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IN THIS ISSUE

REGULARS

Social Care Insights 05

Simon Bottery of The Kings Fund provides analysis on two National Audit Office (NAO) reports relating to the social care sector's financial statistics.

Care England 07

Martin Green reflects on the past 12 months and outlines where he thinks reform needs to be targeted to ensure financial security for the future.

CMM News 09

Into Perspective 30

Our experts discuss what the implications would be for the care sector if vaccinations became mandatory in the future.

Celebrating Excellence 46

Continuing in a series of features celebrating this year's winners, we speak to Paul Bott who won the Leadership Award at the Markel 3rd Sector Care Awards.

Event Preview 48

What to expect from the integrated care systems and place-based partnerships (virtual conference), hosted by The King's Fund (26th to 29th April).

Straight Talk 50

Helen Wildbore, Director of the Relatives and Residents Association, says we must end isolation in care and avoid closed cultures becoming a lasting legacy of the pandemic.



20



33

FEATURES



25



36



41

20 Digital assistance: The dedicated space supporting providers during the pandemic

The care sector has embraced technology during the pandemic for several reasons. Katie Thorn, Project Lead at Digital Social Care, shares what impact its service has had during the pandemic for providers and offers case study insights.

25 Pandemic partnerships: Care homes and communities

In what ways have communities supported care homes and residents during the pandemic? Tom Owen, of My Home Life England reflects and offers advice for providers on how they can strengthen their community connections.

33 Better together: Working together to deliver housing to meet care needs

The Social care institute for excellence (SCIE) is leading a new commission to develop an evidence-based vision and roadmap for housing. Kathryn Smith, CEO of SCIE, delves into some of the gaps surrounding provision.

36 Music matters: The role of music for people with dementia

The role of music as something that people do together has come to the fore during the pandemic, Dr Simon Proctor, Director of Music Services for Nordoff Robbins, the UK's largest music therapy charity, considers the role of music in care homes.

41 Future funding: The Infection Control and Testing Fund

With so much change lately, Kathy Roberts, Chair of The Care Provider Alliance, brings us up to speed on the latest fund developments and includes downloaded checklists for providers.

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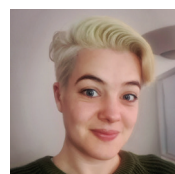
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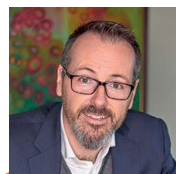
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SOCIAL CARE INSIGHTS

From Simon Bottery



Simon Bottery of The King's Fund asks, if we are to have a social care reform, where is the money coming from to fund it?

If trouble really does come in threes, as the proverb suggests, then no one should be looking forward to the next National Audit Office (NAO) report that touches on adult social care. Because we had two reports from it in March and they were bad enough.

Over 40% of the spending of single-tier and county councils is on adult social care, so it is obvious that local authority finances are critical to the sector's health. The first NAO report looked at local authority finances as a result of the COVID-19 pandemic and its findings were that, while the financial position of individual councils varies a great deal, overall

there are big problems.

For 2020/21, there is a 'funding gap' between forecast pressures due to the pandemic and national emergency funding. Many councils will rely on reserves to balance budgets. The outlook for 2021/22 is no better. Many local authorities are setting budgets 'in which they have limited confidence', and planning service cuts and even further drawdown of their reserves.

For single-tier and county councils, 41% expect to make 'significant' reductions to services during the year. A further 53% expect to make 'some' reductions. Examples of these service reductions cited include closure

of libraries, reduction in grants for homelessness support and, yes, reviews of adult social care packages and increased client contribution.

Reading the second NAO report on the adult social care market, you might also worry about a further tightening of the rates paid by local authorities for commissioned social care services. However, that would be risky: the report notes that 'significant numbers of large providers are not financially resilient' and includes an acknowledgement by the Department of Health and Social Care that most local authorities already pay below the sustainable

rate for home care and for older people's care home placements.

The report sets these and other findings in the context of reduced funding for local authorities over the last decade, starting long before COVID-19 struck. It points out that Government funding for local authorities fell by 55% in 2019-20 compared with 2010-11, resulting in a 29% real-terms reduction in local Government spending power. The report is also highly critical of a wider lack of oversight and direction from national Government on adult social care.

While the report acknowledges an increase in funding since 2014/15, it points out that much has been in short-term grants and its conclusions are as depressing as the first report: 'The lack of a long-term vision for care and short-term funding has hampered local authorities' ability to innovate and plan for the long term, and constrained investment in accommodation and much-needed workforce development.'

Together, the two NAO reports are an important reminder of a key lesson that many took from reform of adult social care in 2014: that while the Care Act was a fine piece of legislation, there was never enough money to implement it. So even if (and it's a huge IF) the Government proposes genuine reform of adult social care in its white paper later this year, the next question must be: and where's the money coming from?

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The last 12 months have been possibly the toughest ever for the care sector; they have also been the ones with the greatest ever focus on social care. Providers and their amazing staff have been at the forefront of this dreadful pandemic and, out of all the misery, pain and destruction, I am determined to use the spotlight that has been shone on our sector to bring about something positive – namely, change.

We have heard whisperings that adult social care reform may well be included in this year's Queen's Speech. This is not a moment too soon and Care England will do all it can to ensure that such legislation will neither be too vague nor be kicked into the long grass. It needs to cut to the heart of the necessary reforms. Central to these reforms is the need for a 10-year plan for the adult social care workforce.

Our workforce is our best resource and we need to cherish it. Care needs to be a career of choice, not simply something that people fall into. It needs to be on a par with careers in the NHS, not just in terms of status but also in terms of access to training, resources and benefits. We have come a long way from the beginning of the pandemic when our workers found it impossible to be recognised as key workers and, ironically, now the vaccine centres are full of people claiming to be social care workers. How the pendulum has swung, and we need to harness that swing and push for a better deal for care workers.

Of course, none of this is possible without the financial resources. Until the Treasury realises the net worth of the sector and the fact it is a vital part of the national infrastructure, we will not have the necessary funding. I find it incredible that commissioners, some of whom have worked so closely and effectively with providers during the last year, are not only worryingly late with their fee offers but, when the fee rates are delivered, they are woefully low. How can a provider sustain their quality of care when offered such pitifully low rates?

The irony is that the Government has never been so generous to the sector; however, as providers will bear testament, much of these COVID-19 relief funds have simply not reached the front line. We have appealed to various Government departments not to distribute money via local authorities; a simple audit would show the huge inefficiencies and lack of

direction. Reform needs to audit the delivery of these funds, as well as the impact they have. The bottom line is that everything needs to be commissioned for outcomes and we can measure these by the impact on the individual; success is about what the person experiences.

One of the unintended consequences of the plethora of guidance for the sector has meant, in some cases, a loss of confidence by providers. For example, the visiting guidance has had so many different permutations and been so contentious, that it has been hard to satisfy all parties involved. What we need is support from the Department of Health and Social Care, as well as our local Directors of Public Health, where we can work in tandem with them.

Last year, Care England produced its own statement of principles with regards to visiting. These principles will, we hope, form the basis of any future guidance; they set the parameters. They are also operative for all care settings, including those for people with learning disabilities who have been largely forgotten throughout this challenging time.

The impact of COVID-19 on people

with learning disabilities, particularly since Christmas, has been appalling and this invisibility is another issue that needs to be addressed. For example, we had to fight incredibly hard to ensure that people with learning disabilities were a priority group for the vaccine, sadly too little too late. One can't help wondering where the regulator was during this time of crisis. CQC has consulted on its new regulation and it is slightly disappointing that it took a pandemic to highlight some of the pitfalls associated with CQC's regulatory model. It is important that this new regulatory approach is informed by a fair and proportionate framework, which gives providers the ability to speak up against inaccuracies and also to request timely reassessment.

Yet, despite the tragedy associated with this past year, I have been overwhelmed by the innovation and ingenuity amongst Care England's very active membership. We need to hold on to the fact that reform could be within touching distance and we will do all that we can to ensure that providers are armed and equipped to move into the next phase.

CARE ENGLAND

REFLECTS ON REFORM

Care England's CEO, Professor Martin Green OBE, reflects on the past year and the need for a social care reform moving forwards.



Challenges in home care: **REVEALED**

What's your biggest challenge?

From recruitment to auditing and keeping up with ever-changing CQC guidance, running a home care business can feel like a constant juggling act. We wanted to find out exactly which problems were causing the biggest headaches - and ultimately, see if we could solve them - so we surveyed over 100 home care providers, and spoke to nearly 3,000 others in the process, to find out.

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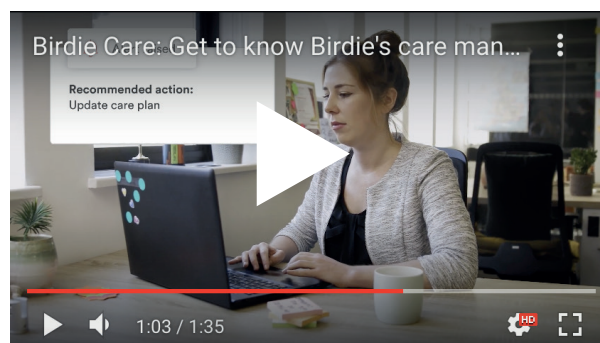
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- **59% told us they save up to £10,000 a year**
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NEWS

Care home residents face isolation if they vote in person

Care home residents, under the latest Government guidance, are unable to leave their care home to exercise their inalienable right to vote in person. If care home residents vote in person, they will face 14 days of isolation on their return.

The National Care Forum (NCF) said today that in a country that prides itself on being the cornerstone of democracy, to exclude around half a million people from being able to vote the way they want to, is unthinkable. It could be argued that care home residents can register to vote by post, or to have a proxy to vote for them. However, the NCF says that is, and should be, a choice. It should not be because other opportunities to

exercise their democratic right have been removed by the Government.

Vic Rayner, CEO of the National Care Forum, said, 'The whole experience of voting for the majority of people living in care homes will have been in person, often for many years at the same polling station, going through the motions in a way that is both familiar and a connection to wider society. Getting the vote is a rite of passage. Losing the right to vote in person is a national scandal.'

NCF holds the belief that as soon as it became apparent that everyone would not be able to share full access to the voting options, then the elections should have been paused, or we should have found a way where the opportunities for

all to vote were equalised. NCF says this could have been achieved by introducing postal voting for all, or if that was not possible, then having a concerted targeted deliberate campaign that ensured that every individual effectively barred from voting in person on the day, was made fully aware of the options available to them.

Rayner added, 'This is not a situation that any of the candidates for election should stand quietly by and accept. The 6th May needs to become a turning point not just for the electoral chances for thousands of candidates across Britain, but a turning point for each and every care home resident where we enable them all to once again become fully functioning citizens of our society.'

DHSC launches consultation on mandatory vaccinations

The Department of Health and Social Care (DHSC) launched a five-week consultation on 14th April, proposing whether care home providers that care for older adults should deploy only those workers who have received their COVID-19 vaccination. This will not include those who can provide evidence of a medical exemption from the COVID-19 vaccination.

Experts on the social care working group of SAGE advise that 80% of staff and 90% of residents need to be vaccinated to provide a minimum level of protection against outbreaks of COVID-19. Only 53% of

older adult homes in England are currently meeting this threshold.

This means nearly half of all care homes with older adult residents, home to 150,000 vulnerable people, don't meet SAGE's recommended vaccination thresholds for care homes and staff. Currently, the staff vaccination rate is below 80% in 89 local authority areas – more than half – and all 32 London boroughs. There are 27 local authority areas with a staff vaccination rate of below 70%. The Government said the consultation will help inform decision-making around how the change could be implemented

and whether respondents think it will be beneficial. The consultation will seek views on the proposal, its scope, any potential impact it could have on staffing and safety, as well as how it is implemented and who could be exempt. Staff, providers, stakeholders, residents and their families are being urged to take part to have their views heard, with a final decision expected this summer.

The consultation gives the adult social care sector five weeks from the launch date to submit its views on whether COVID-19 vaccination should be compulsory. The usual consultation phase is 12 weeks.

ANNOUNCEMENTS

CENTRE FOR AGEING BETTER

Dr Anna Dixon MBE will be leaving the Centre for Ageing Better in June following her success in starting up the organisation and leading it over the last five and a half years. Under her leadership, Ageing Better has delivered significant achievements, helping policy makers and practitioners understand what they need to do to respond positively to our ageing society.

AGINCARE

Agincare has added to its Training Now board with the appointment of care sector training and learning expert, Andy Tilden, as a Non-Executive Director. Andy will attend board meetings and also offer support, advice and challenge to the Training Now team, which delivers courses to Agincare's own workforce – some 3,500 people nationwide – as well as to learners from other organisations across the country.

