing the 'bare minimum' if no extra funding is made available.

Independent analysis of councils' financial sustainability up to 2025 was conducted by PricewaterhouseCoopers LLP (PwC) on behalf of CCN. It has found that rising demand for services and rising costs, driven in part by inflation, could contribute to councils needing an additional £51.8bn of funding from 2019-2025.

CCN warns that yearly Council Tax rises, using reserves, and making services more efficient and productive, will not come close to filling the funding gap – even just to keep services running as they are – meaning councils will have to make further cuts to local services, which CCN argues still may not be enough to prevent some councils from being unable to manage their budgets.

Those running some of England's largest councils say that the report demonstrates the need for Government to provide a significant funding boost in the Spending Review. Alternatively, the report states that Government should provide immediate clarity and emergency funding for next year if the review is delayed owing to Brexit uncertainty.

PwC's analysis found that county authorities face the largest funding pressures and are most exposed to financial risk – with limited ability to raid reserves, raise fees or introduce charges for certain services.

Interim People Plan for the NHS

NHS England/Improvement has published the Interim People Plan for the NHS workforce. It sets an agenda to tackle the range of workforce challenges in the NHS, with a particular focus on the actions for this year.

The plan is structured into the following themes:

- Make the NHS the best place to work.
- Improve our leadership culture.
- Prioritise action on nursing shortages.
- Develop a workforce to deliver 21st century care.
- Develop a new operating model for workforce.

The Plan does make some reference to social care, including a long-term aim to 'increase clinical placement capacity in primary and social care settings' for nurses, developing the new nursing associate role and working towards better collaboration and joined-up working, which it says must 'be underpinned by a culture of mutual trust, respect and understanding across all the different settings in which health services are provided' including social care.

Interim Chief Executive of Skills for Care, Andy Tilden said, 'We welcome the report's very clear commitment to working with the 21,200 organisations who offer social care in England...

'It is clear from our experience that building sustainable relationships between social care and health professionals and our fellow citizens is the key to delivering the sort of 21st century care we all want to be able to access when it is needed.'

Publicly-funded adult social care in England

New analysis from the Health Foundation has highlighted the variation in publicly-funded adult social care across the United Kingdom and has shown that there will be a social care funding gap of £4.4bn in England in 2023/24 to meet rising demand and address critical staffing shortages in the sector.

In the absence of an additional funding commitment, the money available for adult social care will rise at an annual average rate of 1.4% a year. This is much lower than the 3.4% a year the government has committed to the NHS and crucially, far below rising demand of 3.6% a year, with increasing numbers of elderly and younger adults needing help with day-to-day activities such as washing, eating and dressing.

The Health Foundation also points to poor pay and conditions in social care as a major threat to the quality of care and future sustainability of the sector, stating that wages are low and below equivalent salaries in the NHS.

The authors explain that social care funding in England has seen a long period of political neglect at a time when demand is increasing. The number of over-85s has risen by more than a fifth since 2010. If funding levels had grown in line with demand since 2010/11, when public spending on social care reached its highest level, spending would have been £6bn higher in 2017/18.

The Health Foundation's analysis also shows that England spends considerably less on publicly-funded adult social care per person than Scotland and Wales, and that the gap has widened since 2010/11.

In 2010/11, England spent an average of £345 per person, compared to £457 in Scotland (32% more) and £445 Wales (29% more). But while adult social care budgets in all three countries have since fallen in real terms, Scotland and Wales have provided more protection for funding. Today, England spends £310 per person compared to £445 in Scotland (43% more) and £414 in Wales (33% more).

While variation in publicly-funded adult social care between the UK countries could to some extent be explained by differences in their populations and care needs, it is notable that gaps in spending are far less pronounced in healthcare and have even narrowed in recent years. While healthcare spending in Scotland and Wales has grown since 2010/11, England's spending has grown faster – Scotland today spends just 8% more per person on publicly-funded healthcare, and Wales just 3% more.

Report highlights extent of care deserts

A study commissioned by Age UK has highlighted the extent of 'care deserts' and the local lottery that now exists for people trying to secure residential care or care at home.

Care deserts are areas where there is no care to be had, even when older people can afford to pay, leaving significant sections of the population with potentially long distances to travel to get suitable care.

Care deserts: the impact of a dysfunctional market in adult social care provision, produced by Incisive Health, analyses the state of the market for care in England and shows the state it is in, with vacancy rates rising and the number of hours of care falling by three million over the last three years – even though demand has continued to rise.

In some areas, a lack of staff, especially nurses, is severely limiting the care that providers can offer. Incisive Health found that, despite a slight rise in the total number of beds nationally over the last five years, some areas, such as Hull, have lost more than a third of their nursing home beds.

In its report, Incisive Health states that, 'There are some parts of the country where there are no longer providers available to deliver nursing home services'.

It goes on to say, 'In 2017, the Competition and Markets Authority (CMA) argued that the market-based approach to social care was unsustainable without additional public sector funding. Based on our findings, we can go further: the current model has broken down in some areas of the country and is no longer capable of delivering care to people in need. Immediate action is needed to stabilise the system and set it on the course to delivering sustainable care in the long-term.'

As part of the project, Incisive Health looked in-depth at certain regions (Hull, Norfolk, Totnes, Guildford and Leicester) to understand more about local factors and how they help shape the market for care. The research found that:

- In some areas, such as Hull, capacity is insufficient to meet demand, with high levels of informal caring.
- In areas such as Guildford, there is a good number and spread of services, a possible reflection of the high numbers of self-funders in the South East supporting a more functional market. However, vacancy rates and reliance on overseas workers is much higher, and therefore local capacity is very vulnerable to changes in local labour market conditions.
- In the South West, distribution of services appears to be a challenge, with limited capacity outside of major urban centres.
- In Norfolk, indications suggest capacity is more evenly distributed but still thinly spread, impacting on choice, with some areas left with only services rated Inadequate.
- Overall in the South East, workforce vacancies are a particular issue which, combined with the high numbers of EU staff in the social care workforce, suggests a serious risk of Brexit-related disruption to services.

National Care Group expands into Wales

National Care Group has announced the acquisition of the Integra Group in Wales.

Integra Group provides residential care and supported accommodation throughout the South Wales area for individuals who might have complex mental health issues or a severe brain injury.

The acquisition of Integra Group, which supports over 50 individuals to maximise their independence and quality of life as much as possible, marks National Care Group's first site in Wales. Financial details of the deal were not disclosed.

Digitising transfer of documents

Person Centred Software and Sutton Council have worked on a demonstrator project as part of the South West London STP to digitise the transfer of documents between care homes and hospitals.

The aim is to improve the integration of information and communication when residents transfer between care homes and hospitals. So far, the trial has found that digitising the red bag process is time-consuming, but has reduced complaints and improved data protection and efficiencies.

Recommendations resulting from the trial include making the Data Security and Protection Toolkit more accessible and supporting care homes to receive a digital copy of discharge summaries from hospitals.

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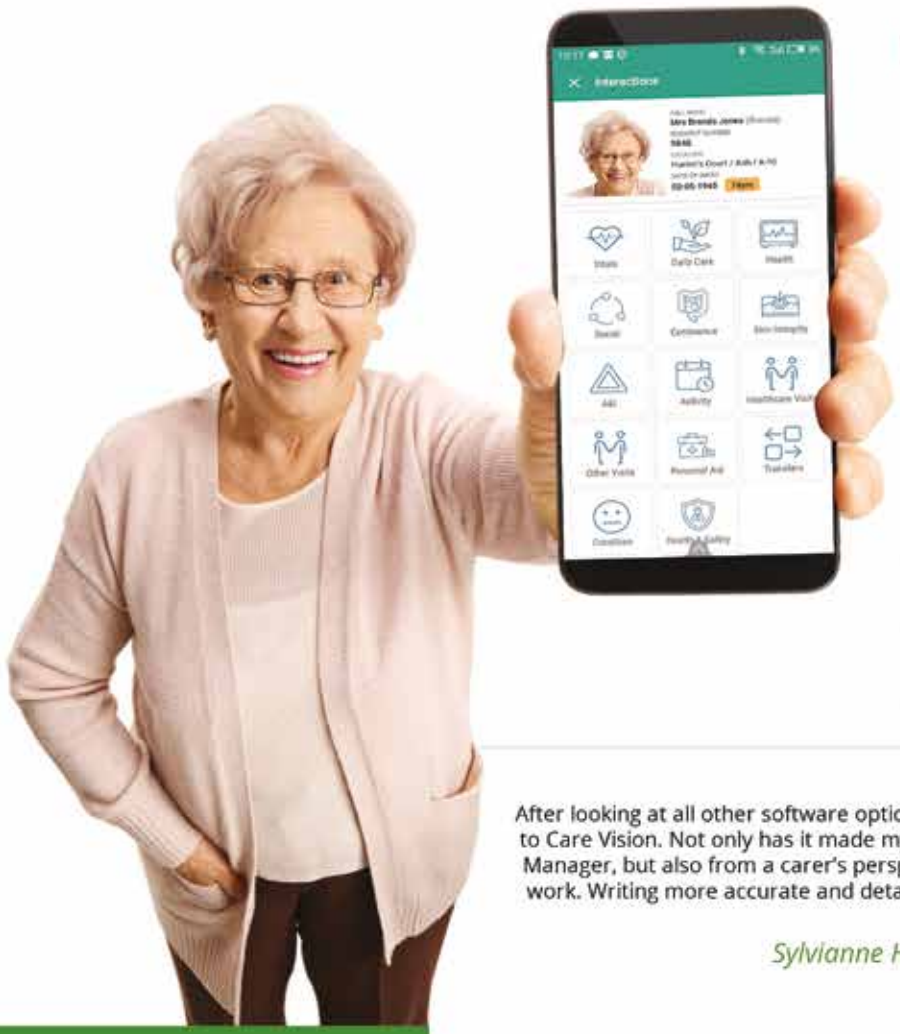

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Loneliness in unpaid carers

Unpaid carers are seven times more likely to be lonely compared with the general public, new figures suggest. Not having enough time or money to participate in leisure activities, as well as the stigma of being a carer, means one in three unpaid carers (35%) are always or often lonely, compared with just 5% of the general population.

Research also reveals unpaid carers feel what they do in life is significantly less worthwhile compared with the rest of the population, with those struggling financially over a third less likely to feel that the things they do in their life are worthwhile. This is despite the vital support carers provide their loved ones and their enormous contribution to society.

Evidence shows those worst affected by loneliness are parent carers looking after disabled children under 18 years old, being nearly ten times lonelier than the general public.

Unpaid carers report being twice as anxious as the general public, and those struggling financially or going without practical support with caring are half as satisfied with life as the rest of the population.

Seven charities are calling for unpaid carers to be at the heart of much-needed reforms to the funding of social care and for carers to be better supported financially. They are Carers UK, Age UK, Carers Trust, Motor Neurone Disease Association, MS Society, Rethink Mental Illness and Sense.

