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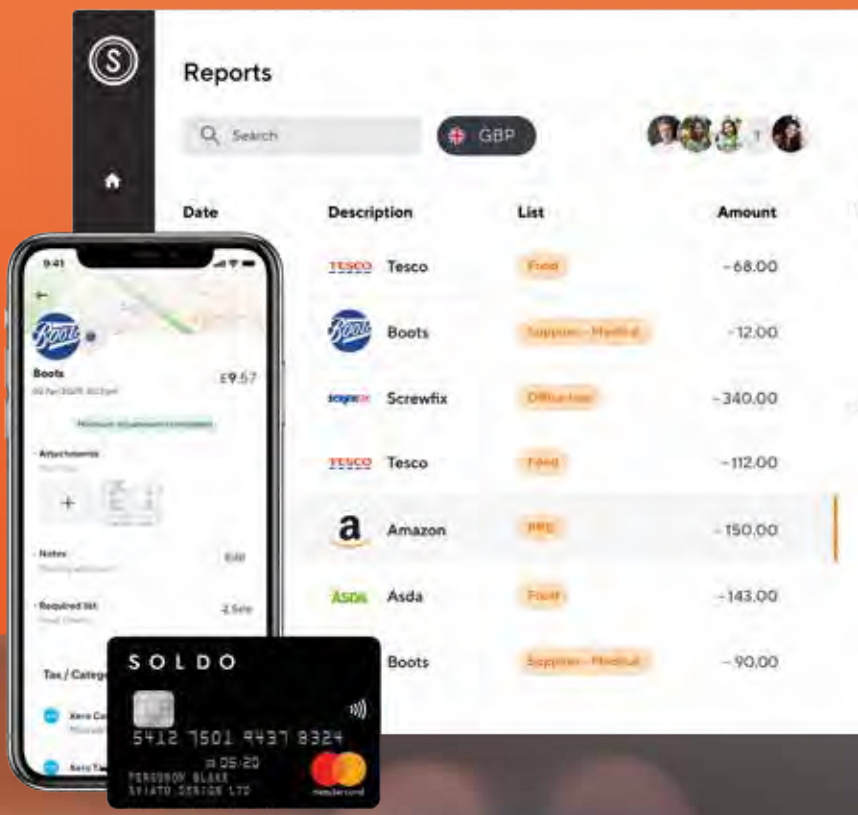

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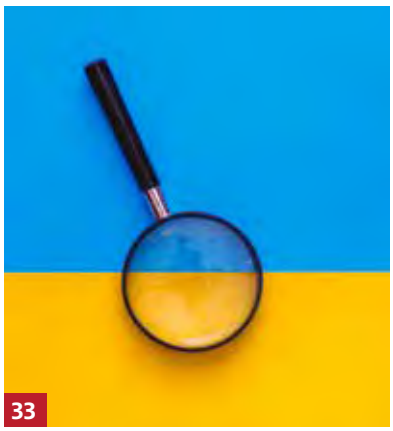

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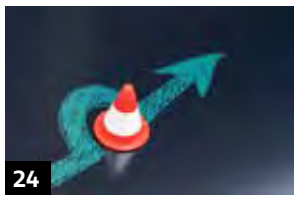

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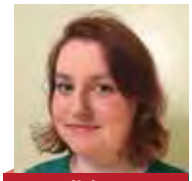
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From the Editor

Editor, Angharad Burnham looks at the challenges this winter poses and how this edition of CMM has been tailored to help.

The sector is preparing for one of the toughest winters it has ever faced, with the dual threat of flu and COVID-19. These pressures are mounted on the background of recruitment issues, regulation, and funding – all of which are year-round challenges, exacerbated by this 2020 pandemic and compounded by fears around occupancy levels, not to mention the mental and physical wellbeing of both staff and those who come to the sector for support.

We can't know how this winter will go, but providers can ensure that they are as ready as possible for it. Lessons from the first wave of COVID-19 must be learnt. We understand more about this virus now – and its prevention – and issues surrounding PPE and Government funding have, hopefully, been addressed at least enough to avoid the chaos that many experienced in the first half of the year.

It is vital that all staff and residents get their flu vaccinations to prevent the risk of at least one of these viruses which alone can have such a devastating impact on the sector.

GOOD INTENTIONS

Guidance has been set out on the best ways to control the spread, and regular testing is in place, but questions remain over the efficiency of both. The guidance is sometimes unclear, unrealistic and unachievable, and the testing programme continues to throw up issues – the most recent and demoralising of which is the turnaround times for results.

While the Infection Control Fund has been extended for the winter months, its announcement was left to the last minute, causing unnecessary additional concerns for the entire sector. Government must do more.

Inspectors at the Care Quality Commission are still not being tested, despite repeated warnings and worries from sector leaders, and providers are preparing to be contacted by the regulator, which is aiming to make touch with all adult social care services by March next year.

A HELPING HAND

What can providers do now? An important part of the coming months will be to ensure staff and the people they support are vaccinated against flu, which will purportedly be easier than ever.

Liz Jones of National Care Forum has outlined ways to prepare for a second wave of COVID-19 on page 20, while experts at RadcliffesLeBrasseur have outlined what they expect CQC to be keeping an eye on in the feature on page 33.

Learning from colleagues has never been such a key part of running a service in adult social care, and Diagrama Foundation's Chief Executive, David Romero McGuire shares details of how his contact with counterparts in Spain helped the organisation stay ahead of the curve and keep COVID-free.

CMM continues to publish the latest news and guidance on www.caremanagementmatters.co.uk, where all of our COVID-19 special editions are available to read and download for free. Become a member to keep up to date and access additional content – there's no charge for care providers.

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Inside CQC

DEBBIE IVANOVA

Deputy Chief Inspector of Adult Social Care at the Care Quality Commission (CQC), Debbie Ivanova shares updates on the regulator's next steps.

Since the outbreak of COVID-19 we have used this Inside CQC column to update you about the work we are doing in response to the pandemic and how we have changed the way we work. We are still adapting to the changing situation and no doubt will have to be more flexible as we move into the winter months, with the possibility of more local lockdowns and further restrictions from the Government.

We have been thinking ahead about our regulatory activities during periods of local lockdown and what our approach should be in these situations. Where strict social distancing is enforced in an area, we will continue our regulatory assessments as we currently are, including visiting services in person where necessary. We will also continue our regulatory assessments in areas subject to a full local lockdown, but we would only carry out a physical inspection where absolutely necessary.

This flexible approach forms part of our Transitional Regulatory Approach, and is likely to be reflected in our future strategy. Our Transitional Regulatory Approach, being introduced this month, is flexible and iterative, incorporating what we have learnt from COVID-19 about the way we regulate. We are developing our approach to monitoring to capture a much broader range of topics as part of the monitoring process. We aim to use all the information available to us to present a clearer view of risk and quality.

"We have been thinking ahead about our regulatory activities during periods of local lockdown and what our approach should be in these situations."

The new CQC strategy will launch in May 2021, with a full public consultation beginning in January 2021, but we have already started hearing the views of the public and providers of health and social care. There will be lots of activity on our digital participation platform if you want to get involved. CQC's Chief Executive, Ian Trenholm wrote more about the Transitional Regulatory Approach and the future strategy in his recent blog which can be accessed via the CQC website.

This month, we also met for the first time (virtually) with our newly-formed Expert Advisory Group (EAG) for our work on closed cultures, which had been temporarily paused because of COVID-19. We wanted this group to represent a range of stakeholders with different backgrounds and experiences, so that our work is as informed as possible. We committed to 50% of the group being people with lived experience, or families and representatives of those who have experienced such care.

The first meeting gave us an opportunity to get to know the people in the group and have a discussion on care planning. This informs our conversations about how inspectors can better identify when good and bad care planning is happening in settings where there may be a closed culture. We will continue to meet with the group regularly so they can inform our work and we can keep them updated on progress throughout the project. Keep an eye on our Medium page for regular updates from Chief Inspector of Adult Social Care, Kate Terroni.

It has been an incredibly difficult year for social care, and now we face the usual pressures of winter alongside a possible second wave of COVID-19. We are committed to supporting providers to get through this and ensure that people are receiving safe, effective care whenever possible. I look forward to writing to you again soon.

Debbie Ivanova is Deputy Chief Inspector of Adult Social Care at the Care Quality Commission. Share your thoughts and feedback on Debbie's column on the CMM website, **www.caremanagementmatters.co.uk**

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Relative of resident at Hengist Field Care Centre

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NEWS

Concerns over rise in COVID-19 cases

Care providers are sharing their concerns over the increasing number of COVID-19 cases in the UK, the Independent Care Group has said.

A lag between COVID-19 infection rates and reported deaths from the virus is worrying care providers as they prepare for winter and a possible second spike in cases.

Mike Padgham, Chair of the Independent Care Group, said, 'Given that there is always a lag between infection rates and death rates from coronavirus, we have to be afraid that we will see a new spike in cases.

'We have to remain vigilant, not rest on our laurels and in fact be even more cautious as we head towards winter.

'The colder season always puts extra strain on everyone in the caring professions and we do not want to see a resurgence in coronavirus cases on top of that. That could be devastating.

'The dangers in care and nursing homes have not gone away and our need for support is as great as ever.'

#EndIsolationInCare campaign

The Relatives & Residents Association (R&RA) has launched a campaign calling to #EndIsolationInCare. The charity believes the continued isolation of some older people in care is putting their human rights at risk and is calling on Government to take urgent action and amend their guidance for the sector.

The charity's helpline receives calls daily about the impact of isolation, with people losing weight, losing speech, no longer recognising family members, and 'losing the will to live'.

The R&RA is calling for the current guidance on visiting to be changed, including:

- Single, constant visitor: this should be removed from the guidance, it is inhumane, impractical and created painful decisions for families.
- Time limits on visits: make clear that these are not required, they have made visiting too distressing and impractical for many.
- Regular testing: this must be made available for visitors, as well as residents and staff.
- Privacy: stipulate that staff shouldn't chaperone visits (except in exceptional situations such as for safeguarding).
- Group decisions: rather than encouraging blanket policies, putting people's rights at risk, decisions should be based on individual assessments.

R&RA is asking people to support the #EndIsolationInCare campaign by writing to their MP using a template letter, tweeting their support and spreading the word.

Recognising abuse and neglect in care homes

The National Institute for Health and Care Excellence (NICE) has released a draft guideline on recognising the signs of abuse and neglect in care homes.

It suggests that staff and visitors can play a vital role in the identification and prevention of abuse and neglect in care homes for adults, and provides practical advice for residents, staff, family and professionals who may enter homes.

According to NHS Digital, in 2018/19 there were 415,050 safeguarding concerns of abuse and neglect of adults raised in England, an increase of 5.2% on the previous year.

The organisation hopes that by providing clear guidelines on the steps visitors, staff and organisations can take, the sector will be better prepared to protect residents in their time of need.

A consultation on the draft recommendations is now open, with stakeholders offered the opportunity to comment until 1st October 2020.

