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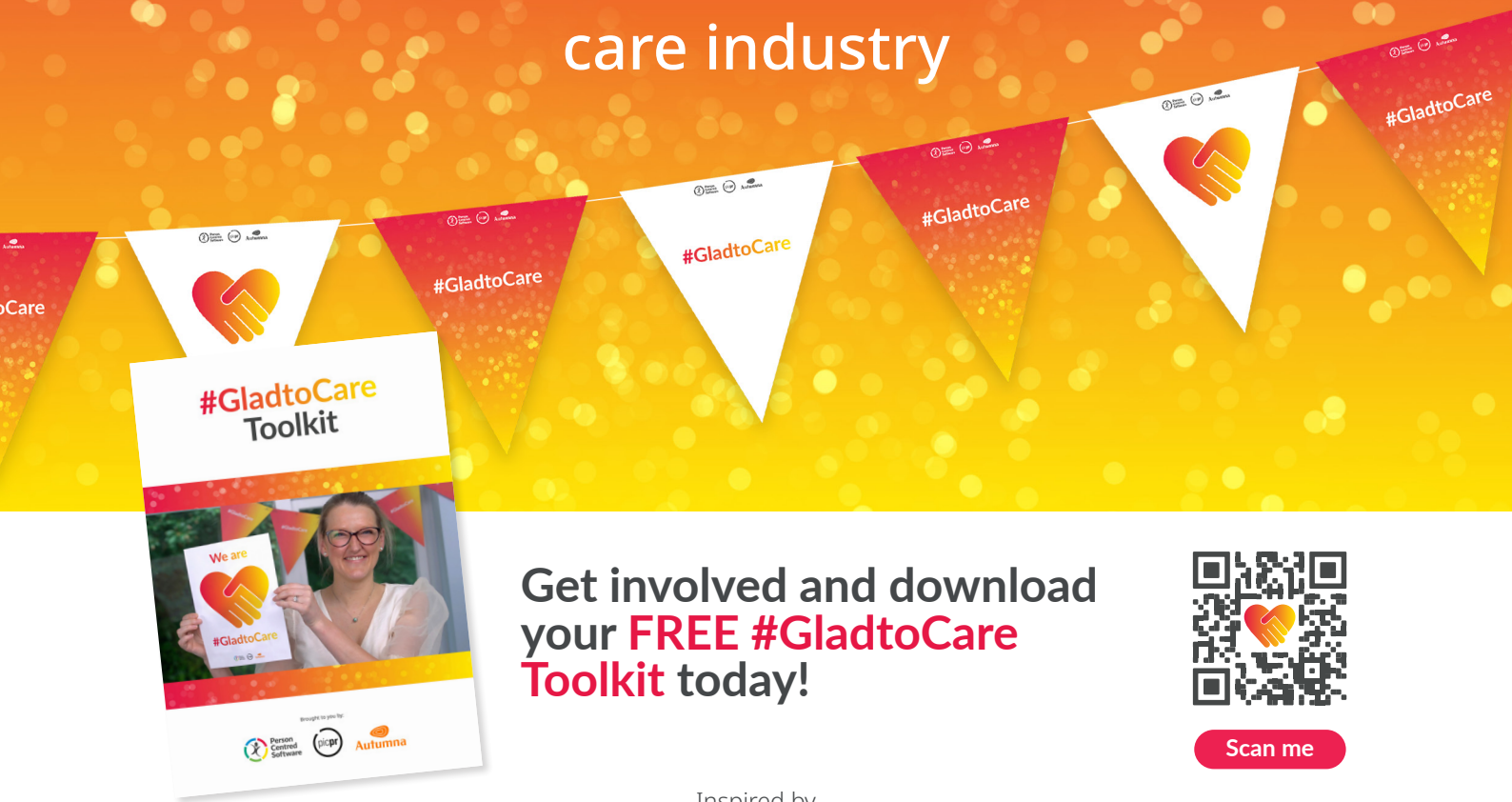
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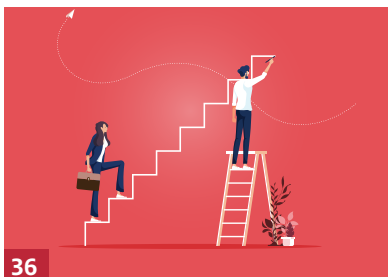


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CMM

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Non-care and support providers may be required to pay £50 per year.

