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Claire Bibby, Support Manager at Belong Atherton says, "I am really proud that we are able to showcase what we actually do at the care village. We had a relative from Australia, and she was able to access her dad's records to see the magical moments that we were capturing for her dad in his day to day life."

Alison Jayawardena, Care Services Manager at Signature The Beeches says, "Person Centred Software's Relatives Gateway has sustained and developed trust with families of our residents, and it has strengthened the culture of openness and transparency. In 2017, The Beeches Care Management Team won the Cavell Award for Excellence in Care for Older People Team, in part due to the Relatives Gateway."

Shari Tindle, Deputy Manager at Tilsely House says, "The Relatives Gateway allows us to engage with relatives across the world. Our family members can log in and see first-hand what Mum's doing, and it gives them peace of mind that they can see a general overview at any time. Staff log residents in to see their care plans and it is great for care plan reviews. The platform works really well for reminiscence where we can store and print off photos of residents such as outings and activities that they've enjoyed like having an ice cream on the seafront."

Ernie Graham, Owner of the Graham Care Group says, "The Relatives Gateway included in Person Centred Software's solution gives family members access not only to care notes but a whole social network for sending photos and messages to keep in touch. It offers a great deal of reassurance to families, something vitally important given the great responsibility entrusted to us in caring for their family member. It's a nice surprise for relatives to discover that the cutting-edge technology we use means they can keep in touch wherever they are in the world."

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DRIVING OUTSTANDING CARE

IN THIS ISSUE

FEATURES

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From the Editor

Editor, Angharad Burnham looks back at how far the sector has come this year.

At the beginning of this year, I wrote about my hopes for social care, as a sector, to be given the recognition it deserves. I think this is a hope we all share and that we all know, realistically, will take time.

Looking back at that time, we'd just heard about further delays to the social care Green Paper; Brexit was blamed and we were promised that some plan for reform would be with us soon. Almost a year on, people aren't talking about a Green Paper anymore. What was once the hottest topic of conversation is now, for many, a forgotten dream, and the sector is focusing more and more on what it can do to define the progress it wants to make. Projects like My Home Life's FaNs initiative (page 30) are changing the way the sector is seen, and #socialcarefuture's *Talking about a Brighter Social Care Future* has already started to change the tide in how the sector sees itself.

But in a year that's seen many politicians arguing amongst themselves (and not getting all that far), social care has still been battling on the same front lines as in years before. So how far have we come?

RECRUITMENT

In spite of not managing to publish a Green Paper, Government has listened to the sector about the recruitment and retention issues. The *Every Day is Different* campaign piloted in the first half of the year wielded successful results. The Department of Health and Social Care saw an increase of 97% in people searching for jobs containing the word 'care' or 'care worker', and a 14% increase in the number of people clicking the 'apply' button for care roles. A second phase of the campaign has now been launched, targeting younger adults who would be well-suited to a career in care.

For now, and with the Brexit cloud still threatening to rain on our parade, on page 36 Sophie Coulthard has shared her best tips for retaining staff, and how you can build a culture to help with this.

REGULATION

As far as what's happened with regulation this year, we've asked Neil Grant from Gordons Partnership to provide an update. On page 25 he looks at all the processes that have changed in 2019, as well as how they are working and what you can do to use them to your advantage.

MENTAL HEALTH

Another area I mentioned at the start of this year was mental health of registered managers. While we've been delighted to see more research into the mental health of care staff from the likes of NACAS and Care Workers' Charity, the findings of this research make for difficult reading. NACAS found that 94.3% of care managers who took part in the survey had experienced burnout, and 92.5% of the same group felt their mental health had been affected by work.

We are working on ways to support registered managers with their mental health, with our Wellbeing Area on the CMM website launched in September. Let us know what you think by emailing us.

Finally, I hope you all get some time to enjoy the festive period. CMM will be back in 2020 with more thought leadership, best practice and latest news.

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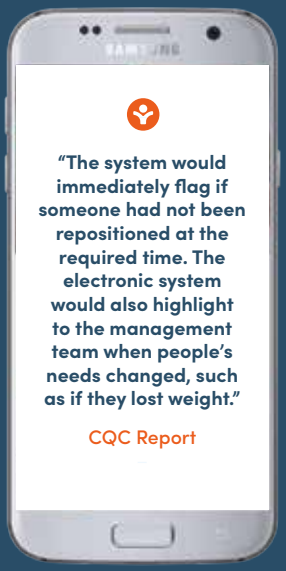

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Inside CQC

ROB ASSALL-MARSDEN

Rob Assall-Marsden, Interim Deputy Chief Inspector updates you on the second phase of the Care Quality Commission's (CQC's) restraint review.

In August, my colleague, Debbie Ivanova wrote the Inside CQC column to tell you about the progress of our thematic review of restraint, seclusion and segregation as we entered the second phase of the review. The second phase, which is looking at restrictive interventions in adult social care services, as well as mental health rehabilitation centres and low secure hospitals, and some children's residential services, is now well underway and I want to take this opportunity to update you on the review and how we are taking forward the recommendations we made in our interim report in March 2019.

We are working closely with the Department of Health and Social Care, The British Institute of Learning Disabilities (BILD) and NHS England to make sure the right people are involved. As part of this, from August to October, we held an online survey to gather views on our draft proposals for a better (more integrated and preventative) system and we are currently analysing the feedback we received. In November we are holding a summit where we will be working with international and domestic experts in the field to turn our #BetterSystem proposals into an action plan which will make a difference to improve the lives of people with learning disabilities and or autism.

The Department of Health and Social Care has also recently announced that it is working to create a team of people who will review the care of people we identified in segregation during phase one of the review and I hope to update you about this in a future column.

Since August 2019 and the beginning of phase two of the review, we have visited 11 mental health services and 27 social care services. During these visits, we have found that there is little central accountability and oversight for the use of restraint in social care, which we have highlighted before, so these issues will be raised in our final report.

This final report is due to be published in March next year, and we need every person who has a stake in this work to take responsibility for their part of the recommendations.

As well as the work we have done in phase two of the review, this month we have also provided our inspectors and inspection managers with supporting information on closed environments. When we say closed environments, we are talking about environments where people are placed away from their communities, where people may stay for months or years at a time and where staff often lack the right skills, training or experience to support people.

This work is separate to our review of restraint, seclusion and segregation but we want to ensure that going forward there is a greater focus on the care for people with a learning disability and or autism who might be at risk in these closed environments, and the information provided to inspectors and Mental Health Act reviewers this month will hopefully help with this.

We know that, often, people with a learning disability and or autism are unable to advocate for themselves, for a number of reasons, including being non-verbal and other difficulties in communicating. We also know that this lack of understanding can lead to people's needs being ignored and restrictive practices being used where they otherwise might not need to be.

Our review is looking at how restrictive practices are being used and we are working with stakeholders from all parts of health and social care to better understand how these can be reduced or stopped altogether.

We know that there are times where restrictions are used in punitive ways, which can lead to the development of abusive cultures. This is absolutely not acceptable under any circumstances and is a breach of human rights. The new information which we issued on 1st November tells inspectors and Mental Health Act reviewers what they need to look for to help them identify when there is a possibility of this happening.

I hope that I have given you some insight into the work we have done since Debbie last wrote about the review, and that you will visit our website or contact the team if you want more information or wish to speak to someone about the review.

Rob Assall-Marsden is Interim Deputy Chief Inspector at the Care Quality Commission. Share your thoughts and feedback on Rob's column on the CMM website, **www.caremanagementmatters.co.uk**

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NEWS

Billions needed for adult social care

Analysis from the Institute for Fiscal Studies (IFS) has found that billions of pounds are needed by councils to fund adult social care, due to the growing elderly population, increases in the number of disabled adults, and increases in wage and other costs.

With Council Tax rising in line with inflation (2% a year), by the end of the parliament councils will need an extra £4bn a year from Government just to maintain social care services at current levels and stop further cutbacks in the share of national income spent on other services, for example children's social care, public health and housing. This figure would rise to £18bn a year by the mid-2030s.

Even with Council Tax going up by 4% a year every year, councils will still likely need an additional £1.6bn a year in real-terms funding by 2024-25. This would grow to £4.7bn by 2029-30 and £8.7bn by 2034-35.

Any promises pledged during the election campaign to extend the reach of adult social care services would require additional funding on top of this.

For example, according to the Health Foundation and The King's Fund, the cost of free personal care for the over 65s would be £6bn if introduced in 2020, increasing to £8bn in real terms by 2030.

Even then, such pledges would not restore adult social care services back to their 2010 levels – returning to those levels would cost something like a further £8bn a year in 2020-21, and even more in the longer term.

An additional £1.3bn has been allocated for the coming financial year, and councils with social care responsibilities will be allowed to increase Council Tax by up to 4%.

Even if spent in full, this additional funding will only be enough to undo around one-fifth of the fall in councils' spending on services.

Reviews for inpatients with learning disabilities

The Government has committed to reviews for inpatients with learning disabilities and autism who are living in a mental health hospital.

All of these people will have their care reviewed over the next 12 months, the Health and Social Care Secretary, Matt Hancock has announced.

As part of the review, Government will commit to providing each person with a date for discharge, or, where this is not appropriate, a clear explanation of why and a plan to move them closer towards being ready for discharge into the community.

This announcement builds on recent statistics which show that there has already been a 22% reduction of inpatient numbers since March 2015, with Government also committing to a further reduction of up to 400 inpatients to be discharged by the end of March 2020.

For those in long-term segregation, an independent panel, chaired by Baroness Sheila Hollins, will be established to oversee the reviews for inpatients with learning disabilities and autism to further drive improvements in their care and support them to be discharged back to the community as quickly as possible.

The panel will include experts who will monitor, challenge and advise on the progress of case reviews of those in the most restrictive settings, with the aim of supporting more people to be discharged.

Government has also confirmed that every NHS and social care worker will receive mandatory training relevant to their role, as part of a series of new measures to improve the quality of care for those with learning disabilities and autism across the health and care service.

As part of this, the Government will run a series of trials next year to inform a wider roll-out of the training which aims to improve quality of care and life expectancy.

APPOINTMENTS

PRESTIGE NURSING + CARE

Fiona Williams has joined Prestige Nursing + Care as its new Chief Operating Officer.

Fiona brings a wealth of operational experience in the industry, having held senior leadership positions for over a decade.

She joins from Four Seasons Health Care, where she was Managing Director.

CORNWALL CARE

Three new non-executive directors have joined the Cornwall Care team.

These are financial planner, Ian Harris, former NHS senior manager and leadership coach, Heather Mullin and care assistant, Allison Haywood.

Standing down from the charity are former non-executive directors and trustees Geraldine Lavery, John Acornley and Dr Tony Felton. The Board continues to be chaired by Director, Philip Rees.

UKHCA

United Kingdom Homecare Association (UKHCA) has announced changes to its Board.

Trevor Brocklebank has stood down as Independent Chair, Paula Hoggarth of Radis Group stood down as Board representative for Wales and Mike Potts stood down as adviser to the UKHCA Board on health.

The Board has appointed Dominique Kent as Chair and Roger Booker of Direct Health Group as Vice-Chair.

The Board also reappointed Mike Smith of Trinity Homecare Ltd as Treasurer and David Chalk of Windrush Care Ltd as Honorary Secretary.

Digital readiness online assessment

Skills for Care has produced a new digital readiness online assessment for providers to see how they are progressing towards the use of digital in their service.