APPOINTMENTS

CARE PROVIDER ALLIANCE

The Care Provider Alliance (CPA) has welcomed Kathy Roberts as the incoming Chair for the 2020/2021 term. Kathy has been Chief Executive of Association of Mental Health Providers since April 2012, and has always championed the need for whole-person and whole-system approaches.

Kathy follows Lisa Lenton, England Director at the Association for Real Change, who has served as the CPA's Chair for the past 12 months.

GUILD CARE

Worthing charity, Guild Care has announced the appointment of Alex Brooks-Johnson as its new interim Chief Executive Officer.

Alex, who has been working with Guild Care for a year in several senior positions, brings over 20 years of voluntary and charity sector experience, including Chief Executive roles at both a carers' and children's charity where he helped shape and grow community-based services.

HEATHCOTES GROUP

Heathcotes Group has appointed Tim Elliott as Regional Manager for its supported living services in Yorkshire and Humberside. Tim joined Heathcotes in February 2019 and has played an important part in the regional development of the company's supported living for people who no longer require full-time residential care.

CASTLEOAK

Castleoak has made two Board-level appointments, with Kate Still taking up the new position of Chief Operations Officer, and Lisa Gledhill joining as Managing Director for Developments.

Mental Health Grants for social care staff

The Care Workers' Charity is fundraising for mental health grants for people working in the social care sector to help combat the issues staff are facing. The grants aim to make counselling and therapy available to people who qualify.

Research from the Charity in 2019 found that social care staff were experiencing mental health issues which could be attributed to their work and that many were finding themselves in in-work poverty, due to their low-paid and emotionally-charged frontline roles as care workers. This situation has only worsened with the COVID-19 pandemic.

In light of this, The Care Workers' Charity's Mental Health Grants will hope to offer eligible care workers sessions of therapy or counselling tailored to the needs of the individual, delivered by licensed professionals.

The charity is now appealing for support and donations to this fund to help them ensure care workers receive the right type of guidance and support to help them through what has been a very dark period for most.

Donations of any size can be made by visiting the dedicated webpage.

Rise in coronavirus cases in care homes

Government has written to adult social care providers about the rise in coronavirus cases in care homes.

The letter, states that the first signs of a rise in COVID-19 cases in care homes is starting to be seen, however it is largely limited to staff who are testing positive, rather than residents. It goes on to say that it is vital that the spread from staff to residents is prevented as far as possible and that providers should be using the correct personal protective equipment (PPE) and ensuring staff get tested once a week as per the latest guidelines.

Thanking care providers for their efforts, the letter about the rise in coronavirus cases in care homes says, 'We would not be in a position to respond so quickly without your vital input to the capacity tracker and the domiciliary care tracker and your committed efforts to implement regular testing. By sharing this alert, we hope local organisations can now take the necessary action to prevent and limit outbreaks.

'We want to express our heartfelt thanks for your enormous efforts, care and vigilance to date. It is precisely these qualities that will stand us in good stead throughout the autumn and winter months.'

Looking ahead, the notice suggests that the adult social care sector can expect a Winter Plan 'shortly', which will 'set out the support and resources we will make available nationally, as well as describing the actions for local areas'.

It continues, 'In advance of the plan's publication and at these first signs of an increase in COVID-19 cases in care homes, I want to highlight again the importance of regular testing and consistent use of PPE. These are two of the most effective ways to stop the virus in its tracks.'

The full letter regarding the rise in coronavirus cases in care homes can be read on the Government website.

Beyond COVID: future of adult social care

The Social Care Institute for Excellence (SCIE) *Beyond COVID: new thinking on the future of adult social care* report suggests that three shifts are needed to address the devastating impact that COVID-19 has had on an already struggling social care system.

The report draws on a series of essays and podcasts from sector leaders and a roundtable attended by Helen Whately MP, Minister of State for Care, along with learning from SCIE's wider work with the sector.

In the report, SCIE sets out three priorities for reform – or 'three shifts' – and makes specific recommendations that it believes will support in building the kind of sector everyone wants:

- Shift 1: From hand-to-mouth to long-term and sustainable funding. SCIE states that we simply can't go on like this, and calls on the Government for a fair and long-term funding settlement for social care.
- Shift 2: To shift investment and focus away from remedial and acute services and towards prevention. To assist with this shift, introduce innovation funds for the sector to scale up the most effective preventative models of care, housing and technology.
- Shift 3: From low pay, low recognition and poor conditions, towards higher pay, better conditions, progression and development for the workforce – and parity of esteem with the NHS.

The full report is available to read and download on the SCIE website.

New Hallmark care home

Work has begun on the construction of a 76-bed Hallmark care home which will provide residential and dementia care.

Midford Manor, which follows in the footsteps of luxury Eastbourne development, will be built by Hallmark's sister company, Savista Developments at a total project cost of £14m across a 1.6-acre site at Frome Road.

The care home will feature a café, ice cream parlour, a state-of-the-art cinema and a hairdresser and therapy room. It will have a specialist dementia community as well as an abundance of outdoor space on all floors, including terraces, a roof garden and orangery where residents will be encouraged to take part in gardening and enjoy the sun all year round.

Care workers are undervalued and underpaid

The majority of adults in England believe care workers are undervalued (81%) and should be better paid (80%), according to new research.

The online poll, carried out by the National Care Forum, also found that around three quarters (74%) of respondents believe care home staff do a brilliant job.

Vic Rayner, Executive Director at the National Care Forum, said, 'Care workers have been the stalwarts of the COVID-19 front line... Together we have clapped for our NHS, and our carers have been included in that outpouring of public gratitude. It's great to see society recognise them for their invaluable contribution – it's time that Government does too, and that they are rewarded adequately.'

Testing CQC inspectors for COVID-19

The National Care Forum (NCF) has written to Government ministers to express the importance of Care Quality Commission (CQC) inspectors having regular testing for COVID-19.

In an open letter to Matt Hancock, Secretary of State for Health and Social Care, and Helen Whately, Minister for Care, the NCF called for a reversal of the decision to allow CQC inspectors into care homes without testing for COVID-19.

NCF suggests that excluding CQC inspectors - who will visit and inspect care services - from weekly testing is an extraordinary decision, which is not credible and which is very counter-productive.

Vic Rayner, Executive Director at the NCF felt that by not testing CQC inspectors, who spend a number of hours on-site in care homes, moving between different groups of residents and staff, current policy to regularly test all staff will be undermined. In addition, she pointed out the inspectors will also potentially be visiting multiple homes and therefore have the potential to transmit the virus as part of their visits, both within and between care homes.

The full letter can be read on the NCF website.

Fixing Social Care: new report

A new report by the Centre for Policy Studies, *Fixing Social Care*, examines the three leading options for social care reform, ranking them by cost, political feasibility and impact on supply.

Written by Jethro Elsden and Alex Morton, the report concludes that, of the options in question, a pension-style model would be most cost-effective. It would also increase supply and meet the increasing demand for social care, as well as better protecting people's assets and benefiting more families.

By 2040, the number of people needing help with daily activities is expected to increase by 67% to 5.9 million, and to 7.6 million by 2070, states the report. The think tank argues that the recent increases in funding for social care announced by Government have helped to shore up the sector in the short term, but are only a stop-gap measure.

Fixing Social Care also looks at the possibility of a capped cost model, as proposed by the Dilnot Commission, which it states would not fix the problem completely and is politically unattractive, and a fully nationalised system, which it suggests would exacerbate intergenerational unfairness and result in people receiving different levels of care.

Fixing Social Care is available on the Centre for Policy Studies website.

Professional Care Workers Week 2020

Professional Care Workers Week took place from 1st to 4th September, with people from across the sector joining events virtually and in person to celebrate and appreciate care workers.

Care Workers' Charity set up Professional Care Workers Week 2020 to offer care staff the recognition, respect and appreciation that they deserve. The week was also designed to boost the perception of social care in the public consciousness and bring acknowledgement to care workers.

The Care Workers' Charity was joined by industry leaders and influencers speaking about topics concerning the future of social care during a series of webinars, and the event was sponsored by Bevan Brittan, Towergate Insurance, Care Shop, Delivered Health Solutions, Slater and Gordon, Sekoia and Avery Healthcare.

Donations to The Care Workers' Charity can be made on the Just Giving page.

Queen's Nursing Institute report

The Queen's Nursing Institute (QNI) has published a major new report on the COVID-19 pandemic and its impact on care homes and care homes with nursing in the UK.

In May and June of 2020, a survey of the QNI's Care Home Nurses Network was carried out by the QNI International Community Nursing Observatory (ICNO) to understand more about the impact of COVID-19 on the care home nurse workforce within the UK.

Key findings of the survey include:

- 70 respondents (43%) reported receiving residents from the hospital with an unknown COVID-19 status during March and April 2020.
- Around 20% of responses reported positive or mixed sentiment around the experience of working through COVID-19, for example pride in their colleagues or new workforce opportunities. 80% of responses reported very negative experiences.
- 56% felt worse or much worse in terms of their physical and mental wellbeing, while 36% reported no change.

The full report is available on the Queen's Nursing Institute website.

Health for Care writes to PM

Leaders in health are calling on the Prime Minister to keep his promise to support the social care sector which he made on the steps of Downing Street.

In a letter from the Health for Care Coalition, which is chaired by NHS Confederation, leaders state clearly that the NHS depends on a fully-functioning social care system, saying, 'Failure to invest in and reform this area puts incredible and unnecessary pressure on our health services and puts at risk our efforts to create a caring and effective NHS.'

Health service leaders were already concerned that the targets looked unrealistic, given workforce vacancies, exhausted and burnt out staff and the fact that many services are having to operate at reduced capacity because of the need for social distancing and infection control, and are now asking the Prime Minister to immediately act on his promise to support social care, and to issue a time frame within which reform will be delivered.

To support the Government in planning for reform, the NHS Confederation has also released a report setting out what will be needed to make sure social care is well supported.

It calls for:

- Immediate additional funding for social care to help it deal with the aftermath of COVID-19 and prepare for winter.
- A long-term funding settlement that secures the future of the sector.
- A long-term plan for social care including help to develop a better trained workforce to deliver care.
- A decisive shift to person-focused outcomes-based commissioning.

The full letter asking the PM to fulfil his promise to support social care is available to read on the NHS Confederation website.

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Developing long-term supported housing

Supported housing for people with long-term care and support needs is a new report from the Housing LIN for the National Housing Federation (NHF) to coincide with their campaign, Homes At The Heart.

It sets out what is required to ensure there is sustainable development of supported housing for adults with long-term care and support needs.

Consulting with NHF members, other trade and professional bodies, the research is intended to help better understand the current challenges affecting the development of supported housing for people with long-term care and support needs.

Based on the evidence gathered, it sets out recommendations for a more sustainable model for developing long-term supported housing in the future.

These include recommending the Government significantly increase capital funding overall through Homes England for investment in supported housing and allow for increased capital grant funding rates for supported housing development.

It also recommends Government makes a long-term (10 year+) commitment to Housing Benefit continuing to meet housing-related costs in supported housing and it should provide funding to meet the costs of providing support to vulnerable people living in longer-term supported housing.