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Care Management Matters is published by Care Choices Ltd who cannot be held responsible for views expressed by contributors. Care Management Matters © Care Choices Ltd 2022

CCL REF NO: CMM 19.4



CMM magazine is officially part of the membership entitlement of:



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SOCIAL CARE INSIGHTS

From Simon Bottery



In trying to protect social care budgets against competing priorities, writes Simon Bottery, local authorities find themselves between a rock and a pothole.

Millions of people voted in last month's local Government election and while turnout was, of course, lower than for a general election, it was still an impressive display of local democracy.

It was not, however, an election in which voters were particularly interested in adult social care.

The Local Government Information Unit (LGIU) with Ipsos Mori polled the public in April about the upcoming local elections and asked which features of their local area most needed improving. It found that social care came way down the list at 12th on a list of voters' priorities.

The condition of roads and pavements was first, cited by half of those polled (the Ipsos Mori presentation of the results ends with the phrase 'Potholes, potholes, potholes!'). This is followed by 'affordable decent housing' (39%), health services (37%), wages (36%), cleanliness of streets (36%), crime and anti-social behaviour, poverty and homelessness, public transport, facilities for teenagers and traffic congestion. Only then does social care get a look in (26% cite it). This is despite the fact that adult social care accounts for over 40% of a typical council's spending.

You might choose to interpret these findings to mean that people think social care is pretty

good and, therefore, isn't a priority for action. But we know from the British Social Attitudes (BSA) Survey, published recently by The King's Fund and the Nuffield Trust, that this is not the case. Far from it. Only 15% of people said they were happy with adult social care and 50% said they were dissatisfied.

A more likely explanation for the LGIU findings is that people don't see adult social care as a local issue.

We know that people are confused by who is responsible for care: when asked where they'd go to ask about social care, many people say they would first approach their GP rather than their local authority.

The low number also likely reflects the reality that social care is not top of mind for many people. Far fewer people draw on care than many of the other amenities and services on the list. There are around 45 million adult voters in England but only around one million use publicly funded adult social care services in a year – barely 2%.

That number rises when you also consider those who say they have contact with services – their friends, family, the social care workforce and perhaps those who ask for support but don't get it.

In all, the BSA survey found that 14% of people had contact with social care services in the previous year. That's a decent number but it still pales in comparison with the 80% of adults in England (35.9 million people) who hold a full driving licence. They manage to clock up around 275 billion road miles a year and you can bet they notice the condition of the roads. 'Potholes, potholes, potholes!'

During the 2010s, local authorities in fact protected adult social care budgets and – with no other choices available – cut other services more. But with no sign that the tough financial climate for councils will improve, newly elected councillors will continue to face the tension between their voters' local priorities and the need to preserve vital social care services. They are truly between a rock and a pothole.