ENCORE CARE HOMES

Encore Care Homes has welcomed a new Clinical Operations Manager to oversee and support the work of the care home teams. Lisa Barnes-Metcalf brings more than 30 years of care experience to the Encore team, which is based across four purpose-built care homes in Dorset and Hampshire.

AMBER HOUSING

Property development and housing management provider Amber Housing has appointed Chief Operating Officer, Emelda Livette, as the not-for-profit prepares for expansion. The move is in line with the organisation's five-year strategy, which includes plans to become a Registered Provider of Social Housing.

ANNOUNCEMENTS

TUNSTALL HEALTHCARE

Global health and care technology organisation Tunstall Healthcare has announced the appointment of Peter Nicklin as Chairman of the Board. Peter has international experience as a healthcare executive, with previous roles at Baxter International, Bayer Healthcare, Novartis and Bristol-Myers Squibb.

ANAVO GROUP

Anavo Group, a care home operator and developer, has strengthened the company's strategic expertise with three new appointments to its senior management team. Lorraine Lee joins Anavo as Director of Care, Quality and Compliance, Paul Johnson as Head of Human Resources and Nicola Humphries as Head of Operations to work alongside the group's founders Tom Brookes, Jamie Braganza and Ed Moore.

ASKHAM VILLAGE

Staff and residents at a Cambridgeshire care and rehab community are paying tribute to two employees described as 'institutions' as they plan to retire after 20 years of combined service. Askham Village Community, near Doddington, is preparing to bid farewell to two of its longest-serving and dedicated members of staff, Isaac and Nikki Ajibade, who have each spent more than 10 years building a legacy at the family-run community.

CAMPBILL VILLAGE TRUST

The charity has announced that Sara Thakkar has been appointed as their new Chief Executive.

Sara brings with her many years of experience in the sector, holding Chief Executive positions for over a decade, with a focus on housing, inclusion, and supporting service users to lead on strategic decisions.

Coalition urges PM to expand housing-with-care

A coalition of more than 30 charities, older people's representatives, policymakers, academics and private sector and civil society leaders has urged the Prime Minister to take immediate action to expand new options that sit between the traditional care solutions of care homes and receiving care at home.

The coalition said that 'just as previous decades saw the expansion of the care home and home care sectors, there is now a new consensus that the 2020s need to be the decade of housing with care'.

A recent survey of housing-with-care operators found that 85% had experienced a significant rise in interest compared to the same point last year. Despite this, just 0.6%

of over-65s in the UK currently have the opportunity to live in a housing-with-care development, compared to at least 5-6% in New Zealand, Australia and the US.

The letter says that while 'proposals for social care funding reform have now been pushed back until next year, we say that expanding social care provision must start now'. This could be done at low cost, says the coalition, through the formation of a new task force which brings together different Government departments and is able to 'join up planning policy, funding (for those with moderate means) and a regulatory framework' to safeguard older people's interests.

This would pave the way to

achieve the Vision 2030 goals of the sector's representative body ARCO (Associated Retirement Community Operators), which aims for 250,000 older people to live in housing-with-care by the end of the decade.

Nick Sanderson, Chair of ARCO, said, 'We know that finding a solution to the social care funding question has been pushed back to next year, but the expansion of social care provision must start now. The Government can take the low-cost yet transformative step of forming a Housing-with-Care Task Force that removes the barriers on the sector's growth and re-shapes our social care landscape for generations to come.'

Visit the ARCO website to read the open letter in full.

Updated guidance on care home visiting

Care home residents in England were able to receive two visitors indoors from Monday 12th April, as COVID-19 restrictions continue to be cautiously eased.

Visitors will be asked to provide a negative test result and wear PPE during the visit to keep themselves, staff and residents safe.

In the coming weeks, some visitors will be able to conduct tests at home rather than at care homes to help manage the flow of visitors and allow more visits to take place.

Visitors who are parents will also be able to visit with babies and very young children, who will not count as one of the visitors. This means grandparents and great-grandparents will be able to meet

the newest members of their families for the first time.

Some residents, such as those with advanced dementia, some autistic people and people with a learning disability need a trusted person to provide some aspects of their care, which is why the essential caregiver scheme will also be extended.

All care home providers not experiencing an outbreak will be asked to follow the updated guidance and continue to work together with families, and local professionals, to ensure visits are possible while continuing to limit the risk of transmission of COVID-19.

The Government said that its aim is that, by the summer, care home visiting will feel as relaxed

and normal as possible and said care home managers should feel empowered to exercise their judgement when developing practical arrangements or advice to put this guidance into practice.

Vida Healthcare's Gil Chimon, Home Manager at Vida Grange, said, 'We've seen some incredibly emotional scenes of families reconnecting with their loved ones, which have been very humbling.'

'The extension of the number of visitors to two per resident from 12th April is an exciting step in our journey back to normality and we're really looking forward to more family members and friends being able to reunite with their loved ones.'

Charity appeals for new board members

A Shropshire charity is appealing for new directors to help in its work of supporting people with life-changing physical injuries and illness to live independent lives.

The Ethos Group, based in Oswestry, provides its clients with

transitional housing in three wheelchair-adapted bungalows and a support team of advisers to help them get ready for a permanent future home.

The charity's director role involves attending bi-monthly board meetings and giving up

around three hours a month to oversee the work of the charity.

Information on becoming a director of the Ethos Group is available by emailing info@ethosgroup.co.uk or on the website at www.ethoscharity.co.uk.



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Charlie Mason,
Registered manager and director of Summerhayes Care Home



DHSC announces free PPE extension for providers

Free PPE support to health and social care providers during the COVID-19 pandemic has been extended until March 2022.

Care England said that the Government has made clear that the vaccine is not a silver bullet and the care sector must remain astute by maintaining high levels of infection prevention and control. PPE plays a huge role in this.

Although setting up free PPE via a centralised mechanism took some months, the current system means that providers can order and receive PPE, thus maintaining a high level of sustainability and resilience in relation to PPE supply. Equally as significantly, there is the ability for the system to respond nimbly to the ever-changing COVID-19 landscape.

Professor Martin Green OBE, Chief Executive of Care England, said, 'PPE is one of the main barriers in a care setting to limiting the spread of COVID-19, thus Care England is pleased that the Government has listened to its pleas for an extension to free PPE as it will help protect some of society's most vulnerable as well as our staff at the front line.'

Vic Rayner, CEO of The National Care Forum (NCF), announced her response on Twitter: 'Great news! Very reassuring to have this commitment helping with planning and supporting infection prevention and control measures.'

Visit the Government website to access the PPE portal and for more information.

NMC outlines proposals to modernise nursing standards

The Nursing and Midwifery Council (NMC) launched a consultation on new draft education standards this week, which builds on ambitions for community and public health nursing in the UK.

The standards, for specialist community public health nursing (SCPHN) and specialist practice qualifications (SPQs), will equip the next generation of community and public health nurses working in health and social care with the right

proficiencies to care for people in a rapidly changing world.

These essential education standards were last updated over 15 years ago. NMC says that we need 'fit-for-purpose standards that reflect the realities of modern nursing in health and social care now'.

The standards set out the knowledge and skills needed to gain post-registration qualifications. They also cover what we expect from education institutions and

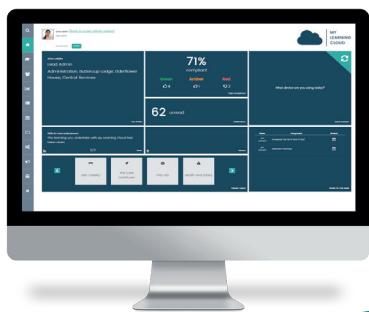
practice learning partners delivering the education and training. This will allow the development of new and innovative courses, helping to improve learning and increase access. Over the course of the next 16 weeks, there will be a range of ways for people to get involved and share their views on the proposals. The NMC will be hosting virtual drop-in sessions to facilitate conversations alongside webinars and virtual panel events.

Professor Geraldine Walters CBE, Executive Director of Professional Practice for the NMC, said, 'We're extending the consultation period to four months and are ensuring there are a range of accessible opportunities so that as many people as possible can contribute in a variety of ways. This is the time for you to tell us what you think and to help shape the proposals by letting us know what needs to be added, taken away, or changed.'



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End of life care compromised during pandemic

A new report suggests how palliative and end of life care in the UK was compromised by shortages of PPE, essential medicines and equipment, because these services were not seen as 'frontline NHS' in the pandemic.

'Better End of Life' – a collaboration between Marie Curie, King's College London Cicely Saunders Institute, Hull York Medical School, University of Hull, and the University of Cambridge – is a new research programme that will examine evidence on

the current state of dying, death and bereavement across the four nations of the UK. The report said more needs to be done to understand the care people did and didn't receive to ensure that the whole system is ready for the increased number of people dying in the future.

The Better End of Life 2021 report contains unpublished UK data from CovPall, a study of the role and response of palliative care and hospice services to the COVID-19 pandemic. It shows

that palliative care teams in all settings were stretched to and beyond capacity, but proved a vital component of the emergency pandemic response.

However, too often, the ability of palliative care services to provide vital care and support was undermined by failing to be treated as a frontline NHS service.

End of life charity Marie Curie is calling for a long-term settlement to ensure end of life care is sustainably funded, with a particular emphasis on ensuring

people dying at home, and their carers, always receive the support they need.

Marie Curie Chief Executive Matthew Reed said, 'Palliative and end of life care must be an essential part of the health and social care system and not a forgotten afterthought. Hospitals and care homes have rightly had a focus in the pandemic but the Better End of Life 2021 research report shows us that many in our society fall through the cracks when they need support at the end of life.'

Home Instead and Parkinson's UK announce partnership

National charity Parkinson's UK has partnered with Home Instead, the UK's leading home care provider, to ensure people living with Parkinson's, and their families, are able to access specialist home care to allow them to remain living independently at home.

The partnership will see

Parkinson's UK share its specialist knowledge with Home Instead's training teams. This will be delivered through a bespoke training programme about the condition with enhanced resources, delivered and created by the UK's Parkinson's Excellence Network.

Home Instead anticipates that

in the region of 5,000 of its 10,000 caregivers will have received the specialist Parkinson's UK-recognised training by the end of this year.

Martin Jones, CEO of Home Instead, said, 'By sharing our sector expertise with Parkinson's UK we hope that families will realise

that they do have a choice when it comes to care and that quality home care can really make a difference to people's lives.

'This type of partnership between third and private sectors presents a really exciting dynamic as we look to shape the future of care and support.'



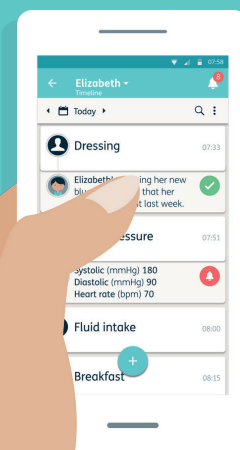
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Mental health recovery plan

People with mental health difficulties, ranging from severe mental illnesses such as bipolar and schizophrenia, to those with more common mental health issues, including anxiety and depression, will benefit from expanded mental health services backed by £500m as part of the Government's Mental Health Recovery Action Plan.

The plan aims to respond to the impact of the pandemic on the mental health of the public, specifically targeting groups which have been most impacted including those with severe mental illness, young people, and frontline staff.

Under the plan, NHS talking

therapies (IAPT services) which offer confidential treatment of conditions such as anxiety, depression and PTSD will expand, supporting 1.6 million people to access services in 2021/22, backed by an additional £38m.

Additional therapists will also be trained to support those with more complex mental health needs as a result of the pandemic.

People living with severe mental illness will also benefit from enhanced mental services in the community, backed by £58m for better, joined-up support between primary and secondary care, including specialist mental health staff embedded in primary care.

Tenth COVID-19 REACT-1 study published

The 10th report of REACT-1, studying COVID-19 infections in England, has been published by Imperial College London and Ipsos MORI.

Over 140,000 volunteers were tested with PCR tests in England between 11th and 30th March to examine the levels of infection in the general population. The latest data show infections in England have fallen by around 60% since the last REACT report (covering the period between 4th and 23rd February), published on 4th March. When compared to the findings from February, the sharpest drops in prevalence were seen in London and the South East.

The study also found that the correlation between prevalence of infections and deaths is now diverging, suggesting that infections may have led to fewer deaths since the start of

widespread vaccination through the Government's vaccination programme.

Professor Paul Elliott, director of the REACT programme from Imperial's School of Public Health, said, 'We have seen a gratifying fall in infections since our last survey in February, with infections dropping by around 60% overall. This is hugely encouraging and shows we're headed in the right direction.'