The free tool will help employers to measure their use of digital technology, including finding out how capable and equipped staff are in harnessing the benefits of digital tools and whether the provider has the right infrastructure in place.

Once employers complete the digital readiness online assessment, an email report will be sent to them based on their responses, including tailored 'top tips' and resources to help them progress further towards a more digital approach.

The tool was created alongside social care employers at varying points in their 'digital journey' and will be hosted on Digital Social Care, a dedicated website launched earlier this year which is run by social care providers for social care providers.

It provides advice, tools and support to the sector on technology and data protection.

Take the digital readiness online assessment on the Digital Social Care website, www.digitalsocialcare.co.uk.

Supporting older people to live healthier for longer

A report has been published by the British Geriatrics Society, which looks at how the country can support older people to be healthier for longer.

The report examines how messages of prevention and healthy ageing apply to an older population group that may already be ill and/or frail, and to the professionals who care for them.

The prevention agenda is explored in *Healthier for Longer*, and is shown to be as relevant to the older population as it is to younger age groups.

While the gains of prevention in relation to older people's health may be modest in terms of years of life gained, the impact in terms of quality of life is likely to be significant, says the British Geriatrics Society.

The report also highlights five steps that all healthcare professionals can take to help promote healthy ageing and prevention in later life:

- 'Care at every contact' – every touch-point of care is a potential opportunity to help people to engage in their own health and work with others to improve it.
- 'Cover the basics' – older people need to be able to see, hear, eat, drink and sleep well even if other more complex health issues are being addressed.
- 'Consider the whole person' – healthcare issues may not be the only, or even the most pressing, concern for a patient. Ask what matters to them and how they can be supported.
- 'Communicate clearly' – tell older people what is going on and how they can help with improving their health.
- 'Collaborate with others' – work with colleagues, nursing and therapy teams, families and the older person themselves to give the best chance of recovery and independence.

The full report is available to read or download on the British Geriatrics Society website, www.bgs.org.uk.

Financial leakage in the care home sector

The Centre for Health and the Public Interest (CHPI) has published a report looking at financial 'leakage' in the care home sector.

Plugging the leaks in the UK care home industry: Strategies for resolving the financial crisis in the residential and nursing home sector identifies where each pound that goes into the care home industry ends up. It uses a forensic study of the accounts of over 830 adult care home companies, including the 26 largest providers. The companies examined have a combined income of £10.4bn, representing 68% of the total estimated market value for independent providers in 2017.

The report has found that:

- Significant financial 'leakage' in the care home sector is evident. For 784 small and medium-sized care home companies, £7 of every £100 received goes to profit before tax, rent payments, directors' remuneration, and net interest paid out. For the 18 largest for-profit providers, the level of leakage is £15 of every £100 received.
- The 26 largest care home providers are seeing significant differences in the amount of money leaked; for the 13 largest for-profit providers, the level of leakage is £19.49 out of every £100 received, and amounts to £401m a year.
- Debt repayments are a significant area of leakage, especially for homes operated by the five largest for-profit care home providers which are owned or backed by private equity. 16% of the weekly fees paid to these providers by local authorities or individuals for residential care goes towards paying off debt.

CHPI recommends:

- A Care Home Transparency Act forcing providers to detail where their income goes.
- A new form of regulation to prevent care home companies with 'unsatisfactory' financial models from operating in the UK.
- Capital should be made available by Government for the provision of new care homes.

Funding for district nursing

Health Education England (HEE) has announced additional funding which will support community nurses wishing to undertake the specialist qualification that will enable them to become district nurses. The £18.5m funding will also support the transition to the District Nursing apprenticeship programme in 2020/21.

In line with the ambitions set out in the Interim people plan, the HEE funding for district nursing will allow community nursing teams to meet the health needs of the communities they serve up and down the country.

In a further boost, HEE has confirmed it will be providing further investment from 2021/2022 and beyond to secure the long-term future of district nursing teams. It will work closely with nurse leaders to identify how best to allocate funding to support community nursing teams in the delivery of 21st century care.

HEE has also confirmed that it will make sure that district nurses receive their proportion of the £150m for CPD, will develop innovative modular skills courses for community and district nurses and will work with partners to develop a comprehensive District Nursing 10 Point Plan.

Seasons Greetings

from the Health and Social Care Team at Gordons Solicitors

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SCIE Chief Executive stepping down

The Chief Executive of the Social Care Institute for Excellence (SCIE), Tony Hunter is stepping down on 31st March 2020 the organisation has announced.

Speaking on the news about stepping down as SCIE Chief Executive, Tony said, 'The last six years have without doubt been amongst the most stimulating and productive of my 40 years in social work and associated organisations across sectors.' He has thanked staff, Board members and stakeholders for their work to improve the lives of people who use care and support services. He plans to move to a more portfolio-based range of work, including the continued chairing of the Doncaster Children's Trust.

SCIE's Chair, Rt Hon. Paul Burstow has thanked Tony for his contribution to the success of the organisation and for his work for the sector.

Ageing Fast and Slow

Ageing Fast and Slow has been published by Resolution Foundation, looking at how locations in the UK are ageing differently, with areas that have a larger older population ageing faster than those with a generally younger population.

All developed countries are getting older, says Resolution Foundation, and the UK is no different. Its average age rose from 35.1 years in 1947 to 38.6 in 2001, and stands at 40.2 years today.

Despite this national ageing population receiving much attention from the media, local demographic change has not been discussed nearly as much.

In Britain, older places are ageing faster than younger ones and younger places are getting old at a slower pace (or actually getting younger), according to the report; its states that this has been driven primarily by differences in birth and migration rates.

Notably, the report has found that gaps in average ages vary substantially across the UK.

For example, North Norfolk has the oldest typical age (53.8 years), while the youngest area is Oxford (29 years).

There are clear geographic patterns in typical ages across the country, with coastal and rural areas generally much older than urban ones.

From a local authority point of view, in 2018, 33 local authorities in the UK had an average age 10% higher than the national average, and 39 had an average age 10% lower than the national average.

Both the poorest and richest areas of the country are ageing slowest (and even getting younger), while middle-income areas have aged most rapidly.

Target Healthcare

Target Healthcare has agreed the acquisition of eight care homes and 31 retirement apartments, in four separate transactions, for a total sum of £81.3m including transaction costs. The acquisitions include:

- A portfolio of five care homes, totalling 362 bedrooms, in Yorkshire to be let to an existing tenant of the Group.
- Two further care homes in Yorkshire to be let to an existing tenant.
- 31 retirement living apartments in Gloucestershire, managed by an existing Group tenant.
- A care home in Dorset which adds a new operator to the Group.

IN FOCUS

Fellowship for Learning Disability Nurses

WHAT'S THE STORY?

The Foundation of Nursing Studies (FoNS) has announced a new programme funded jointly by The Burdett Trust for Nurses and NHS England/Ireland.

The programme, which aims to develop the skills of learning disability nurses, will start early in 2020, the international year of the nurse and midwife.

Building on the outcomes of FoNS's *Celebrate Me* report, the initiative will take inspiration from the Inspire Improvement Fellowship and Creating Caring Cultures Framework, which has been developed over a number of years.

WHAT ARE THE PROGRAMME'S AIMS?

FoNS intends that this programme will enable aspiring learning disability nurses who are early on in their career (between one and three years post-registration) to develop skills and confidence in the facilitation of person-centred cultures of care.

In doing so, the people who they are caring for, and their families, will experience effective, compassionate and safe care that is centred on their needs.

Staff will feel more valued and more able to take responsibility for what happens in practice, contributing to building and sustaining cultures of person-centred care, in line with national best practice.

In addition, the programme aims to improve recruitment and retention of learning disability nurses, raise awareness of learning disabilities services and enhance the profile and leadership capacity of learning disabilities nurses.

WHAT DOES THE SECTOR SAY?

Ruth May, Chief Nursing Officer for England, said, 'I am delighted to be supporting this programme which actively raises the profile of learning disability nursing by developing and inspiring talented individuals on their way to becoming our nursing leaders of the future.'

'Building on the success of *Celebrate Me* – I am very much looking forward to meeting candidates, selected for their delivery of high-quality care and innovation, and hearing how it is directly helping them to improve care for people with a learning disability, their families and carers.'

Vic Rayner, Executive Director of the National Care Forum said, 'The National Care Forum is delighted about the announcement of the Learning Disability Nurse Fellowship, being offered by FoNS.

'We know that recruitment and retention of care staff is a real challenge – and the CQC recently highlighted this in their 2019 *State of Care* report. They also pointed to the scarcity of specialist staff able to provide care and support to those with a learning disability and/or autism.

'This fellowship is a really positive and proactive response to those challenges and we are pleased to offer support to FoNS to promote, raise awareness and share learning from it.'

National Academy for Social Prescribing

People with long-term health issues will benefit from a new independent National Academy for Social Prescribing, which aims to support professionals in the prescribing of arts, sport and leisure activities across the country.

Health and Social Care Secretary, Matt Hancock has set out his ambition for every patient in the country to have access to social prescriptions on the NHS as readily as they do medical care.

The Academy will share best practice, develop training and accreditation and improve the evidence base for social prescribing. It has been developed across government, with Sport England, Arts Council England and a range of voluntary sector partners.

Alongside the benefits for patients, the National Academy for Social Prescribing also has the potential to ease the burden on the NHS. Only 60% of Clinical Commissioning Groups (CCGs) use social prescribing for people with anxiety, mental health issues and dementia, but in some parts of the country people with long-term conditions who have had access to social prescribing link workers have reported being less isolated, have attended 47% fewer hospital appointments and made 38% fewer A&E attendances.

The Academy will work to:

- Standardise the quality and range of social prescribing across the country.
- Champion the benefits of social prescribing by building and promoting the evidence base.
- Develop and share best practice, as well as looking at new models and sources for funding.
- Bring together all partners from health, housing and local government with arts, culture and sporting organisations.
- Focus on developing training and accreditation across sectors.

Mr Hancock said, 'There are thousands of people up and down the country right now who are already benefiting from activities like reading circles, choir groups and walking football. The National Academy for Social Prescribing will act as a catalyst to bring together the excellent work already being done across the NHS and beyond.'

Inequalities for LGBT people in health and social care

The Women and Equalities Committee has revealed the extent of inequalities for LGBT people in health and social care in a new report.

Lesbian, gay, bisexual and transgender (LGBT) people are being let down by health and social care, says the report, with structures and services that are not inclusive or designed with them in mind, and a lack of leadership in Government, the NHS and social services.

The report finds that, too often, LGBT people are expected to fit into systems that assume they are straight and cisgender. But the Committee says that deep inequalities exist in outcomes for these communities and that treating them the same as non-LGBT people will not address this issue.

Maria Miller MP, Chair of the Women and Equalities Committee, said, 'We found a lot of good will in health and social care services to make them LGBT inclusive, and examples of good practice that must be shared and embedded in our services. But unfortunately, the best will in the world won't change the systemic failings in areas such as data-collection and training that are leading to poorer experience when accessing services, and to poorer health outcomes for LGBT people.

'This can never be acceptable. LGBT-specific services play an essential role in the health and social care services for the moment and must be maintained as long as that's necessary, but mainstream services must move now to ensure that they are inclusive and are effectively identifying and taking into account the needs of the LGBT communities.'