NCF Consult launched at annual conference

National Care Forum (NCF) has launched a new service, NCF Consult. It was announced at the NCF Annual Conference, which saw members come together to discuss important social care issues. Delegates were engaged from the start with a rousing and thought-provoking talk by Cormac Russell from Nurture Development. He discussed the adoption of a broader concept of social care, asking how we can create interdependency between providers and those receiving services in adult social care.

Other highlights included Andy Tilden from Skills for Care who spoke on the future of the workforce, and a panel featuring specialists in equality for race, sexuality and gender, mental health and people who have experienced homelessness.

NCF's Rising Stars cohort for this year was also in attendance and enjoyed a lunch by apetito where they met their mentors and colleagues from the sector.

NCF Consult is led by NCF's team of experienced consultants and is designed to provide a wide range of support, from preparing for inspections, coaching and mentoring to reviewing action plans and updating policies and procedures.

NCF Consult also supports all types of organisational transformation, including working with organisations as they move towards digital and technology-enabled care. More information is available on the NCF website.

Ardale announces first home

Ardale, a new name to the residential and nursing care sector, has named Oakham Grange as its first home. The £9m new-build home is due to open in early 2020. It will provide 60 beds and will create 200 new jobs.

Ardale will be based in in Oakham, Rutland and will offer nursing care and support underpinned by a care ethos of promoting independence while maintaining friendships and interests.

IN FOCUS

The use of restraint and segregation

WHAT'S THE STORY?

The Care Quality Commission (CQC) has published its interim report on use of restraint and segregation and has made several recommendations for improvement.

As a result of its investigations, the regulator is now calling for an independent review of every child, young person and adult being held in segregation in hospital and mental health wards, particularly those with mental health issues or a learning disability or autism.

These reviews will examine the quality of care, the safeguards in place and plans for discharge for each person.

WHAT WERE THE FINDINGS?

The restraint review, which was commissioned by the Secretary of State for Health and Social Care, highlights the need for a better system of care for people with a learning disability or autism who are at risk of being hospitalised and segregated.

From an information request sent to providers, CQC was told of 62 people who were in segregation. This included 42 adults and 20 children and young people. Sixteen people had been in segregation for a year or more and one person had spent almost a decade in segregation.

CQC has so far assessed the care of 39 people in segregation, most of whom had an autism diagnosis. Reasons for prolonged time in segregation included delayed discharge from hospital due to there being no suitable package of care available.

The safety of others and inability to tolerate living alongside other people were the most common reasons for people being in segregation.

WHAT ARE THE RECOMMENDATIONS?

The report makes recommendations for the health and care system, including:

1. An independent and an in-depth review of the care provided to, and the discharge plan for, each person who is in segregation.
2. An expert group should consider what would be the key features of a better system of care for this specific group of people (those with a learning disability and/or autism whose behaviour is so challenging that they are, or are at risk of, being cared for in segregation).
3. Urgent consideration should be given to how safeguards can be strengthened, including the role of advocates and commissioners.
4. All parties involved in the quality of care of people in segregation, or people at risk of being segregated, should consider the implications for the person's human rights.
5. CQC should revise its approach to regulating and monitoring hospitals that use segregation.

The Government has confirmed that it will accept all of CQC's recommendations and will fund specialist, independent advocates to work with families, join up services and work to move people to the least restrictive care and then out into the community. CQC will report on its full findings and recommendations in a final report in the Spring of 2020.

English council funding report

A report by the Institute for Fiscal Studies (IFS) has found that overall spending on local services by English councils fell by 21% between 2009/10 and 2017/18. However, some services have seen much deeper cuts than others, allowing councils to protect social care services from the full force of budget cuts, says the report. It shows that spending on adult social care fell by 5% between 2009/10 and 2017/18 – although the numbers receiving care fell by much more – and spending on acute children's social care services (such as social work, safeguarding and fostering) rose by 10%.

The report also looks to the future of English council funding, and summarises the funding options and issues for councils as we approach the 2020s.

The total amount of funding available to councils is set to become increasingly inadequate, despite an end to overall budget cuts, says IFS. This is because current plans seem to envisage councils relying on Council Tax and business rates for the vast bulk of their funding – and IFS argues that revenues from these taxes are unlikely to keep pace with rising costs and demand.

IFS says that either councils have to be provided with additional revenues, to enable them to continue providing existing services, let alone extend and improve them; or Government and society must accept that councils can afford to provide fewer or lower-quality services than they currently do.

Alternatively, Government could build on recent reforms and give councils additional powers to raise more tax locally. This would allow councils to make different decisions on tax and spending levels, and give them stronger incentives to grow local tax bases and economies. However, it could mean bigger divergences in the range and quality of services in different council areas.

Report into social prescribing

A service that helps lonely people to reconnect with their communities has revealed valuable insights into social prescribing as a tool to beat loneliness.

The British Red Cross and Co-op have launched a report, *Fulfilling the Promise: How Social Prescribing Can Best Treat Loneliness.*

The report makes ten recommendations to guide social prescribers and other professionals when people ask for help with loneliness.

The recommendations include doing more to understand and identify when people are lonely; offering greater support to providers of social prescribing services and activities; and reaching out to and involving communities in different ways to tackle loneliness.

The latest evaluation of Connecting Communities, which is a social-prescribing style service, shows nearly 70% of people who were using the services experienced decreased levels of loneliness after receiving support, with three-quarters also rating themselves as having improved wellbeing.

Government has committed to providing 1,000 link workers to support social prescribing in England in 2020 and 2021, with the initiative extended further by 2023/24.

Paul Gerrard, Campaigns & Public Affairs Director of the Co-op, said, 'The results set out in the report show that the Connecting Communities service has had a dramatic impact on loneliness and a positive impact on people's general wellbeing.

'It is cost-effective as the social return on investment works out at more than double the amount invested.

'We therefore believe that this is a blueprint that can now be rolled out by other commissioners and we would urge the Government to encourage the adoption of this proven approach.'

CARE Badge to unify sector

A new CARE Badge has been launched by the Chairman of everyLIFE Technologies, Robin Batchelor and Professor Martin Green OBE, Chief Executive of Care England.

The CARE Badge is an initiative designed to bring together social care as a unified sector, which is proud to support people to live the lives they choose. It is designed for anyone involved in care, from Chief Executives and Government ministers to family carers and volunteers.

The idea originates from the lack of a symbol or brand for the social care sector and is a reaction to Health and Social Care Secretary, Matt Hancock wearing just an NHS badge on his lapel at public engagements.

Care England and everyLIFE Technologies have now come together in a supportive partnership to form a community interest company (CIC), to enable the design and provision of badges to care organisations.

The hope is that care providers will distribute CARE Badges amongst their staff, including frontline care workers, ancillary teams and head office personnel.

The partnership is also hoping that the badges will make their way to the public to enable informal carers to feel a part of the initiative as well.

Robin says, 'It is generally recognised that social care is misunderstood. The public needs to be supported to understand how large the sector is, the importance of the people in it and the vital work they do. It is time to join with others to change things.

'One way of doing this is to have a simple symbol that says, "We are all in this together". We also need to combat the loneliness that can be felt by remote care workers and informal carers.

'When someone sees somebody else wearing a CARE Badge, they will know they can stop and have a chat, swap stories and ask for advice. It's an invitation to have a conversation and recognise what is an important industry that does a lot for the country.

'We should be proud of those who care, so these badges are for everyone, including all services that are additional to, and just as vital as, the NHS. Every day, a quarter of the population in England is giving or receiving care. This needs to be brought home to people – and it must be recognised, appreciated and supported.'

The long-term goal is that any person involved in care in some capacity will be able to get a CARE Badge should they want one. everyLIFE has therefore funded an initial 30,000 badges to distribute amongst the care community upon official launch.

'Attendees at the Residential & Home Care Show will be able to pick up a badge for free from the everyLIFE stand or will find one in their delegate bags courtesy of apetito. CARE Badges will also be available at CMM Insight events and the Markel 3rd Sector Care Awards.

CARE Badges are also available to order at £1 per badge, with a minimum order of 100 badges – reduced from 500 to enable all providers to be involved and give the badges to their staff and those involved with their services. More information can be found at www.thecarebadge.org.

Badge-owners can share images of themselves wearing their badge on social media, using the hashtag, #badge4CARE alongside a message about what care means to them.

The CARE Badge will be officially launched by Care England and everyLIFE Technologies at the Residential & Home Care Show in London on 26th June.

IPPR Case for Free Personal Care report

Following campaigns by Independent Age, Institute for Public Policy Research (IPPR) has released a report with evidence to show the case for free personal care.

The think tank's report states that introducing free social care for everyone over 65 would save the NHS in England £4.5bn a year by enabling more elderly people to receive care in the community.

Under IPPR's proposal, older people who could afford to would still pay for their own accommodation costs but not for personal care.

The reform is similar to the system already in place in Scotland and would more than double the number of people receiving state-funded care, says the think tank.

The case for free personal care report argues that the change would:

- Create parity between cancer patients and those living with dementia.
- Increase the number of people with access to state-funded care from 185,000 to 440,000 (if it was delivered and fully taken up today), reducing unmet need and relieving pressure on unpaid carers.
- Help hospital patients to move back into the community, and deliver a higher quality and better integrated service.

Acknowledging the extra investment needed to provide free social care, the report notes that spending on adult social care for the over 65s would rise from £17bn a year today to £36bn in 2030, before NHS and other savings are factored in.

However, £11bn of that increase would arise even within the existing system because of the growing elderly population, and there would be benefits to the wider economy, including jobs for the estimated 70,000 new full-time workers needed to meet demand.

The report argues that free social care for the elderly should be funded from a 2% rise in income tax rates. Recent polling by Independent Age found 74% of adults supported free personal care for everyone who needs it, with 69% willing to pay more tax for this.

As well as providing the case for free personal care, IPPR also calls for simultaneous reforms to the way social care is commissioned and delivered to provide a more joined-up system of health and social care provision for older people with complex needs.

It suggests a system of integrated health and care commissioners under which GPs, nurses, mental health workers and social care workers would work locally in integrated teams.

The report follows three decades of indecision over social care reform and comes as spending on social care has fallen by more than 10% over the last decade due to the squeeze on local authority budgets.

Benefits of voluntary sector care providers

A report looking at the benefits of voluntary sector care providers has been published, highlighting how they build community connections and collaborate with local partners.

Above and Beyond: How voluntary sector providers of disability support add value to communities, produced by Voluntary Organisations Disability Group (VODG) explores how innovative not-for-profit organisations consistently and proactively meet gaps in support, particularly as austerity undermines existing provision.

Through real-life stories from four disability support providers, including Certitude and MacIntyre, *Above and Beyond* describes the influence and benefits of voluntary sector care providers.

The specific areas of work described in the report challenge perceptions of people who need support, encourage inclusion and benefit the wider community.

Above and Beyond outlines the voluntary care sector's key impacts, which include:

- Engaging local partners and harnessing the potential of community resources.
- Helping people meet their aspirations and live the lives they want.
- Reducing social isolation and promoting inclusion.
- Creating wider social and community benefits by supporting the needs of individuals.
- Changing perceptions of disability.