MCA and DoLS during COVID-19

Additional guidance for the Mental Capacity Act (2005) (MCA) and deprivation of liberty safeguards (DoLS) during the coronavirus (COVID-19) pandemic has been issued by the UK Government in relation to COVID-19 testing.

It states that, in the first instance, all practicable steps should be taken to support people to make the decision to be tested for COVID-19 for themselves.

However, if this is not possible or is unsuccessful, then it may be appropriate to make a best-interests decision under the MCA.

When doing so, the decision-maker must consider all the relevant circumstances, including the person's wishes, beliefs and values, the views of their family and what the person would have wanted if they had the capacity to make the decision themselves.

Future of Care in Wales report

Researchers at Cardiff University have published a report looking at the future of care in Wales and issues with how it could be resourced.

With a particular focus on care home provision for older people, the paper examines current arrangements for financing care, resourcing and delivering care for older adults, and the pay of the social care workforce.

When forecasting future demand, the report notes that historically, demand for residential care in Wales has not aligned with the growth of the older population. The report suggests that this could be down to either budgetary cuts, resulting in fewer people qualifying for funded care, or changes in the demand for traditional care that could be due to preferences shifting.

The Future of Care in Wales concludes that an increased spend on social care is inevitable, but that 'Whichever the chosen direction [for reform], the articulation of a route map for resourcing social care over the next decade seems essential.'

IN FOCUS

Embracing digital technology

WHAT'S THE STORY?

A new report from Public Policy Projects has suggested that the UK's health and care system must embrace the rapid implementation of digital technology seen over the course of the COVID-19 pandemic.

Connecting services, transforming lives: the benefits of technology enabled care services, published in partnership with Tunstall Healthcare, looks at the progress of digital innovation in health and care over the past five months with specific regard to telehealth, telecare, telemedicine and assistive technologies (TECS).

The report uses a series of case studies to highlight how TECS are already connecting health and care services and changing lives, and shows how TECS can reduce strain on health and care services.

The report investigates how this type of technology has been adopted across the UK, and makes detailed global comparisons – drawing particular best practice examples from France and Sweden.

WHAT DOES IT RECOMMEND?

The eight key recommendations of the report are:

1. Offering the social care sector greater support to truly become technologically enabled – the Government must ensure a minimum technology standard across providers.
2. A focus should be placed on long-term savings, rather than immediate cost dictating policy.
3. The rapid adoption of TECS during the pandemic should not be abandoned and should be built upon in the wake of COVID-19.
4. Digital upskilling of the health and care workforce should be a priority to ensure that transformational benefits of digital technology are realised.
5. NHS and the third sector should collaborate to enable further independent living.
6. An evaluation of assessment methods must occur in order to assess the value of TECS and their impact.
7. Government must support the digital infrastructure to assist providers with switchovers to TECS platforms.
8. Integrated care systems should drive digital investment and support collaboration between all health providers.

WHAT ARE THE BARRIERS?

Gavin Bashar, Managing Director of Tunstall Healthcare UK & Ireland, said, 'The last decade has seen an exponential rise in the use of technology in the home...And yet this increased adoption has not been mirrored in health and care provision...domiciliary care workers continue to fill in paperwork in folders to record care visits.

'The current COVID-19 pandemic has starkly illustrated why this has to change. Technology...must play a pivotal role in the way we remodel services in a post-COVID-19 world to create a true 'healthcare' system.'

Services for older people with learning disabilities

The Open University and The University of Oxford have been awarded almost £900,000 by the National Institute for Health Research (NIHR) to investigate how to improve support for older people with learning disabilities and family carers. The project will focus on adults with learning disabilities in England, two thirds of whom live with family, how family carers plan for their own end of life, and how this may be impacted by having lifelong caring responsibilities.

There has been little research addressing how services can best support older people with learning disabilities (aged 40+) in later life and the team is looking to link up with services who are exhibiting best practice in this area.

Co-Principal Investigator from The Open University, Professor Louise Wallace said, 'We aim to find out what works best when health and social care services support people to live at home, in supported living or residential care, to ensure that they can make the decisions that best suit them. We also aim to produce new learning materials for families and professionals so they can be prepared for these challenges.'

Providers who are interested in taking part in the study can contact Louise on louise.wallace@open.ac.uk.

Guidance on hospital discharge

The Department of Health and Social Care (DHSC) has published new guidance on hospital discharge for providers of health and care services. The publication is aimed at NHS Trusts, community interest companies, and private care providers of NHS-commissioned acute, community beds, community health services and social care staff.

Alongside this, Government has announced £558m for people leaving hospital to cover adult social care or the immediate costs of care in their own home. The NHS will be able to access this funding from 1st September 2020. It comes as part of £3bn provided to protect and prepare health and social care in the event of a second peak of COVID-19 during winter.

Welcoming the latest hospital discharge guidance, Professor Martin Green OBE, Chief Executive of Care England, says, 'Care England welcomes this guidance, although tardy, and the £588m funding being made available until the end of March 2021. Continuing Healthcare assessments were deferred as a result of COVID-19 and with winter around the corner this guidance comes at a critical time. We hope that individuals, providers and families will be kept informed, thereby ensuring that both funding and the provision of care is not interrupted for those living in care homes, an essential part of the continuum of care.

'We look forward to the new system taking shape and appeal to clinical commissioning groups to work with providers and individuals to ensure that speedy and quality decisions can be reached. It is imperative that funding is not interrupted during the transition period.'

The guidance on hospital discharge is available to read on the Government website, and has accompanying materials including action cards detailing how roles will change and what is expected from different services.

Robots could improve lives of older people

An evaluation of CARESSES, the largest ever global study investigating the use of culturally competent robots in caring for the elderly, has found that culturally competent robots can improve mental health and have potential to reduce loneliness in older people.

Older adults in care homes who used the culturally competent robot (up to 18 hours across two weeks) saw a significant improvement in their mental health. After two weeks of using the system there was a small but positive impact on loneliness severity among users. The system did not increase feelings of loneliness.

The system also had a significant positive impact on participants' attitudes towards robots. Lead author of the evaluation, Dr Chris Papadopoulos from the University of Bedfordshire said the study was ground-breaking because it is the largest ever investigation into the use of autonomous social robots for older adults in care settings.

While the idea that socially assistive, intelligent robots for older people could relieve some pressures in hospitals and care homes has been mooted by some, the researchers stress no-one is talking about replacing humans, but felt the research revealed that robots could support existing care systems.

Participants were mostly positive about the robot, but also criticised some of the interactions which researchers thought were probably due to speech recognition limitations.

Suspend inspections until winter, says NHS confederation

The NHS Confederation is calling on regulators in health and social care to suspend inspections until after winter. This would allow providers to address issues like exhaustion among staff, while managing the ongoing threat from coronavirus and for health services to focus on the backlog of treatment that has built up.

In the latest report from its NHS Reset campaign, *Lean, Light and Agile: Governance and Regulation in the Aftermath of COVID-19*, the NHS Confederation calls for a continuation of the lighter-touch approach that has been seen during COVID-19. In the NHS, leaders say this has enabled them to focus on delivering care to patients and to work more efficiently, with less interference from national bodies and reduced requirements for meetings and paperwork that add little to patient care.

The NHS Confederation makes a number of recommendations for national bodies, including:

- Make regulation proportionate and risk-based.
- Align and integrate regulation and performance management.
- Reset the regulatory architecture towards system working and integration. The CQC needs support to amend the inspection regime to focus on systems and patient pathways.
- Maximise the integration of digital technology through increased funding, increasingly using digital inspection and reporting methods.

Read the full report on the NHS Confederation website.

Santhem Residences

Hallmark Care Homes has entered the assisted living market with a new retirement living brand called Santhem Residences.

Its first project is Santhem Residences Shenfield, a luxury retirement living village in Shenfield, Essex with 55, one- and two-bedroom apartments shortly to be released for sale. The apartments are scheduled to open in Spring 2021.

Facilities at this £20m project will include a restaurant and bar with a highly-trained chef, a state-of-the-art cinema, a café, gym with a range of classes tailored to over 65s and a beauty salon. Residents will also benefit from landscaped gardens and private outdoor space in the form of patios, balconies and roof terraces.

The Essex-based company will be overseen by Avnish Goyal as Chief Executive, running alongside his role as Chief Executive of Savista Developments and Chair of Hallmark Care Homes.

Santhem Residences will work closely with its sister company, Savista Developments to source land, obtain planning permission and build and fit out Santhem's next generation of assisted living projects into the next decade.

Buyer Registration Index

Christie & Co has launched the first edition of its Buyer Registration Index, an analysis of website registrations which indicates buyer sentiment across all eight of its industry sectors, including care. The Index focuses on how buyer sentiment has evolved during the UK COVID-19 lockdown period.

The Index reveals that, from 27th April – shortly after Government announced the beginning of the gradual easing of lockdown restrictions – to 22nd June 2020, Christie & Co witnessed an increase of 58% in new buyer registration figures for the care sector. The company expects this general trajectory of increased activity to be maintained, particularly as banks begin to focus more actively on new lending.

Michael Hodges, Managing Director of Healthcare Consultancy at Christie & Co, comments, 'It is important to consider this Index in context, as the most active buyers for operational care businesses are generally existing operators and market participants who are already well known to us.

It is therefore extremely positive that new buyers, registering for the first time with us, are taking such an interest in the sector and we expect this trend to continue as bank lending activity for new business increases.'

Low uptake of Pension Credit

New research commissioned by Independent Age has found that low uptake of Pension Credit is costing health and social care systems around £4bn per year.

Pension Credit, a benefit designed to keep the least well-off pensioners out of poverty, is currently being received by just six in 10 (61%) of those who should be receiving it.

This new research comes from the Centre for Research in Social Policy at Loughborough University, and has been commissioned and published by Independent Age. The report's authors, Professor Donald Hirsch and Dr Juliet Stone found that the NHS bears the brunt of the additional demand, with pensioners on a low income likely to need more health services, such as prescriptions or the use of a hospital bed. The resulting costs to healthcare systems are estimated to be between £3.02bn and £4.81bn per year. Those missing out on Pension Credit are also more likely to need social care, incurring additional costs to the state of between £66m and £189m per year.

The full report is available on the Independent Age website.

Allegra Care and Moorfield Group partnership

Allegra Care, a UK-focused care home operator, and Moorfield Group, a real estate fund manager, have formed a partnership with the aim of creating an initial £125m portfolio of modern, fit-for-purpose nursing and dementia care homes.

Moorfield will initially be investing on behalf of Moorfield Real Estate Fund IV. Allegra Care will be responsible for originating and operating the assets and will also invest in the Partnership, which is targeting a portfolio of 15-20 homes over the medium term.

The partnership will employ a strict investment criteria, targeting modern, fit-for-purpose homes with large communal areas, in demographically supported locations across Central and Southern England.

Founded in 2018, Allegra Care is a specialist care home operator and is owned by Seniors Living Group Ltd (SLG). Allegra Care's Chief Executive, Helen Jones has developed an award-winning model of care which is at the heart of the business, based on her long track record operating in the care home sector, primarily in Australia. During her career in Australia she developed and operated over 90 care homes.