The Committee found that, while there is a lot of good will in health and social care services to make them LGBT-inclusive, the work is driven by committed individuals in a piecemeal fashion rather than by senior leaders in the NHS, councils or the Government.

There is little joined-up thinking and LGBT issues are tacked on to existing policies, rather than integrated into health and social care systems.

Three adult social care reports from NHS Digital

Three adult social care reports have been published by NHS Digital.

These include the latest statistics on those receiving adult social care in England, and cover a range of topics, from how people feel about the care they receive, to the latest statistics on social care activity and finance.

The Personal Social Services Adult Social Care Survey, England 2018-19 (ASCS) found that almost two thirds (64.3%) of people receiving social care services during 2018-19 were very or extremely satisfied with the care and support they received.

When looking at those in specific care settings, the ASCS shows that 58.5% of people living in a residential care setting felt that they had as much social contact as they wanted with people they like.

Those in the community reported the lowest levels of feeling that they had as much social contact as they wanted with people they like (41.9%) and the highest levels of feeling socially isolated (7.3%).

Key findings from *Measures from the Adult Social Care Outcomes Framework 2018-19* include an increase in the proportion of adults with a learning disability who live in their own home or with family. 77.4% of adults with a learning disability live in their own home or with their family – up from 74% in 2014-15.

The report also includes data on delayed transfers of care, with the highest average number of delayed transfers of care in the South East (13 per 100,000 population) and the lowest in the North East (5.7 per 100,000 population).

The North West had the highest average number of delayed transfers of care that were attributable to social care and the North East had the lowest.

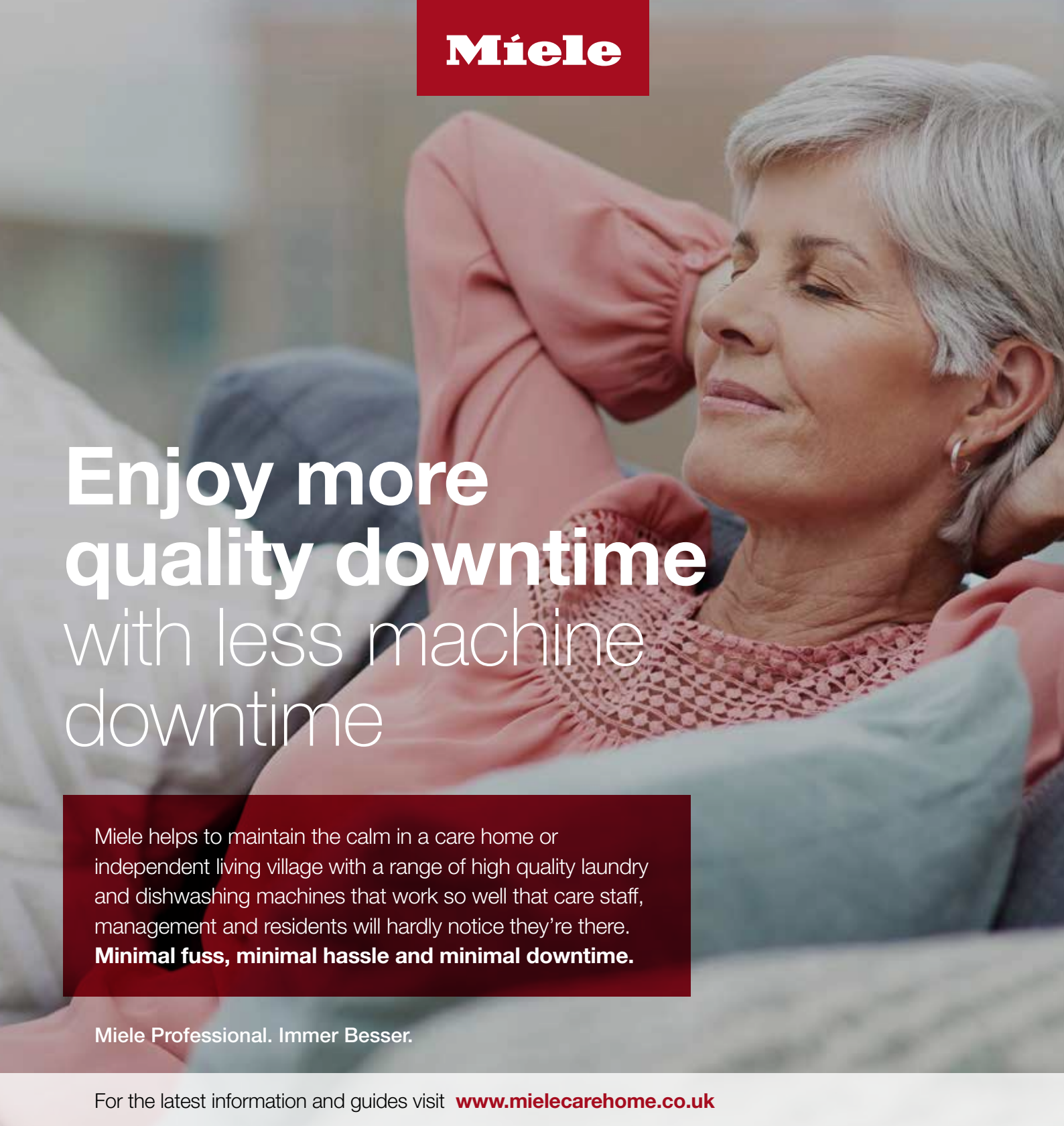
Adult Social Care Activity and Finance report 2018-19 shows that local authorities received 1.9m requests for adult social care support from new clients during 2018-19, an increase of 3.8% since 2017-18.

Local authority spending on adult social care rose to £18.7bn in 2018-19, up £807m on last year, a real-terms increase of 2.6%.

The average cost of residential care for a person aged 65 and over rose from £604 per week in 2017-18 to £636 per week in 2018-19, while the average cost of nursing care for the same age band increased from £638 per week in 2017-18 to £678 per week in 2018-19.

For those aged 18 to 64, the average cost for residential care rose from £1,274 per week in 2017-18 to £1,320 per week in 2018-19, while the average cost of nursing care for the same age band increased from £921 per week in 2017-18 to £976 in 2018-19.

All three reports from can be read on the NHS Digital website, www.digital.nhs.uk.



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Young people would consider social care career

Phase two of the Department of Health and Social Care's (DHSC's) recruitment campaign has revealed that younger people in England aged 18-34 are the most likely to consider applying for a job in adult social care.

The *When you care, every day makes a difference* campaign aims to attract people with the right values to help fill the 122,000 vacancies across the sector to support some of the most vulnerable in society.

A survey of 2,020 adults shows:

- 64% of 18-34 year olds would consider a career in adult social care.
- Over half of people aged 18-24 (57%) and 25-34 (56%) would consider changing career for a job that helps or supports others.
- More than one in ten people aged 18-24 (13%) and 25-34 (14%) are dissatisfied with their current job.
- 59% would consider moving roles to a job which offers more personal fulfilment.
- 65% of parents with dependent children would consider a role in adult social care.

This interest from younger people has been welcomed. The average age of those working in the sector is 45 years old, and around 385,000 jobs are held by people aged 55 years old who are likely to retire in the next ten years.

The campaign will continue to target 20-39 year olds, to help capitalise on interest and raise awareness of the variety, benefits and progression offered by a career in care.

The campaign was launched in February aiming to attract new people with the right values to the sector and increase interest in adult social care as a vocation.

Commitment to a shared vision for older people

A statement by Public Health England and the Centre for Ageing Better has set out a shared vision for making England the best place in the world to grow old.

It is the first time that such a wide range of organisations have come together to voice their intention to promote healthy ageing. Signatories, including Age UK, Carers UK, Independent Age and the Mental Health Foundation span the areas of health, employment, housing and communities and are from academia, local government, the NHS and the public and voluntary sectors.

Following the launch, Public Health England and the Centre for Ageing Better will continue to develop and promote good practice, share learning and experience and inspire others so everyone can look forward to a healthy later life.

Allegra Care

Allegra Care has acquired St George's Nursing home in Weston-Super-Mare in a deal supported by a seven-figure funding package structured by Allied Irish Bank (GB).

St. George's Nursing Home is a purpose-built, 66-bed home providing elderly care with nursing and day care. The home opened in 2012 and provides accommodation over two floors, surrounding a garden. There is a cinema room, hairdresser and nail bar, reading room, and several lounge areas.

Allegra Care recently entered the UK care home market, with the acquisition of St George's Nursing Home being the company's first.

Runwood Homes launches premium brand

Gordon Sanders, Chief Executive of Runwood Homes, along with his family, has launched a new premium brand for the private-pay market. Sanders Senior Living aims to provide high-quality living environment for residents, using premium materials and the latest technology.

The construction and commissioning teams have collaborated with high-end suppliers and will be seeking feedback on how their new homes are operating on a frequent basis.

The brand has recently opened its first premium care home, Graysford Hall in Stoneygate, Leicester, offering support for up to 69 older people, including those living with dementia.

Claridge Place in Olton, Solihull, is also planned to open at the end of November 2019 and will be the second home in the brand's portfolio.

The Castle Club

The Thackeray Estate, a property development and investment business, has been granted planning permission to restore and develop the Castle Club, a Grade II listed building in the heart of Fulham, into a state-of-the-art care home.

The Thackeray Estate will restore and redevelop the Gothic style former school and include a three-storey glazed extension.

The building is close to Hurlingham Park and will consist of 33 bedrooms and modern facilities, providing a home for people needing 24-hour nursing care.

Avery supports the Care Workers' Charity

Avery Healthcare embraced 'Going the Extra Mile' this year at their events, where they raised over £10,000 for Care Workers' Charity.

Avery Healthcare is a gold sponsor for the charity. This summer, 55 of Avery's care homes came together to run, jump, skip, walk or dance as they fundraised.

Staff and residents at Rowan Court Care Home in Newcastle-under-Lyme cycled in specially-designed, wheelchair-friendly bikes around their local lake. Four residents at Acorn Lodge Care Home in Nuneaton knitted a mile of yarn into a giant scarf. Amarna House Care Home in York donned feather boas and danced their mile in a giant conga line, before hosting a sponsored car wash to fundraise even more.

Avery also joined in with the Care Workers' Charity's night-time Snowdon Trek. Staff from a number of their care homes joined in, climbing to the top of the mountain and raised a further £3,959. This has brought Avery's 2019 fundraising total for the Care Workers Charity to an amazing £10,637.66.

3rd Sector Awards finalists

The finalists have been announced for the Markel 3rd Sector Care Awards 2019. Entries from across England have been carefully considered by the panel of expert judges. To find out more, including who has made it through to the next stage of judging, read the feature on page 46. The winners will be announced on Friday 6th December at a lunchtime ceremony in London.

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Learning Disability Super League

Players and supporters of the Community Integrated Care Learning Disability Super League have marked the end of their ground-breaking inaugural season with a star-studded celebration at the Betfred Super League Grand Final at Old Trafford.

Their special pre-match event at Old Trafford brought together more than 600 people who have supported the success of the programme this year, including players, coaches, volunteers, family members and partners of the Learning Disability Super League.

The celebration, which was hosted by Sky Sports star, Angela Powers, gave every participating player the chance to collect a memento marking their year on the field.

The event was backed by the Rugby Football League and Super League, and a host of legends who have collected some of rugby league's biggest honours throughout their careers. This included appearances from Wigan Warriors and Great Britain hero, Terry O'Connor, who is a Founding Ambassador for the programme, and Hull KR and Papua New Guinea icon, Stanley Gene, who has also signed up to support its ongoing success.