VODG Chief Executive, Dr Rhidian Hughes said, '*Above and Beyond* makes a compelling case for greater recognition of the transformative role that voluntary sector organisations play in the lives of disabled people. Our report outlines proactive and ambitious approaches to care that should be replicated if we are to encourage people's potential, choice and control and if we want to engender a sense of community in local areas. VODG believes that sharing stories of social impact and partnership working will inspire others to do more and encourage local authority commissioners to support the kind of community development projects described in *Above and Beyond*.'

All Party Parliamentary Group inquiry

The All Party Parliamentary Group (APPG) on Adult Social Care is seeking views from the sector and the public on the future of the sector through its first ever inquiry.

It states that the challenges facing adult social care have been debated and discussed and it is now time to focus on finding solutions and supporting best practice.

The aim of the APPG inquiry is to examine the value of adult social care to communities and individuals. It will therefore seek to collect perspectives from all those in the adult social care sector, including providers, commissioners, the people who use adult social care services and their families.

The APPG for Adult Social Care wants to understand as many views as possible on the current and future landscape of adult social care services, and would like to find examples and evidence of where things are working well and where they need improvement.

The short survey features questions specifically for those using care and also for those working in care, including questions on what it is like to work in the sector and what people would change if they were given the opportunity. There are also questions on what the APPG should and shouldn't focus on and how technology can be utilised to support the work in the sector. Respondents are encouraged to only answer the questions they feel able to.

Boutique Care Homes

Boutique Care Homes has opened its latest care home, The Burlington in Shepperton, Surrey. The Burlington provides home-from-home care and features include a private dining room, cinema room, bistro and piano bar, hair and beauty salon and hobby room.

All bedrooms have full en-suite facilities and there's also a central courtyard and water fountain.

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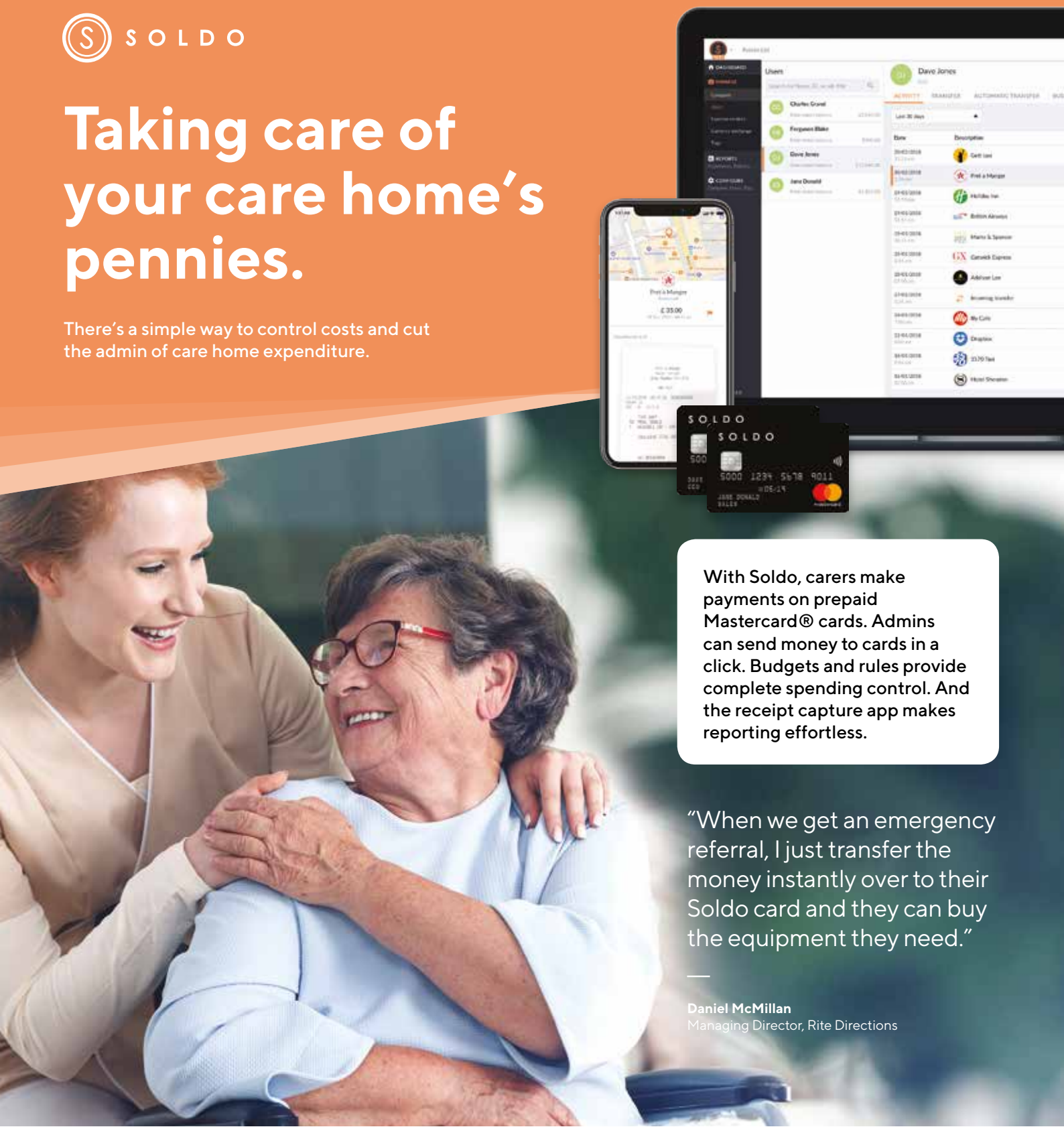

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COMING OUT EMBRACING DIVERSITY IN ADULT SOCIAL CARE

We live in a world which is becoming ever more accepting and appreciative of people being open about their sexuality and their gender identities, but many are still 'going back into the closet' when they need support. Professor Trish Hafford-Letchfield from Middlesex University shares latest research and best practice in supporting people to be open about their identities in care.

It is safe to say that working positively and inclusively with people who have diverse sexual and gender identities can be a very challenging area for social care, yet numerous research studies have shown that this remains a peripheral issue for the workforce.

This is despite evidence showing that the LGBT+ community experiences higher incidence of mental health issues, such as anxiety and depression, suicide and problematic substance use, and that their general health can be worse than that of heterosexual or cisgendered people. Additionally, findings from research with LGBT+ adults indicate that they lack confidence in care services, causing a reluctance or delay in seeking help.

This is primarily a result of people's previous experiences of discrimination, but is also down to a continuing lack of clear direction in working with members of the LGBT+ community, and a distinct absence of targeted policies and practice guidance. Opportunities have been made to remedy this within generic policies impacting on care (such as in mental health, dementia and ageing), but they have so far been disappointing and have only paid cursory attention to the LGBT+ community's specific needs and circumstances.

As well as this, people could face discrimination, or fear facing discrimination, in services such as care homes and supported housing, where other residents might be intolerant of living with LGBT+ people who are open about their sexuality and gender identities. These fears must be seen in the context of the enormous disparities and inequalities that LGBT+ people face.

There is also an issue in the idea that some professionals and care workers might operate from the presumption that all people identify as heterosexual or cisnormative (meaning that we see people with a fixed stereotyped gender). Whether or not this is true for a social care professional, the idea itself makes it very difficult for people using services, and their carers, to talk openly about their lives and relationships.

THE SCOPE OF THE ISSUE

In 2018, Government commissioned a national survey with over 108,000 LGBT+ respondents to find out more about the prejudices they are facing. Some of the findings

make for difficult reading in light of perceived progress – LGBT+ people reported being less satisfied with their life than the general UK population, with particularly low scores for transgender respondents.

More than two thirds of LGBT+ respondents said they still avoided holding hands with a same-sex partner for fear of a negative reaction from others. Verbal harassment or physical violence is an ever-present experience which was significantly underreported, and 'conversion' or 'reparative' therapy offered to 'cure' people with different identities is still present in UK society. This all feeds in to how people will feel about being open about their sexual and gender identities in later life and in health and care settings.

In fact, respondents confirmed that disclosure or 'coming out' to care staff remains uncommon and 21% of transgender respondents said their specific needs were ignored or not taken into account when they accessed, >

> or tried to access, healthcare services in the 12 months preceding the survey. This included being subject to inappropriate curiosity and avoiding treatment for fear of discrimination or intolerant reactions.

CHANGING THE STORY

As a result of the findings, Government has launched an action plan, so that the sector can expect, or will already see:

- LGBT+ people's needs being taken into account in health and social care regulation via the Care Quality Commission (CQC), which will improve how it inspects the experiences of LGBT+ people in adult social care.
- Improved monitoring of sexual orientation and gender identity supported by best practice guidance. In social care, this includes understanding the benefits of asking people and their carers about their sexual and gender identities and developing a monitoring standard so they know what to expect.
- Improved support for LGBT+ people with learning disabilities through a review, collation and dissemination of existing best practice guidance, advice and training regarding LGBT+ issues and learning disability.
- The appointment of a national LGBT+ health adviser (Dr Michael Brady) to provide leadership on reducing the health inequalities that LGBT+ people face, together with relevant statutory organisations and professional associations so as to embed LGBT+ issues into services.

Additionally, a major review of the needs of older LGBT+ people was launched in May this year, via a national summit on LGBT+ ageing. This provided the groundwork for a series of recommendations for providers and professionals to take forward. These included:

- Embedding an educational standard for teaching LGBT+ ageing issues within social care training courses and degrees.
- Providing cultural sensitivity training for staff.
- Nominating members of staff as LGBT+ advocates, supported by extensive training on the specific health and social care needs of the LGBT+ community.
- Providing inclusive social spaces within services, dedicated to LGBT+ people.
- Reaching out and partnering with LGBT+ organisations when developing service improvements.

Useful free resources have also been made available on Diversity Trust's website to support organisations in training and developing action plans.

THE KEY TO BETTER CARE

An integral part of person-centred support is ensuring that every individual is respected and can discuss their support needs with sensitive staff who are confident about working with people from diverse backgrounds, with different family set-ups and life histories. In this respect, LGBT+ people don't necessarily need special treatment, but they shouldn't have to explain or feel they need to justify their lives or relationships, especially at a time when they may be in crisis.

They likely want many of the same things as non-LGBT+ people in similar circumstances, such as assurance that they can continue to live the lives they choose, but they might also need extra support to enable them to be open about their identity so that this can be achieved.

This might involve looking for opportunities to address sexual and gender identities within assessment and care planning, so that any identified needs are specified and agreed with people in their support plan. By asking more open questions when talking to people about their personal histories, the individual can be given an opportunity to share what is most important to them, including their LGBT+ status, intimate relationships and support networks.

Managers can also think about how the culture of their service gives clues about how a person's identity will be respected, for example in how its marketing materials include positive images of LGBT+ people. Ensuring that staff are trained and able to respond appropriately when people come out is also important. Training in this area should be mandatory alongside other equality and diversity issues. Discussing issues regularly in team meetings and supervision can help link these issues to improving quality.

Where people are open about their identities, the tendency to 'treat people all the same' in some services fails to recognise that LGBT+ people might have very specific needs, that might differ from heterosexual or cisnormative people. These needs are also diverse within the LGBT+ community itself, particularly for bisexual and transgender members, and could require a sophisticated understanding of the needs and circumstances of LGBT+ people. For example, in social care, we need to be extremely sensitive to people in the difficult situation of living in one gender, and holding identification and documents in that gender, but a birth certificate and legal status in another.