Legal & General

Legal & General has announced that its later living business, Inspired Villages, has started construction at Elderswell, its £60m later living scheme in Turvey, Bedfordshire.

Elderswell is part of an ambitious development pipeline, with Inspired Villages to deliver over 2,500 specialist homes for over 65s in the next six years.

Once complete, Elderswell will offer 130 age-appropriate homes, as well as state-of-the-art facilities in the village centre for both the residents and the local community.

The village centre will include a restaurant, café, wellness centre (featuring a fitness studio, gym and jacuzzi pool), and library. Phase one of construction will see 76 homes and the village centre built by mid-2022.

Eden Futures

Eden Futures is welcoming people for the first time to its newly opened service in the Sherwood area of Nottingham City.

Six of the eight self-contained apartments are now full as part of the company's first phase of moving, with referrals in place for the remaining apartments and shared house accommodation as lockdown restrictions continue to relax.

Eden Futures supports adults with learning disabilities, challenging behaviour, enduring mental ill health and autism across the Midlands and the North of England.

The service has provided flexible long-term care, support and housing solutions for people in Nottinghamshire for over 25 years.

The organisation has worked in partnership with Nottingham City Council and Hilldale Housing Association to provide the eight apartments and two four-bed houses, creating 30 new jobs.

Photo by Robert Murray on Unsplash

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WINNING THE BATTLE:

PREPARING FOR A SECOND WAVE

As we enter the autumn and winter months, thoughts and concerns about a second spike of COVID-19 cases is on everyone's minds. But if a second wave were to hit, would we be better prepared? Here, Liz Jones, Policy Director at National Care Forum (NCF), shares what the sector needs to win the fight.

Reflecting on what the world, the country and the care sector have been through over the last few months has made us all more determined than ever to make sure we have learned everything we can from what we've faced, and that we are prepared for any possible second wave.

It is now a case of determination and experience mingled with hope – hope that we do not have a countrywide second wave of COVID-19 and determination that, if we do, our response is informed by our experience of the early months of this year.

It is important to acknowledge the enormous impact and loss that the pandemic has brought for so many people, and that the care sector has borne a huge amount of that loss and grief. We have seen a high number of deaths in care homes and every one of those will have had a devastating impact on people's families and loved ones, as well as the staff caring for them.

Our NCF members have, from very early on in the pandemic, been keen to share their learning about COVID-19. How to ensure good infection prevention and control measures are in place, how to ensure sufficient PPE supplies, the essential importance of regular testing, how the virus presents, how to care for people who do catch it, how to support their staff to limit movement between and within homes; the list goes on.

MAKING PLANS

Thinking about how we prepare for the coming winter months, which may bring the risk of both flu and COVID-19, it is vital that we as a sector take a nimble and responsive approach to the lessons learned this year, and think carefully about what we can do differently in the way we provide and deliver care and support to the most vulnerable.

It is also important that we are clear about where our action alone is not enough and where we need support and clear input from government. Some of the key aspects of preparedness are set out on page 22. >

> Leadership from the sector

To help us capture the lessons learned early on in the pandemic, the National Care Forum is working with Professor Karen Spilsbury and Dr Reena Devi at the University of Leeds to report on the experiences of frontline health and social care practitioners caring for older people with COVID-19.

This research project, Learning by Experience and Supporting the Care Home Sector during the COVID-19 pandemic (LESS COVID-19) is funded by the Dunhill Medical Trust. The findings are due to be published in October and will share, in a clear, practical, accessible report, the key lessons learnt so far by health and care practitioners working on the frontline, in advance of further local outbreaks or a wider resurgence across the country.

Supporting our workforce

Care workers have been the stalwarts of the COVID-19 front line. 24 hours a day, seven days a week, our professional staff have continued to provide care under the most challenging circumstances, and they have done this with resilience and compassion. It is essential that, as a sector, we recognise that the impact of the pandemic may have longer lasting effects on our workforce, and that we support their longer-term health and wellbeing.

We have a clear ask of government in relation to the workforce; recent public polling by the NCF found that the majority of adults in England overwhelmingly believe care workers are undervalued (81%) and should be paid better (80%). It is time to see urgent action from the government to invest in the care sector to enable better reward and recognition for our amazing care workforce.

Testing

Testing is another key element of our armoury in preventing and managing COVID-19 in the months ahead. The government has finally recognised the importance of regular routine testing across care settings and care services with the introduction of the whole-home testing programme. However, despite the promises and commitment from government, we have yet to see the effective implementation of regular routine testing for the care sector. The gap between rhetoric and reality remains – it is absolutely critical that this is addressed before we move into the winter.

Our asks of government are that it:

- Fully and effectively implements the whole home testing programme.
- Rapidly increases the testing capacity for social care to cover all care settings, including day services.
- Enables testing for visitors to care settings, as well as Care Quality Commission (CQC) inspectors and visiting health professionals, and other people bringing services into homes, such as hairdressers and musicians.

Good infection prevention and control (IPC)

This not a new concept for the care sector, this is something that we are very experienced in and that we have a long history of managing well – just think about the management of seasonal flu or norovirus. It is important to remind ourselves and those we care for about our existing IPC understanding and expertise.

The significant difference with COVID- 19 is that this is a new virus, one that no one had had experience of managing and one about which we still need to know so much more in terms of how it transmits. While scientists – the epidemiologists and virologists – are working hard to build our knowledge about how to prevent and manage coronavirus, we have had to work extraordinarily hard to adjust our infection prevention and control measures across the care sector to tackle a virus that seems like the invisible enemy.

One of our responses at NCF has been to create a unique partnership with Quality Compliance Systems (QCS) and Standards Wise International to create a specific IPC Self-Audit Tool to help our members enhance IPC procedures. It uses the latest COVID-19 learnings emerging from infection prevention and control specialists and takes account of the newly-developed CQC inspection methodology. The IPC Audit Tool supports organisations to assess their own practices and prepare evidence for audit which not only meets CQC requirements, but also conforms to international standards.

However, the sector as a whole needs more support. Our asks of government are that it:

- Continues and widens its financial support for infection prevention and control to help us maintain the essential measures we need, the cohorting and zoning measures we have introduced for our staff and those people using services.
- Helps us to ensure we have a robust, reliable, quality supply of PPE for the next six to nine months and have help with the enormous cost of this.
- Commissions more research into the transmission of COVID-19 and into understanding when people who have it (both those with symptoms and without) are most likely to transmit it and how they do that.

Fighting flu

Given that we are heading into the flu season, as employers and providers of services, we all have a responsibility to actively promote the uptake of the vaccine, in both the people using care services and in the staff delivering that support.

The sector is working hard to understand the barriers to better uptake and bust some of the myths that deter people from having the vaccine. Our ask from government is that urgent action is taken and clarity provided on their flu vaccination plans and how they plan to support the care sector.

HELPING PEOPLE THRIVE

The pandemic has highlighted the significant challenges of continuing to enable people who use care and support services to live the best lives they can, despite all the constraints that COVID-19 has brought. It is vital that we strive to do what we can to continue to enable people to thrive as best they can in the new world of COVID-19, but we can only go so far without more support and acknowledgement from government. **CMM**

Liz Jones is Policy Director at National Care Forum. Email: **liz.jones@nationalcareforum.org.uk** Twitter: **@NCF_Liz**

What are you doing to prepare for a second wave? What learning can you share and what would you like to see from government? Let us know by commenting on the CMM website and sharing your feedback, **www.caremanagementmatters.co.uk**

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Registered manager and director of Summerhayes Care Home

Overcoming challenges:

AVOIDING ENFORCEMENT ACTION

Before COVID-19 struck, the Care Quality Commission (CQC) had been increasing the use of its powers to take civil and criminal action against providers who weren't meeting standards. As things start to resume some sense of normality, we are looking at what happens when these actions are unjustified. Alison Wood from Lester Aldridge shares the best ways to avoid enforcement action and how to handle it if it happens.

Lawyers are often contacted when things go wrong, when enforcement action has already been taken by CQC or when a provider is facing potentially serious consequences, such as criminal prosecution or losing their registration. However, enforcement action can often be avoided or managed more effectively when providers are proactive and seek early advice.

IT STARTS WITH THE INSPECTION

Enforcement action will often follow a poor inspection, which may have been routine or prompted by safeguarding concerns, complaints or whistleblowers. Where an inspection has been prompted by such a concern, the inspector may already have a negative preconception of the service, which can be difficult to change, despite providers' best efforts. We have seen situations where services have been rated Good only to have their rating downgraded to Inadequate in a matter of months because of such an issue.

Regardless of the reason for an inspection, it is imperative that the inspector has a good first impression. If the inspection has been prompted by a concern, it is usually best to tackle this up-front and head-on with the inspector to ensure that any misunderstandings are discussed and rectified. Whilst some inspectors are more willing to engage than others, it is important that your voice is heard and, if you feel that you haven't been treated fairly, you should document this at the time in case you wish to take action at a later stage.

There are many ways to get the most out of an inspection, such as handing the inspector evidence you want them to see, ensuring staff are well prepared, and making the most of the feedback session. However, if your inspector is not willing to engage with you or if you are concerned about the likely outcome, it is worth acting sooner rather than later.

CHALLENGE, CHALLENGE, CHALLENGE

If your inspection results in a negative report which you think is unfair or inaccurate, you do have options – and remember CQC can get it wrong. We have dealt with cases where CQC has got it so wrong that a draft inspection report has changed from a rating of Inadequate to a rating of Good in the published report. Such cases are not as unusual as one might think or hope.

Had these providers accepted their draft reports, enforcement action may well have followed, along with all the other concerns that come with an Inadequate rating, such as funding problems and issues with commissioners.

If you find yourself with >

> an inaccurate or unfair draft inspection report, one of the most important things to do is to prepare a thorough factual accuracy challenge. This involves spending time going through the report properly to identify inaccuracies, points which are unfair, or areas where CQC has simply misunderstood an issue. It is not unheard of for inspectors to include a quote that has been taken out of context, to make an incorrect assumption, or to state a point that is plainly wrong. The factual accuracy check is an opportunity for you to find these errors and highlight them, evidencing why they are incorrect.

Preparing a really strong factual accuracy challenge will take a significant amount of time and it is important that any inaccurate point is supported by clear evidence. Gathering such evidence can be time-consuming but the importance of the task should not be underestimated.

Saying this, providers do not have the luxury of time here. There is a strict limit of ten working days from receipt of the draft report for providers to challenge its accuracy. In contrast, CQC does not impose any timescale on itself to consider a provider's challenge and we have known CQC to take a number of months to produce a final report following a factual accuracy challenge.

The factual accuracy process is also the best opportunity for providers to challenge the ratings they have been awarded in each key question and ensure that positive information is included in the report which might otherwise have been excluded.

Whilst providers do also have the opportunity to challenge ratings after publication of the report, such challenges are rarely successful and, given the limited scope for challenge and strict limit of 500 words, this is perhaps not surprising. According to CQC's guidance, the only grounds for requesting a ratings review are that the inspector 'did not follow the process for making ratings decisions and aggregating them'. Reviews also cannot be requested on the basis that you 'disagree with the judgments made by CQC'.