The present era of Super League stars was represented by Castleford Tigers outside-back, Peter Mata'utia, who was officially inducted at the event as an Ambassador for the programme.

The celebration was delivered by Community Integrated Care, with sponsorship from their partners Mersten and Carbon Creative.

DC Care

DC Care has facilitated the sale of 129 London Road in Redhill, Surrey.

The semi-detached former care home features attractive gardens and was previously registered for the care of five people with learning disabilities.

The home closed in mid-2018 as Active Prospects felt the residents, who were subsequently relocated, required a facility more suitable for their needs.

The property has been acquired by Selfwood Capital, and will be converted to a children's service.

The sale was managed by Southern Region Director, Andy Sandel and Senior Sales Negotiator, Michelle Natkus.

Prestige Nursing + Care

Prestige Nursing + Care has officially opened a new branch in Taunton, Somerset. Situated on the High Street, the new office will be managed by Chris Hayes with a team of three. It will cover care for Taunton and the surrounding area, working closely with the Bath and Bristol branches.

Announcing the opening of the new branch, James McAlpine, Regional Manager for the South West at Prestige Nursing + Care, said, 'It is great to open our doors in Taunton. This is a great location, allowing us to meet the needs of more people and we look forward to getting to know the local community and addressing its care needs.'

Enhanced Community Healthcare Options

Enhanced Community Healthcare Options (ECHO) has opened a specialist care facility, Malsis Hall, in Glusburn.

The Grade II listed building has been converted from Malsis School, which closed its doors in 2014, into a care centre designed to provide recovery and rehabilitation for people with mental health conditions. It will be accepting referrals from local authorities and the NHS within a 30-mile radius and will create 130 jobs in the local area.

The facilities include residential suites and apartments, communal areas, community meeting rooms, three sports pitches and a sports pavilion.

Aura Care Limited

Christie Finance has secured funding for Ty Victoria, a 22-bed care home facility in Swansea, South Wales on behalf of a new entrant to the market in a sale handled by Christie & Co.

Ty Victoria is situated within easy reach of Swansea city centre and has been under the same ownership for over twenty years. The freehold has been purchased by Aura Care Limited, a new company formed by eight shareholders, each of whom have individual experience across the care sector.

Each of these shareholders will provide operational support, while Binodbikash Simhada and Prabhu Ram Neupane will lead the day to day running of the care home. This purchase marks the first in a proposed portfolio, with Aura Care Limited hoping to continue to acquire several care homes across the South West.

Beating heart of care report

The Care Workers' Charity has launched a new report, looking at the mental health of care workers in all roles.

At a launch event in London for the new publication, *The Beating Heart of Care: Supporting Care Workers Better* the Care Workers' Charity spoke about how it had spent many months collaborating with care workers, managers and sector thought-leaders to map out the most prominent issues facing care workers in relation to their jobs.

The charity has also spent time looking at what they and the sector can do to combat and overcome these issues.

At the event, the audience heard from an inspiring panel that represented a cross-section of the social care landscape who delved into the report findings and considered ways that the sector could support care workers better.

The panel hosted a lively debate, chaired by Neil Eastwood, with senior leaders representing the breadth of the sector, from elderly care and the disability sector, large and small providers, and domiciliary and care homes.

This report is a milestone in what will be a long journey for the Care Workers' Charity, and its findings will inform a new chapter of service delivery.

The full report is available on the Care Workers' Charity website, www.thecareworkerscharity.org.uk.


14251 km
8855 mi
INDIA
CANADÁ
2890 km
1796 mi
7846 km
4875 mi
MARRUECOS
ALASKA
5628 km
3497 mi
XCARET
0 km
0 mi
XEL HA
HAWAII
7305 km
4539 mi
PORTUGAL
GRECIA
COLOMBIA
2277 km
1415 mi
KENIA
6208 km
3857 mi
CHILE
12835 km
7975 mi
CHINA
2513 km
1561 mi
XPLOR
3 km
2 mi

AN INTERNATIONAL PERSPECTIVE

of care, retirement and ageing

With continuing difficulties in the UK care sector, what is the picture elsewhere? Andrew Larpent, Chairman of CommonAge and a Trustee of The Abbeyfield Society explores the challenges faced by social care systems across the world, and the importance of global knowledge-sharing.

Over recent weeks I have been in a reflective mood as I've approached the milestone of 20 years in leadership roles in the care and retirement arenas in the UK and internationally. It has been an important time to take stock of a range of issues, challenges and opportunities faced by professionals and volunteers working with, for and on behalf of older people across the globe. It's a shrinking world where many common issues challenge governments and societies faced with ageing populations.

In September 2019, I travelled, on behalf of CommonAge, to Toronto for the biennial conference of the Global Ageing Network (GAN), hosted by the Ontario Long Term Care Association. From there I went to India where I was invited to present to the second Seniors Care Conclave in Delhi; a large national conference organised by the Confederation of Indian Industry, HelpAge India and the Association of Senior Living India (ASLI). I also recently attended the annual conference of the UK Association of Retirement Community Operators (ARCO), and an interesting cross-discipline event on the integration of care, housing and health hosted by The King's Fund in Manchester. Throughout these trips and events, I've seen several consistent international themes emerging in the world of ageing and retirement.

AGEING IN THE COMMONWEALTH

One important thing to note is that there are very few countries that can afford to turn a blind eye to the challenges and opportunities of ageing populations. In 2018, CommonAge, in partnership with the Oxford University Institute for Population Ageing, produced its first research report on *Ageing in the Commonwealth*.

It found that many of the 53 countries in the Commonwealth have an average population age of under 25, yet population ageing is an issue that goes to the heart of the sustainability agenda for civil societies in all countries.

AGEING IN INDIA

As an example, the situation for seniors in India – where the median age in 2015 was around 27 years old – is extreme, and it serves to illustrate a far wider international challenge. The numbers are hard to comprehend. In that rapidly-developing country, with a population of 1.3 billion, there are currently 110 million citizens over the age of 60. This number is set to double over the next 20 years.

The massive additional challenge is that 56 million older people in India live in extreme poverty and subsist on the equivalent of under one US dollar per day.

For those who can afford services, India currently has just 10,000 places in care homes or retirement communities against an assessed need of more than 20 times that number. The assessed national challenge is to deliver 300,000 new residential and care places over the next 10 years. In addition, there is a huge

>

> unmet demand for homecare services, and for the development of a skilled and accountable workforce. The commercial opportunities and the need for investment are massive. Challenges of a similar nature, but with different numbers, confront many other developing countries.

CHALLENGES IN THE UK

Here in the UK there is no room for complacency. The care sector talks constantly about the crisis in social care, which successive governments have failed to recognise and address for at least twenty years. We are conscious of a funding crisis in social care services, but less well-publicised are the stark housing statistics that, throughout the UK, 20% of dwellings do not meet basic quality standards, and that large numbers of frail older people in our so-called 'advanced' economy live in unsuitable or inappropriate housing.

These are statistics we should all find shocking. They illustrate the stark reality that, across the Commonwealth and the world, the challenges of ageing populations, ageism and age-related inequalities are inadequately recognised and they demand closer attention by governments of all kinds and at all stages of economic 'development'.

It appears that too many countries are losing sight of traditional familial values, and the basic human right of all older people: to be treated with dignity and respect. The countries doing best are those that recognise the need for informal, community-based support for older people. The famous African proverb, 'It takes a village to raise a child' applies equally to the support needs of people in the later stages of life.

The UK experience in this is significant, as the interest amongst older people in downsizing to live in retirement communities is far lower here than in countries of a similar socio-economic make-up. According to ARCO, the percentage of the over-65s who are living in retirement communities in the US, Australia and New Zealand is at or over 5%; in the UK this figure is 0.5%. Retirement villages have yet to make a significant statistical impact in this country despite the energetic efforts of many operators and developers.

POSITIVE INTERNATIONAL TRENDS

Despite these issues, there is evidence of changes taking place in attitudes towards ageing. In developed economies, there are increasing signs of a more holistic approach to the integration of services and support. It is encouraging to note examples of the breaking down of silos in public policy around care, housing and health.

Here in the UK, the integrated Housing to Health project in Nottingham City is offering an important lead that is improving outcomes for older people in that city, as well as saving money for the council and clinical commissioning group.

In other areas, some care providers are working on partnership models with district hospitals to provide innovative solutions to continual pressures in the acute health sector. Across the world in South Australia, there are excellent examples of partnership working between the health and care systems in the Transitional Care model of hospital avoidance and minimisation.

By contrast, rural communities in Cameroon, West Africa have some inspirational examples of community-based projects enabling older people to maintain their independence and dignity. These work through a micro-finance scheme which is funded by grants from the UK Department for International Development.

Meanwhile, in Singapore and Malaysia, we see innovative examples of housing with care models. These examples of best practice in the evolution of service design and delivery must be shared across international borders, and both CommonAge and GAN are committed to this.

THE CHANGING NATURE OF CARE AND RETIREMENT

At the GAN conference in Canada, there were many examples of innovative housing and service solutions on display from across the world. It was good to see the UK well represented by Vic Rayner, Executive Director of the National Care Forum and Donald Macaskill, Chief Executive of Scottish Care, who together made a major contribution on the theme of promoting a human rights-based approach to dementia.

There is also a discernible international trend in evidence of a move away from 20th century models of institutional care and congregated retirement living, towards more organic and traditional community-based, small-scale housing and social services models. It seems that the 20th century era of the Continuing Care Retirement Communities may be in decline. Many such communities are struggling to attract older people, who are now less willing than their predecessors to move away from their traditional communities into artificial out-of-town retirement communities. The attraction of such projects is increasingly being challenged as a new generation of older people from the baby boomer generation seek to remain as active citizens; still engaged and making contributions to society within integrated, intergenerational communities.

In this respect, during my presentation to the Delhi Conclave, I referred to the UK's long-established, and under-celebrated, almshouse movement, in which older people remain within their villages and communities in small-scale independent living units, on affordable rents, and supported by their friends and neighbours. Is it time to re-energise and internationalise this great movement?

I was also pleased to highlight the Abbeyfield Movement's localised, affordable and accessible community housing models. This model of locally-governed, funded and operated housing solutions is designed to counter loneliness and isolation amongst elders.

Inevitably, there is great emphasis, at all national and international conferences, on the important role of technology in care, housing and health systems. It was good to see the GAN Excellence in Ageing Services Award presented to Feros Care for its outstanding work on enabling technologies for elders in Australia.

In India, there is an app for just about everything, and there is a tremendous appetite for web-based technology. Young app entrepreneurs there are working on solutions for seniors' health, quality of life and lifestyle.

As someone who has enjoyed the rare privilege of working at chief executive level in care and retirement organisations in both the UK and Australia, and as a former director of the International Association of Homes and Services for the Ageing (now renamed GAN) I have developed a strong sense of the power of international knowledge-sharing and collaboration. CommonAge is actively promoting such international partnerships and I would encourage more people working in the UK social care and housing sectors to find ways to study and learn from international experience.