MAKING SEXUALITY OK

Regardless of sexual and/or gender identity, we must address how we acknowledge and engage with people using services and their carers regarding their intimate and personal relationships. The CQC's guidance on relationships and sexuality in adult social care services is a valuable read for both CQC inspection staff and adult social care providers.

The guidance covers sex, masturbation, sensuality, physical intimacy, romance and physical attraction, gender identity, sexual orientation, personal dress, body image, personal grooming and sexual expression. It provides a reference point for discussing issues that may arise in care settings, including being proactive and responding to incidents. It is timely, in that sexuality will be integrated into the CQC's key lines of enquiry and reminds us that sexuality is an area of practice not relegated to any specialist topic, stage of life or field of practice. Sexuality is recognised as a part of us and we should be able and supported to express it no matter our age, sexual orientation or gender identity.

TIME TO TAKE ACTION

Any guidance or recommendations need to be implemented with support for staff to develop their understanding, knowledge and skills. Implementation must also allow the space required to make sure the people who are using services and their loved ones are involved in decisions and activities that enrich and maintain their lifestyles and identities. Policies and working practices about relationships need to apply equally to all types of intimate relationships, including those between people with different sexual and gender identities.

Most importantly, LGBT+ harassment and homophobia need to be explicitly mentioned in safeguarding policies and included in training. It is important that staff and the people using services know who to contact if there are problems, such as the police liaison officer or advocates who can work with people – including staff – who identify as LGBT+.

There is still a long way to go, but the building blocks are getting there and we all need to come out of our comfort zones to be able to move on. **CMM**

Professor Trish Hafford-Letchfield is Professor of Social Care at Middlesex University. Email: **P.Hafford-Letchfield@mdx.ac.uk** Twitter: **@ArchwayDiva**

How are you upholding the rights of LGBT+ people in your service? What are you doing to ensure they feel safe, secure and able to be open about who they are? Share your knowledge on the CMM website **www.caremanagementmatters.co.uk** where you can also leave feedback and access additional resources.

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EXPLORING LIBERTY PROTECTION SAFEGUARDS

WHAT'S CHANGING FOR YOU?

In May, the Mental Capacity (Amendment) Bill received Royal Assent and became law. The changes to Deprivation of Liberty Safeguards have been much-discussed, but what's actually changing and how will it affect your business? Errol Archer from Scott Moncrieff breaks down the detail here.

The failings of the Deprivation of Liberty Safeguards (DoLS) have been well documented, with the pressures on local authorities following the Cheshire West judgment of 2014 proving insurmountable.

In recent years, the Law Commission work led by Tim Spencer-Lane resulted in recommendations that were the catalyst for the introduction of the Mental Capacity (Amendment) Bill in parliament in the summer of 2018. Some of the Law Commission's recommendations were omitted, others revisited and there was much debate over significant issues, such as whether to – and, if so, how to – define what amounts to a 'deprivation of liberty'. The progress of the bill met with significant lobbying from interest >

> groups and stakeholders that succeeded in changing the course of the debate on a range of issues.

Ultimately, although the bill has changed much since introduction, many charities and care organisations remain concerned. They cite the limitations on the scope of the new safeguards and question how the new scheme will be properly administered without clear proposals from Government on funding. Local authorities will also bear the brunt of the workload despite many already being in dire straits financially.

With the pressure on parliamentary time squeezed by Brexit, it was remarkable that the bill made it through and on to the statute book, roughly as scheduled. The bill received Royal Assent in May 2019, becoming the Mental Capacity (Amendment) Act 2019 (the 2019 Act).

MENTAL CAPACITY (AMENDMENT) ACT 2019

With just six sections, the 2019 Act is relatively small, with the meat of the new safeguards scheme being contained in Schedule 1, which will be inserted into the Mental Capacity Act 2005 (the 2005 Act) as new Schedule AA1. Being an amendment act, many of the provisions are technical in nature, to ensure that they fit precisely within the 2005 Act with clarity and certainty.

The 2019 Act repeals DoLS as provided for in the 2005 Act. The new Liberty Protection Safeguards (LPS) scheme takes its place, with Schedule AA1 of the 2005 Act:

- Specifying the 'arrangements' that can be provided for.
- Providing legal definitions for a long list of terms used, including 'care home', 'responsible body' and 'Approved Mental Capacity Professional" (AMCP)'.
- Laying out the process for authorising arrangements, from the 'conditions' to be met, to the 'statements' to be provided, the 'determinations' to be made, the 'consultations' required, the carrying out of the 'pre-authorisation review' and what constitutes an 'authorisation record'
- Providing for the:
  - Duration, renewal, variation and review of authorisation.
  - Approval of AMCPs.
  - Appointment of Independent Mental Capacity Advocates (IMCA).

Through the processes established in Schedule AA1, the new LPS scheme provides safeguards and a process for authorising arrangements that would amount to an Article 5(1) deprivation of liberty under the European Convention on Human Rights. The focus of the arrangements is on facilitating the provision of care and treatment in relation to a person who lacks capacity to consent to those arrangements.

AUTHORISATION CRITERIA

The authorisation conditions, laid out in paragraph 13 of schedule AA1, are met if:

1. The cared-for person lacks capacity to consent to the arrangements.
2. The cared-for person has a mental disorder (as defined in section 1(2) of the Mental Health Act 1983).
3. The arrangements are necessary to prevent harm to the cared-for person and proportionate in relation to the likelihood and seriousness of harm to the cared-for person.

All three of these must be met.

LPS IN CARE HOMES

For care homes, changes to the bill during parliament mean that the "responsible body" is the responsible local authority in England, or the local health board in Wales.

During the passage of the bill, care home providers, residents, families and charities raised concerns over the prospect of care home managers being responsible for the authorisation process. Questions were raised over whether care homes have the resources and expertise to manage the process and stakeholders were worried about potential conflicts of interest. Would the need for providers to maximise occupancy undermine the requirement to be independent and objective in conducting the authorisation process?

The 2009 Act therefore permits the responsible local authority or local health board to decide whether it will manage the authorisation process itself or whether the relevant care home manager should do so.

That said, in view of the widespread concerns expressed, it is unlikely that many care home providers would be prepared to take on the burden of managing the process while at the same time risking criticism from residents and relatives over their potential lack of impartiality.

RESPONSIBLE BODY PROCESS

If the local authority or local health board decides to retain responsibility in relation to care home arrangements (and in all other cases where they are the responsible body) the process will be as follows:

i. **Capacity assessment**: arrange for, or rely on a previous, assessment of capacity to consent.
ii. **Medical assessment**: arrange for, or rely on a previous, assessment as to whether the person has a mental disorder.
iii. **Consultation**: consult with relevant parties to understand the person's wishes (these may be the cared-for person, any person nominated as someone to be consulted, a carer, a Court of Protection deputy, a donee under a power >

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> of attorney, an independent mental capacity advocate or any other appropriate person).

iv. **Independent Mental Capacity Advocate/ appropriate person**: ensure that the duty to appoint an IMCA or appropriate person has been considered and, if applicable, an appointment has been made.

v. **Pre-authorisation review**: arrange for either an approved mental capacity professional (AMCP) or any other authorised professional to complete the relevant pre-authorisation review. An AMCP rather than another authorised professional must conduct the review if it is believed that the person objects to the arrangements, the arrangements involve care or treatment mainly in an independent hospital or the responsible body makes a specific request of the AMCP. In other cases, any other authorised professional may conduct the review. Statutory guidance, likely to be contained in the proposed code of practice, will specify which other professionals are authorised to conduct the review. It should be noted that the pre-authorisation requirements on an AMCP are different in scope from those on any other authorised professional.

CARE HOME MANAGER PROCESS

If the care home manager carries out the role, they must do the following:

i. **Statement to the responsible body**: provide a statement to the responsible authority confirming the following matters, as laid out in paragraph 20 of Schedule AA1:
   a. That the cared-for person is aged 18 or over.
   b. That the arrangements give rise to a deprivation of the cared-for person's liberty.
   c. That the arrangements are not mental health arrangements.
   d. That the authorisation conditions are met.
   e. That the care home manager has carried out the necessary consultation.
   f. That the care home manager is satisfied as to specified consideration concerning whether the person objects to the arrangements.

ii. **Record of the assessments**: provide with the statement a record of the assessments that prove the authorisation conditions are met.

iii. **Evidence of the consultation**: provide with the statements evidence of the consultations made.

iv. **Draft authorisation**: provide a draft authorisation record in the specified format.

The care home manager is required to provide the above information to the local authority or local health board, which would then consider this information when deciding whether to authorise the arrangements. In making this decision, it will also look at other relevant information, for example the pre-authorisation review.

IMPLEMENTATION OF MENTAL CAPACITY (AMENDMENT) ACT 2019

Other key elements of the 2019 Act include:

- An extension to the scope of arrangements that can be authorised.
- A lack of statutory definition of what a 'deprivation of liberty' is, so the current 'acid test' definition used in the Supreme Court decision in Cheshire West continues to apply.
- The safeguards are extended to 16 and 17 year olds.
- The Approved Mental Capacity Professional role builds on that of the current best interest assessors.
- Review and renewals – the LPS last initially for a maximum of one year; they can then be renewed for a further year and thereafter for up to three years.

The provisions of the 2019 Act have not yet been brought into force but it is expected that Government will pass regulations bringing it into force in Spring 2020.

Under section 4 of the 2019 Act, the Department of Health and Social Care must provide guidance in the Code of Practice to the 2005 Act on 'what kinds of arrangements for enabling the care or treatment of a person' amount to a deprivation of liberty for the purposes of LPS.

The Code of Practice will need to be widely revised which will take some time and so is unlikely to be published before early 2020.

For now, it's important to take necessary steps to prepare your business for the implementation next year. You could start to:

- Familiarise staff with the new LPS framework, the new terms that will be used and the revised scope.
- Look out for the Government's consultation on the revised Code of Practice.
- Take advantage of staff training courses on the new scheme and book places in advance over the next 6 to 12 months.

DoLS will run alongside the new LPS for one year to give providers and responsible bodies time to make the necessary practical arrangements. **CMM**

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MIDDLETON HALL RETIREMENT VILLAGE: A NEW CHAPTER FOR SOCIAL CARE?

It's widely acknowledged that the recruitment landscape in the social care sector is, at the very least, difficult. Organisations are constantly needing to come up with new ideas for innovation in this important area to attract more staff.

One of the main areas for focus in adult social care is recruiting enough staff to keep services running safely and effectively – and then keeping those staff within the organisation.

Middleton Hall Retirement Village has taken a new step in this respect and has become the first UK retirement village to be owned by its employees.

INITIAL CONVERSATIONS

The idea of becoming an entirely employee-owned retirement village had been discussed for around four years amongst the board and main shareholders of the company.

These stakeholders were looking for a way to share the rewards and successes of the business with employees, whilst maintaining the ethos of the retirement village and ensuring re-investment and improvement.