And CQC figures show that ratings reviews are often not the most effective way to challenge a rating. Up to 30th June 2019, of the 683 applications for ratings reviews that had been received, only 18 resulted in an increase to the provider's overall rating. The majority were either closed because there were no grounds for a review or resulted in no change to the ratings.

TAKING FURTHER ACTION

It may or may not come as a surprise that, in our experience, CQC does not always act proportionately, reasonably or lawfully. Sometimes, despite a clear factual accuracy challenge, CQC does not amend an inaccurate report and may proceed with inappropriate or unjustified enforcement action. When this is the case, it is important to take action without delay and to seek specialist advice.

As a public body, CQC is open to legal challenge but there are also non-legal challenges that can be made to ensure you are treated fairly. These include following CQC's complaints process or escalating your complaint to the Parliamentary Health Service Ombudsman if it has not been dealt with in a way that you would expect.

If enforcement action is taken by CQC, it is vital to deal with the situation sooner rather than later. Enforcement action can take many forms, from a simple warning notice to an immediate cancellation of registration, but all will have an impact on your service and your business as a whole. Such actions, whether justified or not, can affect staff morale and retention and can prompt issues with commissioners, resulting in significant financial consequences. Responding to enforcement action is often much simpler if a well-drafted factual accuracy challenge has already been produced, and it can be extremely useful if the matter is pursued.

In relation to serious enforcement action, such as a proposal by CQC to cancel registration, following the appeals process will invariably be necessary if a provider wishes to keep its business and will often result in a successful outcome if advice is followed and improvements are made. When appeals are lodged with the Care Standards Tribunal in response to enforcement action by CQC, the Tribunal will look at the compliance of a service as at the date of the hearing to decide whether or not it should be able to continue to operate and this can therefore afford a provider invaluable time to address the concerns that have been raised.

PROTECTING YOUR BUSINESS

Recent years have seen an increase in enforcement action being taken by CQC with it wishing to be seen as an effective regulator. This rise in the use of its civil and criminal powers has been a conscious reaction to public criticism and abuse scandals.

Whilst the effectiveness (or otherwise) of such a strategy can be argued, too often we are seeing good providers ending up on the receiving end of unjustified enforcement action that has either been based on inaccurate 'facts' or an overreaction to a situation, which may well have been entirely out of the provider's control.

Whatever the reason for the enforcement action, routes for challenge are always available and, in most situations, they should be used to protect your business as far as possible. Whilst, where concerns arise, a provider's focus should be on improvement, in many situations, it will also be appropriate to follow routes for challenge, if only to alert CQC to the improvements that are being made.

Whilst it is not always possible to avoid enforcement action, and in some cases it is entirely justified, the most important point is how enforcement action is managed. Where enforcement action has been taken and is justified, we often find that CQC is willing to work collaboratively with us and the provider if insight is shown and a clear plan of action is put in place to address the identified concern(s). In these situations, it is rarely the best approach to be combative or adversarial, but each case will depend on its own facts. In short, engagement with the process and obtaining advice at the very earliest opportunity will allow a provider the best chance of succeeding and achieving a positive result in whatever form this may take.

COVID-19

Whilst CQC paused routine inspections due to coronavirus, we understand that it has scheduled a number of inspections where there are concerns over risk. In addition, CQC is undertaking a thematic review of 300 services over the coming months, focusing on infection prevention and control. If CQC considers it necessary to take enforcement action, it will do so and providers need to be mindful about the risk of enforcement action during this difficult time. We hope that CQC will take a reasonable approach, but we strongly advise providers to be prepared to deal with CQC and ensure detailed records are kept as well as risk assessing and clearly documenting any difficult decisions. **CMM**

Alison Wood is an Associate at Lester Aldridge. Email: **Alison.Wood@LA-Law.com** Twitter: **@LACareTeam**

Have you challenged a CQC inspection report? What are your concerns about the regulator restarting inspections? Let us know by commenting on this article on the CMM website, where you can also share feedback, **www.caremanagementmatters.co.uk**

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DRIVING OUTSTANDING CARE

ARE RETIREMENT COMMUNITIES THE FUTURE OF SOCIAL CARE?

With a focus on helping people to stay independent for as long as possible, many authorities have been looking to homecare as a means of supporting those who can stay in their own homes. But with their flexible systems, could retirement communities be a different answer?

Everyone is hoping for reform of social care in the near future, and much of this conversation is focused on how care homes and homecare could alter. However, retirement communities don't often form a large part of the talks and could offer a large part of the solution.

Retirement communities claim to present something different to both care homes and homecare.

Often purpose-built, these developments offer a tailored level of independence, depending on individual need.

Residents may purchase or rent their home in the community, which might have additional security and staff on site 24-hours a day for peace of mind; homecare is available to those who require it, and there is often a host of extra services such as hairdressers, restaurants, and communal areas.

The idea is for people to be able to move in before or as they start to need care and support, and to be able to stay there with increasing levels of support until the end of life.

WHAT'S THE FUTURE FOR RETIREMENT COMMUNITIES?

It's a sector that is looking to expand, with representative body, Associated Retirement Community Operators (ARCO), having set out a detailed plan to have 250,000 people living in retirement communities by 2030. Currently this number sits at around 75,000 people.

The organisation suggests that if this Vision 2030 were to be achieved, it would free up over 560,000 bedrooms onto the housing market and would save £5.6bn for the UK's health and social care systems until 2030.

ARCO's research also shows that the UK is behind in this arena of the market. It states that just 0.6% of older people live in retirement communities in the UK, compared to 6.1% in the US, 5.4% in New Zealand and 4.9% in Australia.

WHAT WOULD MORE RETIREMENT COMMUNITIES MEAN?

Catching up with other countries in terms of the number of retirement communities available will take time, but could the benefits to wider systems and people seeking an alternative model of care make these efforts worthwhile? Just some of the beneficial outcomes are:

- Job creation – ARCO estimates that around 63 permanent jobs are created for every 250-unit retirement community.
- A cheaper alternative to homecare, with costs around 17.8% lower per person per year for lower-level social care and 26% lower for those with a higher level of need.
- A reduction in the number of people entering care homes.
- A reduction in residents' feelings of loneliness and isolation.

The benefits of this model cannot be ignored, but will care homes and homecare services always have a place in the social care system, or are retirement communities the future?

Let's embrace the opportunity

Nick Edwards, Chief Operating Officer, Audley Group

It is no secret that in the UK we have an ever-increasing ageing population, with 160,000 households of over 65s being added to our society each year. Figures suggest that, by 2040, there will be 20 million surplus bedrooms within homes across the UK; 60% of which are in houses occupied by those over 65.

We know that social care costs are spiralling, and that in many situations older people are unable to return to their homes from hospital because they cannot access the support they require to safely do so. And many of those homes are unsuitable for older people to live in.

There is an answer to these seemingly intractable – and hugely socially and financially important – challenges, and it comes in the form of retirement communities. Done well, these enhance life and are of huge benefit to society. It is time that they are embraced by Government as part of the answer.

Retirement villages offer a third option; a choice that lies between care homes and care at home. Not only do they allow people the chance to continue living independently in properties that are designed to cater for their changing needs, they also provide a much-needed sense of community. With restaurants, cafés, libraries and cinemas, these villages are a place to live and enjoy social situations with like-minded individuals. They are also able to provide care and wellbeing services, at an efficient price point – both to those living in the village and into the local community.

There is a growing body of evidence that shows how people living in retirement villages stay healthier for longer and live more active lives. And, fundamentally, they create spaces where people are more likely to be happier and less likely to be lonely.

Does this require 'radical reform' or would some incentivisation to encourage right sizing into community living be successful? We do need change – we need more care workers and we need the NHS and social care systems to be joined up – but that might take a long time, and that is time we don't have. So let's do some simple things, quickly, to encourage the development of more retirement communities in the UK. They will be a part of the solution, so let's embrace the opportunity for enhanced living that they provide, right now.

To move forward, we need more operators

Tom Hartley, Director, Carterwood

We've been saying retirement communities are a big part of the future of social care for over a decade.

For the more able-bodied senior not requiring specialist dementia or nursing care, a retirement community is an excellent accommodation option. It offers the benefit of on-site support and care (if required), the independence and privacy that comes from having your own front door, while also providing a sense of community and access to key services. Importantly, there are also benefits from an infection control perspective, with the ability to self-isolate clearly contributing to low incidences of COVID-19 in retirement communities to date.

Despite these positives, and the proven success of the model in other developed nations, retirement communities are still a long way from maturity in the UK.

To move the sector forward in earnest, we need more operators to develop and manage schemes on a long-term basis. There are just too few currently. In future, operators might come from other operational real estate sectors, such as hotels and leisure. COVID-19 may even act as a catalyst for this; with lockdown bringing much of the commercial property world to a halt, healthcare real estate and specifically retirement communities, have probably never looked more attractive.

Much noise is made over the barriers of planning. However, despite the lack of clarity regarding classification, we know from our research with ARCO that 63% of older people's housing schemes are granted. The more pressing issue is that just 11% of those granted permissions result in development. With more operators, fewer of these schemes would need to be so speculative.

In addition, to truly take centre stage in the future of social care, the sector must find a way to provide these communities as part of a true mid-market offering that takes into account the current average house price of £239,766.

It will take some very talented individuals and management teams to overcome these challenges and barriers to entry, but the rewards are there for those who are successful, as demonstrated by the fantastic operators who are leading way in this sector already.