This report is the latest from the REACT study which was commissioned by the Department of Health and Social Care and carried out by a team of scientists, clinicians and researchers at Imperial College London, Imperial College Healthcare NHS Trust and Ipsos MORI. To access the pre-print report that is available to download, use the password REACTR10.

Cascade care

Care provider, Cascade, has opened a new residential care home for people living with autism, mental health conditions and learning difficulties. Located just outside of

Norwich in Costessey, Hurst House is the fifth home to be opened by Cascade, which focuses on providing extraordinary facilities for its residents.

IN FOCUS

National Audit Office (NAO) publishes market report

WHAT'S THE STORY?

The aim of the *Adult Social Care Market in England* report is to offer the DHSC recommendations ahead of future social care reforms. The report builds on a significant body of past NAO work on care, including on the care workforce, personalised commissioning and the interface between health and care.

In 2019-20, local authorities spent a net £16.5bn on care. Current demographic trends suggest a greater demand for care and increasingly complex care needs in the future, resulting in care forming an ever-increasing proportion of public expenditure. The NAO said future reforms, promised for several years, will need to tackle these growing challenges.

WHAT ARE SOME OF THE FINDINGS?

- Increase in future demand for care – 57% more adults aged 65 and over will require care in 2038 compared with 2018.
- Cost increase predictions – between 2018 and 2038, the total costs of care are projected to rise by 90% for adults aged 18 to 64, from £9.6 billion to £18.1 billion, and 106% for adults aged 65 and over from £18.3 billion to £37.7 billion.
- Estimates suggest high levels of unpaid care and unmet need – in the Health Survey of England 2019, 17% of people aged 16 and over reported

providing unpaid care.

- Short-term funding settlements have hampered long-term planning, innovation and investment in care.
- Significant workforce challenges remain – stakeholders identified the need for central leadership to improve pay and conditions for care workers and to incentivise improved training and development. The DHSC has not had a social care workforce strategy since 2009.
- No clear strategy to develop accommodation for adults with care needs – the DHSC does not monitor the condition of current accommodation for adults with care needs itself.

WHAT DID THE EXPERTS SAY?

Stephen Chandler, ADASS Vice President, said, 'This NAO report adds to the ever-growing body of evidence highlighting the increasingly perilous state of care markets, ongoing recruitment and retention challenges and, most importantly, the impact on people including an increasing number of people with unmet needs. This is why ADASS, along with other key sector partners, has called for Government to commit to the publication of promised reform proposal prior to the summer parliamentary recess, to end 25 years of inaction from successive Governments and to fix social care once and for all.'

Disability charities granted additional funding

The Department of Health and Social Care (DHSC) has announced that 13 charities that help autistic people, disabled people and those with a learning disability who are struggling with the effects of the pandemic will benefit from £2.4m of additional Government funding.

The money will support people of all ages to improve their physical and mental wellbeing by funding

services to provide practical support for disabled children, set up and expand helplines, provide mental health and wellbeing support for both staff and disabled people and support advocacy.

This follows the £1.2m fund given to charities in July 2020 to provide COVID-19 support. The funding has been awarded to charities uniquely placed to provide national support

to many disabled people for needs arising as a direct result of the pandemic. They include: Sense, RNIB, RNID, NDTi, Scope, Leonard Cheshire, Mencap, National Autistic Society, British Institute of Learning Disability, Contact, Respond, Learning Disability England and Challenging Behaviour Foundation.

Jamie Dormandy, RNIB's Head of Advice and Customer Service, said,

'RNIB has supported thousands of people with advice via our Helpline and online, and connected people to local sources of support and groups running online and over the phone. We are very pleased that DHSC has recognised the additional impact the pandemic has had on blind and partially sighted people and the role RNIB has played in providing vital support.'

Judgment delivered on sleep-in shifts

The Supreme Court has handed down its judgment on the sleep-in shifts case for social care, in favour of the Royal Mencap Society (Respondent). The Supreme Court has upheld a 2018 Court of Appeal decision that employees are only entitled to the National Minimum Wage (NMW) for sleep-in shifts when they are awake and carrying out duties.

Speaking on the Supreme Court judgment for sleep-in shifts,

Matthew Wort, partner at Anthony Collins Solicitors, said, 'This case was not about what care workers should be paid. Instead, it focused on the interpretation of national minimum wage regulations, with the law and previous Government guidance making clear that carers are not working while asleep.'

'Today's judgment puts an end to many years of uncertainty. It should be seen as a line in the sand, with the focus now on

ensuring changes are made in how workers are remunerated to ensure appropriate pay for time asleep.'

Matthew Wort acknowledged in his reaction that while this judgment removes a serious risk for providers, the long-term stability 'hangs in the balance'. Wort also reiterated the thoughts of the social care sector – that the disparity between social care and healthcare needs to end and said the Government

is 'failing the sector.'

Dr Rhidian Hughes, chief executive of VODG, said, 'Clearly, there are no winners or losers in this case. While the judgment provides some welcome clarity to this issue, there is still significant uncertainty that can only be resolved by the Low Pay Commission carrying out a consultation and review, and for the Department of Health and Social Care to bring forward a workforce strategy for the social care sector.'

Funding extension confirmed for social care

The Secretary of State announced an extension of the fund by £341 million up until the end of June 2021. The full grant conditions for this have not yet been published. The National Care Forum (NCF) said at this stage it is not possible for local authorities or care providers to plan what this will mean on the ground.

In addition to the specific allocation for social care, there were announcements around

additional funding for hospital discharge. It is anticipated that this will be available to fund the designated settings. These schemes were set up by providers at speed to ensure that anyone who is COVID-19 positive is not discharged directly to a care home.

Vic Rayner, Executive Director at The National Care Forum, said, 'The delay in announcing this funding has been a huge concern and, without this confirmation, providers

would have been left high and dry and found themselves faced with 31st March fixed term contract terminations, whilst simultaneously being told the policy commitment to offer designated settings continues – an intolerable position for both providers and the communities that they serve.'

Rayner added, 'Whilst welcome, it is impossible to not note the disparity in treatment of social care and the NHS. Out of the

£7bn announced today, less than a twentieth of it is ring-fenced for social care and that which has been committed is only for a three-month period. In addition, there is no mention of an extension to the important Workforce Capacity Fund brought in during January this year. In case the Government had not noticed, the recruitment challenges facing the social care workforce will not disappear on the 1st April and yet the funding appears to have!'

Virtual staff training app launches

Newcross Healthcare has launched Newcross World, a new app-based training platform with simulated working environments on the healthcare provider's established HealthForceGo® app, currently used by 8,500 staff.

The new app provides a visual representation of the care and medical settings in which staff work

– such as hospitals, care homes, prisons and schools – so that they can undertake relevant modular training courses.

Also launched is a new Virtual Shift for Complex Care at Home. This, alongside the existing virtual shift, are both now available on Newcross World. The virtual shifts use computer gaming technology

to provide immersive, interactive experiences that train nurses and carers to better assess an individual's physical, clinical and emotional needs.

The shifts feature several scenarios, all of which are based on real-life situations that have been blended to provide the best learning possible in a simulated environment.

Michelle Gorringer, COO of Newcross Healthcare, said, 'As well as testing knowledge, these shifts enable nurses and carers to learn how to make decisions in an array of situations. To provide clinical excellence, our nurses and carers are trained to meet an individual's emotional needs as well as their physical and clinical requirements.'

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Call for clarity on future of social care

The Association of Directors of Adult Social Services (ADASS) and other leading organisations in the social care sector are uniting in an urgent joint call on ministers to break their silence on the future of social care.

The unprecedented alliance said that the coronavirus crisis has laid bare the fragilities of the social care system in England after 25 years of failure by successive governments to put it on a sustainable footing.

After the Chancellor said nothing about social care in his budget, there is now an urgent need for clarity about the way forward and the future of social care.

ADASS is calling on the Government to: Commit to publication before the summer parliamentary recess of promised proposals to 'fix the crisis in social care once and for all', giving MPs the opportunity during the recess to hear from their constituents about

the care and support they want for themselves and their families.

James Bullion, president of the Association of Directors of Adult Social Services, said, 'This Government has the chance to end 25 years of indecision over social care and create a historic legacy. We are urging it to seize that chance now.'

Chief Executive of the Social Care Institute for Excellence (SCIE), Kathryn Smith, said, 'The

Government's promise to fix social care must be fulfilled so that the reform that the sector badly needs is prioritised. Sticking plaster funding is not the answer. A sustained increase in funding is needed now to stabilise the care system, particularly with the impact of COVID-19; we call on the Government to publish its proposals for the future of adult social care before the summer parliamentary recess.'

Early deterioration recognition scheme launches

Nottinghamshire lead home care provider, Fosse Healthcare, has launched its early deterioration pilot scheme in partnership with Nottinghamshire County Council, Nottingham and Nottinghamshire CCG and Birdie, with support from the East Midlands Academic Health Science Network and Nottinghamshire Alliance Training Hub.

The main objective of the Early Deterioration in Home Care Project is to bridge the gap between home care and primary care professionals to help them make earlier, robust decisions.

At the heart of this process, detailed observations are made by trained Fosse care staff – including blood pressure and respiration rate, for example – which are

shared digitally with the care recipient's GP using technology developed for the project by Birdie, to decide what clinical or care support they may require.

Fosse Healthcare Managing Director, Volt Sacco, said, 'Fosse and the CCG both wanted to understand the implications of developing a system which could be adopted throughout

the industry, and used to connect care providers with GPs, emergency services and the NHS to proactively identify and treat 'soft signs' of deterioration before they become a larger medical concern.'

The pilot will run for up to six months in total to give the academic partners enough time to undertake their evaluations.






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CQC report reviews DNACPR decisions

A new report published from the Care Quality Commission (CQC) has found worrying variation in people's experiences of do not attempt cardiopulmonary resuscitation (DNACPR) decisions during the pandemic.

The report, *Protect, respect, connect – decisions about living and dying well during COVID-19*, calls for the establishing of a Ministerial Oversight Group, working with partners in health and social care, local Government and the voluntary sector, to take responsibility for delivering improvements in this

vital and sensitive area.

While most providers of adult social care, primary care and secondary care that the CQC spoke to reported they were not aware of inappropriate DNACPR decisions, or DNACPR decisions being applied to groups of people, CQC received feedback from stakeholders, people who use services and their families and carers, that 'blanket' DNACPR decisions had been proposed at a local level. The regulator also heard examples of these being quickly challenged and retracted.

Across the review process, whilst inspectors did find some examples of good practice, they also found a worrying picture of poor involvement of people using services, poor record keeping and a lack of oversight and scrutiny of the decisions being made.

In its interim report, CQC made it clear that all care providers must assure themselves that any DNACPR decisions have been made appropriately, in discussion with the person and in line with legal requirements and best practice. These shortfalls in governance must be addressed

if providers are to assure themselves that decisions were, and are, being made on an individual basis, and in line with the person's wishes and human rights.

The pressure of responding to COVID-19 was found to have had an impact, including on the time that staff had to hold meaningful conversations.

A lack of training and a large amount of rapidly changing guidance about all aspects of providing care during the pandemic also presented significant barriers.

Mumby's rebrands

Located in Abingdon in Oxfordshire, Mumby's offers an outstanding CQC-rated live-in care service to provide clients with round-the-clock support they need to enable them to stay living at home.

Mumby's has rebranded to 'Mumby's Live-in Care' to better represent its core service, live-in care.

Ann Mumby, Director of Mumby's Live-in Care, said, 'We are proud of the positive impact

we've had on the many lives of people who need extra support to stay living in their own homes.

'This new brand identity is about tailoring our business name to more accurately reflect the care service we

offer and our core values. It is a testament to our desire to provide the best outstanding live-in care for our clients so that they are as healthy and happy as they can be. We are really excited about this.'

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DIGITAL ASSISTANCE:

The dedicated space supporting providers during the pandemic





Run by social care providers, for social care providers, Digital Social Care is a dedicated space to provide advice and support to the social care sector on technology and data protection. Here, Katie Thorn of Digital Social Care tells us more about its impact during the pandemic.

Digital Social Care works in partnership with NHS Digital, NHSX and Skills for Care to support the digital journey of the care sector.

We believe that digital innovation gives us the opportunity to:

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- Support individuals to remain independent for longer.
- Improve the quality and efficiency of information sharing between health and social care.

THE KEY FEATURES OF DIGITAL SOCIAL CARE

Since we launched in June 2018, we have provided support in a variety of different ways, including written and video guides; working with care providers to create success stories on how they are using various kinds of technology and sharing lessons learned and good practice; and speaking directly to care providers either one-on-one or at local provider forums around the country.