Managing Director of Middleton Hall Retirement Village, Jeremy Walford, and the shareholders of the company looked at employee ownership and linked up with the Employee Ownership Association to further explore the options available to them.

They conducted research, meeting with others who had become employee owned, such as retailer John Lewis & Partners, and learnt about exactly what was in store for them if they were to bring in the changes.

KEEPING COMMUNICATION OPEN

The board of directors were kept informed at all stages, before an initial project team was set up a year before the planned launch, representing all areas of the business. This team worked on communication and implementation and was expanded to six people six months later.

The project team communicated with all employees, developing information packs to help employees, residents, customers and families to understand the proposal when it was announced.

Consultation workshops were also completed with almost all of the employees, which influenced key decisions, such as how the election process would work and the title Co-owners would adopt (this term was preferred over 'employee owners' or 'partners').

MAKING IT WORK

The transition to an Employee Ownership Trust was completed in April 2019 and required specialist legal advice, long-term loan agreement with the provider's bank, and the establishment of an election process to the Co-owners Forum and Trust Board.

Whilst the vision was clear, challenges have presented themselves. 180 employees were involved in the process, as well as families, residents, members of the on-site spa, the bank and regulatory bodies.

This posed a potential communication difficulty – making each of these groups of people aware of the proposed changes and the difference it would make to them individually was a key element of ensuring that the plans went ahead.

This is why the team came up with information packs. These were designed to be given to staff, residents and families to provide them with all the details they needed about the plans.

Videos and PowerPoint presentations were also disseminated and web pages were created in advance so that people could understand how the new system would work.

Another difficulty has been in clarifying the difference between the leadership and ownership of the organisation. While the ownership has passed to the employees, the leadership remains the same.

Jeremy explains, 'We expect this will take time to be fully understood' and aims to demonstrate the difference in role through action and change.

A LOOK TO THE FUTURE

So far, Middleton Hall Retirement Village has seen positive engagement from its new Co-owners with a celebratory party held to share the success of the plans' implementation and the signing of the documents to formally put in place the sale and documentation for the Employee Ownership Trust.

The organisation is hoping that the future will bring further positive change, particularly in employee involvement and engagement.

Middleton Hall's leadership is also expecting to see a renewed dedication to continued improvement, both in terms of quality of services and efficiency of the operations.

However, Jeremy says the priority is for Co-owners to feel 'that they are properly rewarded and recognised for the amazing job they do in helping our residents to live well in later life.'

Jeremy continues, 'My motivation over the last 23 years has been driven by the desire to build a business that makes a difference to our customers and staff rather than purely for financial reward. And I felt a strong responsibility towards our customers and employees to ensure they benefited from my decision about selling the company. I believe that our employees who are committed to our vision and values are the most likely to maintain the ethos and spirit of the organisation in the long term.

'Employee owned organisations that I have visited have all demonstrated significant improvements since becoming employee owned – including to customer service, employee satisfaction, efficiency and recruitment.

'Moving to an Employee Ownership Trust should ensure continued re-investment, high employee engagement and customer focus.' **CMM**

OVER TO THE EXPERTS...

How can Middleton Hall's scheme be replicated in other adult social care services? What are the potential implications for recruitment and retention? How does this change the way the retirement village is funded? What are the risks?

INTERESTING APPROACH TO EMPLOYEE ENGAGEMENT

It is widely acknowledged that pay rates in the care sector do not reflect the skill and responsibilities placed on those who work in it. In ever-increasing competitive and regulatory environments, it is essential that operators recruit, train and retain the right staff so it's worth investing time into finding (and keeping) a team that will deliver for you. Building loyalty when people can earn the same wage in much less demanding jobs is no easy task.

Without radically increasing wages to attract staff and to show appreciation, operators have to look at creating added value elsewhere. One idea is the shared ownership approach of Middleton Hall Retirement Village. Already tried and tested in other industries, it's likely that Middleton Hall will not be the only provider to consider this model. It's easy to see how staff would react positively to such a scheme; after all, they have a vested interest in its continued success. It also has enormous potential to be a great selling point to clients and their families.

So far, so good. But what if the leadership team wants to sell? There may be challenges when the owners are not just the senior management team but instead, the entire company. Until these models of ownership become more widespread some buyers may not be entirely at ease with such a structure and there may be concerns about committing to a model of ownership they have not considered before.

All in all, I think it's an interesting approach to employee engagement and it has the potential for significant gains for care providers in terms of staff retention and brand promotion.

Alison Willoughby Regional Director, DC Care

SOMETHING WORTH BUYING INTO

During my first week in my current role, I noticed a senior manager bend down, pick up a paper towel and put it in the bin. I wondered how many people had walked past. This chap obviously cared about his surroundings and I now find myself doing the same. I think there is a difference in how you act in your own space compared to how you do in somebody else's. Ownership makes a great difference to how involved or responsible you feel.

When I read about Middleton Hall's employee ownership scheme I smiled and visited their website to find out more. As I am writing this, I am planning to change my route to see a customer in the North East so I can at least call into their reception and look at the layout of the site. I am feeling positive about Middleton Hall without seeing it or benefitting from shared ownership.

We see market research from Skills for Care talking about staff turnover in care homes running at 30.7% and vacancy rates at 8%. Care homes need experienced staff who know their residents to deliver great care. It will be interesting to see how this scheme works and whether staff retention improves. I hope it does as it is easier for a stable staff to deliver consistent quality care, plus people like building a rapport with their care staff.

I also see that staff are paid the enhanced living wage, which may reflect better fee rates enjoyed by the business.

The combination of well-trained staff, attractive well-maintained accommodation in a beautiful setting, delivering quality care to happy people must be something worth buying into. I will watch with interest in how this develops and wish all parties well in the endeavour.

Jeremy Huband Head of Healthcare – UK Corporate Banking, HSBC UK

CAN ONLY HELP RECRUITMENT AND RETENTION

Middleton Hall Retirement Village is one of our annual Accolades winners, so the creation of an employee-owned company is exactly the sort of innovative idea we would expect from them.

They did their research, thought about what the scheme would look like, got expert advice to create sustainable structures, communicated it clearly to all the stakeholders involved and then implemented it once they had secured buy-in.

We know that when workers feel valued – both through their pay packet and being able to access career-long learning and development opportunities – they are much more likely to stay with their employers. Becoming owners of their company, and benefitting from the success they have contributed to, can only help recruitment and retention. It is clearly a strong selling point when recruiting to say, 'You will become one of the owners of this company', and I await with interest to see what the long-term impact on retention will be as the benefits are shared.

In a sector with 21,200 different organisations offering adult social care in England, there is a danger that other employers might see it as a 'one size fits all solution' to either funding issues or recruitment and retention challenges. But if you look at how Middleton Hall developed this model, they looked at what worked best for them and ultimately the people who use their services. Any other organisation thinking of taking this route would need to look at how the Middleton Hall team did it, and then fit that to what works best for them.

I'm big fan of innovation so full marks to the team at Middleton Hall for being so bold and possibly inspiring others to look at this approach.

Andy Tilden Interim Chief Executive, Skills for Care

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NCF **RISING STARS** 2019

Sam Pycroft is Retirement Community Manager at Sandford Station retirement village, run by the St Monica Trust.

CAREER HISTORY

I started my career in social care in 1995. I'd previously been a horse-riding instructor, so it was a big switch, but my Mum had always worked in the care sector so it seemed like the obvious choice when I needed a 'proper job' to pay the bills.

I began by working nights in a care home. I saw a lot of bad practice and eventually left to work at a council-run domiciliary care agency. I spent 14 years there and received a lot of training, but there was no real progression and I got stuck in a rut. Councils then started to sell-off their care services and I wanted something more secure.

I got a care and support worker role at the St Monica Trust's Sandford Station retirement village and, eight months later, I was asked if I wanted to apply for the senior care and support worker role. It was so rewarding to know that people in the organisation thought I could do it – it gave me a confidence boost to have this recognition.

Two years later, a new manager came in and I reported to him. I worked closely with him and our then operations manager; I was offered opportunities such as visiting other services and being involved with the early stages of development for The Chocolate Quarter in Keynsham. When our registered manager had the opportunity to transfer to another site, both he and the operations manager spoke to me about applying for the retirement community manager role. I took a few days to make the decision, but after lots of conversations with family and colleagues I decided to apply and was successful.

ORGANISATION

The St Monica Trust is a Bristol-based charity and Sandford Station retirement village is one of five retirement villages it operates across Bristol and North Somerset. As the name suggests, Sandford Station is built on an old railway station and we still have some of the old buildings, including the station and a section of the platform, which is home to an original engine and carriages. The retirement village includes the Russets and Sherwood, which is a 73-bed dementia care home and a separate 32-bed general needs care home. I am responsible for the retirement village side and the on-site care and support team.

We have 108 apartments, with 109 residents at the moment. There are a lot of single occupancies, but we do have couples living with us too. We have residents that live with us in the village whilst their loved one

>

> lives in the care home, knowing that they are close by and not needing to travel long distances to visit.

We deliver care to around 30% of the people living in the village, so have lots of people who are still very independent and active. We run classes like Zumba, Keep Fit and soft-tipped archery and try to encourage residents to organise their own activities too; after all it is their home, so we want them to have a sense of neighbourly spirit – as they would in any other village.

CURRENT ROLE

Being a registered manager was something that I had never really thought about for myself, but I had quite a good idea of what it would be like, as I'd worked closely with my manager before he left. I knew there would be a lot of paperwork and being tied to the office. I can definitely see the need for it, but you need to make sure that you don't get so bogged down in admin that you forget why you are there. I haven't walked away from the care side completely and would step in to help if needed, but to be honest I'm really enjoying the new challenges of working in a slightly different way. It's quite refreshing to have such a change after working so long in the sector.

Part of what I love about my job is having great teams around me, not just the care team but the wider teams too, like admin, housekeeping, catering, porters and maintenance. They all make a difference to the lives of residents. It's amazing to see the difference we can make to relatives too, allowing them to go back to being family rather than carers. It's also rewarding to enable someone to remain in their home at the end of their life; seeing how this impacts not just on the person we are supporting, but the families, who know their loved one is able to have a good death.

As a manager, it can be difficult to meet the expectations of residents and, at times, staff. Everyone wants the best and it can be hard to convey why we can't do certain things.

For residents, we are hoping to start on a piece of work to help them understand the complexities of consent. You'll finish with one resident and bump into another further down the road who wants to know what's happened or how that person is, and we can't always say. We are trying to make sure residents understand confidentiality, dignity, respect, and that, as much as we are a community, we as staff still can't talk about a lot of things.

In terms of my future career, I'm really happy where I am and want to continue to develop the role that I'm in. I don't anticipate any immediate desire to take on a bigger role, but who knows? If you'd asked me five years ago whether I'd be here today, I would have said no.

NCF RISING STARS

I was nominated for the NCF Rising Stars programme by the Trust's Chief Operating Officer, Kevin Hall and Director of Operations, Donna McDermott. Both approached me and asked if I would be happy for them to nominate me. I had been to the NCF conference at the end of 2018 and had seen the Rising Stars there, so I knew about the programme and had already read up on it. I thought it would be a great programme to get into but I didn't pursue it, so when Kevin spoke to me, I was really shocked but said yes straight away without needing to think. I was really proud and pleased that the Trust wanted to put me forward for something like this.