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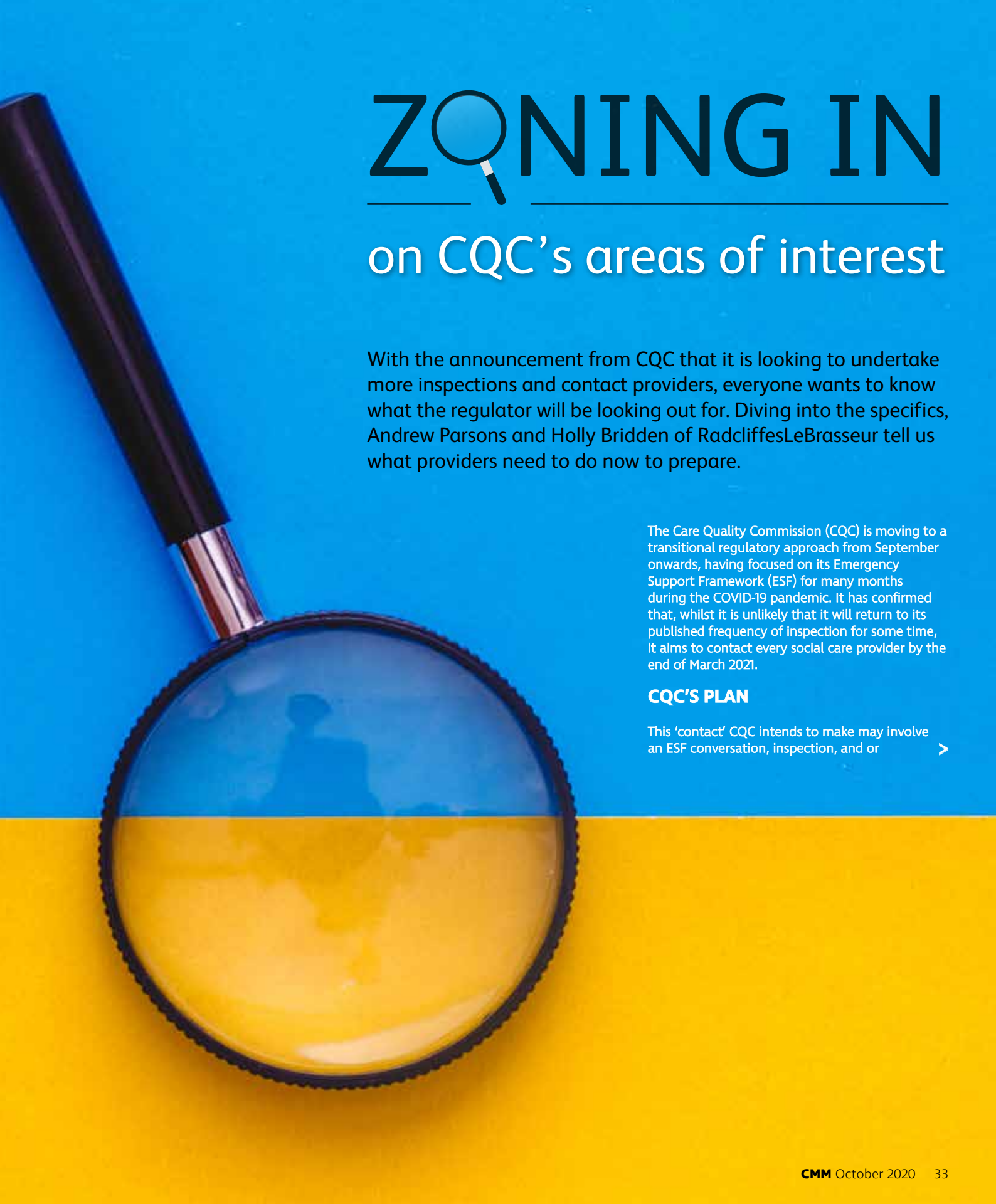

ZONING IN

on CQC's areas of interest

With the announcement from CQC that it is looking to undertake more inspections and contact providers, everyone wants to know what the regulator will be looking out for. Diving into the specifics, Andrew Parsons and Holly Bridden of RadcliffesLeBrasseur tell us what providers need to do now to prepare.

The Care Quality Commission (CQC) is moving to a transitional regulatory approach from September onwards, having focused on its Emergency Support Framework (ESF) for many months during the COVID-19 pandemic. It has confirmed that, whilst it is unlikely that it will return to its published frequency of inspection for some time, it aims to contact every social care provider by the end of March 2021.

CQC'S PLAN

This 'contact' CQC intends to make may involve an ESF conversation, inspection, and or >

> an infection prevention and control (IPC) thematic review. Inspections are to be prioritised based on risk and CQC will make unannounced inspections where intelligence suggests that the people using a service are at immediate risk. CQC's understanding of risk will be dynamic and based on feedback from the public, families and carers, whistle-blower concerns, safeguarding alerts, information from stakeholders and outcomes of ESF conversations.

CQC suggests that the scope will be widened to include inspection of services where it has evidence that the care needs to be improved more generally. However, it is unclear how quickly these inspections will be rolled out in light of rising infection rates.

Planning inspections

The purpose of CQC's risk assessment process is twofold: to seek to understand the service, and to inform decisions regarding the safest way to inspect. The assessment will include a call with the provider to discuss the environment.

CQC has made clear that it wishes to minimise time spent with providers and therefore will complete what planning and information gathering it can before the inspection. This is likely to involve requesting documentary evidence, arranging calls with staff, relatives and people using the service and exploring the layout of the service to plan routes to minimise contact.

Where CQC considers that inspections should be unannounced, inspectors may call providers from the car park to assess the COVID-19 situation at the home before proceeding.

Local lockdowns

Government alert levels, wider context and knowledge (for example issues and risks associated with the particular subsector and local or regional factors) will also inform CQC's approach.

CQC has confirmed that on-site activity where local lockdowns have been imposed will only take place in exceptional circumstances.

AREAS OF INTEREST

An obvious area for attention will be infection prevention and control steps taken by providers. CQC's information-gathering tool for inspectors in relation to IPC reviews can be accessed via their website. This includes considerations as follows:

"The voice of staff members will be crucial to understanding quality of care on the frontline."

1. Are all types of visitors prevented from catching and spreading infection?
2. Are shielding and social distancing complied with?
3. Are people admitted into the service safely?
4. Does the service use PPE effectively to safeguard staff and people using services?
5. Is there adequate access and take-up of testing for staff and people using services?
6. Does the layout of premises, use of space and hygiene practice promote safety?
7. Do staff training, practices and deployment show the service can prevent and/or manage outbreaks?
8. Is IPC policy up-to-date and implemented effectively to prevent and control infection?

Other mandatory questions relate to the provider's understanding of where to seek advice and whether appropriate measures are in place for those who are considered the most clinically vulnerable and those at increased risk due to protected characteristics.

Policies dealing with visiting arrangements are also likely to be scrutinised carefully, not least in relation to end of life care. Providers' approach to balancing risks to safety and quality of life considerations has arguably never been more difficult, so, as with many of the key decisions taken throughout the pandemic, these will need to be properly articulated, with clear reference to the appropriate ethical framework.

WHAT TO DO NOW

It might be useful for providers to take the time now to collate their answers to CQC's infection control questions in readiness. They should also ensure that, at the very least, they have a clear and up-to-date response to the ESF. Providers would also be well advised to consider their safety, access and leadership arrangements and to formalise these in a protocol if this does not already exist, as Key Lines of Enquiry which touch upon these matters are to be specifically targeted.

The voice of staff members will be crucial to understanding quality of care on the frontline. In light of reports suggesting there has been a substantial increase in staff calls to CQC and trade unions, providers should consider the effectiveness of any feedback mechanisms in order to ensure staff concerns are understood and that support is offered as appropriate.

Finally, CQC is due to share its initial findings in relation to IPC best practice in September's COVID-19 Insight report, with more detailed findings to follow in November's edition. Providers should look out for these reports to learn from other services who either have remained COVID-free or managed outbreaks successfully.

TAKING A REASONABLE APPROACH

CQC has stated that it will seek to balance users' experiences of care with making an accurate assessment of the quality of care, whilst at the same time minimising infection control risks and not unnecessarily adding pressure to the systems that providers have in place.

It is hoped that the regulator will take a reasonable, subjective approach to the presenting issues that each service will have faced, which of course may well have been very different across the country. **CMM**

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How are you preparing for CQC's contact? Which areas of focus are you concentrating on? Share your knowledge on the CMM website, where you can also leave feedback on this feature, **www.caremanagementmatters.co.uk**

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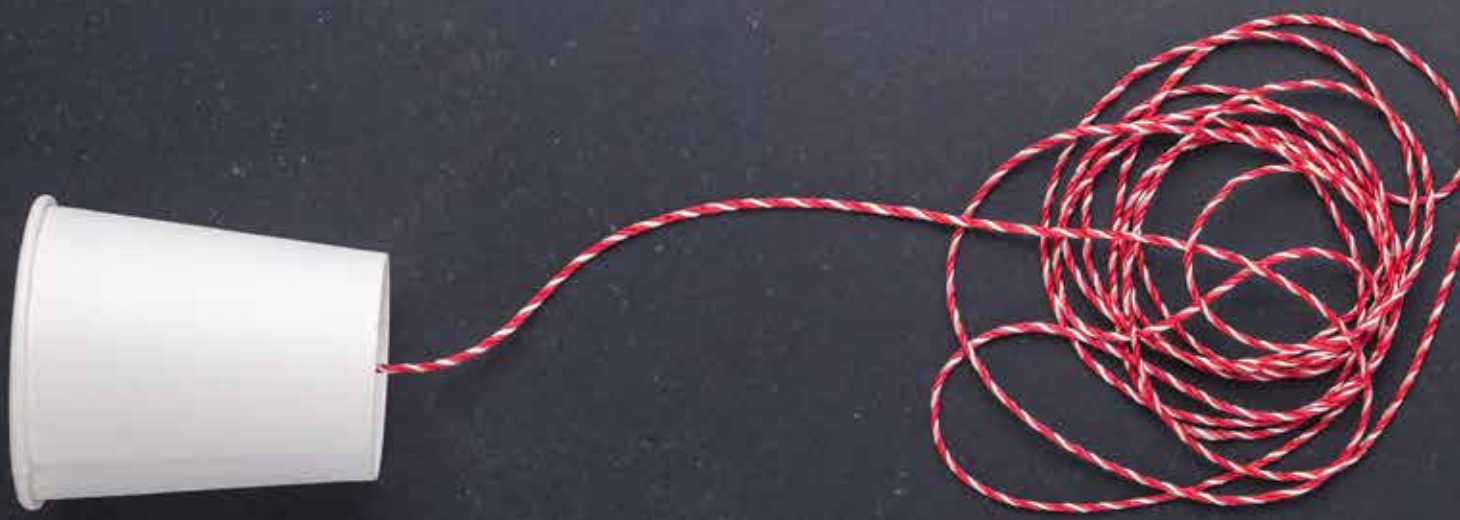
DECIPHERING THE KEY TO SAFETY DURING COVID-19



Sharing knowledge is a key part of running a care business, and even more so in recent months. Here, David Romero McGuire, Chief Executive of the Diagrama Foundation, shares how close ties and communication with colleagues in Spain helped their six care homes in England stay COVID-19-free.

It feels like an age since we took the decision to implement our own guidelines to keep both our residents and members of staff safe from COVID-19. As we have begun to ease restrictions – some residents were allowed home visits again from August 1st – we have started to reflect on lessons learned. I hope the measures described here can help others prepare in future.

LOCKING DOWN

Diagrama is an international non-profit organisation, with its roots in Spain. In March, as the pandemic took hold in Europe, I was in daily contact with our colleagues there. They warned us of what was to come. It was like a look into our own future, as the UK was two to three weeks behind what they were experiencing in Spain.

The first and most difficult decision we took was to lock down our homes at the same time as Spain and Italy – two weeks ahead of UK government guidance to do so here. This meant residents could not go to any community activities. Many have autism and this sudden change was difficult for them to adjust to. We also stopped non-essential visits, including from families, who were supportive of the move, themselves worried about the imminent threat.

Our Spanish colleagues reported how challenging it was just shopping for supplies – there, they were facing police fines if a non-key worker left their home. We quickly wrote two official letters on headed paper – one which we gave to our care homes, so that they would to be able to buy in bulk at the supermarket, and the other for all of our staff so that they could identify themselves as key workers in case they were stopped by the police here.

AVOIDING TRANSMISSION

As the pandemic started to grip the UK, I received another warning, this time from Spanish doctors sharing what they knew about the spread of the virus and how to minimise risks.