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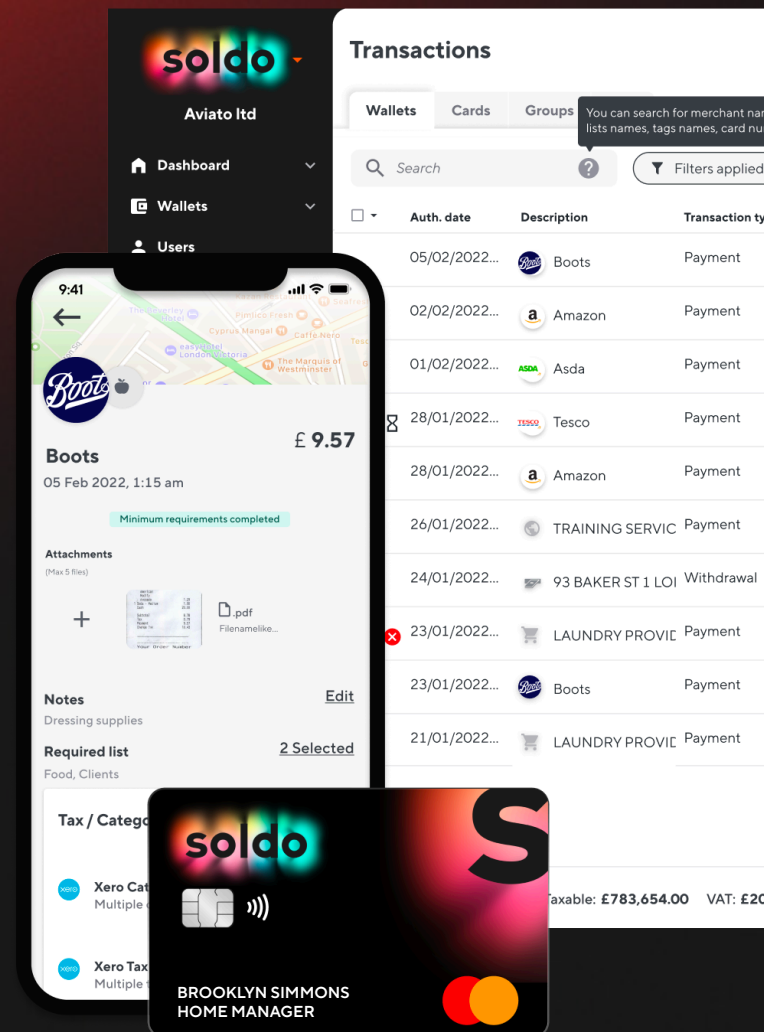
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The recovery and strengthening of social care after the past two years of the pandemic will take time. My inspectors are very familiar with and sensitive to the challenges you are facing. These challenges are wide ranging, including managing risk and longstanding workforce pressures. We know that you can't work any harder. It is critical that in the face of all these challenges people still receive high-quality, person-centred care.

Through feedback from recent inspections, I'm aware that we need to remember the importance of care planning with people and their families, ensuring risk assessments are carried out and safeguarding is upheld. We have resources and guidance on our website that can help you and support your teams, on topics like culturally appropriate care, medicines management, and Deprivation of Liberty Safeguards. We also recommend reviewing the latest Government guidance published in March. As we go out and inspect services, we are really keen to see how you're encouraging people to thrive and live with dignity. This includes supporting people to access healthcare professionals, such as dentists, and facilitating care home residents to see their loved ones as much as possible.

“Oral health impacts not only on people’s ability to eat and drink but also on how they socialise as well as their mental health.”

From our workforce data collection, we know that around 30% of providers are experiencing issues accessing health services. In these instances, please raise these issues with your local system, commissioners, regional assurance teams and health protection teams. Within our assessment and oversight of local authorities and Integrated Care Systems, we will be looking at how commissioners respond to these issues and how this impacts on providers and people who access care.

Inside CQC

K A T E T E R R O N I

Kate Terroni, Chief Inspector of Adult Social Care at the Care Quality Commission, shares details of the regulator’s upcoming priorities.



CQC'S CURRENT PRIORITIES

We are continuing to prioritise our inspection activity on responding to risk and re-rating services and we remain committed to inspecting services to reflect improvements made. Between 1st December 2021 and 30th April 2022, we've completed 3,889 inspections. From our inspections triggered by new and emerging risk, over 50% have been triggered by information of concern, including people's experiences of care.

An area for focus in inspections in the coming months is oral health. You may recall that back in June 2019 we published our Smiling Matters report, which investigated the state of oral healthcare in care homes. This report highlighted a number of concerning findings, one of which was that 52% of the care homes visited had no policy to promote and protect people's oral health.

Oral health impacts not only on people's ability to eat and drink but also on how they socialise as well as their mental health, so

we are keen to see what changes have been made since our report and we'll publish our findings later this year.