I'm most looking forward to the mentoring side of it. I think it's going to be beneficial to meet someone from outside the organisation who can help me with new skills and ideas.

All of the Rising Stars cohort met recently and we have already started talking to and supporting each other.

I'm hoping the programme will help me to develop my leadership skills, push me out of my comfort zone, make me try different things and give me opportunities that I would never normally get to experience. I'd like to work on my self-confidence so that walking into a room of people and networking doesn't faze me. It will also be interesting to look back in a year's time and see how I've been able to implement what I've learnt from the programme at Sandford Station.

ADVICE

My advice to aspiring registered managers is to know that nothing is unachievable if you want to do it. Nothing should hold you back, whether that's your background or education – you don't need a university background to get where you want. Take all the opportunities that are offered to you and don't let things put you off. Link in with people, ask questions, build a good team – it will make it a lot easier. Also, accept that the job will be a lot of paperwork.

I think that senior management can help by making sure there is enough support for current staff. Mentoring within organisations is important.

We do it for care and support workers but I don't think it should stop no matter how high in the organisation you are. **CMM**

Now in its third year, the NCF Rising Stars Programme addresses the need to invest in and develop the skills of the next generation of leaders in social care, with registered managers from the NCF membership selected to take part each year. For more information, contact Helen Glasspool at National Care Forum. Email: **helen.glasspool@nationalcareforum.org.uk** Twitter: **@NCFCareForum**

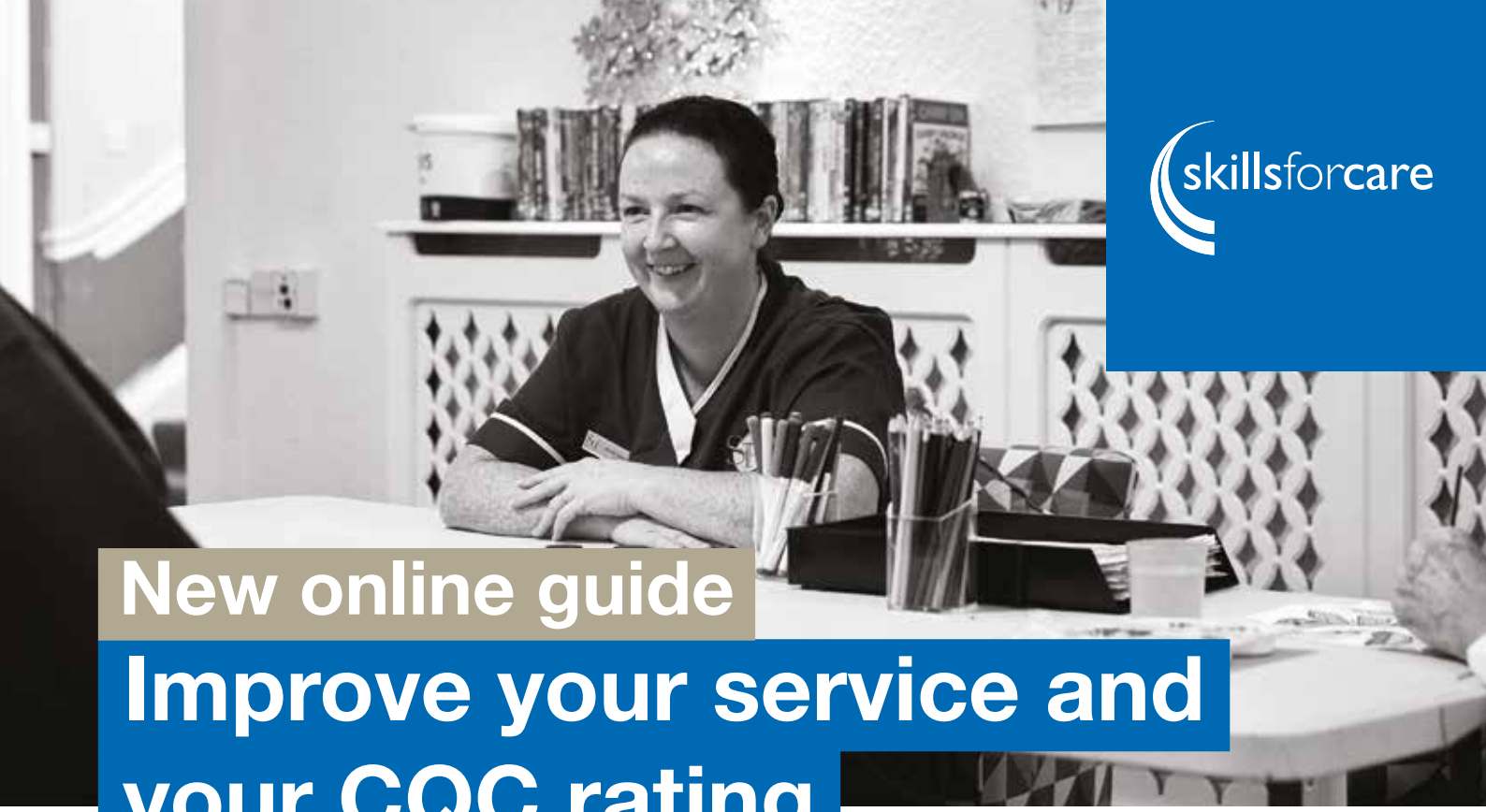
Facing up to a rising need

Working with volunteers

The adult social care sector needs to think outside the box when it comes to staffing. Vacancy rates are rising and the pool of candidates is not. Sanctuary Care has developed an effective system using volunteers to plug some of this gap. Here, Sarah Clarke-Kuehn shares their learning.

Attention to volunteering is on the up. In April, the Royal Voluntary Service marked 80 years since the biggest call for volunteers – World War II – by launching a major volunteering drive 'in the wake of unprecedented pressure on public services'.

The positive effects of volunteering on those who give up their time is among the key messages featured in the campaign, with a report from the organisation finding many experiencing improved wellbeing as a result of their efforts. This included 34% of respondents feeling less >



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> stressed, 42% saying it had a positive effect on physical health and 65% on happiness levels. Volunteering was even shown to help address the growing issue of social isolation, with 37% of first-time volunteers saying the experience made them feel less lonely.

Four in ten Britons volunteer, a YouGov survey conducted on behalf of the National Council for Voluntary Organisations (NCVO) found in January. The vast majority of respondents told researchers it benefits their mental health and acts as a deterrent to loneliness.

The good news about the benefits of volunteering couldn't be more timely, as the importance of taking volunteers on is ramping up across the country, with the NHS in the process of doubling its number of volunteers from 78,000 to 156,000. A survey of NHS staff by The King's Fund found 90% of respondents thought volunteering added value for patients, with 74% replying that it added value for staff.

It's not hard to see how the same reasoning can apply to care. Across the adult social care sector, there is a rising staffing shortage, with more than 110,000 vacancies in 2017/18 and one in 11 care worker roles unfilled, according to figures from Skills for Care in its report on the *State of the adult social care sector and workforce in England*.

Projections from the Institute for Public Policy Research (IPPR) suggest that the UK will need to have recruited and trained 1.6 million health and social care workers by 2022 in order to replace those leaving the profession, while also meeting increased demand. This figure is equivalent to two-thirds of the current health and social care workforce, and larger than the equivalent statistic for any other occupation in the UK.

ADDRESSING THE NEED

Two years ago, Sanctuary Care embarked on a mission of its own to co-ordinate and build upon its volunteer and work experience placements.

When we first piloted our Care Volunteering and Work Experience Placement Programme in January 2017, we saw a way to bring many more benefits, from the extra resources afforded to our residents to the experience and skills acquired by those on the placements. It was also an opportunity to combat poor staff

retention rates in the sector, as the Skills for Care report found an average staff turnover rate of more than 30%.

With over 100 care homes across England and Scotland, providing care and support to more than 5,000 residents, we recruit and train staff who share our passion for delivering care with a kind, friendly and helpful attitude.

With this in mind, we took the decision to create a structured, co-ordinated approach to volunteering. We felt this would benefit our residents, the homes they live in and those taking the placements, providing opportunities to develop skills which could lead to paid employment. We realised there was a perfect gap for the 'softer' elements of the caring role, activities that are vital to providing rounded care.

MAKING IT WORK

We created a process map when we were putting the programme together. This lays out the process from start to finish and takes the organisation with the volunteer on their journey.

Having a flexible approach to volunteering meant our placements were wide-ranging to suit volunteers' availability, skills and interests. By ensuring our care homes had fully bought in to the volunteer programme, we were able to communicate far more effectively with them and allow them to embrace the programme at their own pace.

Volunteers can offer one-to-one time and stimulation for our residents that helps them stay connected with their local communities.

Activities like sitting to chat, playing board games, going through crossword puzzles and providing social interaction are a vital element of delivering care, and by making our volunteer programme person-centred to the needs of our residents, we are able to ensure the best fit >

> between volunteer and placement. Residents can complete a 'request a volunteer' form to find someone suitable, while a skills checklist by volunteers helps us ensure a good match.

Having volunteer support in these areas of 'softer' care helps free-up our staff to concentrate on the more intensive, core elements of the care package.

Naturally, there were some areas where we learned lessons on how we could improve. Our initial method of placing adverts within local papers to attract volunteers, while it did result in placements, proved not to be good value for money. We therefore changed our approach to instead work with local volunteers' centres near each home and advertised through free online volunteering platforms, which has since proved successful.

"The enthusiasm of volunteers across the country means there are plenty of people willing to step forward and offer their time for a worthwhile cause."

A ROLE FOR WORK EXPERIENCE PLACEMENTS

Separate to our volunteering opportunities, a programme of work experience placements provides mutual benefits for our residents and students at the local academic institutions we work in partnership with across the country.

Through these placements, we are able to offer students and jobseekers the chance to gain hands-on experience of delivering key elements of a care role, developing their confidence and gaining skills while under expert supervision in a real care home working environment.

The placements have seen the majority of those taking part staying on after completion as bank staff, providing part-time care with hours that can accommodate their studies.

This follow-through on both our volunteers and our work placements is excellent for residents as it provides a sense of stability, with people they are already familiar and comfortable with joining the staff of the home.

LOOKING AHEAD

Thankfully, the enthusiasm of volunteers across the country means there are plenty of people willing to step forward and offer their time for a worthwhile cause. A campaign in the Daily Mail backing the NHS's funding drive saw 33,000 readers pledge nearly 1.9 million hours of support.

While our targets at Sanctuary may be more modest, we have already exceeded our target to have 400 volunteers active across our care homes by more than 50%, with the latest figure in excess of 600. As popularity has grown, we have adjusted our methods of taking on volunteers. By using the Do-it Trust's online volunteering platform, we were able to receive 1,324 applications over two years. That, combined with a dedicated volunteering portal on our Sanctuary Care website and other channels, has allowed us to keep meeting and exceeding our volunteer targets.