Seek opportunities to learn and share with international colleagues. Otherwise, follow CommonAge on social media, join GAN and allow an international perspective to shape our thinking, our careers, and our approach to the development of 21st century services. **CMM**

Andrew Larpent is Chairman of CommonAge and a Trustee of The Abbeyfield Society. Email: **andrew.larpent@gmail.com** Twitter: **@ALarpent**

Have you seen examples of good practice outside of the UK care system? What are you looking to adopt from other countries? Share your thoughts and feed back on this article on the CMM website, **www.caremanagementmatters.co.uk**

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LOOKING BACK

KEY DEVELOPMENTS IN ADULT SOCIAL CARE REGULATION IN 2019

There's been much change for the Care Quality Commission (CQC) this year. Providers have had to keep up with new or different processes and there's still more to come. Here, Neil Grant of Gordons Partnership picks apart the biggest changes both for providers and the regulator, and shares what we can expect to see in 2020.

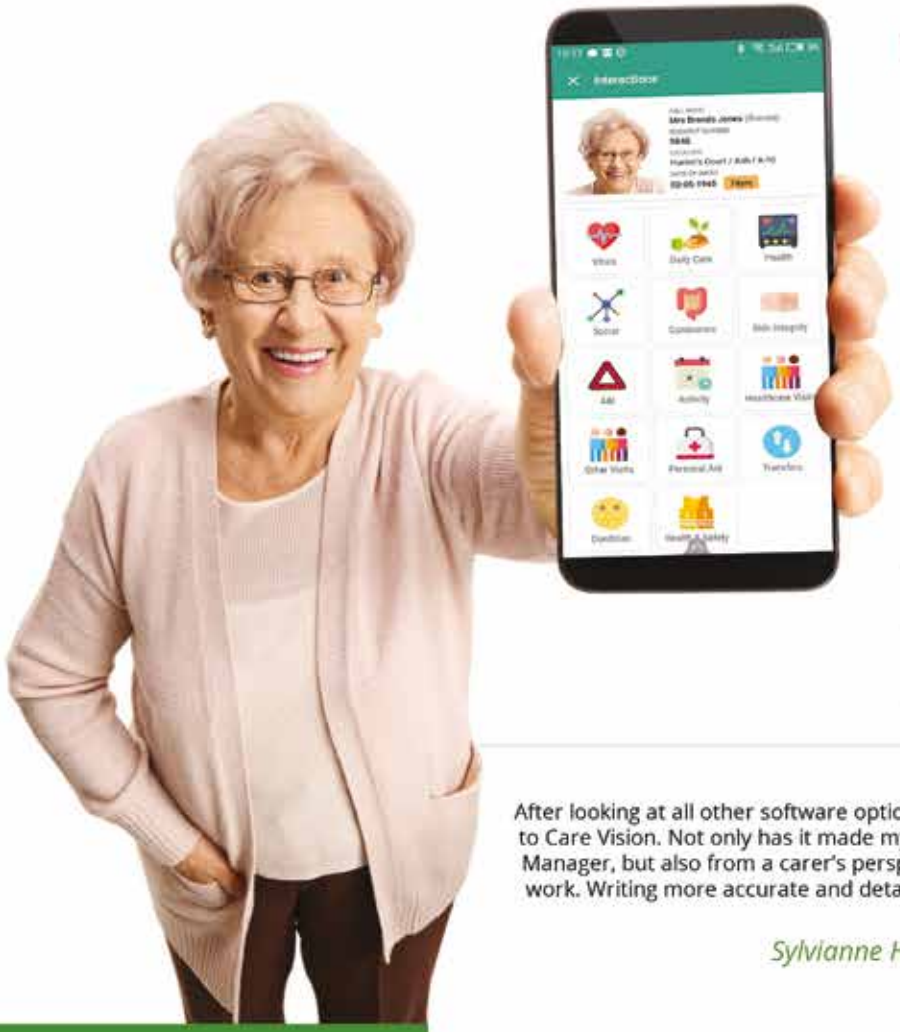
The most memorable fact about the Care Quality Commission (CQC) this year is that it celebrated its 10th birthday in April. This is not to be taken for granted, given that the Commission for Social Care Inspection and the Healthcare Commission only lasted four years, while the original National Care Standards Commission lasted only two. It is all the more remarkable given that, in its first four years, CQC was beset with problems.

Sir David Behan left the organisation in 2018, and Andrea Sutcliffe followed shortly after. So how is the organisation doing in their absence? What has CQC introduced in 2019 that is different as far as adult social care regulation is concerned?

WHERE IS CQC GOING?

I do not get a strong sense of direction from senior management at CQC and this feeling appears to be shared by some of CQC's own staff.

In this year's *CQC People Survey*, the results of which came before the CQC Board >



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Sylvianne Hockey - RGN, Registered Manager

Overall Outstanding

Works with Care homes and Live in Care Services

Safe	Outstanding ☆
Transparency and accountability of service gives assurance to regulators and families	
Effective	Outstanding ☆
Care Routines reduce errors and missed care by receiving real time updates on completed tasks	
Caring	Outstanding ☆
Connecting the community of care including GP and Healthcare Professionals	
Responsive	Outstanding ☆
Encourages people to be more involved in decisions regarding care, connecting the community of families and professionals.	
Well-led	Outstanding ☆
Comprehensive reporting that analyses trends and tracks progress within your service	

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> in October, only 35% of staff agreed that the Executive Team provide clear direction and leadership, compared to 45% in 2018. Although 87% were aware how to raise an issue, only 53% were confident they would be listened to.

Finally, 41% disagreed that they were able to contribute views to decisions that affect them, with only 34% responding positively. The note to the Board states, 'This suggests we need to create more opportunities for dialogue about decisions made.'

WIDER INFLUENCES AND DEVELOPMENTS

Much of what has defined 2019 has been outside of the control of CQC. There is Brexit, the continuing funding shortfalls in social care and a major recruitment crisis across the sector.

In terms of new law, the most significant development for CQC and the sector generally has been the passage of the Mental Capacity (Amendment) Act 2019, which received Royal Assent on 16th May 2019 and defines the framework for the Liberty Protection Safeguards. These are set to replace the Deprivation of Liberty Safeguards (DoLS), with October 2020 being the anticipated date when they will come into force.

To say the Bill had a turbulent passage through Parliament is an understatement, and a coalition of charities and trade associations combined to oppose the proposed legislation.

"In terms of new law, the most significant development for CQC and the sector generally has been the passage of the Mental Capacity (Amendment) Act 2019."

Government was forced to make several concessions. Most notably, the original proposal to have registered managers undertake assessments of the cared-for person was withdrawn due to concerns about conflicts of interest. Now, registered managers will be limited to having a co-ordinating role in relation to assessments and then only if (i) there is no conflict of interest, as set out in regulations, and (ii) the responsible body (i.e. the relevant local authority) has decided it is reasonable for the registered manager to undertake this function (as well as consulting with interested parties about the proposed deprivation of liberty). In the end, the Bill went through and we will live with the consequences in the years to come, though we can expect plenty of legal challenges in the first few years.

What is truly exceptional about the Liberty Protection Safeguards is that they are not setting-specific, unlike DoLS which only apply to care homes and hospitals. Quite how they will work remains to be seen, with a draft Code of Practice and draft Regulations coming out between December and February (I am writing this at the end of October). CQC will have the task of monitoring them in England which will be interesting given that the regulator has no automatic right of entry to people's private homes.

REGULATORY CHANGES

New inspection reports

At the beginning of the year, a new inspection report template was introduced: shorter in length with headings linked to the Key Lines of Enquiry. Particulars in reports are set out in bullet point form, supposedly representing a summary of the best available evidence. The reports are easier for the public to digest and should lead to quicker turnaround times from the date of inspection to publication. The downside for providers is that criticisms in reports are often vague or insufficiently particularised. As the reports do not contain all the evidence CQC relies on, providers are disadvantaged. This is compounded by the fact that CQC will not share the inspection notes, even though these constitute the underlying evidence.

As CQC's website confirms, 'We will not release the inspector's full notes from an inspection. We will consider requests for extracts of notes about a specific issue where this is reasonably necessary to enable you to understand the basis for a statement in the draft report that you believe is factually inaccurate (that is, if the basis of our statement is not clear from the draft report).'

We therefore have a situation where not all the alleged negative findings (or positive ones) are shared with providers. Quite how this fulfils CQC's public protection and improvement duties is beyond me. What CQC should do is supply each provider with a separate document containing all the evidence. It is all in the inspection record anyway. Full disclosure is all the more important when CQC alleges a breach or breaches of regulation and includes a Requirement Notice in the draft report.

The telephone call

Roughly two days after the registered person receives the draft report, they should get a call from the inspector asking if they intend making factual accuracy comments. If they don't, the report can be fast-tracked to publication. It is an opportunity for the registered person >

> to ask for clarification about findings. As CQC advises its inspectors in its Report Writing Guidance (July 2019), 'This is to talk through each section of the report and discuss the evidence used to arrive at our judgment. This conversation is optional and registered persons can choose not to have this call.'

The Guidance goes on to state, 'Where the provider wants to formally challenge the accuracy of the evidence or asks for additional or omitted evidence to be considered they must be referred to the factual accuracy process. This informal conversation is not to discuss this.'

I am not sure how well this new process is working, given a number of my clients never received this telephone call. I would insist on the call happening as it is your opportunity to ask for clarification on any parts of the report that you are not clear about. It is a welcome addition to provider engagement and should always be taken up if you are unclear about aspects of the draft report. Indeed, I would advise providers to submit questions in advance of the call to help the inspector prepare for the conversation.

Factual accuracy comments

Around April, CQC introduced changes to the factual accuracy process, including a new factual accuracy check form. The major initial concern was that CQC was attempting to introduce a character limit under each point. This got a negative response from the provider sector which was concerned about restrictions to their ability to challenge CQC. By June, CQC had backed down and reset the form to allow for unlimited responses under each point.

CQC has made it clear in its guidance that providers should ensure any points they raise in the form are clear and concise, and that they are linked to any supporting evidence that is supplied.

What I would say to providers is that they should not feel restricted in terms of what they write, given that some issues will need a detailed and lengthy commentary, cross-referenced to supporting documentation as necessary.

Provider Information Return

In August, CQC issued a new Provider Information Return (PIR). While some of the questions were different, the bigger change was the severance of the link between PIRs and inspections. As CQC noted in its Executive Team Report delivered to the September Board Meeting, 'In August we changed the ASC [Adult Social Care] Provider Information Return (PIR) from a pre-inspection information request to an annual one. This is a major change in how we collect information from ASC providers. Over time it will allow us to use this information to determine whether we need to inspect, rather than it being a tool to support planning of an inspection already scheduled. Removing the link to the inspection planning will not only help us to monitor more effectively, it should also make it easier for providers to prepare and complete the information return as they will know when they will need to provide this to us well in advance.'

WHAT'S TO COME?

Perhaps the biggest challenge for CQC is how it is going to regulate new technology and innovation in care over the years to come. There will be a need to recruit inspectors with new competencies to be able to judge those services that truly embrace transformative ways of working.

There is perhaps a glimpse as to how this might play out in the February Executive Team Report to the CQC Board, 'In September last year we were awarded £500,000 from the Department for Business Energy and Industrial Strategy (BEIS)'s Regulators' Pioneer Fund to explore how we can work with providers to encourage good models of innovation. The set-up of the team and programme is now underway. It will look at what Good looks like in how organisations are implementing and developing innovative or new technologies (including how organisations manage risks). It will also explore options for what 'regulatory sandboxing' could look like within CQC's purpose and statutory functions, to engage earlier with providers deploying innovative approaches in a collaborative and controlled safe space. The programme will include both research and options development followed by testing over the next year, before potential implementation.'