At the beginning of the COVID-19 pandemic, it became clear to us that the way people were working was about to rapidly change. As a team, we considered what we could do to support the sector and decided we could create a helpdesk to provide ad hoc technical support. The helpdesk is open from 9.00am to 5.00pm, Monday to Friday, by email or by phone.

Many of the people who contacted us had questions about NHS COVID-19 response initiatives, such as the fast-track roll-out of NHSmail and the adoption of Capacity Tracker. We wanted to be available to the sector to provide instant help, but we also wanted to understand the impact that these technologies were having on care staff and the people they support. By creating the helpdesk, we could keep track of queries coming in, which allowed us and our partners to be responsive in developing guidance.

From April to June 2020, we partnered with the Institute of Public Care, Oxford Brookes University on a rapid research project looking at the adoption of technology during the first wave of the pandemic. This report relied on anonymised aggregate data from helpdesk callers, as well as one-on-one interviews with a small group of care providers. This allowed us to feed back on what was working well, and what issues needed to be resolved without adding another burden onto the sector. This report and other feedback from providers led to the development of additional resources, for example the videos we now host on how to use a range of features of NHSmail and the guidance we co-produced with Skills for Care on how technology can help during COVID-19. An unexpected development for us was >

➤ that software companies started getting in touch asking how they could help, so we started to compile a list of companies that had developed free resources or were offering their technology for free during the pandemic.

Direct contact with care providers over the last 12 months has not only allowed us to work to unpick some of the barriers to adopting technology in the care sector, but has also let us highlight some of the incredible work and innovation which has been taking place. Some solutions have been relatively 'low tech', with care providers incorporating hearing loops into outdoor visitor pods to allow for better visits or using YouTube and other streaming platforms to maintain access to services. Others have been moving wholesale to electronic recruitment and training, adopting AI technology as an early warning system for a range of health issues or to monitor and identify pain levels in people living with dementia.

Elsewhere, people supported by Brandon Trust, a learning disability charity, have been using an app which provides video content to help people with learning disabilities to develop independent living skills. Hannah Godden, a support worker for Brandon Trust, said, 'Each individual is able to look through different everyday tasks and see what they feel they could do with more support with. This could be something like making a sandwich, cleaning the bathroom, or securing their house when they go to bed. Visual aids can go a long way to helping support someone. It gives the people we support an extra tool alongside the help from a support worker.'

Heathfield Residential Home in Warrington, Cheshire, uses an app that can tell you if a resident is in pain through facial analysis and an assessment at the point-of-care. Louise Rowley, owner of Heathfield Residential Home, said, 'Residents often find it difficult to verbalise their pain and this seemed like a tool we could use to help support us. We wanted something that would confirm any concerns we had about someone's pain levels and highlight any deterioration.' Louise learnt about an app called PainChek, which is a pain assessment tool that analyses a person's face through the camera of a smart device to see where the resident is on the pain scale.

WHAT'S NEXT FOR DIGITAL SOCIAL CARE?

In September 2020, we conducted research looking at barriers and enablers to adopting digital care planning software. As part of this

research, we surveyed 1,200 front line care staff and senior managers. We asked senior managers, 'What help would you find most useful if you were to adopt electronic care planning software?' 86% indicated that they would like 'advice on what care planning software can do and how to use it' and 80% said that they would like 'support from others who have implemented similar systems'. We feel this is a strong indicator that the type of support we can offer is of use to the sector.

Our research findings, and the positive feedback we get from people who contact us, mean we have no plans to close the helpdesk down. Indeed, we are continuing to develop the helpdesk and the rest of our website, so that we can be responsive to the changing needs of the sector over the coming months and years. To this end, we have just launched our new support programme: Better Security, Better Care. This is a national and local support programme to help adult social care providers to store and share information safely and to get the basics of data and cyber security right. We have a knowledge base of support materials and will be available to help with any queries and to link people in with local support networks across England.

We are also looking at what more we can do to provide support around not just care planning software, but all types of technology. This is why we are delighted to be hosting the Hubble Project. The Hubble Project – developed by the National Care Forum with funding from NHS Digital's Digital Pathfinders Programme – enables care providers to learn from others who have introduced technology. Based on a series of virtual visits to three innovative care providers, the Hubble Project has now published a series of films, information packs, templates and guides. Senior leaders, managers, care staff and family carers share their experiences of planning, implementing and using technology.

KEY LEARNINGS AND LOOKING TO THE FUTURE

The last 12 months have seen a step-change in the adoption of technology in social care. Particularly when we consider the use of video conferencing, which has become almost ubiquitous as providers worked hard to ensure the people they support could stay in touch with loved ones. There had been steady progress in the adoption of technology in the past, but this leapt ahead during the pandemic and care providers are increasingly aware of the benefits and the barriers to implementation and are considering their own digital strategies. Frankly,

the digitisation of the sector is also inevitable, as the people using services and their families will increasingly expect access to the internet and the use of technology.

There is also a national conversation to be had around the use of technology across the health and care sectors. Many people in Government and the NHS, who have long talked about the need for interoperability and joined-up care, now realise the important role that social care services have to play if we are truly to make this a reality. The success of solutions such as the Capacity Tracker, and a pilot on data collection from social care electronic care planning systems by NHS Digital, demonstrated not only the power but also the necessity of good-quality data across the whole system.

The Department of Health and Social Care's recently published white paper also commits to better integration and is a useful guide for what the future might look like for technology in social care. The white paper proposes legislative changes which could have a significant impact

“The last 12 months have seen a step-change in the adoption of technology in social care.”

on adult social care providers and the way in which we use technology. Should these be taken forward, I'd like to see the Government consulting with the social care sector and people with lived experience, so that they can be well informed on the scale and impact the proposed changes might have. This would include having clear support for the sector in adapting to any legislative changes.

Similarly, we are awaiting the Government's Data Strategy for Health and Social Care, which will hopefully include a clear vision of the digital journey for social care with input from providers and people who use services from across the sector. Hopefully, this will also include learnings from the TSA and ADASS report 'How can technology be truly integrated into adult social care', which has excellent recommendations for the Government to consider.

At Digital Social Care, we hope to continue to be a place of free, unbiased support for care providers and to increasingly develop our support offering based on the needs of the sector.

CMM

Katie Thorn is the Digital Engagement Manager at the Registered Nursing Home Association (RNHA) and Project Manager for Digital Social Care. Email: katie@digitalsocialcare.co.uk Twitter: [@DigiSocialCare](https://twitter.com/DigiSocialCare)

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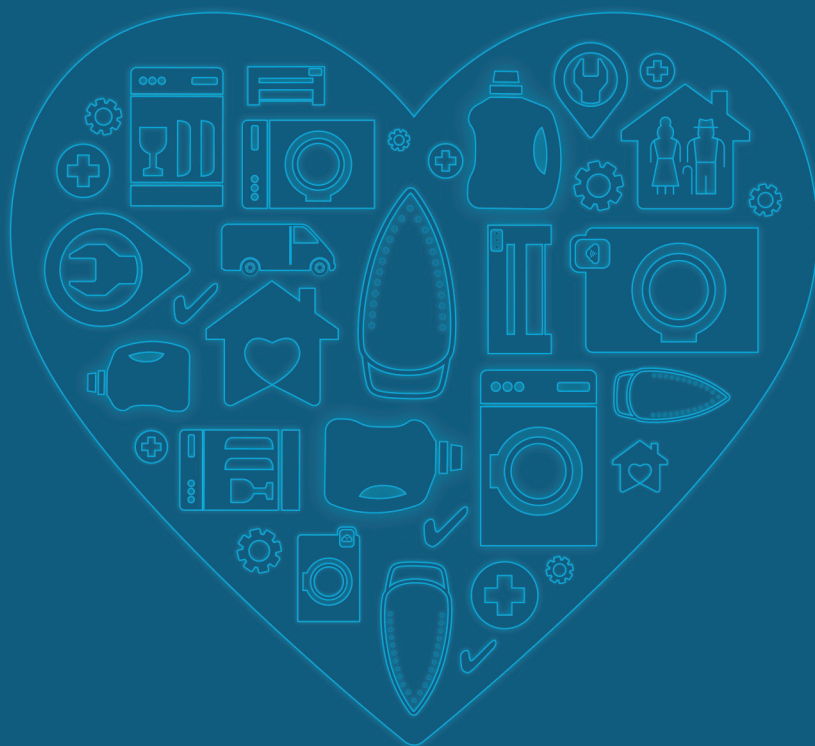
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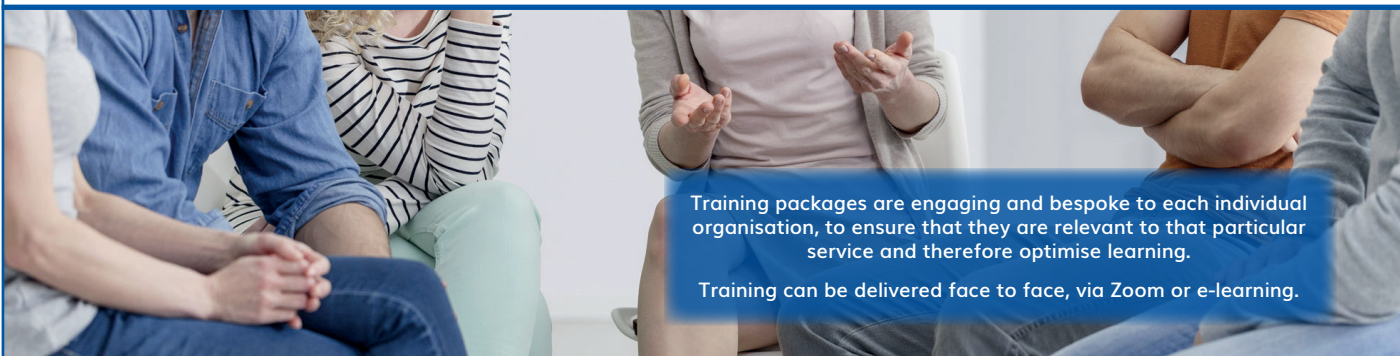
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Pandemic partnerships:

CARE HOMES AND COMMUNITIES

Over the past year, we have read the heart-breaking and devastating stories from people isolated in care homes.

Tom Owen of My Home Life England reflects on how communities have supported care homes and residents during the pandemic and offers advice for providers on how they can strengthen their community connections.

The involvement of the community in supporting quality of life for care home residents is critical. Helping people to connect to the passions, people and places that they have had, or want to develop, brings light to life. As one resident once shared, 'It's great to have a conversation with someone who hasn't seen me naked!' Having visitors in the home can bring a new energy; it can help staff feel part of something bigger and, with the >



➤ community engaged, enhance a home's profile and reputation locally with the potential for new customers. Community engagement is also something which CQC looks for in its inspections.

LOCAL CONNECTION

During the COVID-19 pandemic, care home doors have been closed (until recent Government guidance has allowed visiting). Despite this, care homes around the UK demonstrated that sustaining and building new connections with communities remained possible. Through our 'Care Home Friends and Neighbours' programme, we have been able to collect stories of how care homes and communities have connected and been heartened by the ingenuity, creativity and kindness that enhanced and maintained quality of life for people who live and work in care homes.

The community reached out to care homes in many ways. Tattoo parlours and local vets delivered Personal Protective Equipment (PPE) to local homes when it was in short supply in the early days of lockdown. Residents received pictures, posters and large print emails from local school children. Members of the community shared video links where children recorded messages of support. Shopkeepers donated boxes of fruit and items such as toiletries for staff, while local charities raised money for goody bags containing hand lotion, bath bombs and chocolates for residents.

Local organisations and businesses also showed their support. A supermarket donated a 'wall of Easter eggs' that was put up outside a care home. A wildlife centre donated chrysalises to one home, so the residents could watch butterflies emerge from pupae and an animal rescue centre 'Zoomed' a care home to introduce their wild animals. A library service which had already organised a regular book group in a care home started to offer the opportunity online. Similarly, churches streamed services and sent spiritual readings and reflections by email. Services were streamed from temples and other religious denominations provided spiritual support to worshippers from those faiths. A resident, formerly ordained, was even given permission to give blessings to residents in his home!

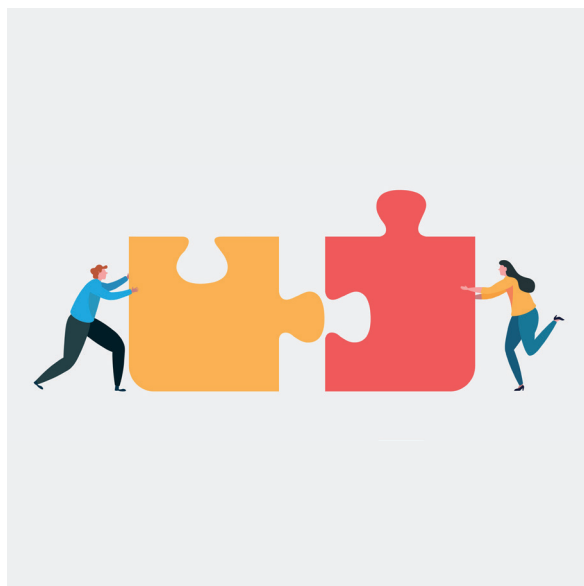
And there was singing, with neighbours standing outside singing their hearts out, a local pop star performing in the care home car park and socially distanced musicians playing in gardens.