However, the benefits of volunteering can go far beyond issues of resource. Placements not only benefit the wellbeing of volunteers and those they support, but also help to build an environment conducive to attracting staff in the longer term.

This is something that will only become more important as the sector looks to the future and more sustainable recruitment and retention practices. **CMM**

TOP FIVE TIPS FOR SETTING UP A VOLUNTEER PROGRAMME

1

Building partnerships with local, national and even international organisations is key to long-term viability – this ensures a steady flow of candidates so that when existing volunteers leave they can easily be replaced. We have worked with large providers such as Mencap and the National Citizen Service, as well as international partners like Erasmus, which sees overseas students taking placements with us.

2

Communicate with staff, volunteers and residents – ensure they all understand volunteers are there to complement the work of permanent staff and why they are volunteering so you can find relevant placements for them to utilise and develop their skills.

3

Consider establishing a volunteer charter – this will set out the key principles of how volunteers are organised and supported, as well as ensuring good relations.

4

Diversify your volunteering pool – a diverse pool of volunteers brings a range of benefits, such as having the experience of older volunteers and intergenerational benefits of placing younger volunteers.

5

Create your own volunteering page on your website – this saves you from relying solely on external platforms to promote your programme.

Sarah Clarke-Kuehn is Director for Care at Sanctuary Group. Twitter: **@SanctuaryPR**

Have you used volunteers in your service? What methods have you found to be effective? What has been the impact on the people using your services? Share your experiences on the CMM website, **www.caremanagementmatters.co.uk** where you can also leave feedback on this article.

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From the ground up

HOW STAFF ENGAGEMENT CAN IMPROVE OUTCOMES

In an industry like social care, where priorities are conflicting and changing, maintaining engagement with your team doesn't always come at the top of the list. But what if involving and motivating your workforce led to overall improvements in care? Having worked across different industries and cultures, in organisations big and small, Kevin Ashley of myAko shares some of his best tips for keeping your staff happy.

Looking at successful organisations across the world, there is a passionate belief that engaged teams are essential to growth. Numerous studies from the Corporate Executive Board, Gallup Research and Gartner have all shown that employee engagement strategies reduce staff turnover and improve productivity and customer satisfaction, which can ultimately lead to the delivery of higher-quality care. But with the fast-paced work environment of the health and social care sector, managers often struggle to find the time to engage their staff.

Frequently communicating and engaging with your teams is essential in keeping them motivated and enthused – not forgetting that communication is a two-way process; it's just as important to listen to your teams and address any of their concerns as it is to provide them with regular updates.

AREAS FOR FOCUS

Back in 1990, Professor William Kahn held in-depth interviews with employees and found that, for an employee to feel engaged, they had to:

- Feel that their work was meaningful and made a difference.
- Feel valued, trusted and respected.
- Feel secure and self-confident.

In other words, he found that the more an employee feels part of a community, the more likely it is that they are engaged with what they do. To ensure your organisation develops and grows whilst continuing to provide the best possible care, it's vital to create this sense of community and joint purpose. Here are some ways you might be able to do this in your service, but please note that these are not meant to be prescriptive – they are just to help as a guide, as it's important you develop your own approach, based on your organisation's objectives and your current challenges.

MAKING A DIFFERENCE

This starts as early as the point of recruitment, when you're discussing the role and responsibilities of a job with your potential new team member. Expand this discussion to include what would they like to achieve in the role and what positive difference would they like to make as a new member of your team before explaining your views on how they can make a positive difference.

For staff already in your employment, try discussing their aspirations for their role with them. A simple technique is to ask questions, like 'What do you believe you do well and what do you believe you can do better?' Ask them to consider what difference making these changes will bring to their role and the residents or clients they support.

Give examples of what good care looks like to you, so that they know why their role is important, and don't wait until formal reviews to see if they are settling into the role. Check in with them occasionally to ask if they are making the difference >

they hoped. Acknowledge their achievements, no matter how big or small, with a 'thank you' – this goes a long way towards staff feeling appreciated and noticed.

VALUE, TRUST AND RESPECT

Even if you know you value, trust and respect your team, it's important to show them this so that they don't begin to feel disenchanted. Try holding regular team meetings to share good practice – talk about recent challenges and see if your team has any ideas for overcoming them; this will give your team a voice and show that their input is valuable to you.

When preparing any company updates, put yourself in your employees' shoes: what would you want to know in their position? What is the best way for them to receive this information? Think about things like how they communicate and learn and adapt your approach to meet their needs as well as your own.

It is important to let your team voice their concerns during these meetings and to work with them to find a solution during the sessions rather than later. Encouraging this open dialogue and actively listening to and addressing concerns demonstrates that you care, which will build trust and respect.

Initially, this may feel time-consuming, but the rewards far outweigh your investment of time.

If you are going to reward a member of your team with a gift for doing a good job, give them something that is meaningful to them. A £10 voucher may initially feel like an obvious choice but giving something a little more personal makes the team member feel more appreciated. A keen gardener may like a voucher for the local garden centre, rather than a bottle of wine. Include a personal note to say thank you and to show your appreciation.

SECURITY AND CONFIDENCE

Whilst work is important and it's essential that you meet your organisation's objectives, you have more chance of achieving these with everyone motivated and taking an active role. Create an open and transparent culture by being open about yourself; talk about your life outside of work, share a hobby or talk about fun things happening in your family life. Encourage your team to do the same and let them know they can bring their personalities to work.

Give your team regular updates on the progress of your organisation to ensure they know their jobs are secure. Ask them for ideas on how you can improve, for example how would they go about acquiring new residents or clients? Seek their feedback on improving the quality of your service or what marketing they think will help improve your reputation. Staff will being to feel that they can have a direct impact on the success of the organisation and that their jobs are safe. If you think staff might be concerned about their job security, encourage them to talk about these worries, either in your team meetings or directly with you, so you can alleviate any fears or concerns.

Challenge your top performers (within their capabilities) to achieve more, so that they can be role models for other team members and improve their own self-confidence. Speak to those who seem like they are disengaged. Are they unhappy at work, or is there something outside of work impacting their behaviour? It may feel easier to hope this will resolve itself, but often honest conversations, that address the facts rather than just the emotion, and a listening ear can help you understand why a member of staff might be feeling and behaving this way. They may not realise the impact they could be having on others.

If it's a serious concern, such as a member of staff facing a mental health issue, you may be able to provide support and advice so they can seek more qualified assistance. If they are simply bored or can no longer be bothered in their role, I'd encourage you to be bold and address these issues. Ignore this behaviour at your peril as, eventually, it will impact even the most positive members of your team.

SUPPORTING DEVELOPMENT

In a 2018 report published by Skills for Care, it was found that around 11% of care sector workers voluntarily left their role due to a lack of development, in particular with regard to their career. In an industry where compliance training is essential, it's often easy to neglect our team's personal development. Providing training, coaching and mentoring for your team to grow will create the space for your staff to gain the skills and knowledge they need to support improvements within your organisation.

Neil Eastwood, author of *Saving Social Care*, recommends implementing 'peer mentoring' or a buddy programme to provide support for new starters. This not only reduces unnecessary early staff loss, but also provides professional development for your experienced staff members. This can also help with, for example, your team getting to know one another, and encouraging them to speak up and feel confident in doing so, supporting them to feel part of a wider cause.

SUCCESSFUL ENGAGEMENT

If you're implementing new engagement initiatives, you'll likely want to monitor the impact they're having. Some key measures of good employee engagement include satisfaction scores from staff, families and residents, turnover rate, sickness and absenteeism. The approach you take to gathering feedback will depend on the size of your organisation and your locations, but using surveys, one-to-ones, group meetings and exit interviews will all support in gaining anecdotal knowledge of any issues and concerns.

Combining a mixture of the above will give you a broad view of employee engagement within your company, and you will be able to use this to measure any fluctuations in engagement over time.

CREATING A POSITIVE WORK ENVIRONMENT

Fostering a workplace environment that promotes employee health and wellbeing – in an organisation that takes care of its employees – can help reduce unauthorised absence, sickness and turnover. We know of organisations that provide a healthy meal alongside their weekly team updates to encourage healthy eating. Others provide fruit and healthy food options, rather than cakes, burgers and pizza.

To be successful, employee engagement must be seen as an evolving and ongoing process. Treat it as one of your organisation goals. Don't bring in new initiatives and let them slip after a few weeks, once the excitement has died down.

I would suggest starting with between one and three initiatives to ensure focus – it's far better to implement one initiative well than dilute your efforts and not achieve your goal. A successful implementation will lead to your team feeling engaged, being happier around your residents and clients, and they will feel motivated to do the best they can for your service. This, ultimately, leads to better outcomes and a higher quality of care.

The question is not 'Why should I engage my team?', it should be 'Can I afford not to?' **CMM**

Kevin Ashley is Managing Director of myAko. Email: **kevin@myako.com** Twitter: **@myakotweets**

What have you tried to improve staff engagement? What effect has it had on your business? Share your experiences and knowledge on the CMM website, **www.caremanagementmatters.co.uk** where you can also give feedback on this article.

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CELEBRATING EXCELLENCE IN **CITIZENSHIP**

Ben Whelan, from Warwickshire Co-Production Service, won the Citizenship Award in the Markel 3rd Sector Care Awards 2018.

Warwickshire Co-Production Service works to ensure participation, involvement and co-production in the planning, design, commissioning, delivery, review and evaluation of mental health services across Warwickshire. We advocate on behalf of the service users, and our role is to empower them by giving them a platform and a voice.

Our service is distinct from other service provision in Warwickshire. The feedback, comments and case studies we collect are used to influence improvements in services and identify any gaps. We're linked with public health commissioners, local authorities and third sector organisations, so we're very involved with mental health services across the area.

HOW WE WORK

The service also enables those using mental health services to gain skills and confidence to help them on their recovery journey and to progress in their lives. We also offer a lot of volunteering opportunities. Most of what we do is focused around mental health, and we use people's experiences – good and bad – to identify any issues within services and contribute to achieving improved mental health services locally.

For example, when organisations are recruiting social workers, psychiatrists or anyone who works in mental health, they always ask for someone who uses the service to sit on the interview panel. We train our volunteers to be part of the panel so they can contribute more to the recruitment process and give a different perspective, as someone who receives care rather than someone who delivers it.

It's not just interview panels – our volunteers also take part in tenders, where they are able to influence decisions regarding procurement processes that involve mental health. What we do as a service is give people training in public speaking, taking part in interviews, the whole tender process and much more. An added advantage of the training we deliver is that we're equipping people with skills they can use for employment. Standing up in front of panels of commissioners and healthcare providers requires a lot of confidence and conviction in what you're saying. This is an incredibly valuable skill, both in terms of employability and going through the interview process for employed positions.

CHALLENGING EXPECTATIONS

The service is open to adults who are aged 18 and over, have mental health issues and live in Warwickshire or are registered with a Warwickshire GP. We have an open-door policy with regard to referrals – people can self-refer, friends and family can refer, or any health

professional can do so. We're linked with most of the mental health services in Warwickshire, partly for referral purposes but also so we can be sure that we're having an input into how they operate via our volunteers. We currently have 12 volunteers in our team, and support and opportunities given to our volunteers is based around the individual and what will benefit them.