Looking forward to 2020, I very much hope that CQC will deliver on its commitment to regulate technology and innovation in care effectively with a view to promoting best practice, raising standards of care and getting the most from the finite resources available to the sector. **CMM**

Neil Grant is Partner at Gordons Partnership LLP. Email: **neil@gordonsols.co.uk**

What has been your experience of the changes from CQC this year? What impact do you think the change to Liberty Protection Safeguards will have for your business? Let us know on the CMM website, where you can also leave feedback on this article, **www.caremanagementmatters.co.uk**

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Changing lives:

Care Home Friends and Neighbours

What's the link between stroking hens, drinking cocktails and painting a mural? The answer – care homes. These very different activities are great examples of how care homes for older people across the UK have been connecting with their local communities as part of a national initiative called Care Home Friends and Neighbours (Care Home FaNs).

The aim of Care Home FaNs is to share ideas and expertise to make it easier for care homes to open their doors and link with locals of all ages, ensuring older people remain part of civic and community life, even after moving into a care home.

Most people understand the acts of friendship and neighbourliness. The Care Home FaNs initiative simply asks us to extend these positive behaviours to care homes and those that live, visit and work in them. It invites people to connect in creative ways, from big seasonal events or parties, to having a quiet get-together for one or two residents, or even sharing stories over a cup of tea in a café.

WHY SHOULD YOU BE INVOLVED?

Bringing the community in or getting your residents out makes

a huge difference to the quality of life of people living in care homes, and Care Home FaNs can make life more fun and fulfilled for everyone.

From a business perspective, the programme gives you an opportunity to improve awareness and the reputation of your service and could help to recruit new staff. Becoming part of the Care Home FaNs network gives you insight into new and fresh ideas and helps you feel a part of something, a community of people working to support relationships to flourish.

Examples of good practice, blogs from the front line of community engagement, care home managers and activity organisers are all available on the website. There are also free downloadable resources, such as certificates (useful for young people doing the National Citizen Service, for example), thank you cards and window stickers to show you're taking part in this national work.

HOW DO YOU GET STARTED?

It might be helpful to think in terms of these three simple steps.

Step 1: Thank the people, groups and organisations that your care home has good relationships with to make sure people know they're appreciated. It's helpful to recognise the good connections that already exist in your community. People might be encouraged to do a bit more.

Step 2: Think through the possibilities. Who in the community could you easily connect with, but haven't yet? Are there individuals, groups and organisations that residents might wish to reconnect with? Ask residents and relatives for ideas. You may come across a new group or organisation which could supply the 'little things that matter'.

Step 3: Get the message out that you are interested in building new connections. Use social media, local press and flyers in places like garden centres. Asking for 'volunteers' can put some people off as they might see this as a formal commitment to regular activity. You might find language like 'being a friend' or 'acting like a neighbour' more successful.

Remember also that care homes are assets; they're spaces unlike any other. Think about what you have access to as a care home that you can give back to the community while they are offering their time and skills for you. Perhaps there's a meeting space in your home for a local business to use, or a café or lounge where clubs can meet? Reaching out to others is a good way to build supportive relationships. Offering a local person who lives alone a meal might encourage their family to thank you by coming in to share a skill or interest. Demonstrating that yours is an open and friendly care home will help new people from your community to feel comfortable and positive about the place.

A DIFFERENT APPROACH

It would be a mistake to see community engagement as just another task that has to be fitted in during a busy day. It benefits everyone involved and can have extraordinary results both for older people and those in the community. So get involved and share your stories of best practice.

Care Home Friends and Neighbours is led by My Home Life and NAPA. **CMM**

Jen Lindfield is Social Action Lead and Pamela Holmes is Lead, Care Home Friends and Neighbours North West London, My Home Life. Email: **mhl@city.ac.uk** Twitter: **@MyHomeLifeUK**

Get involved with the Care Home FaNs project by visiting **www.carehomefans.org** and let us know how you're integrating with your community on the CMM website, **www.caremanagementmatters.co.uk**

"The programme gives you an opportunity to improve awareness and the reputation of your service and could help to recruit new staff."

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NCF **RISING STARS** 2019

Faye Maycroft is Home Manager at Amica Care Trust.

CAREER HISTORY

I started my care career when I was 17. I was a care assistant working in a residential dementia home. I then chose to complete my nurse training and qualified in 2009.

I always knew I wanted to be a nurse but never knew what speciality I wanted to work in. I also trained as a midwife, however as I was training I found work as a bank nurse at St Johns, where I work now.

I worked there as and when I could help out alongside my midwifery. I then made the decision to apply for the deputy manger's position in 2014 and things have just progressed from there. After success in my role as a deputy, I am now registered manager.

ORGANISATION

I am registered manager for a 42-bed nursing home. We are part of Amica Care Trust, which has five homes in total.

St Johns is the home I manage; it is situated in Bromsgrove, Worcestershire and we care for people who are funded by the local authority as well as those who are paying for their own care. St Johns is open to residents over the age of 50, and provides full nursing care. We support those who may be living with dementia and we also provide end of life care. Our aim is to help support residents to live the life they wish.

CURRENT ROLE

I have been in my current role as home manager now for over 12 months. I enjoyed my role as deputy manager but always knew I would like to progress to home manager.

My expectations were quite different to the reality of becoming registered manager. It is such a massive step up from the deputy manager position in many ways, and it was a shock, but in a good way, although it can be very hard feeling like there aren't enough hours in the day! I'd say that's the most difficult part.

One of the best parts of my role that I really enjoy is having the team I work with around me. I have a vision and I always make sure I'm sharing this with them, and keeping them aware of my wishes for the home so we can all work towards them together.

RISING STARS

I was nominated for the NCF Rising Stars programme by Amica Care's Operations Manager, John Chapman.

I hadn't really heard of the Rising Stars programme, so once I was nominated, I looked into it >

> and realised what a massive opportunity it was, so I was very grateful for this.

So far, I have mostly enjoyed meeting lots of new like-minded people; it was nice chatting with the other Rising Stars knowing that we all have the same apprehensions and share similar challenges. It's also great to meet other people in the sector who you can learn from and it has been good to share best practices too.

FUTURE CAREER

As far as the future is concerned, I definitely want to continue being registered manager for St Johns Court over the next few years and develop my skills and leadership style, as well as my knowledge.

I'm happy with where I currently am in my career. The Rising Stars programme has helped to reassure me and make me realise that we are all doing a good job. It also encourages me when things are hard that it's worth continuing to offer the best care we can to hopefully improve care in the future.

ADVICE

My advice to other registered managers, or those who are looking to move into a registered manager role, is that no matter how hard each day may seem, definitely persevere! It is worth all the hard work and you are making positive changes.

We care for some of the most vulnerable people. Before I became registered manager, I was always being reminded that you can't do everything, your to do list will never go down and it takes time to complete tasks. I always wanted things done yesterday and now I know, it takes time. **CMM**

ABOUT NCF RISING STARS

The NCF Rising Stars is a programme run by the National Care Forum for new and leading registered managers.

Over the course of a year, Rising Stars are provided with a variety of leadership experiences and supported throughout the programme by an external mentor who will be a senior leader within another NCF member organisation.

The programme starts at the NCF Annual Conference in summer where they are introduced to the programme, meet the other successful applicants and meet their mentors for the first time. Held for chief executive officers and senior directors, the conference covers a wide range of policy and practice sessions with an emphasis on ensuring that leaders are fully equipped for what the future may bring.

Development and experience days include:

- Diet and Nutrition Day with apetito, a leading food supplier to the care sector, with input from a lead dietician.
- Technology Day with Person Centred Software, sharing knowledge and testing the latest tools which digitise the adult social care sector.
- Recruitment and Retention Masterclass with Neil Eastwood, Founder of Care Friends and Sticky People and author of *Saving Social Care*.

This year's cohort of NCF Rising Stars was also invited to visit the Houses of Parliament to attend an exclusive roundtable discussion with the Minister for Care, Caroline Dinenage MP.

Recently, the Rising Stars attended the NCF Managers Conference 'Change Makers... be the change you want to see'.

Held over the course of two days, the programme brought together inspirational speakers, shared knowledge of specialist provision, explored latest innovations and delivered an understanding of the external care environment enabling managers to shape the future of great care.

The conference incorporates a visit to the WCS Care Innovation Hub. As well as this, there was a tour of Castle Brook care home which helps Rising Stars to learn how a wide range of technology and arising data can shape service development and delivery.

Each NCF Rising Star shares their personal development journey and experience of the programme in Care Management Matters Magazine.

Their interviews can all be read on the CMM website, www.caremanagementmatters.co.uk.

Social care providers can become a member of CMM for free to read past interviews dating back to the beginning of the Rising Stars programme.

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. To find out about joining the NCF visit, www.nationalcareforum.org.uk

For more information, contact Helen Glasspool at National Care Forum. Email: **helen.glasspool@nationalcareforum.org.uk** Twitter: **@NCFCareForum**

CREATING A SOLID CULTURE

TO RETAIN STAFF IN THE FACE OF BREXIT

With uncertain times ahead, both for care companies and the workforce, there has never been a more important period to focus on recruitment and retention of staff in care. But with funding shortages, high numbers of vacancies and a sector that faces more negative press than positive, where should you start? Sophie Coulthard from Judgement Index shares her best tips.

When thinking about the best ways to retain staff, the solution is almost always company culture. If you have a recruitment issue, then look at the culture. If you have a retention issue, then look at the culture.

Culture is often not considered when addressing these issues, yet it can have the biggest impact on how a care company performs. Perhaps because culture can be a perceived feeling and harder to measure than recruitment stats?

It can feel like an abstract concept to focus on company culture if you're in a retention crisis, but recent research found that 34% of UK workers leave their jobs due to poor company culture. In comparison, companies with a positive work culture experienced 50% improved morale, 43% improved performance of staff and 35% reduced employee turnover.

It would be counter-productive to share recruitment and retention tips without addressing culture, because if you have a poor culture and recruit good staff then they will leave even quicker as they know they will find employment elsewhere. Whilst a quick-fix approach to recruitment may get people through the door, retention issues will have long-term cost implications and impact on staff morale and care quality.

DEVELOPING COMPANY CULTURE

Whether you are a single, independently-run home or a large, multi-location care company, to start developing company culture you should begin with the company values.

The acid test is to stop a member of staff in the corridor and ask them if they know what the company values are. If they do, then ask them what the values mean. This is often where people will become unstuck. Many care companies share the same values, so the meaning of them can become lost; they are simply words on a website or on the wall in reception. They are not owned, lived or breathed by the staff.

To have a culture that's underpinned by the company values, it's important for the staff to feel a sense of ownership over them. The best way to do this is to run a workshop with the team to discover what they want the values to mean to them and develop what we call culture statements, which are extensions of the values and more about how the team operates rather than for the clients. We suggest this is done using large sheets of paper with a value written in the centre and the team split into groups to brainstorm on each page, rotating until they've all completed it.

The staff may decide that the value of 'respect' is about respecting each other's opinions, no matter the position or

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> seniority, and if they all agree this is how they would like to operate and behave within the home, then this becomes the culture statement for the value of respect.

At the end of the workshop you will have a number of new culture statements, which can become a code of conduct for the team, and because they have been created by them, they will now feel ownership of them, and this will help drive the behaviour and culture within the home going forward.