HEARING FROM PEOPLE WHO USE SOCIAL CARE

It's important for us to hear about how your teams are supporting people to have choice and control over their lives. In April we focused on getting feedback from carers through our 'Because We All Care' campaign. This campaign received nearly 600 posts shared across social media and 8,132 'Give Feedback on Care' forms were submitted to us last month. The number of people feeding back to us has increased by 51% overall compared to last year. This feedback is essential to support our understanding of people's experiences of care. We want people to continue telling us about their care, but it is also vital that when they do have a complaint that can't be resolved, they are directed to the Local Government Social Care Ombudsman.



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NEWS

Discharging hospital patients to care homes 'unlawful'

Government policies on discharging untested patients from hospital to care homes in England at the start of the COVID-19 pandemic have been ruled unlawful by the High Court.

Claimants Dr Cathy Gardner and Fay Harris, who both lost loved ones to COVID-19, made the decision to take the former Secretary of State for Health and Social Care, Matt Hancock, to court.

Speaking outside the High Court, Cathy Gardner said, 'Matt Hancock's claim that the Government threw a protective ring around care homes in the first wave of the pandemic was nothing more than a despicable lie.'

In their judgment handed down, Lord Justice Bean and Mr Justice Garnham found that the decisions of the Secretary of State

for Health and Social Care to make and maintain a series of policies contained in documents issued on 17th and 19th March and 2nd April 2020 were unlawful because they failed to consider the risk to elderly and vulnerable residents from non-symptomatic transmission, highlighted by (among others) Sir Patrick Vallance as early as 13th March.

The judges found that it was irrational for the Department of Health and Social Care not to have advised until mid-April 2020 that, where an asymptomatic patient (other than one who had tested negative for COVID-19) was admitted to a care home, he or she should, so far as practicable, be kept apart from other residents for 14 days.

Responding to the High Court

care home ruling, Vic Rayner OBE, Chief Executive of the National Care Forum, said, 'During the first wave of the pandemic it was apparent that people who receive care and support, work in care and deliver care services were not on the Government's radar. The lack of prioritisation meant that testing, PPE, staffing, funding and research all came too late. The impact of hospital discharge in relation to the spread of COVID-19 within care homes has long been disputed by the Government, but this ruling helps bring a vital clarity to the situation that recognises that people who receive care and support needed more protection and should have been at the forefront of Government decision making, which they patently were not.'

Health and Care Bill receives Royal Assent

The Health and Care Bill has received Royal Assent by Her Majesty The Queen. The act introduces measures to tackle the COVID-19 backlogs and rebuild health and social care services from the pandemic, backed by £36bn over the next three years through the Health and Care Levy. It will also contain measures to tackle health disparities and create safer, more joined-up services that will put the health and care system on a more sustainable footing, according to Government.

The Health and Care Act builds on the proposals for legislative change set out by NHS England in its Long Term Plan, while also incorporating lessons learnt from

the pandemic to benefit both staff and patients.

It marks an important step in Government's health and care agenda, setting up systems and structures to reform how health and adult social care work together, tackle long waiting lists built up during the pandemic and address some of the sector's long-term challenges, including a growing and ageing population, chronic conditions and inequalities in health outcomes.

The health and social care integration white paper published in February aims to build on the act to ensure people receive the right care for them in the right place at the right time. It follows the People

at the Heart of Care white paper which set out a 10-year vision for social care funded through the Health and Care Levy, and the COVID-19 Backlog Recovery Plan outlining NHS targets to tackle waiting lists.

Health and Social Care Secretary, Sajid Javid, said, 'The Health and Care Act is the most significant change to the healthcare system in a decade and will put it in the strongest possible position to rebuild from the pandemic, backed by our record funding.'

'These measures have broad support and will harness the best ways of working to ensure people are receiving high-quality, joined-up care.'