Because we're a mental health service, when people first come to us they usually don't know what to expect. They're often very quiet and shy and don't want to speak – it can be really daunting to voice your opinions around professionals, so we support them by helping to build confidence.

We also work with providers and professionals to make sure that they take the people who are using services into account and are sensitive to their background and experiences. Everyone has to be on the same page for it to work. But after a while we get to the point that some people really come out of their shells and become so confident in the whole process that they don't need our support, which is a joy to see.

CHANGING LIVES

Ben Whelan is one of those people. He had a difficult journey with being female to male transgender and didn't feel accepted. But since he's been volunteering for us, his confidence has really grown, to the extent that he's now secured a paid, customer-facing role in an Asda café. This is such a huge achievement for Ben. It's four years since he last had paid employment and he's worked so hard to get to this point. We're all incredibly proud of him.

We've seen such a massive growth in his confidence – he used to be really nervous when he came to meetings, but now he's really comfortable standing up and speaking in front of professionals and commissioners. Working in a customer-facing role shows just how far he's come, and we're all delighted.

It's a part-time role, so Ben will continue to volunteer for us, which we're really pleased about! As well as volunteering himself, Ben recruits volunteers on behalf of Making Space. This is great for us as he's such a shining example of what can be achieved – he's a great ambassador. He's touched so many lives, changed so many opinions and opened a lot of people's eyes – people who were blind to how badly stigma can affect a person. Sharing his story and being so visible about how much he's developed has, I believe, helped a great deal of people.

When Ben came to us, he really doubted himself and had no confidence in his own potential. The training he had and the support from staff really helped him to believe in himself and realise that he could make a massive difference to people's lives.

The confidence boost he's had from the feedback he gets during his public speaking has been a joy to see. He receives so many compliments, everyone has something positive to say about his contributions, and he can really see the difference he's making. This award was evidence of just how far he's come.

And it hasn't just given Ben confidence, it's incredibly encouraging for the rest of the group. Sometimes it's difficult for the people using our service and our volunteers to visualise the impact their feedback has. To see one of their peers win an award for the work they're doing is validation – what they're doing really is making a difference. **CMM**

Elizabeth Pfute is Team Leader at Warwickshire Co-Production Service, run by Making Space. Email: **enquiries@makingspace.co.uk** Twitter: **@MakingSpaceUK**

MARKEL 3RD SECTOR **CARE AWARDS** 3

The Markel 3rd Sector Care Awards is run specifically for the voluntary care and support sector. Nominations opened on 14th June. Enter today at **www.3rdsectorcareawards.co.uk**. Sponsorship opportunities are available.

With thanks to our supporters: National Care Forum, Learning Disability England, The Care Provider Alliance, Association of Mental Health Providers and VODG.

The Citizenship Award was sponsored by CareChoices

MARKEL 3RD SECTOR CARE AWARDS 2019

MARKEL 3RD SECTOR CARE AWARDS 3

Friday 6th December, London

NOMINATIONS OPEN

The Markel 3rd Sector Care Awards are set to return for the sixth consecutive year this December, with nominations now officially open.

Organised by CMM, the Awards celebrate and reward the hard work of those working in the voluntary care and support sector and remain free to enter.

Nominate yourself, a colleague or a worthy organisation or team in any of the 12 categories. Nominations are accepted from across the not-for-profit sector, as long as the nominee is making a positive difference to the lives of society's most vulnerable people.

CATEGORIES

Categories have been revisited this year and we are pleased to announce a brand-new Award for dementia care. This Award celebrates anyone improving the lives of people affected by dementia, especially where the nominee is including people with dementia, carers and communities in development of services.

Other categories include awards for teams, organisations, individuals and groups who:

- Show a dedication to providing **compassionate** support.
- Are providing exceptional **end of life** care.
- Are committed to **supporting people to be involved** in their community.
- Are **shining as leaders** within their organisation.
- Carefully **collaborate with partners** to achieve integration.
- Are **making a true difference to the sector** from the top of an organisation.
- Use **technology** to enhance the lives of people around them.
- Are properly **engaging with their community** to better support people.
- Positively influence people's quality of life through **use of the arts**.

Previous finalists have included services supporting homeless people to take back control of their lives; organisations that offer safe accommodation for children who would otherwise go into the foster care system; hospices supporting people with cancer; care home accountants who have gone the extra mile to make a difference to residents' lives; and chief executives who are leading their staff and clients towards more fulfilling lives.

JUDGES

The expert panel of judges will see some familiar faces return this year, with the likes of Sarah Maguire and Kim Arnold from Choice Support, Kathy Roberts from Association of Mental Health Providers, Tom Owen of My Home Life and Richard Muncaster from Care Workers Charity.

We are also welcoming Jennifer Dudley from National Activity Providers Association (NAPA) and Jen Kenward from NHS England, alongside Experts by Experience from Royal Hospital Chelsea and Choice Support.

THE PROCESS

Enter today on the dedicated website, www.3rdsectorcareawards.co.uk where you can find more information about the categories, the judging process and the previous winners and finalists.

All nominations will be considered by our expert judging panel before they are shortlisted. Three finalists will be chosen from each category and invited to attend an exclusive judging day at the Markel offices in Central London on Wednesday 30th October. Nominees must be able to attend this judging day.

Winners will then be announced at the afternoon Awards ceremony on Friday 6th December. This will once again be held at The Marriott Hotel Grosvenor Square and we are delighted to welcome back Dame Esther Rantzen and her daughter, Rebecca Wilcox as our hosts.

NOMINATE TODAY

Winners will share their achievements on a national stage in front of leaders in the not-for-profit support sector, as well as receiving editorial in CMM to share the details of the project and passions that led to their win. All finalists will also get the chance to speak with influential judges about their work and receive extensive coverage on social media.

Nominate today to ensure you're in with a chance to benefit from these opportunities and celebrate the great work you do. Nominations close on Friday 6th September.

Tables, tickets and sponsorship opportunities are also available; get in touch if you'd like to find out more about how your organisation can be associated with this rewarding event, call Daniel Carpenter on 01223 206965. **CMM**

WHAT'S ON?

Event: Care Home Open Day 2019
Date/Location: 28th June, Nationwide
Contact: Care Home Open Day,
Web: www.carehomeopenday.org.uk

Event: NAPA Annual Conference: Year of the Arts
Date/Location: 16th July, London
Contact: NAPA, Tel: 0207 078 9375

Event: Care Show
Date/Location: 9th-10th October, Birmingham
Contact: Care Show, Web: www.careshow.co.uk

Event: Future of Care
Date/Location: 15th October, Leeds
Contact: Broadway Events, Web: www.futureofcare.co.uk

Event: Care England Conference 2019
Date/Location: 13th November, London
Contact: Care England, Tel: 0207 492 4840

Event: National Children and Adult Services Conference
Date/Location: 20th-22nd November, Bournemouth
Contact: Local Government Association,
Email: events@local.gov.uk

CMM EVENTS

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

Event: CMM Insight Berkshire, Buckinghamshire and Oxfordshire Care Conference
Date/Location: 17th October, Maidenhead
Contact: Care Choices, Tel: 01223 207770

Event: The Transition Event East 2019
Date/Location: 19th November, Newmarket
Contact: Care Choices, Tel: 01223 207770

Event: Markel 3rd Sector Care Awards
Date/Location: 6th December, London
Contact: Care Choices, Tel: 01223 207770

Please mention CMM when booking your place.
Sign up online to receive discounts to CMM events.

STRAIGHT **TALK**

Skills for Care recently released a statement of role, knowledge and skills for registered nurses in social care. Charles Armitage shares why he thinks this is such an important and significant step.

The recent publication of *Recognising the responsibilities and contribution of registered nurses within social care* was an important release from Skills for Care. It provides the first statement of role for nurses working in the sector and should support us in facing up to the challenges within the system.

The report highlights the varied and multifaceted role of nursing in adult social care, including nurses' roles in providing person-centred and relationship-based care, managing complex chronic health conditions, enabling independent living and preventing hospital admission, co-ordinating care across multidisciplinary teams, operating within a complex regulatory framework and providing leadership to others. It is a long and varied list.

The 42,000 nurses that work in adult social care form only 3% of the entire workforce and yet the role they perform is vital. The purpose of Skills for Care's statement is to raise the profile of the specialty whilst promoting understanding of the utterly essential contribution that social care nurses make to our health and care systems.

Providing person-centred care across a number of different health and care systems is extremely difficult. Those with multiple, chronic diseases will be working with a number of different professionals across different disciplines. GPs, hospital clinicians, pharmacists, social workers, occupational therapists and physiotherapists all have a role to play in helping people to live independently. Co-ordinating these resources is difficult and it is often social care nurses who provide the joined-up thinking required for a positive experience for those using services and their families.

Unfortunately, as it stands, the role of nursing within adult social care is poorly understood amongst the wider healthcare community. There are preconceptions that it is one dimensional, minimally specialised and low-skilled. These attitudes are incorrect and likely due to a lack of understanding and exposure to the sector.

At the highest-pressure interfaces between health and social care – the A&E department and discharge lounges – the misunderstanding can be severe. Hospital nurses may have little insight into the unique responsibilities of their counterparts in the community. The pressures of working in a sometimes under-supported environment are far different from those experienced by the large, multidisciplinary teams within hospitals. Clinical decision-making in the community is often done solo and without the diagnostic tools and knowledge that exist within hospitals.

This disconnect exists from the get go; placements in adult social care are an unusual component of undergraduate degrees, whilst preceptorships are rarely performed in the community. This lack of exposure means that many nurses do not have a chance to adequately consider a career in adult social care.

If we are to tackle the recruitment and retention crisis within adult social care nursing, we must recognise the unique skillsets required to work in adult social care and build a narrative that will encourage nurses to see it as an aspirational career choice.

There should therefore be two main audiences for this report: frontline nursing staff and leadership within the sector. For each audience the benefits are clear. For nurses, this statement of role raises the profile of the sector and will impact on morale, retention and recruitment.

For industry leaders and Government, this statement presses home the point that social care nurses are the glue that holds our society together. The line that is drawn today between health and social care creates massive challenges for the system as a whole. For leaders and legislators, it is important to realise the role that adult social care nurses play in joining up these two silos.

This statement of role comes at a time when the pressures on our health and care systems are at a peak. The squeeze on resources and the ongoing workforce pressures are set against ever-increasing care requirements of the ageing population.

Overcoming the organisational disconnect between health and social care is a difficult but essential task if we are to create a person-centred and cost-efficient framework to care for our ageing population. This is highlighted well within the statement and it is important that this message is pressed if we are to encourage a collaborative approach between the two.

This resource from Skills for Care should be eagerly adopted by the sector. Care providers should use it as a framework to assist in hiring and professional development, whilst decision-makers should reflect on its conclusions and ensure that nursing staff are recognised for the invaluable, highly-skilled and ultimately irreplaceable role that they play in caring for us all. **CMM**

Charles Armitage is Co-founder and Managing Director of Florence. Email: **charles@florence.co.uk** Twitter: **@DrCArmitage**

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