In the UK, while the government advised us to wash our hands, we could see much more was needed and took immediate action with a new raft of measures. These included:

• Deep cleaning the homes twice a >

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> day – door handles, stair rails, keys, anything with frequent touch points.
- Using diluted bleach (1%) upon the doctors' advice to clean surfaces. (They told us it was more effective than supermarket products – which, by this point, were not available anyway.)
- Staff changing in to clean clothes or scrubs upon arrival for work and disinfecting their shoes. As our residents had been in isolation for 14 days by now, we knew the only people who could spread the virus were staff, so we had to minimise risk as much as possible.
- Socially distanced dining, with residents spaced out and staff eating separately.
- Everyone in our homes – except residents – was told to wear a face mask at all times.

Wearing masks was our most challenging measure at this point. We'd heard from Spain that the virus could be spread by droplets from the mouth, but the advice from the UK Government did not reflect this risk. It took until late July for guidance around masks to emerge here.

Our challenge was not getting staff to wear them – they were more than willing – but getting hold of masks in the first place. All supplies had been diverted directly to the NHS. Hours upon hours were spent combing the internet for supplies. At the beginning, due to the extreme shortage, staff were asked to re-use them several times. It was not ideal, but not wearing a mask was not an option. The risk was too great. When news emerged on social media that staff were reusing masks, the community rallied by donating their own supplies and some staff also made washable masks.

But we knew more could be done to keep people safe. As a team, we devised a new shift system to halve the number of people entering the home daily. At a time of great stress, when everyone had their own family concerns to think about, our incredible staff embraced the changes and pulled together to think outside of the box and come up with additional measures we could take.

Alarming news was coming in from other countries. Care homes were struggling with infection outbreaks and swathes of deaths. The spread was increasing due to those infected with Covid-19 being discharged from hospitals and placed in care homes. I decided there and then this would not happen in our homes.

We immediately changed our admission assessment policy and informed the authorities that we would not accept any new admission without a negative COVID-19 test. They were not happy. Government guidance and our measures conflicted. Authorities were not prepared to test as it was not in government guidance. There were tensions, but, after a few weeks this was resolved and all new admissions are now tested.

EASING INTO NORMALITY

Managing the lifting of restrictions has been just as challenging. While the government eased lockdown, we needed to do the same, but at the right pace. We could not rush and put anybody at risk. We knew easing meant increased risk, but we had to balance that with residents' wellbeing.

Our first trip out with our residents with learning disabilities was alarming. The park was packed and maintaining social distancing was difficult to manage. The risk was too high. We thought again. Different times? Locations? We approached a neighbouring school that had closed to children and the headteacher agreed to open up their fantastic grounds for our use. I owe him more than he will ever know.

Residents missed their families so it was time to have visits again, but we needed to manage expectations of families. Some residents didn't understand what COVID-19 is. They didn't understand why they couldn't go to their usual activities. There was no way they would understand social distancing. Were we going to refuse these residents a hug with their family? Of course not. We need to manage risk, but there will always be risk.

"We knew easing meant increased risk, but we had to balance that with residents' wellbeing."

Family visits were restricted to two relatives at a time, booked in advance to enable gaps between them to allow us to clean. They were also asked to disinfect shoes, use masks and to not drink or eat while with us. We asked them not to have close contact where possible. Everyone has been so supportive of the changes and the system has been running smoothly.

Now, we're planning our residents' visits back home again. This is the latest and the riskiest step to date. As I write this, we're continually drawing up new protocols and speaking to people from other countries to learn from them – what has gone right or wrong? We're reviewing all the options and calculating risks and how to minimise them. But, we accept, there will always be risks.

Thankfully, I know the incredible team around me will do their best to make sure these home visits happen as safely as possible. These past months have provided an opportunity for our staff to shine. The challenges have only served to strengthen our culture. When people were at times pushed to the limit, I've been amazed and exceptionally proud of the lengths they would go to ensure the best outcomes for the vulnerable people we care for. As a leader, I cannot ask for more. **CMM**

David Romero McGuire is Chief Executive of the Diagrama Foundation. Email: **diagrama@diagrama.org** Twitter: **@DiagramaUK**

How did you come together with others to share learning during lockdown? What did you find effective? Tell us on the CMM website where you can comment and leave feedback on this feature, **www.caremanagementmatters.co.uk**

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HARNESSING THE POWER OF REGIONAL MEDIA

The issue of how the public views the social care sector is one we must address to achieve properly respected and funded services across the board. However, national headlines focus all too often on the minority of negative stories. How can we change this? Adam James from Springup PR tells us how regional media might be the solution.

The care sector, it feels, is afflicted by some permanent form of distress. A relentless funding crisis, the perennial challenge of recruiting and retaining staff. This year, of course, we have what might be the worst of them all – COVID-19. And the cherry on the cake is the national media, forever keen to jump on death statistics with stark, attention-grabbing headlines.

But, while accepting that national media coverage of social care may be largely out of reach for most care operators, it is the contrary at a regional level. While COVID-19 >

> causes havoc and misery, the regional media has never been so recipient and open to receiving positive news stories from care providers.

SHARING YOUR WORK

Let me emphasise this – your regional media loves to hear about how your care business is providing good, innovative care within the confines of COVID-19 – and it's an opportunity you must take advantage of to help promote your quality care provision to the public.

While it's not always obvious, every good care provider right now is a treasure trove of potential positive and indeed heart-warming 'stories' of care.

Positive CQC reports are still being published, landmark birthdays for residents are still being celebrated and examples abound of quality dementia care and personalisation, innovative activities or staff going above and beyond during this pandemic.

These staff, presently being celebrated as national heroes, are also headline-makers. Longevity of service, being shortlisted for – or winning – awards, and out of work achievements can all make news during this COVID-19 period, and will convey to the public the calibre of your team.

WHY CHOOSE LOCAL?

The purpose of securing media coverage for any home is often to raise its visibility and profile and to help generate enquiries, particularly from self-funders.

In so doing – and while national media focuses on the negative; deaths, under-protected staff, lack of care staff, funding crises – care providers can harness the power of the regional media to transform the public's image of care homes.

Let's look at the raw numbers. I recommend that every care provider in the UK should be aiming to secure up to 10 pieces of positive media exposure for their home every 12 months.

Looking at care homes, let's say a quarter (4,250) of the UK's 17,000 homes secured the (in my opinion, quite achievable) 10 pieces of positive local media exposure per year. That equates to 42,500 positive care home stories in the media per year.

When you consider that regional media is often cited as being some of the most trusted of all media, that's a potentially colossal public impact.

For operators managing the UK's care homes and homecare services, the local media should be a priority because this is the media most able to reach prospective clients, families and stakeholders.

"I recommend that every care provider in the UK should be aiming to secure up to 10 pieces of positive media exposure for their home every 12 months."

Plus, most residents or clients are likely to be from within a limited radius of the home or service.

Despite their general demise in print, one local newspaper can still have a huge reach, being read by tens of thousands of people. Moreover, their associated websites, Facebook pages and Twitter feeds mean opportunities for people to find and read your story increase threefold.

Local BBC radio stations and TV news programmes – again with viewing and listening figures of tens of thousands – can also be ideal media vehicles for raising awareness of your service and the good news within it.

As with local newspapers, during this COVID-19 pandemic, local BBC and ITV television has been more open than ever to showcasing good news stories about care homes and domiciliary care, and communicating to the public about how well it's being done.

HOW TO PITCH

When thinking how best to pitch your story to regional media, both during this difficult time and beyond, a key element is often to focus on the 'human-interest' side of a story.

For example, if you ushered in online video technology for residents to communicate with their families, the story's 'angle' may not necessarily lie in the video method itself but how one or a few particular residents are using it and benefiting from it.

When you marked the VE day celebrations during lockdown, the angle is focused on how it was an extra special day for one or two residents.

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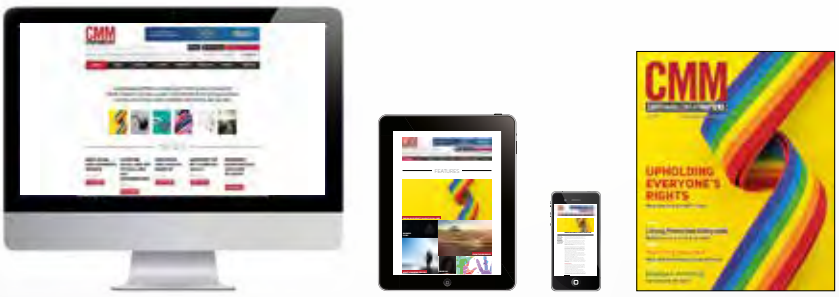

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> release and media pitch headline to email to local journalists. And, by the way, try to find a named journalist to pitch your release to rather than sending it to a generic 'news@xxx' email address.

BBC local newsrooms have a shared diary across radio and TV, but it doesn't hurt to email more than one journalist. Again, the specific reporter for your region, the health correspondent or news editor, will be the one to target.

It's best to send your story via email with your headline in the subject line. Consider reading the headline to a colleague before you hit 'send' – they should want to know more once they hear it.

At the start of your email, include a short personal note to the journalist and don't be afraid to follow up a couple of days later. Emails can get missed or forgotten, so a reminder can make the difference between your story getting published and not.

Eye-catching photos can make or break a story. Plus, if your images are strong, they may result in a full double-page media spread for your home, and a more impactful online piece.

If you're going to commission a photographer, it's prudent to choose those with proven experience of 'editorial' photography who are more capable of 'telling a story' via photos than, for example, studio or wedding photographers.

MAKING SOCIAL MEDIA WORK

Every individual care service should have a Facebook page both to keep families in touch and to communicate with the wider community. At the moment in particular, Facebook can be a key channel for promoting your infection prevention and control initiatives and all the ways in which you are keeping the people you care for safe.

Posts should ideally encourage reaction and interaction to make them more visible in people's news feeds. One way of doing this is by including a 'sharing' mechanism, which can significantly boost the number of people who see your content.

Promising to make a £1 donation for every share during a week-long themed campaign can have far-reaching results that put your service in front of people who wouldn't otherwise see it, especially if you donate to a local charity that complements your business, for example a carer support charity or a day centre.

CHANGING PERCEPTIONS

Elevating your profile and turning around opinion is like turning a container ship. It takes effort and time.

But when it comes to regional media, operators can be at the helm, having considerably more control of messages and shifting opinion. And as care operators battle to win back public confidence after the initial shock of COVID-19 and the stream of often negative national media headlines, they can harness the power of a sympathetic regional media as never before. **CMM**

Adam James is Founder of Springup PR. Email: **adamjames@springup-pr.com**
Twitter: **@springuppr**

What methods do you use to reach regional media? How does your service work with local press? Share your insights on the CMM website, **www.caremanagementmatters.co.uk**

CELEBRATING EXCELLENCE IN **LEADERSHIP**

Carren Bell, Chief Executive of Lagan's Foundation won the Leadership Award at the Markel 3rd Sector Care Awards 2019.

As with so many cherished charities today, Lagan's Foundation performs a pivotal role within its community.

It offers the hope-less, hope. Involves everyone from the highly-qualified professional to the aspiring administration apprentice. Acts as a champion for its hometown and related businesses. Steps in sometimes where others fear to tread and plugs holes in a state apparatus that is shrinking and, in all likelihood, will continue to do so.