MEANINGFUL MESSAGES

Care homes reached out to their communities, too. Residents sent positive messages to their relatives by decorating their front windows and fences with cut-out paper hearts. Others organised food boxes for local families. Many told us that they sent out more regular newsletters to relatives, while others found social media, such as Facebook, an effective way of showing what was going on. In another care home, a video of recent activities plays in the 'visiting booth' where relatives sit at a plastic window to speak with a loved one on the other side. At the start of lockdown, staff who formerly did not carry their personal phones on a shift, changed their practice and offered their phones so residents could speak to their relatives. Other managers rang family members on a weekly basis to stay in touch. Relatives groups were held on Zoom, so relatives could speak directly to care home staff about their loved ones and share the difficulties of not being able to visit. In one home, all residents were given a plant for their windowsill, plus a little tool, so it was possible to keep their 'mini garden' tidy. An administration officer started to run chair-based exercises in his home.

Last summer, 'Geranium Joy' encouraged people to take a plant to their local care home as a way to show their appreciation. It was taken up by a mayor in North West London who visited many homes in his patch. This spring, he started a 'spring' version which encourages citizens to drop pots of bulbs to local homes as well as running an 'Easter bonnet' competition for care homes which he will judge. Some homes have started 'pen pal' schemes that put residents from two different homes in touch.

As we start to return to some sort of normality, there is even more value in connecting with the community. There may be an option for care homes to 'reset' their relationship with their neighbours as well as for local communities to acknowledge and thank care homes for their work during the turbulent lockdowns. There could be a chance to explore whether



these connections, created in a time of emergency, can be built upon as care home doors open. It is a great opportunity to establish trusting relationships where the care homes and local communities mutually support each other.

TIME TO REFLECT

Some care homes are working with us to reflect on this right now. They are considering if an event in the summer might be a useful starting point. They recognise there is the chance to rethink 'relatives' meetings' so that these become more like 'community' or 'friends' meetings' where neighbours, families and local community organisations join. Could identifying local influencers such as local mayors and the local press also help?

It can feel difficult to find time or energy to start new initiatives like this, but the pay-off could be significant. Certainly, some care homes are concerned that staff may wilt from long-term exhaustion and that an injection of energy from the wider community is needed to find a renewed purpose.

Care homes need to feel cherished by their local communities and seen as places where the community can contribute to the quality of residents' lives. Consider the possibility of the 'new normal' being a society where care homes are recognised as vibrant places where the community can reflect upon and value the vital role that it plays. ➤

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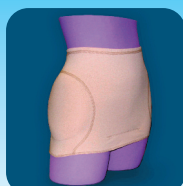
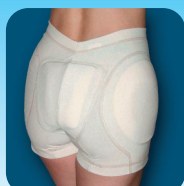
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> ADVICE FOR PROVIDERS

Care Home Friends and Neighbours (FaNs) part of My Home Life England

Three easy steps to community engagement success:

Step 1. Say thank you.

We ask you to think about those people who already give their time, energy, money or simply bring 'light to life' to residents. We ask that you thank them, make a fuss of them and celebrate together what is working well and if there is anything else that could be done.

Step 2. Pinning down your possibilities.

This is about identifying potential contacts that might be of use to you and your residents. Think about what skills, qualities and interests your staff teams already have. Can these be used more effectively? Who does your team know in the local community who could support care homes?

Step 3. Getting the message out – go ahead and ask, 'do you want to connect with us'.

Be brave! Why not pop out for the afternoon armed with some leaflets? Walk up and down your high street, pin up posters locally inviting people in for a cuppa and tell them you are a part of a national initiative called 'Care Home Friends and Neighbours' and you are interested in connecting with them.

Recent useful resources:

- The Community Engagement Companion
- Lockdown Learnings

Alive Activities in Bristol launched 'One Good Turn' as part of Care Home FaNs: Intergenerational Linking. Inviting participants to complete 'one good turn' for people in a different age group is more manageable for care homes, youth groups and families than an open-ended request to volunteer. Participants come up with their own everyday 'act of kindness' and may then feel more comfortable to engage in a bigger project later, such as collections for foodbanks or a befriending scheme. At Christmas, younger and older participants were asked to fill their 'jars of joy' with things such as seed kits, self-portraits, drawings, jokes, poems and souvenirs from outdoor walks that might make someone else smile. 179 jars were exchanged so that everyone had something to open over the festive period.

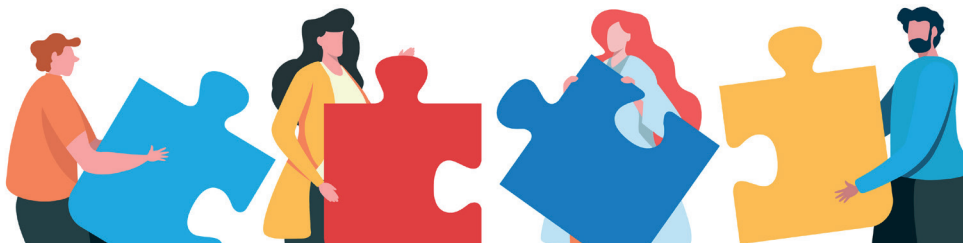
The Linking Network – Bradford

The project aims to facilitate long-lasting links between a care home and local school and youth groups, to celebrate the stories that everyone has to share and to create opportunities for older and young people to connect. The network pairs a class, or year group, with a care home and supports the collaboration between these two groups. Children are encouraged to think about their own identity and their stories before creating cards and messages for care home residents. Care home staff work with residents of the 'linked' care home to create messages for the children at the linked school. Children enjoyed receiving the messages from the care home and finding out the stories of each resident.

Care Home FaNs North West

London was funded by the Mercers' Company, to work alongside managers and activity co-ordinators in 28 care homes in North West London to strengthen links with the community and promote engagement. A broker was employed. One part of the project explored engaging with local galleries and museums to access online events and to participate in reminiscence and art therapy sessions. In addition, care staff organised their own events. Organisations involved were: The Museum of London, The Royal Collection, The Museum of Brands, The British Library, Ben Uri Gallery, The Wallace Collection and the RAF Museum.

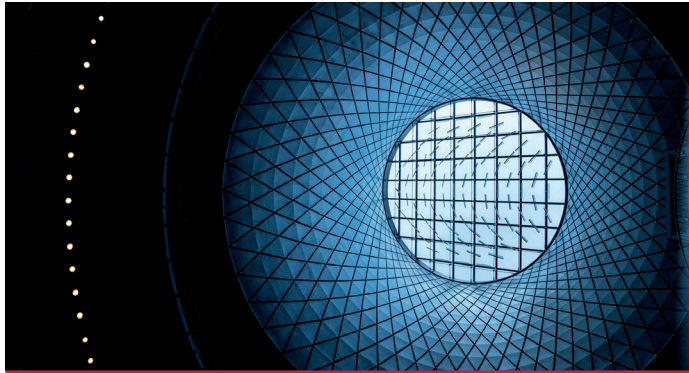
“Care homes and communities have connected and been heartened by the ingenuity, creativity and kindness that enhanced and maintained quality of life for people who live and work in care homes.”



Tom Owen is the Director at My Home Life England. For more information about how My Home Life England can support you with its range of professional consultancy services, email: mhl@city.ac.uk Twitter: [@MyHomeLifeUK](https://twitter.com/MyHomeLifeUK) www.myhomelife.org.uk

In what ways has your care setting connected with the community during the pandemic and what has been the response? Visit: www.caremanagementmatters.co.uk to share your experiences below the article.

WHAT ARE THE IMPLICATIONS FOR THE CARE SECTOR IF VACCINES BECAME MANDATORY?



The social care sector has been the subject of yet further debate in recent weeks following the alleged leaking of a paper revealing that Boris Johnson and Matt Hancock have agreed to put in place legislation to make COVID-19 vaccination mandatory for social care staff. The Government has launched a consultation, to collate responses and opinions on the proposal. Although a final decision has yet to be made, a verdict in favour of the proposal would have significant implications for the sector.

LEGAL CHALLENGES

The obstacle most frequently raised by the sector has been the legal implications of introducing mandatory vaccinations. In particular, the argument that a law of this nature would restrict an individual's human right to respect for private life (under Article 8 of the European Convention on Human Rights) which includes the right to decide whether to undergo medical treatment. In a broader sense, the sector should be concerned that individuals may choose to refuse vaccination for several other legitimate reasons, or protected characteristics. These include pregnancy or breastfeeding, religious reasons, disability or allergy, or various ethical reasons such as vegans opposing any jab that may contain animal products. Although the latter is irrelevant as far as the UK's current approved COVID-19 vaccinations are concerned, this does not rule out any future vaccinations should the current proposals be written into law.

For these reasons, it would be unquestionable to think that this proposal would be made into law without significant opposition from some within the sector. Therefore, one question to raise is what is an appropriate response to those who refused mandatory vaccination? Careful consideration and robust procedures must be undertaken to ensure that these instances would be dealt with sensitively and empathetically. In addition, providers would be eager to ensure that compliance with any such law would not leave them vulnerable to a barrage of legal challenges from their own staff. This would only serve to twist the knife in a sector already facing staffing shortfalls.

RECRUITMENT PRACTICES

Another implication of introducing mandatory vaccines relates to recruitment. Specifically, how providers would manifest such legislation into their recruitment policies and how it would impact on workplace issues such as but not limited to applications, interviews and disciplinary actions. To avoid unlawful practices, any legislation of this nature would need to be accompanied by comprehensive guidance for providers, clarifying any uncertainty relating to vaccinations and recruitment.

A clear barrier limiting recruitment opportunities for the sector in the wake of this legislation passing would be the Government's current vaccination programme. With current estimations targeting the 31st July for all adults in the UK to have been offered their first vaccination dose, the proposed legislation would logically dictate that providers would likely be unable to advertise social care vacancies to those aged 18-49 until this time. This equates to approximately 50% (50.4%) of the UK's adult social care workforce in September 2019, according to Skills for Care.

Whilst on paper, it represents a seemingly attractive solution to further control the rate of COVID-19 infections in this country, in practice, legislation to introduce mandatory vaccinations in the social care sector has a multitude of largely negative implications. Should the Government decide to pursue the proposed legislation further, both implications for legal challenges and employment procedures simply cannot be ignored.



Respect the wishes of the workforce

**Karolina Gerlich, Executive Director,
Care Workers' Charity**

Firstly, if vaccinations of any kind are to be made mandatory, there must be a parity of expectation and legislation between social care workers and their counterparts in the NHS. Any proposals must make clear that we would not be putting such additional restrictions or requirements on them, that are not also implemented on the healthcare workers in the same way.

Secondly, and perhaps most importantly, is the contradiction between the expectations we put upon the social care workforce and how they are remunerated and perceived. We cannot continue to put additional requirements on social care workers unless they are recognised as a professional workforce and paid wages that represent this professionalism. They cannot be subject to professional expectations and yet not paid appropriately – social care careers are still widely perceived as 'easy' and this perception has led to the workforce being undervalued and underpaid as a result of this perceived lack of professionalism.

It also needs to be recognised that there is huge anxiety felt by much of the social care workforce that in the advent of experiencing side effects after receiving a vaccine, they will be forced to take time off work. With low pay endemic throughout the sector,

and many social care workers facing in-work poverty, this is a very real concern. Losing the income from just a couple of shifts can make the difference between survival and crisis – and can put care workers in a spiral towards debt, rent arrears and financial emergency. The Government must be sensitive to the issues faced by social care workers in this regard, and measures must be put in place to mitigate the impact of losing shifts – for example, money to be set aside to cover the costs of the missed shifts, instead of care workers having to rely on Statutory Sick Pay.

Finally, we must be prepared to have open conversations about the valid concerns and worries of social care workers, looking at the origin of these concerns and how they can be best addressed rather than merely enforcing legislation. Two-way dialogue where social care workers' voices are heard, will ensure that they feel listened to, and respected. In similar instances where such conversations are had, take up of vaccinations has been markedly higher.

Vaccinations, and certainly the COVID-19 vaccines in particular, represent a light at the end of a very dark tunnel, but we must not forget to consider the needs and concerns of those who we may be asking to take them.