Homes within a group can still do this exercise and may find that despite having the same over-arching values, the culture statements vary from home to home and that's fine, as long as the staff have chosen them and are committed to operating by them.

EMBEDDING CULTURE THROUGHOUT THE COMPANY

Once the culture statements are decided, it's important to implement them throughout the home or company so that they are at the forefront of people's minds and brought to life by the team. Many people will have experienced a new initiative that is then forgotten about months later, so you should work to drive the culture statements consistently and with pride.

Visual reminders should be displayed in the home and the culture statements should be communicated out in newsletters and welcome letters to new staff.

The statements can be worked into job descriptions and interview questions, so that any potential new staff have a clear understanding of what it means to work for your company and embody the values. This will also differentiate you from your competition and help to attract staff who are already invested in the values of your company.

Recognition is key to a positive culture and a great example of this is Sonnet Care Homes in Essex, who introduced recognition for anyone shown to be living their values of kindness, care and respect. Once a month, a staff member is chosen and their experience or story is shared in the newsletter and in reception. This is a great way of continuing the momentum and driving home what it means to embody the company values.

You will know that the culture has started to shift when staff begin to self-police the statements and call out behaviour that is not in line with what has been agreed. This will be a magic moment when you first see it and is the beginning of a self-leadership culture, which is what every care company should be aiming for.

When a strong culture has developed within the company, your employees will be more engaged and have better team cohesion. As a result of this, they will naturally start to become brand ambassadors for your company and speak genuinely about why it is a good place to work. They'll be 78% more likely to refer their friends and you'll begin to attract more people who fit with the values. Your culture will improve your recruitment rates and standard of new hires.

HOW LEADERSHIP AFFECTS RETENTION

We can't think about company culture without considering leadership and its impact on staff retention. Up to 49% of UK workers who leave their job cite their relationship with their manager as the reason, so there is a high chance that the leadership in the company is playing a part in any retention issues.

If you consider yourself to be a strong leader but think the culture in the company is poor, then it may be time for a look in the mirror because, as the leader, you are also responsible for leading the culture.

The main areas to consider are:

- Your flexibility and style of leadership.
- How you communicate and motivate.
- The quality of your key deputies and team leaders.
- The extent to which you are developing your key people.
- Your balance and inclusivity of all staff.
- Your resilience, capacity to cope and ability to get support.

To pick up on just the first few bullet points, it's worth considering how flexible you are in your style of leadership. We see many leaders in care who default to a commanding style because of the volume of tasks required in any given day but this style of leadership will only resonate with around 20% of a team.

Staff who are experienced and motivated will soon get frustrated if they feel they are constantly being told what to do and are not being empowered by their leader, and this is typically what will cause them to look for another job.

Whilst commanding a team can get work done quickly, a leader who can be flexible in their style and understand that it can be adapted depending on the person or scenario will get much more out of their team and this will contribute to the overall culture.

HIRING WHEN TIMES ARE TOUGH

Even when there are fewer candidates to choose from, it's important to keep a robust selection process in place. If you've taken steps to improve the culture, you do not want to risk any new hires that would have a negative impact.

Good interview skills are critical, because many candidates who have come from within care will already have been through at least one interview process and will know the right things to say.

Take the time to train managers in values-based recruitment using your new culture statements to create scenario-based questions. Be cautious of being drawn into personality, or a candidate who simply interviews well as this is when confirmation and/or unconscious bias can creep in, and potential red flags can be missed. Look for evidence in their answers and consider using a tool to support a more objective hiring process, such as one that uncovers strengths and risk areas in candidates.

"When a strong culture has developed within the company, your employees will be more engaged and have better team cohesion."

It's clear that when it comes to recruitment and retention, a band-aid approach isn't sustainable. A wider look at culture, leadership and selection is critical for long-term success.

The outcome of Brexit may be uncertain for all, but remember that people will be looking for job security during this unstable time, so if the manager and the culture are right, then this will be the key to hiring great staff and retaining them. As Peter Drucker, once said, 'Culture eats strategy for breakfast.' **CMM**

Sophie Coulthard is Principal Consultant at Judgement Index and Host of The Road To Outstanding. Email: **sophie@judgementindex.co.uk**
Twitter: **@judgementindex** / **@CarePodcast**

How are you creating a positive culture within your company? What are you doing that others can learn from? Share your experiences on the CMM website where you can also leave comments on this article, **www.caremanagementmatters.co.uk**

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Staying alive

Finding the trends in care home closures

Keeping a care business afloat is no easy feat. While Government is finally admitting there are fundamental issues faced by the social care sector, it has done little to sort the problems, and meanwhile businesses are going under. Mike Short of CSI Market Intelligence looks at the statistics and asks, how long can this continue?

From the beginning of 2015, I have been monitoring and reporting on the openings and closures of care homes for older people in England and have repeatedly brought bad news that there are around twice as many closures as there are openings. Luckily no-one has shot this messenger. Not yet.

Between January 2015 and the end of September 2019, 602 care homes have opened, but during that same period 1,221 have closed. The closures have >

> accounted for nearly 38,000 beds lost – that is around 10% of the total number of beds currently available.

Assuming these homes had an average 75% occupancy level, this would mean that around 28,000 vulnerable older people will have had to find new accommodation over the last five years.

One very slight consolation is that over 600 homes have opened in this time and they are, on average, larger than those that have closed, meaning that 28,750 new beds have been generated. However, this still shows a net loss of around 8,900 beds, while the population of people aged over 75 in England has grown by half a million – or 11% – during that period.

The 1,221 homes that have closed since 2015 are actual closures and not what CQC would refer to as 'De-Activations', which total over 3,300 since the beginning of 2015. The 2,000 or so that bring us up to this figure entail change of ownership or legal entity.

It is interesting to see that not all closures were lost forever, and a few subsequently reopened under new ownership at a later date. Seven homes re-opened within a year, 13 reopened within one and two years, and two reopened three and four years after closure respectively. But 20 homes that opened since the start of 2015 have since closed.

The Office for National Statistics recently reported that the number of people aged 85 and over, who account for about half all care home beds, will double in 25 years' time. This doubling in numbers has been forecast since I started reporting, so it is not exactly breaking news, but we still aren't seeing much of an increase in the number of beds overall. Something needs to be done to turn this trend around and make sure supply matches demand in the coming years.

THE WHERE AND WHY

Way back in 2002, the Personal Social Services Research Unit (PSSRU) published a report, *Care Home Closures: The Provider Perspective* and their headline reason for the 20 closures they studied was, 'All but one of the homes (which was closed due to enforcement action) closed either to avoid further losses, or due to the business earning an inadequate return now or in the future.'

This will still undoubtedly be the case, although with the CQC rating system in place it is now more than one in three that has closed with an Inadequate rating, not the one in 20 homes that 'closed due to enforcement action'.

Out of the 1,221 homes that have closed since 2015, 338 did so without being inspected under the CQC ratings system that was introduced in October 2014. Of these, only 42 were closed after March 2016 when the CQC had planned to have all services inspected (a target that it missed).

Of those who closed having had an inspection, around two thirds were 'non-compliant' – 37% were rated Inadequate and 29% Requires Improvement.

It is perhaps easy to understand why the Inadequate homes closed but there are currently nearly 2,000 homes trading with a Requires Improvement rating. Are some of these also likely to close as their occupancy and income suffers because prospective residents opt for their competitor homes with Good ratings?

If two thirds of closures since 2015 were non-compliant, this also means that one third of homes that closed were rated Good (two homes were in fact rated Outstanding), so we must assume commercial pressures as the reason for closure.

At CSI, we base estimated supply levels on the number of beds per thousand people aged 75 and over in the area. This age group, according to 2011 research by Bupa and PSSRU, accounts for 90% of all care home beds. Looking at this data, we can see that half of the Good homes that have closed since 2015 were located in local authorities with higher than average supply levels.

We can assume that those homes in areas with high levels of supply and increased competition would have probably suffered with lower than average occupancy >

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> levels. Another problem with too many care homes in one area is likely to be the ability to recruit and retain care management and staff.

Of the closures, half of those that were rated Good had 25 beds or less, and so the economies of scale may have played a part in the closure, where a change of use for the location was a better financial option for the provider.

"Since 2015, there have been 660 closures of care homes not offering dementia care compared to only 200 openings, indicating a declining sector."

REGIONAL VARIATIONS

It is certainly not a case of boom in the 'affluent south' and bust everywhere north.

Across the 150 local authorities in England, only 40 have gained beds, and 15 broken even, since 2015. Most regions have lost beds overall. The biggest losers since 2015 have been London, the North East and the South West with net losses of up to 6% of beds. Yorkshire and The Humber fared slightly better with a net loss of around 3% of their beds, and the East Midlands, North West and South East had net losses of between 1% and 2%.

Only two regions, the East of England and the West Midlands, have added to their number of beds, but only nominally at less than half a percent.

When we look at the national average of a third of homes closing with a Good CQC rating, we can see that there have been higher levels of closures in this group in the East Midlands and the North East, both around 42%. However, with a potentially interesting East/West split, this figure stands at around 25% in the West Midlands and the North West.

It goes without saying that local authority contributions are lower than they should be across the board, but there was little difference in fee levels paid by the local authorities that gained beds compared to those that lost them.

According to the *Improved Better Care Fund (iBCF): Provider fee reporting Quarter 2 2018-19*, the eight local authorities that have grown their number of beds by 10% or more were paying, on average, £696 a week for a care home with nursing bed and £649 a care home bed.

At the other end of the scale, 36 local authorities have had a greater than 10% net loss in beds over the last five years, and the average weekly contributions from these local authorities were £665 and £625 respectively, so around 4% lower than the best performing authorities.

A SHIFT IN TRENDS

Something perhaps unexpected is that it seems as though if your care home does not offer dementia care, you have greater chance of closure.

Whilst locations that are not providing dementia care (i.e. those homes that have not ticked *Service user band – Dementia* on their CQC registration) account for around 30% of all care homes, they accounted for 46% of all closures. Since 2015, there have been 660 closures of care homes not offering dementia care compared to only 200 openings, indicating a declining sector.

On the other side of this, with openings matching closures at around 220, the nursing dementia sector has in fact grown by around 3,750 beds, but the residential dementia sector has seen just 180 openings and as many as 438 closures, losing around 4,660 beds since 2015.

This increase in beds in nursing dementia care means that care homes with nursing overall have lost just a few hundred beds in the last five years, while the residential sector has lost heavily.

Looking at the size of a provider has also uncovered some interesting trends. Larger providers, with 10 or more care homes, make up around 30% of all homes, and 40% of all beds. They also account for 28% of openings and only 20% of closures but have still lost around 1,000 beds overall.

Out of the 950 different large providers that have closed at least one home in the last five years, 759 no longer appear on the CQC register at all.

TAKING CONTROL

Survival of the fittest is a factor in all aspects of life and business, and there is no doubt that closures will include converted properties that were, or were becoming, unfit for purpose and are being replaced (but not in the same local area) with shiny new purpose-built units.

And 8,272 beds were lost in care homes that were rated Good, which is almost as much as the 8,900 beds that were lost overall. This should not be happening.

Care home closures can shatter lives; the owners, their employees, residents and their families, and of course those people struggling to find a bed when local homes close down.