The Markel 3rd Sector Care Award in Leadership marks another step-up from its foundations as a good cause determined to help the families of children with heart defects and feeding issues, to an organisation that provides practical respite support in diverse areas of the country. Britain needs Lagan's and the profile this honour brings will now move it on apace.

Lagan's was founded in tragedy; namely, the death of my dear baby daughter from a rare congenital heart condition. Throughout her battle for life, I despaired at the lack of information parents received, the dearth of support they got at home and the inadequate sensitivity shown to mums like me at their lowest ebb. When the worst happened and baby Lagan lost that battle, I decided through the heartache and the tears to honour her by making sure no other parent went through the same situation.

Move the clock on six years and Lagan's has a team of carers entering the homes of poorly children and delivering the very best support practically and emotionally. The feedback I receive about my treasured team is overwhelming, primarily the relationships they build up with not just the children but the parents, who need some time to recuperate and do the things we take for granted, such as shopping and housework. Those stressed – and sometimes depressed – parents now truly have a shoulder to lean and cry on.

Being independent of the state and free of the time constraints some social care companies put on visits means that we can spend more time building the kind of personal relationships these parents need. As one put it, 'Lagan's came to us at a particularly difficult time in our lives. They continue to help me with feeding and care as well as giving me precious time for other things, not to mention reducing my sense of isolation and giving me something to look forward to every week.'

I am particularly proud that our carers

also go the extra mile in being advocates and mines of information. So many parents say to us that they are supported throughout their journey in the hospital but, when they return home, it's nothing but isolation and distress. Not all disabilities are visible (especially when related to the heart) and some of the children we care for fall through the cracks when it comes to gaining practical help such as investigating benefits, managing hospital appointments or even getting specialist equipment at school fitted. If Lagan's doesn't act for them, who does?

Despite the good deeds, our small charity faces a daily battle to find funding to provide the care that is so desperately required. Councils are increasingly cash-strapped and, as large machines, are perhaps unaware that bureaucracy around contract engagement and payment can mean serious issues for small charities. I was also intrigued to learn recently that large good causes are enjoying increased giving, chiefly through online marketing and as a direct result of high-budget television advertising. Generosity to smaller concerns is falling, though. Competing in that market is difficult, which is why the profile surrounding this Leadership Award is so important.

Much of the support we do receive comes from our local community. We are based in Bolton, which, like many Greater Manchester communities, has had its difficulties. But the kindness of its people is nothing short of astounding, in terms of fundraising, donations, equipment and volunteer time. Lagan's-supporting events including football tournaments and cycle challenges have become high-points on the local calendar. Fellow charities and statutory organisations have helped us recruit and manage staff too and enabled them to progress on the road to qualifications and career development.

One plus point of this is that Bolton has taken ownership of Lagan's – and we have returned that favour by flying the flag for the community at regional and national level and offering training in social care and childcare qualifications plus obtaining Disclosure and Barring Service (DAB) certificates. We are now making progress beyond Bolton's boundaries and are delivering contracts everywhere from Poole to Liverpool. I like to think that it's our good name that has opened doors there, but it is also because there are so many people who need Lagan's.

Our next challenge is therefore one of expansion. We are beginning to run campaigns on issues such as proper mental health care provision for struggling parents and donating to breast milk banks. However, how do we reach the decision-makers in areas where parents are crying out for help? And crucially, how do we gather the wherewithal to provide our service on the next level? Our door is always open to anyone with a solution.

The Markel 3rd Sector Care Awards have at least given us a national platform. My sincere hope is that by receiving the Leadership accolade, more people learn about us; but also, that there is increased awareness that charities like ours are providing such a special service that needs valuing properly.

I am of course also hopeful that it bolsters Bolton. Although the picture is gradually changing, I also wish it to remind women that they can break through the glass ceiling and found and lead an organisation compassionately and successfully.

Most of all, I want it to spread the message that you should take heart that in the wake of tragedy and good can rise. But, for all the demonstrative achievements my team at Lagan's has given me, the fact that it honours the name of my little girl is the proudest. **CMM**

MARKEL 3RD SECTOR **CARE AWARDS** 3

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To support Lagan's Foundation, go to **www.lagans.org.uk**
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CMM INSIGHT BERKSHIRE, BUCKINGHAMSHIRE AND OXFORDSHIRE CARE CONFERENCE

8th October 2020

Originally scheduled to be held in Maidenhead, the CMM Insight Berkshire, Buckinghamshire and Oxfordshire Care Conference will now be held as an online Zoom webinar.

Taking place on 8th October this year, the exclusively online conference promises to be packed full of high-interest topics and speakers renowned for their expertise. They'll present on their specialist areas of knowledge, sharing insights into the past year, the current situation, and beyond into the year ahead.

GOING DIGITAL

A full day event that can be joined from your own home, service or office, the CMM Insight Berkshire, Buckinghamshire and Oxfordshire Care Conference agenda allows time for breaks and exploration of the all-new CMM Insight Marketplace. This is a dedicated space created specifically for our online events, where you can find supporting organisations that promise to offer you solutions to everyday concerns.

From legal experts to those who can walk you through the latest technologies to streamline your processes, the offerings in the CMM Insight Marketplace can support your business with whatever you need.

TARGETED AGENDA

Throughout the day, attendees will be joined by carefully selected speakers who want to impart their tips and specialist understanding to providers. Focusing on the issues that matter to senior managers now, the likes of Professor Martin Green OBE from Care England, Dr Crystal Oldman from Queen's Nursing Institute and Neil Eastwood, Author of Saving Social Care will talk on coming out of the other side of COVID-19.

Delving in deep to topics that everyone wants detail on, the day's workshops will cover important topics such as working towards outstanding and updates on the latest legal questions.

Built in conjunction with Berkshire Care Association, MKB Care and Oxfordshire Association of Care Providers, this agenda will leave the event's attendees armed with the knowledge they need to keep going until the immediate pressures have passed.

AN INTERACTIVE OPPORTUNITY

Moving the conference online allows delegates to ask questions as speakers present, which will addressed at the end of each presentation.

> *"Attendees will be joined by carefully selected speakers who want to impart their tips and specialist understanding to providers."*

CMM is delighted to be able to offer everyone the opportunity to attend this conference completely free of charge, understanding the additional challenges this year has brought. Register now at www.caremanagementmatters.co.uk/event/berkshire-buckinghamshire-oxfordshire-care-association-conference-2020. **CMM**

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KAROLINA GERLICH • EXECUTIVE DIRECTOR • **THE CARE WORKERS' CHARITY**

STRAIGHT TALK

There's no doubt that COVID-19 has impacted on people's mental health across the world. But what's the real impact for care workers? Karolina Gerlich examines the issue.

The pressure of coronavirus on the nation's mental health and wellbeing has been much discussed in the media. Recently, it has been referred to as the 'second pandemic', and while some may think this a sensationalised statement, there is no doubt the effects of COVID-19 on mental health are very real, especially for the many care workers on the front line of the virus.

In 2019, research by the Care Workers' Charity showed that mental ill health was widely experienced by those in the social care sector, with 42% of care workers surveyed experiencing 'regular' stress and 27% experiencing anxiety 'often' or 'most of the time' as a result of their work. Figures from the same year showed that a shocking 79% felt they were 'close to burnout'.

COVID-19 has meant that care and support workers now not only feel the pressure and stress that comes with their professional duty, but also face anxiety around PPE shortages and the risk of fatal infection to themselves, the people in their care, and their families. Impacts reported by frontline care staff include increased levels of tiredness, insomnia, stress, anxiety and depression. Experiences of trauma and post-traumatic stress disorder (PTSD) are also predicted to increase, as staff are affected by higher incidences of sudden deaths, and feel intense guilt from what they may see as being poorly equipped to deal with the impact of the pandemic.

Feedback paints a bleak picture of the state of mental health amongst social care workers in the current crisis; with one in two health and social care workers reporting a decline in their mental health, and critically a further one in five saying that COVID-19 has made them more likely to leave the profession.

Even prior to the outbreak of the pandemic, the social care sector had high rates of stress, depression and anxiety amongst its workforce. With the catastrophic impact of COVID-19 in worsening mental health, it is crucial that those who are struggling are supported properly.

Care fit for carers, a report published in April this year, stressed that despite social care workers experiencing stress, anxiety, bereavement and trauma as a result of COVID-19, many are not eligible for bespoke therapy, and those that are are unable to afford the costs. As a result, they are forced to cope alone. At the front line of an unprecedented crisis, surely they deserve better?

Providing funding to increase access to mental health support for our caring workforce would not only improve individual wellbeing and resilience, but – long term – could go some way to increasing staff retention rates, whilst reducing workforce shortages as well as leaves of absence and sickness related to mental ill health.

There is then, a critical need for funding to support staff to access help. This must be provided both to buffer against the immediate impacts of the COVID-19 pandemic, and to provide continued support to social care workers beyond the pandemic's peak.

Although the topic of mental wellbeing is currently a talking point within the sector, this has not always been the case. Indeed, mental health support for care sector workers has often been conspicuous by its absence. In 2018, Paul Hayes wrote of his experience as a mental health and housing support worker that the support so often needed 'is not regularly embedded in our workplaces'. It appears that little has changed, with four in every five care workers reporting that they had not been offered mental health support by their employer, despite the detrimental impact that COVID-19 has had on their mental health.

Without clear and visible support frameworks for addressing mental ill health, stigma surrounding accessing support persists, preventing those who are struggling from seeking help. We have a duty to care for those who care; the pandemic has provided us with a chance to change how the mental wellbeing of care and support workers is addressed – we must take it.

This is why The Care Workers' Charity is introducing Mental Health Grants for people working in the social care sector. The charity will offer sessions of therapy or counselling from licensed professionals tailored to the needs of the individual. We are now appealing for support and donations to this fund to help us ensure care workers receive the right type of guidance and support to help them through this dark period. **CMM**

Karolina Gerlich is Executive Director of The Care Workers' Charity. Donations to the Mental Health Grants fund can be made at **https://thecareworkerscharity.enthuse.com/cf/mental-health-appeal**

the care workers' charity

OVER 1.7 MILLION ISSUED IN GRANTS DURING 2020 SO FAR TO CARE WORKERS IN NEED!

Knowing someone is there to help can be just the lifeline needed.
This is why we will never stop.
We are now raising funds for our new Mental Health Grants appeal.

Research shows that the mental health of care and support workers was suffering before the coronavirus existed. Since then, social care workers have experienced challenges that most of us cannot even imagine. The toll on mental health is massive.

THIS IS WHY THE CARE WORKERS' CHARITY IS WORKING ON CREATING A MENTAL HEALTH GRANT STREAM AND WE NEED YOUR HELP TO RAISE FUNDS FOR IT.

HELP US, PLEASE DONATE TO MAKE A DIFFERENCE TODAY.

https://thecareworkerscharity.enthuse.com/cf/mental-health-appeal

Anyone looking to learn more why not book an information session about the work we do and the grants available. Email to book your session here **info@thecwc.org.uk**

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