Legal complexities are plentiful

**Matthew Wort, Partner,
Anthony Collins Solicitors**

When dealing with the challenges surrounding vaccines, care providers must communicate with employees to understand their concerns. This can enable providers to identify the reasons for their views and whether they may be based on misinformation.

Education is key in this situation. Care providers can consider directing employees to myth-busting resources, while explaining how vaccines protect staff and care users. Financial incentives should be avoided. However, providers can utilise the Adult Social Care Infection Control Fund to cover the costs of paying workers to receive their COVID-19 vaccine.

In terms of recruitment, an individual currently has the ability to bring an Equality Act-related claim if refused a job due to not being vaccinated where they are at a particular disadvantage due to factors such as a disability, pregnancy or belief. Individuals can't, however, bring a free-standing Human Rights Act claim against a prospective employer.

A restriction on Human Rights can be justified when necessary, for the protection of public health. As it stands, it will be difficult for the Government to mandate the COVID-19 vaccine

for care workers because those available cannot completely stop transmission and risks can be managed in other ways.

Wherever there are people coming into the care setting who do not have to be vaccinated, for example, visitors, the 'necessity' argument will also be undermined.

The fact that COVID-19 is being managed in other ways, such as by utilising PPE, has a bearing on what is a reasonable management request. Unless solely relied on to mitigate risk, it is hard to say that it is a reasonable management request to force existing care workers to be vaccinated.

Should the Government enforce mandatory vaccination for care workers, it would need to prove that it is a necessary step in order to protect public health – overturning aspects of the Public Health (Control of Disease) Act 1984.

The Government is unlikely to mandate vaccination because of the legal complexities. Instead, it's likely to continue encouraging staff to be vaccinated, as demonstrated by Boris Johnson's comment that, 'it's wholly responsible for care home companies to think of requiring vaccination' – putting the onus on care providers.

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BETTER TOGETHER:

Working to deliver housing to meet care needs

The Social Care Institute for Excellence (SCIE) is leading a new commission to develop an evidence-based vision and roadmap for housing in the future of care and support. Here, Kathryn Smith, CEO of SCIE, delves into some of the gaps surrounding housing provision and shares case study examples of best practice.

In a way, our latest discussion paper is a 'housing report about older people'. However, I want to stress that the message we're conveying is that the communities where people live don't always provide the choice and availability for people who need to draw on care and support services. You see, if you call it merely a 'housing report', then people are likely to conclude that it's all about care homes.

Clearly care homes are an important part of the care system; but they're not the only aspect. So, our report highlights that in many communities across England, there are a limited range of places that older people can live which provide access to the care and support they need, when they need it; places which suit people who can no longer live at home and who want and need a more supportive environment.

A PLACE CALLED HOME

There are so many places where older people may choose to live. It could be a care home, or a retirement community, >



➤ supported living, or retirement housing. But there is all too often little information and limited choice and availability.

And it gets worse: there's a big imbalance when it comes to supply and demand. There aren't enough supported living homes and Shared Lives placements for example (Shared Lives is a care and support service for adults who want to live independently in their community, with the support of a family and community network). There are only 70,000 extra care units in England and we need at least 260,000 retirement community units to be developed by 2029.

One of our Commission members, the Associated Retirement Community Operators (ARCO), for example, has identified a significant 'provision gap' and has called for an increase in the level of provision of retirement communities. Also called 'Extra Care', these have been shown to be especially effective at supporting people with intermediate care needs.

So, now is the time to sort this out. Getting this right is critical. The Association of Directors of Adult Social Services said, 'Every decision about care is a decision about housing'. We at the Social Care Institute for Excellence are leading on a Commission on the Role of Housing in the Future of Care and Support. We have recently published an early discussion paper. The Commission is listening to a wide range of views and is building a roadmap for the sector, to ensure more older adults have choice and control in accessing forms of housing that support their needs and at the time they need it.

SHARED DECISION-MAKING

Involving people in decisions about their housing should be part of wider conversations. This has been a clear priority identified

by all groups involved in the discussions so far. The need for this co-production means we must see greater levels of involvement of people in the commissioning, planning and design of new housing developments; as well as the increased involvement of people who live in supported accommodation. This is so that they can shape their own care and support plans. In a survey we will publish shortly, 31% of respondents say that being involved in decision-making is one of the most important considerations when thinking about care and support in older age. Our Commission has a Co-production Panel – so that this issue is high on the agenda. Here's two examples of how co-production can work well.

Case study: Flowers House – Consultation with people using services

Flowers House is a supported living scheme for people who have dementia, situated next to Bletchley Park. There are 30 one-bedroom flats and four two-bed flats specifically designed for adults with dementia. It is supported living accommodation with 24-hour care delivered by the on-site staff, tailored to meet individual needs. Flowers House provides the opportunity for couples to remain living together with care available as required.

The scheme was built in partnership with Milton Keynes Council and the Grand Union Housing Group – it opened up in 2012. Prior to the scheme opening, people with dementia in Milton Keynes were likely to be supported at home by domiciliary care services until their needs could no longer be met, at which point they would often move into a care home. One of these care homes was dated and required extensive work or a rebuild. Following consultation with people who were using services, staff and the wider public, the preferred option was to build a new scheme

to provide a flexible model of accommodation alongside a range of care and support needs.

Case study: Tree Top Village, Newcastle

Residents have been fully involved in shaping the design of the scheme through research and co-production. The scheme is a flagship development for Your Homes Newcastle and Newcastle City Council, combining high-quality accommodation with leisure facilities for residents and local people alike to enjoy. Tree Top Village consists of a main building, offering 75 sheltered housing apartments, bordered by 36 one- and two-bedroom homes and eight bungalows with gardens.

With a hotel-like feel, the main building is centred around an impressive glass atrium with a lobby, reminiscence library, Italian restaurant, hair and beauty salon, mobility shop and card/gift shop. These amenities are open to the public, to support the integration of older people with the wider community, as well as bring investment to the local area. Residents report feeling safe and settled in their new homes and enjoy the different village amenities.

CALL ON THE GOVERNMENT

Housing, for people who draw on care and health services, is something that's increasingly in the news. ARCO has recently written to the Government. It says there is now a need to highlight an emerging new consensus: that the 2020s needs to be the decade of housing-with-care and an expanded supply of housing and care options in the UK.

ARCO said – and this is underlined in our discussion paper based on the research we have carried out with older people – that by announcing a commitment on this and by setting up the mechanisms for

growth, it would be a profoundly positive statement of the Government's intent to improve choices which are focused on independence and prevention; and to provide a safety net of care and consumer protection for the ageing population.

FUNDAMENTAL CONNECTIONS

Everything about care and support and where people live should be outcomes-based. Housing needs to be in the right place, it needs to promote independence, resilience and social connection. These fundamental connections between care homes, housing, health and social care aren't always fully recognised or reflected in policy, building incentives, regulation or practice. Our report provides an overview of the key issues facing the sector and outlines a vision for the future.

So, yes, call it 'housing' if you wish – but let's all remember that our Commission wants to have this discussion about how people can draw on care and support and how that links to their wellbeing in the places that they live.

The discussion paper provides an overview of some of the critical issues that need to be considered and describes the principles on which future provision should be based. It is meant to pose the judicious questions on which we need to work during the coming months; and to spark discussion. Your input is warmly welcomed. Please do send us your thoughts, creative ideas and examples of the great practice we know are out there. We look forward to hearing from you. Please get in touch with the Commission's secretariat via rebekah.luff@scie.org.uk to share any thoughts on this paper and examples of good practice.

The Commission on the Role of Housing in the Future of Care is funded by the Dunhill Medical Trust and led by SCIE.

CMM

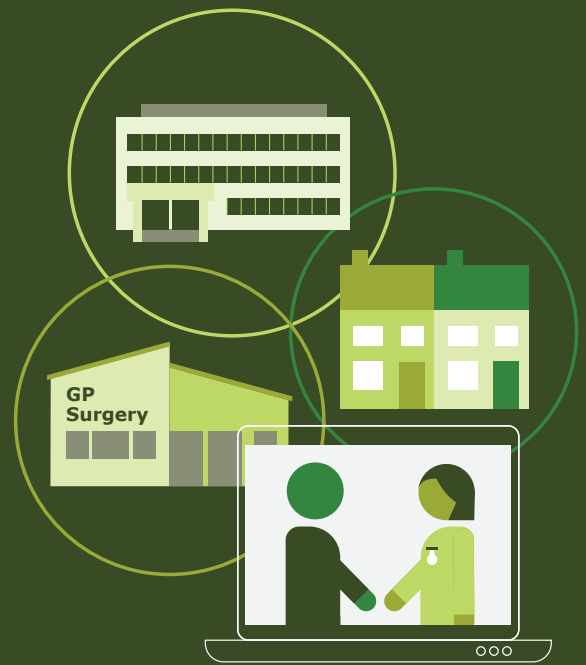
Kathryn Smith is Chief Executive of Social Care Institute for Excellence (SCIE). Email: media@scie.org.uk Twitter: @SCIE_socialcare

What improvements, creative ideas and great practice do you have to improve housing options for older people? Share your comments and ideas and visit: www.caremanagementmatters.co.uk

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Dr Simon Proctor, Director of Music Services for Nordoff Robbins, the UK's largest music therapy charity, considers the role of both music therapists and wider staff members in making music's opportunities as available as possible to people in care homes.

MUSIC UNITES

Music is often thought of as something that only exceptionally trained and talented people can do. However, music has also always been a part of everyday life for most people. It can be a means of pleasure, identity, and in certain respects, communication. We learn through music, we manage our emotions using music, we find reassurance through music and we interact with others through music. Most parents who don't consider themselves musicians nevertheless sing their children to sleep or use action songs to help them tie their shoelaces or brush their teeth. The role of music as something that people do together has come to the fore during the COVID-19 pandemic, with considerable media coverage of musical initiatives to reunite people who are separated by distance, or to reassure people that others in their community are with them despite the isolation of lockdown.

MUSIC AND DEMENTIA

Music and movement are our earliest means of relating to others – for most people, it is in our parents' arms as they sing to us that we

learn who we are, that we are safe and loved, and that interaction with others is possible. Developmental psychology, and especially the field of 'communicative musicality', show that as infants we actively stimulate our caregivers to interact musically with us and that this is how we develop, relate and learn to find satisfaction as people. Likewise, as dementia progressively deprives us of the capacity to interact verbally or use complex ideas, our capacity to use music as a non-verbal but effective means of communication and interaction is generally unaffected. This means that even for people with late-stage dementia for whom verbal communication and complex cognitive processing is significantly impeded, music remains a way of interacting and of being oneself.

That's why music has such a significant role to play within dementia care services. However, it also points to the important issue of age appropriateness: people with dementia are not children and whilst songs from their childhood might be useful ways to lead to interaction in some cases, it is important that music is not used in patronising or infantilising ways.

Music can't halt or reverse dementia; but it





can enable people to live well post-diagnosis and also help carers and family members to interact with relatives who have dementia by enabling them to experience being valued, being responded to, being cherished and even having moments of fun and playfulness in a life otherwise dominated by loss and disorientation.

One of the key features of shared music making is its ability to root a person in the present moment: musical beat, a sense of harmonic direction and the arc of melody, all serve to hold and sustain joint attention between people, something that is particularly valuable as people find it harder and harder to sustain meaningful interaction with others.

BUILDING CONNECTIONS

Music therapists are trained to hear everything people offer as music, so they can work meaningfully with care home residents who might otherwise be making habitual sounds or who don't seem musically communicative. They can work to build connection, even where this might be fragmentary, and they can work musically in ways that allow plenty of time and space for people to respond in ways that are physically possible and emotionally meaningful for them. These trainings are approved by the Health and Care Professions Council (HCPC) and qualified music therapists must be registered with the HCPC in order to practice in the UK.

Music therapists in a care home work individually with residents who seem particularly in need due to isolation, lack of communicative abilities, or a tendency to be distressed, or because musical engagement is clearly important and helpful for them. They also run small musical groups, often including singing, which seek to build a sense of community amongst residents, enabling them to experience each other as able and each other's company as supportive. Music therapists also look for ways to engage people in music making as part of the wider project of 'musicalising' the home and this may involve more able residents in putting on specific musical events etc. Music therapists actively seek to engage carers and visitors wherever possible. This is often particularly important for family members: getting to experience mum as 'mum again' – shared music making can be a very powerful experience.