Local authorities need to take control of what is going on in their domain, with social services working alongside planners to ensure that planning consent is not given where there is already an oversupply of beds, and that applications are fast-tracked where there is a proven need. **CMM**

Mike Short is Founder and Director of CSI Market Intelligence. Email: **mike@csi-marketintelligence.co.uk**
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What is happening to care homes where you are? What impacts on your decision to remain open or to close a home? Let us know on the CMM website where you can also leave feedback on this article, **www.caremanagementmatters.co.uk**

CELEBRATING EXCELLENCE
FINALISTS 2019

MARKEL
3RD SECTOR
CARE AWARDS 3

The Markel 3rd Sector Care Awards 2019 are only a short time away. The worthy finalists are now waiting to see who's won.

The finalists have been announced for the Markel 3rd Sector Care Awards finalists 2019. Entries came from across the country, with a variety of projects, programmes and examples of exceptional practice.

After an initial judging round, finalists were selected for each category. Recognising achievements in a range of settings, the Markel 3rd Sector Care Awards uncover the person, care provider or community group that is going above and beyond on a daily basis and to be a finalist is an outstanding achievement.

Those selected to go through to the next round of judging are:

Leading Change, Adding Value Award for Compassion
Bromhall Road Team, Outlook Care
Belong
FACET

Innovative Quality Outcomes Award
Learning Disability Super League, Community Integrated Care
Gympanzees
Coastline Housing

Creative Arts Award
Credo, Heritage Care – Community Options
Beat it, Imagineer Development UK CIC
Age Cymru

Community Engagement Award
Options for Supported Living
Autism Together
MCR Pathways

Dementia Care Award
Avante Care & Support
Foxburrow Grange, Outlook Care
Roundel House, Royal Star & Garter

Leadership Award
Coastline Housing
Royal Air Forces Association
Lagan's Foundation

End of Life Care Award
The Westminster Society for People with Learning Disabilities
The Anne Robson Trust
Dr Kershaw's Hospice

Collaboration (Integration) Award
Suzy Lamplugh Trust
First Steps ED
Coastline Housing

Making a Difference Award
Coastline Housing
Royal Air Forces Housing Association Ltd
The Westminster Society for People with Learning Disabilities

Campaigning for Change Award
Suzy Lamplugh Trust
Lipoedema UK

Contribution to Sector Development Award
Suzy Lamplugh Trust
NCFE

Technology Award
Disability Challengers (Challengers)
Community Integrated Care
Autism Together

All of the finalists have now taken part in face-to-face interviews with our panel of expert judges where they were asked to share more about their projects, passions and motivations. The winners will be announced on Friday 6th December at the London Awards ceremony hosted by Dame Esther Rantzen and her daughter, Rebecca Wilcox.

The ceremony will see organisations and individuals gather from across the voluntary care sector to celebrate all those who are making a positive difference to people's lives. A three-course lunch will be served and live entertainment will be performed in keeping with the day's themes and spirit.

SHOW YOUR SUPPORT

Make sure you're not missing out on the celebrations. Reserve your place now by booking a ticket, or, if you can't attend, keep up-to-date with the day's proceedings by following the Markel 3rd Sector Care Awards on Twitter, @3rdSectorCare #3rdsectorcareawards **CMM**

BERKSHIRE, BUCKINGHAMSHIRE AND OXFORDSHIRE CARE CONFERENCE

CMM INSIGHT 2019 CONFERENCES · EXHIBITIONS

17th October, Maidenhead

Care Management Matters worked with Berkshire Care Association, Oxfordshire Association of Care Providers (OACP) and MKB Care to produce a packed agenda for this conference; raising the pressing issues facing adult social care in the region and working together to try and resolve them.

Fidelma Tinneny, Founding Member of Berkshire Care Association, chaired the day with cohesion and promoting positivity at the forefront of her mind as she welcomed delegates and stressed the importance of speaking up, not only when things are working, but also when they are not. With a powerful message that ignoring was condoning, Fidelma highlighted the individual responsibility of those working in social care if the sector is to become a unified whole.

ESSENTIAL INTEGRATION

Professor Martin Green, Chief Executive of the Care England was the first speaker to take to the stage, vocalising his desire to reclaim the word integration, which seems to have been diluted and lost its true meaning. Sharing a touching anecdote about his father living happily in his care home, Professor Green insisted that the care system should be so integrated that people don't know who is delivering which service – their care journey should be seamless.

With the Care Quality Commission's (CQC's) *State of Care* report launched just two days before the conference, Julia Daunt, CQC's Berkshire Inspection Manager gave delegates her insights into what the findings of the report mean in terms of regulation going forward. Echoing what Professor Martin Green addressed in his presentation, Julia also touched on the necessity to repair a fragmented system and how providers can use their voice to help do so.

DISCUSSION AND WORKSHOPS

After a morning of reflection, the panel discussion allowed for delegates to pose their own questions to speakers and seek the answers that mattered to them. There was lively debate on various topics, including whether Outstanding is a rating feared rather than revered, CQC inspection notices and the importance of technology as an aid for staff and managers.

After an opportunity to explore the exhibition room and the products and services on show, afternoon workshops took place, which were repeated to ensure that delegates could make the most of the day. Upskilling nursing and care staff and delivering high-quality care, when to action and when to challenge CQC inspections and how to work towards achieving an Outstanding rating were the workshops delivered to delegates with a desire to adapt and implement change.

Eddie McDowall of OACP kickstarted the afternoon with a talk focusing on Brexit; he shared ideas on how providers could ensure they are best prepared and what delegates should be doing on the ground to avoid potential issues.

Towards the end of the day, thoughts turned to the mental health of managers as Karolina Gerlich, Chief Executive and Founding Director of the National Association of Care and Support Workers (NACAS) explored the pressures faced by staff and managers and how to overcome them. With research by NACAS showing that over 90% of care managers have said their job has had an impact on their mental health, it is a pressing topic and one which engaged and encouraged everyone in the room.

Delegates left the Berkshire, Buckinghamshire and Oxfordshire Care Conference informed and inspired, with a better idea of how to boost the brand of social care to benefit all involved.

Thank you to our sponsors on the day – QCS, Solicitude Training Ltd, Radcliffes LeBrasseur and Insequa Ltd. **CMM**

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WHAT'S ON?

Event: Future of Ageing
Date/Location: 5th December, London
Contact: ILC-UK, events@ilcuk.org.uk

Event: Health and care explained: how the system works and how it is changing
Date/Location: 30th January, London
Contact: The King's Fund, Tel: 0207 307 2409

Event: Staying Healthy
Date/Location: 6th February, Birmingham
Contact: VODG, Web: www.vodg.org.uk/events

Event: Future of Care
Date/Location: 3rd March, London
Contact: Broadway Events, Tel: 01425 838393

Event: Naidex
Date/Location: 17th-18th March, Birmingham
Contact: Naidex, Web: www.naidex.co.uk

CMM Media Partner

Event: Dementia, Care and Nursing Home Expo
Date/Location: 17th-18th March, Birmingham
Contact: Web: www.carehomeexpo.co.uk

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CMM EVENTS

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

Event: CMM Insight Dorset Care Conference
Date/Location: 6th February, Poole
Contact: Care Choices, Tel: 01223 207770

Event: The Transition Event Midlands
Date/Location: 30th April, Coventry
Contact: Care Choices, Tel: 01223 207770

Event: BAPS SEND Blog Awards
Date/Location: 21st May, Leicester
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight Leeds Care Conference
Date/Location: 11th June, Leeds
Contact: Care Choices, Tel: 01223 207770

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

STRAIGHT TALK

John Kennedy tells us why the CQC's *State of Care* report emphasises the need for everyone to take a different approach to social care.

Reading the Care Quality Commission's (CQC's) recent *State of Care* report gives me a significant feeling of 'Groundhog Day'. Not just in what it says but also in what I am going to say. Apologies for boring you to tears.

Five years ago, I wrote a Personal Inquiry into the state of social care. Much of what I discovered, what people told me (in fact all of it), is worse now than it was then. And for more and more people in England it is, or is going to be soon, very personal. 1.4 million older people are no longer receiving support that they would have. Huddled at home alone, unvisited, lonely, at risk. We do not have a system that is offering safety, responsiveness, effectiveness or care. In short, it's not well led.

We need to take a radically different approach to how we do social care. Yes, of course the sector needs more money; it's wrong that we expect many services to operate on a shoestring. But we are also forcing stress and unreasonable pressure on people who entered the sector to care and find themselves emotionally and morally compromised by race-to-the-bottom-commissioning and heavy regulation. Social care is about human relations; for staff and managers too. We have to soften the culture, make it more human for everyone, including inspectors!

There needs to be safe space to innovate, there needs to be adequate resources, the system should be more preventative and enabling and yes, the system needs to be responsive to people's actual wants and needs. So why hasn't change happened? As I often ask, why is my mobile transformed from the 'bleep' I had in the 80s when social care remains in a perpetual state of paralysis?

There are significant barriers that prevent change. We suffer from a commissioning sclerosis. A market characterised by Commissioner Sovereignty where the Groundhog approach inhibits and suppresses change. The care homes get bigger, the home visits get shorter, the consumer gets more powerless. The machine is rigged to deliver what we don't want. The tools need resetting.

Power is in the wrong place. We need consumer sovereignty – the situation in an economy where the desires and needs of consumers control the output of producers.

One paragraph from *State of Care* really stood out for me, 'The challenge for government, Parliament, commissioners, national organisations and providers is to change the way services work together so that the right services are being commissioned to deliver what people need in their local area. Leaders need to have a more urgent focus on delivering care in innovative, collaborative ways.'

Absolutely true. We need a system working together and we need to better deliver what people want in the right way, the right place, at the right time.

I agree with the insights in the report. Everyone has a role to play in improving care. But surely the omission in the list is the regulator itself.

A bit of self-reflection and inquiry would reveal that, for most providers (not all – some are very brave), the biggest single impact on their day-to-day work and headspace is the regulator. Chasing the paper, fearing the knock on the door. Maybe some do need to feel fear, but the vast majority desperately want to do a good job. A major reason that innovation is in silos is the perception of people on the ground that they can't do anything without permission, that if they innovate and something goes wrong, they will be pilloried. This is no doubt not the intention, but it is the perception.

For people to innovate, explore, react and question, there must be a supportive and engaged system; ready to take on and share risk. A whole system with skin in the game. I hear the 'Independence' cry. But in a truly integrated system, no one can be independent.

There are a couple of things that I think CQC could do which would be enormously helpful, one of which might be having at least one person on the Board with experience of working in social care, but also:

Conduct a fundamental review of the inspection methodology – A number of reports, including from government, have concluded that care is sclerotic with paper and bureaucracy, stealing time from human relationships and dominating the culture. There doesn't appear to be any actual evidence or evaluations that justifies this festival of pulp. No fundamental review questioning what it is we are trying to measure, assure and the SMART way to do that. There may well be a correlation between good care and paperwork compliance but that doesn't prove a causation. We must have evidence and causative justification. We have got to re-inject the human reality back into the culture.

Become inquisitive – Search out innovation, work with it and share it. Take a share of the risk of innovation and help develop and assure new approaches. For example, HMRC accredits software for making tax digital. Why not in care?

It really is time to come off the touchline and onto the pitch. We need you on the team. **CMM**

John Kennedy is an Independent Social Care Consultant. Email: **jpkennedy366@gmail.com** Twitter: **@JohnnyCosmos**

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