Clearly, this is skilled work and there is no expectation that care home staff should replicate the work of a trained music therapist. Nevertheless, many carers have natural musical skills or backgrounds as musicians themselves. There is huge potential for these skills to be used sensitively with residents, helping them feel listened to and respected, putting them at ease and reassuring them, as well as fostering a warm, creative atmosphere within the home. Just a small amount of training to raise staff



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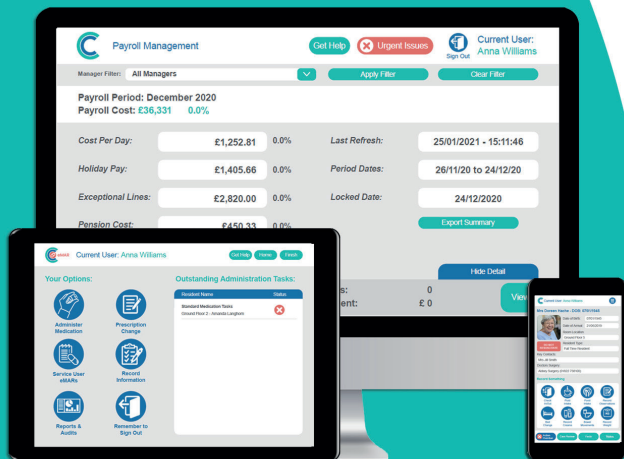
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➤ awareness and to empower staff members' natural musical instincts can make a significant difference to everyday life in a care home.

EVIDENCE

There is considerable documented evidence for the usefulness of music therapy provision within dementia care environments, as summarised in the most recent edition of the *Cochrane Library Systematic Review*.² The National Institute for Health and Care Excellence (NICE) recommends that people living with dementia should be offered active creative activities including music therapy that can help promote wellbeing, as part of their updated Quality Standard on dementia (NICE 2019).

However, music therapy is not simply a medical intervention – it is interpersonal and seeks to engage not just individuals but also the community. This 'ripple effect' can be powerful but hard to capture and qualitative research, which pays close attention to people's lived experience, is required to illuminate its usefulness.³ Music therapy can make a real difference to the daily life of a care home as a whole, not only to individual residents⁴ and the embedding of music therapy within a care home or service can make a significant contribution to meeting the expectations of the Dementia Strategy⁵. Contrary to popular conceptions that all musical work in dementia care needs to be song-based, research also shows the real value of improvisational work in this field.⁶

Modes of service evaluation for music therapy that enable service user contribution has been developed⁷ and so have specific tools of assessment applicable to music therapy processes in dementia.⁸

CIS'S STORY

Joan's mum Cis was diagnosed with dementia. She explains:

'It really is so very hard to see your loved one's abilities and memory, their personality, fading in front of you. But then music therapy came into our lives. When we walked into the room for our first session there was a lovely warm feeling. People were relaxed, they made space for us to sit and there was a feeling of true acceptance; no questions asked, no judgements made.'

'So, the singing started – at first mum didn't join in, but she looked like she was enjoying herself. Then John, the therapist, played the opening chords to 'Over The Rainbow' and just

like that, mum burst into song. Music therapy made her simply shine with confidence. John would play so many songs from mum's era and it was wonderful watching her remember them; it would bring a tear to the eye.

'Looking after someone with dementia can be a very lonely place: conversation is limited and repetitive, worrying about this or that health issue. Music therapy was our special time together – the only outing we could do on a regular basis. I loved the friendship and the support of the group; it gave me comfort, made me happy.'

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CAMPAIGN INSIGHT

Grace Meadows, Programme Director at Music for Dementia, tells us more.

It's been the strangest of years in so many ways; however, Music for Dementia adapted swiftly to encourage care settings to use different and varied approaches to musical activities in the absence of in-person services.

Throughout the year, we told stories of how people were using music to connect and manage the impacts of the pandemic, to help inspire, motivate, and bring joy in some of the darkest times. To help people make music a part of their care, we produced a series of resources and events. Our Musical Map quickly converted to a 'virtual map' while we continued to promote events and musicians that had shifted online, giving residents and carers many alternatives. This complemented our Musical Guide with tips on how to use music during COVID-19.

In June we launched m4d Radio, bringing decade-specific music direct into people's homes, so providing carers with a meaningful 24/7 resource to share with residents.

The Musical Care Taskforce (MCT), a joint initiative by Music for Dementia and Live Music Now, held a productive meeting in the autumn to support care settings on how to keep music going, providing information, training opportunities and links to providers. MCT also teamed up with several care organisations to create two leaflets: Keeping Singing Going (how this might be done safely) and A Dose of Music with your Vaccination. More recently, our £500k Paul & Nick Harvey Fund will shortly be awarding grants to grassroots music service delivery organisations to continue their great work in the field of music and dementia.'

USEFUL RESOURCES

- **Music for Dementia** is a campaigning body which seeks to achieve access to music as an integral part of its care for everyone with dementia.
<https://musicfordementia.org.uk>
- **Live Music Now** is among a number of organisations which provide non-therapy musical services to people with dementia and/or the care home community.
<https://www.livemusicnow.org.uk>
- The **Alzheimer's Society** has a useful collection of music-related resources designed for people with dementia and their carers, including information on their local "Singing for the Brain" groups:
www.alzheimers.org.uk/categories/support/music-singing
- **Playlist for Life** encourages people with dementia and their families to build playlists of their favourite music:
www.alzheimers.org.uk/categories/support/music-singing
- For more information about the profession of music therapy in the UK, contact the **British Association for Music Therapy** (BAMT): www.bamt.org
- For more information about **Nordoff Robbins**, and to view videos of music therapy in action, please visit www.nordoff-robbins.org.uk/music-therapy-and-dementia/

Suggested further reading

Aldridge, D. (ed.) (2000) *Music Therapy in Dementia Care*. London: Jessica Kingsley Publishers

Baird, A., Garrido, A. & Tamplin, J. (eds) (2019) *Music and Dementia: From Cognition to Therapy*. New York: Oxford University Press

Richards, C. (2020) *Living Well with Dementia through Music: A Resource Book for Activities Providers and Care Staff*. London: Jessica Kingsley Publishers

Visit www.caremanagementmatters.co.uk and click on 'features' and 'Music Matters' to view full reference list.

Dr Simon Procter is a music therapist and music sociologist who works as a Director of Music Services for Nordoff Robbins.

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FUTURE FUNDING:

The Infection Control and Testing Fund

The Adult Social Care Infection Control and Testing Fund was first introduced in May 2020 and was initially worth £600 million. With so much change lately, Kathy Roberts, Chair of The Care Provider Alliance, brings us up to speed on the latest fund developments.

Care Providers across the sector waited expectantly to know whether the Adult Social Care Infection Control and Testing Fund would continue beyond its original 31st March deadline. We didn't hear anything until 18th March – but at least the news from the Government was positive. There will be another £341m funding for infection control measures and rapid testing in adult social care services. This is made up of £202.5m in new funding and £138.7m from the existing Test and Trace funding. >



COVID-19

> GOVERNMENT RECOGNITION

In the short term, this money will be very helpful and will be widely welcomed by care providers, their staff and ultimately the people they support and their families. It is reassuring that the HM Treasury recognises the need to support the sector on this crucial issue beyond the end of this financial year. It's also an acknowledgement that the previous rounds of funding have undoubtedly been important to the sector. The Government recognised quite early on in the pandemic that providers could not cover the costs of the required additional infection prevention control and testing measures without additional funding.

However, we also need hope for the future. The pandemic has led to serious financial pressures for providers, especially smaller providers, but lack of funding is not a new problem. The sector has been underfunded for a very long time.

The Care Provider Alliance would like to see a long-term, sustainable funding solution for the care sector. Without long-term support, we will be in a constant state of intensive insecurity which will seriously affect our ability to provide continuity of care to the millions of people who depend on us every day. We have joined together with six other leading social care organisations to call on the Government to 'end 25 years of inaction and fix the social care system'. There was no mention of social care funding in the recent budget. However, the Prime Minister has said that this Government will 'fix the crisis in social care once and for all', so we are asking the Government to commit to publishing its promised proposals before the summer parliamentary recess. This timing would allow MPs the opportunity during the recess to hear from their constituents about the care and support they want for themselves and their families.

SETTING THE PRIORITIES

The Care Provider Alliance has also contributed to a new report from the National Audit Office – The Adult Social Care Market in England (published 25th March). The report details the huge financial and other challenges that face the sector. One of its key recommendations is that the Department of Health and Social Care 'should, as a priority, set out a cross-Government, long-term, funded vision for care. It should collaborate with the Ministry and local Government in particular; factoring in sector and user perspectives, such as people with lived experience.' The Government should also consider that there are likely to be ongoing costs relating to coronavirus. So far, it looks as if the vaccination programme has been successful in reducing the impact of the virus on people who

use social care services, but we don't know how well it will be controlled in the months and years to come. The vaccines are not 100% effective and new variants that can overcome the existing vaccines are a worry, so we cannot know for sure how long we will need to keep additional infection preventative measures in place.

UNCERTAINTY PERSISTS

Even when life gets 'back to normal' and the requirements for social distancing and mask-wearing are lifted, it is quite possible that health and social care settings will still need to maintain, and pay for, a higher level of infection prevention, control and testing than was required pre-pandemic. Access to the PPE portal, through which care providers can access free PPE, has been extended until March 2022. When we do lose access to free PPE, we would like to see it permanently zero-rated for VAT.

The sector has also been given additional Government funding to support workforce capacity, primarily to reduce staff movement between settings because of the high risk of transmission between one setting and another. Many staff were ill themselves with COVID-19 or were having to self-isolate, so remaining staff were moving between settings to help fill gaps in staffing. In addition, demand for staff was rising because some people being discharged from hospital required complex or increased social care as they recover from COVID-19 and other illnesses.

Without staff movement there would have been times when some services would not have had enough staff to operate safely, so in response to a Government consultation in January 2021, care providers called for an increase in staffing capacity instead of regulation to reduce staff movement. As a result, on 16th January 2021, the Government announced an extra £120 million Workforce Capacity Fund to support local authorities to manage workforce pressures.

WORKFORCE CAPACITY

Although attention has been drawn to the shortage of care workers because of the pandemic, lack of workforce capacity is not a new issue. The Skills for Care workforce report 2019/20 (data collected before the pandemic) estimates that 7.3% of the roles in adult social care were vacant in 2019/20, equal to approximately 112,000 vacancies at any one time. There were also in excess of 3,000 unfilled posts for registered nurses working in social care and with an ageing population the demand for care workers is likely to increase. Over recent years, providers have frequently drawn the Government's attention to the limited workforce growth within the sector





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- NCF members are supportive, collaborative, connected organisations
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➤ and the impact this has on people who need care, but there has been little response and no serious attempt to address the issue. The Workforce Capacity Fund has led to an improvement in staffing levels since it was launched, but it is another short-term solution. The Government working with the Care Provider Alliance acknowledges that the lack of social care workforce capacity is a serious and ongoing problem and that there are actions it can take to improve recruitment and retention. We would like to see a sustainable 'People Plan' that ensures not only that pay and conditions of care workers are attractive enough to compete with the likes of the supermarket chains, but also a clear strategy to address the workforce issues and a career pathway for people who work in social care.

PROTECTING THE VULNERABLE

The pandemic has, of course, brought major new challenges to preventing and controlling infection in care services, but the sector has always recognised that good practice in this area is fundamental to providing high-quality care. The people we support – older people, those who have serious mental and physical health challenges and people with learning disabilities –

are more likely to have weaker immune systems than the rest of the population. They have a higher risk of infection, a higher risk of serious complications and a higher risk of death. This has always been the case and doesn't just apply to COVID-19.

Infection prevention and control is a key element of the CQC inspection process and providers know that very high standards are expected of them. The Care Provider Alliance has always worked closely with the CQC on prevention and control issues to support the sector in reaching and maintaining these standards. *How care homes managed infection prevention and control during the coronavirus pandemic 2020* – a report from CQC that was published last November – stated that, '...most care providers that we have inspected have shown they are responding to the challenges of infection prevention control well, under these extraordinary circumstances. We have seen some providers using innovative and exciting practices to keep people safe. They have been supported by staff who have gone the extra mile to keep the people in their care healthy, stimulated and as independent as possible, while keeping family members and carers informed and engaged.' (Kate Terroni, Chief Inspector of Adult Social Care).

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CARE PROVIDER ALLIANCE RESOURCES

Coronavirus Infection Prevention and Control resources

The Care Provider Alliance has gathered a range of resources, including Government guidance about prevention and control of COVID-19.

Infection control checklist

This document provides a helpful checklist that you could use to help you prevent and control the spread of infection in your care setting. This document should be used in conjunction with national guidance and local policies. It should also be used to complement the guidance on Infection Prevention and Control.

Download Infection control checklist – PDF version

Download Infection control checklist – Word version

“The sector has always recognised that good practice in this area is fundamental to providing high quality care.”

Staff movement: a risk management framework

A framework developed by the Care Provider Alliance to help providers make decisions about staff movement while there is a risk of transmission of COVID-19.

<https://careprovideralliance.org.uk/assets/pdfs/staff-movement-risk-management-framework-cpa.pdf>

Kathy Roberts is the Chair of The Care Provider Alliance and Chief Executive of the Association of Mental Health Providers. Email: info@careprovideralliance.org.uk Twitter: [@CPA_SocialCare](https://twitter.com/CPA_SocialCare)

How has your business found the Infection, Prevention and Control guidance and regulations? Do you feel supported enough? Share your feedback on this article and your comments at: www.caremanagementmatters.co.uk

CELEBRATING EXCELLENCE IN **LEADERSHIP**



Continuing in a series of features celebrating this year's winners, we spoke to Paul Bott who won the Leadership Award at the Market 3rd Sector Care Awards 2020.

Paul Bott has been Chief Executive at St John of God Hospitaller Services UK (SJOG), a 140-year-old charity providing housing and support across England, since October 2018.

Here, Paul describes how joining the charity was a positive decision, despite the charity being near to closure when he arrived.

THE ONLY WAY IS UP

The charity had been very successful and at its peak it provided 47 services across the country, employed 1,100 members of staff and achieved a turnover of £25m a year. It was a big, successful and forward-thinking charity and then it lost its way. By 2018, it had lost services and 450 employees remained, working in 30 services. The loss of services meant that income had slumped to £15m, but costs were at £17m. The charity had repeatedly covered the difference out of reserves, but these were now all gone. It was only because of a generous donation the charity didn't go 'pop'.

When there is a problem, it's not usually isolated to one area and it wasn't just financial issues, but there were also issues with quality and with staff turnover. The Care Quality Commission (CQC) rated 52% of areas as being 'inadequate' or 'requiring improvement' and the turnover for employees in 2018 ran at 42%.

The day that I arrived I was told that we would be losing another two services; they were being transferred to other providers. It was clear

to me that we couldn't carry on like this and there was a need to stem the losses from the charity, both in terms of the experience that we had walking out of the door and the £35,000 that we were losing every week.

The charity found itself in a bit of a pickle. The choices were to either wind up this 140-year-old charity and find new homes for all of the services – this was something that Imelda Redmond had done when winding up 4Children – or to try and make the charity sustainable.

CHANGING THE NARRATIVE

The narrative that the leadership team had been sharing was that SJOG was in decline because the sector was in decline. I had a different view and went on a tour to visit every remaining service to talk with frontline colleagues, to share what the position was, that it couldn't stay like this and to ask for their help in saving the charity.

My frontline colleagues were brilliant. They could point to what worked really well, they were honest about their frustrations and they spoke openly about the challenges in getting maintenance done and the pressure because bills were being unpaid. We talk in the charity about the genius of our colleagues, and they really demonstrated this attribute. It is their ideas and their focus that turned the charity around.

The visits gave me the opportunity to find out what was going on at service level and I found

that generally the level of care and support was really good, which didn't reflect the ratings given by CQC. The issue was that there wasn't evidence to show what was being done well. We couldn't prove how good we were, that we weren't just 'warehousing' people but that we were making a positive difference in their lives.

BACK TO BASICS

Next came a restructure, a reduction in back-office roles and the recruitment of a new senior team, all important steps in the transformation of SJOG.

The new senior team were fantastic and having a team leading the work meant that the transformation happened faster – and it needed to. Our new Chief Finance Officer started on reducing our supplier costs and training our frontline managers so that they could better negotiate for a fair rate for care – in many cases we were still being paid rates agreed years before because the charity had neglected to ask for increases as needs changed.

Our new Chief Operating Officer focused on monthly quality audits and building an outcomes framework which meant that we could better demonstrate that we were having a positive impact on the lives of the people we are here to support.

Our new Director of Opportunities started to build partnerships and talk about what comes next, providing our frontline colleagues with the skills and the support to develop something new. He also saw the creation of a fundraising department that in their first nine months brought in £16 for every £1 that was spent on them.

A YEAR TO REMEMBER

Looking back at our transformation in 2019, there are four moments that I would call totemic:

Within two months we had a new brand and a new website. I know these are the most popular things for a new Chief Executive to do; but it was important to signal that we were evolving from what had gone before, and not losing our heritage. Websites are our 'shop window' to the world but for us, we were focussed on targeting the messaging internally and this was the point where we stopped referring to 'employees' and started referring to 'colleagues'.

In the February, we gathered our colleagues together for a conference and it focussed not on the doom and gloom of what had gone before, or what we were still going through, but on all that was great within the charity and the great things that were planned. Listening to our colleagues on this day was the point at which I



MARKEL 3RD SECTOR CARE AWARDS 3

knew we were going to be alright.

In April 2019, SJOG opened two new services, one in Oxford, the other in Middlesbrough. These were the first services that had been opened by the charity in 12 years. It set the ambition for the charity to be of more help to more people and since then, a further 15 services have opened.

Finally, in the June, SJOG posted its first monthly surplus. It was only small, but it was the last piece of the puzzle. The charity finished 2019 with a surplus and a really successful 2020 means that reserves have been rebuilt to a sensible level.

Along the way a new strategy was developed that captured the voices of the people who live and work in SJOG. The strategy's name came from a conversation in the early days that I had with a colleague who had listed a whole series of woes. When with some sympathy I asked her, 'Why do you stay?', she replied, 'We're here to help'.

LEADING BY EXAMPLE

The charity was always a gem. It just needed uncovering and people given a bit of support and co-ordination to make the best of their efforts.

It took a lot of hard work by all of our colleagues, but what I'm most proud of is that our senior team is known across the charity. They make regular visits to services and have conversations with the people doing the work at the sharp end. I'd like to think that because we talk to each other we have a community that makes better decisions and understands what our common purpose is.

None of this complicated; it's paying attention, having conversations, and valuing your colleagues, and capturing their genius. It's thanks to their hard work that SJOG is still here to help.

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INTEGRATED CARE SYSTEMS AND PLACE-BASED PARTNERSHIPS (VIRTUAL CONFERENCE)

26th to 29th April 2021

1st April marked the deadline for all areas in England to be part of an integrated care system (ICS). In timely fashion, The King's Fund has organised and is delivering a virtual conference examining the future of 'place' and how building multi-agency place-based partnerships can support the continuous development of ICSs.

Leaders from existing partnerships, including local Government, voluntary and community sector providers, NHS commissioners and primary care and secondary care providers, will share learning on how they are working together to achieve improved health outcomes for their local communities and reduce inequalities.

EXPANDING RESEARCH

A key feature of ICSs is the emergence of 'systems within systems' to focus on different aspects of their objectives. This includes three important levels at which decisions are made: system, place and neighbourhood.

A recent proposal published by NHS England and NHS Improvement, *Integrating care: Next steps to building strong and effective integrated care systems across England*, sets out options for legislative change to support ICSs, and makes clear that working at 'place' will be central to them delivering their ambitions.

Drawing on recent research led by The King's Fund, the conference will explore how place-based partnerships are forming and identify emerging lessons for success, including how ICSs can enable and facilitate work at place.

FLEXIBLE FORMAT

Over 10 hours of video content (plus additional resources) will be delivered via an online platform open for four weeks. During the first week (from Monday 19th April), you will have the opportunity to log in, test your connection and explore the exhibition. Live sessions will take place over four half-days in the second week (from Monday 26th to Thursday 29th April), giving you the option to catch up on demand until Sunday 16th May (end of week four).

Virtual conferences mean you can digest content at your own pace and work around a busy schedule. You can pause and rewind presentations and put your questions to expert speakers. There is also a 'chat' for public conversations and the option of one-to-one networking. Virtual exhibition stands will enable you to interact with organisations, including GSK, Strata Health and Verto, who will share expertise and information – all at a time that suits you.

LEARNING OPPORTUNITIES

A panel of expert speakers, including Rob Webster CBE, Rt Hon Patricia Hewitt, Dr Vish Ratnasuriya MBE and Dr Carolyn Wilkins OBE, has been curated by The King's Fund to help deliver the conference's objectives. Delegates will benefit from the multitude of knowledge and experience accessible exclusively at the conference.

Alongside the topics already mentioned, speakers will provide insight into the next steps towards integrated care and how to build on progress already made by the NHS and its

partners in working together to integrate services in the response to COVID-19. Speakers will also provide guidance on how systems can play an enabling and supportive role while setting objectives and standards and holding place-based partnerships to account.

Delegates will be invited to better understand the strengths and assets available in the local community and harness these to improve population health. Furthermore, an exploration of how to develop in-depth understanding of local communities and neighbourhoods, bringing together data and insights from different agencies to build up a rounded picture of the needs and assets of different communities, will also be covered.

The emergence of anchor institutions will be discussed, and how to enable local organisations to use all their resources and decisions to support health, social and economic development. Lastly, the speakers will demonstrate examples of mobilising the local community and building community leadership capacity.

THE NEXT STEP

Don't miss the opportunity to join this extensive virtual conference from The King's Fund, which has already seen more than 500 delegates register their attendance. Visit The King's Fund website for more information, including how to register for the conference, www.kingsfund.org.uk/events/integrated-care-systems-and-place-based-partnerships-virtual-conference/

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STRAIGHT TALK

Helen Wildbore, Director of the Relatives and Residents Association, says we must end isolation in care and avoid closed cultures becoming a lasting legacy of the pandemic.



The past year has been one of the most difficult in generations. The challenges that the care sector has faced have been unprecedented. The relentless pressures have taken their toll on staff and managers, many of whom have faced burn out, mental health issues and the distress of losing care users and colleagues. For people relying on care services, their homes suddenly became very different places, particularly those living in care settings who have faced over a year of visiting restrictions. The impact of the isolation on both mental and physical health has been stark. For the relatives and friends trying to connect from the outside, feelings of anxiety, frustration and helplessness increased as they witnessed the deterioration through the window or video screen.

Over the past year, the R&RA Helpline has been supporting older people at the sharp end of coronavirus and the measures taken to manage

it. We have heard about older people who fear they have been abandoned, who are losing weight, losing speech and too many who have given up on life. This is why R&RA started our campaign to End Isolation In Care back in September, calling for people to be safely reconnected with their family/friends. We have seen some progress. Recent first steps to reopen care homes are very welcome and are having a beneficial impact on the wellbeing of older people. However, our helpline continues to hear that not all care homes are complying with the visiting guidance in full, or applying blanket approaches such as strict time limits on access. What is of particular concern is the limited availability of the essential caregiver role. For residents who need close contact with relatives/friends, including help with personal care or emotional wellbeing, it is vital that access to essential caregivers is rolled out across all care homes. We have published some FAQs to support care homes to facilitate this.

As we emerge from lockdown it is crucial that older people needing care don't get left behind and that we end isolation for all. This means not only reconnecting people with their family and friends inside and outside their home, but also ensuring face-to-face contact with GPs, social workers, district nurses, dentists, mental health teams, CQC inspectors and the whole host of professionals who help ensure older people's rights are protected. It means access to other types of visitors who help create an engaging, stimulating environment, particularly important for older people without any family or friends to visit. It means ensuring open cultures where care users and the relatives/friends they want to support them are encouraged to participate in discussions and decisions about their care.

All too often the issues and problems with care we hear via our helpline have been caused by poor communication or a closed culture. When relatives call care staff for an

update on their loved one and are just told 'they're fine', it offers little reassurance when older people often have complex care needs. When family advocates – even those with Power of Attorney – are denied access to care meetings or care plans, it increases anxiety and concern, particularly at a time when they haven't been able to be on hand to support with everyday wellbeing. Sadly, our helpline hears that relationships between many families and care homes have broken down during the pandemic. Where there are bridges that need rebuilding, good communication is the crucial place to start.

Conversely, the care providers that have communicated well and operated with an open, transparent culture have maintained good relationships with families. The providers that have welcomed back family carers not only report increases in care users' wellbeing but also improvements in staff morale.

With occupancy levels in care homes down, the sector as a whole also faces the wider task of rebuilding trust in services. Homes promoting their policy and practice on visiting is a key starting point. When families come to our helpline for support getting access to care services, questions about a care home's visiting practice are often top of their list. Families are looking for homes to demonstrate that they are supporting residents' wellbeing by fully complying with the Government guidance on visiting. They are seeking reassurance that the home has an open, inclusive culture where support from family/friends will be seen as a central part of the residents' care.

A very real worry coming through our helpline is that a lasting legacy of the past year will not be the virus itself but the continuation of closed cultures in some care settings, at the expense of the needs and rights of care users. Yet, this is a change that doesn't need to wait for new guidance or roll-out of a roadmap. An open, inclusive culture is completely in the hands of the manager and staff.



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