APPOINTMENTS

DIMENSIONS

Dimensions has announced the appointment of Rachael Dodgson as its first female Chief Executive. Rachael has over 30 years of experience in the social care sector and has been Managing Director at Dimensions since June 2019. Prior to this, she was Group Operations Director at Care Management Group Ltd and also acted as Head of Adult Social Care Policy for the Care Quality Commission.

RUNWOOD HOMES

Runwood Homes has announced that Jeremy Richardson, the former Chief Executive of Four Seasons Health Care, will be joining the Group as Chief Executive Officer. Jeremy will take up his new role in early July.

FULCRUM CARE

Karen Johnson joins Fulcrum Care as Head of Quality Assurance. Karen – previously an award-winning Clinical Director and Chief Nurse at HC One – brings with her 25 years of experience and will head up the quality assurance team and support the continued growth in the business by implementing an extension of services to clients.

HEATHCOTES GROUP

Heathcotes Group has announced the appointment of Paul Musgrave, its new Managing Director. He brings more than 25 years of experience to the organisation, part of Envivo Group, having worked within the housing, home care and health and social care sectors. Paul joins having served as Chief Executive of Forest Healthcare and previously as Managing Director of Executive Care Group.

Addressing the UK's health and wellbeing inequalities

The latest edition of Legal & General's (L&G) Rebuilding Britain Index (RBI) shows improvements across jobs and the economy are offset by a downward trend in Britain's access to healthcare and housing, with an overall flat score of 64/100.

The UK is among only a small number of industrialised nations which have seen life expectancy improvements stall over the last decade – health is one of only two components of the RBI to have consistently fallen each quarter since its inception in April 2021, driven by the perceived challenges being felt locally in accessing timely primary and secondary healthcare services.

L&G's research shows there is a clear link between all forms of built and economic infrastructure with both health

outcomes and the UK's sense of wellbeing and happiness. Across the UK, only 62% of people feel satisfied with their lives, while only 61% state that they feel happy.

Those satisfied with their local area as a place to live score 20 points higher on health, housing, transport and environment index scores – the most important measure impacting on levels of satisfaction with people's local area is access to high-quality primary care (62%).

The Government's Levelling Up Fund shows that there are currently only two projects funded that explicitly address health (out of 105 successful first-round bidders). L&G is calling for targeted investment across the entire range of economic and built infrastructure to narrow the gaps in localised health outcomes.

Sector response to Queen's Speech

The sector has issued its response to the annual Queen's Speech.

In response to the Queen's Speech and what it means for the sector's unpaid family carers, Carers Trust's Chief Executive, Kirsty McHugh, said, 'We had hoped for a clear announcement of legislation for a week's unpaid leave for carers and a day-one right to request flexible working.'

'Given so many carers have already been pushed into acute financial hardship as a result of cost of living pressures, the urgent need to upgrade Carers Allowance and the continuing lack of investment in local carer services, it is no surprise that almost nine out of 10 unpaid carers feel successive governments have ignored them.'

Michael Voges, Executive Director of ARCO, said, '[The] announcement of a Levelling Up Bill with planning provisions

in the coming session presents an ideal opportunity for the Government to show it is serious about supporting older people, providing them with choices about where to live and to provide more alternatives to care homes. We also know that giving older people better downsizing options is the best possible way to free up suitable homes for families and younger people.'

In response to proposed new measures to reform mental health legislation, Director of Policy and Strategy at NHS Providers, Miriam Deakin, said, 'A new Mental Health Act on its own won't be enough to guarantee high-quality mental health services or transform the way we deliver them for years to come. Mental health services are under severe strain from huge demand and limited resources.'



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Funded Nursing Care rates

The standard rate provided for NHS-funded nursing care has increased from £187.60 to £209.19 for 2022/23 and will be backdated to 1st April 2022.

The £87m backdated for 2021/22 is a retrospective uplift in recognition of the additional time and work provided by nurses in care homes during the pandemic.

Minister for Care, Gillian Keegan, said, 'Our brilliant adult social care nurses work tirelessly to support people living with a variety of health needs.'

'Increasing the weekly rate and the retrospective uplift reflects the cost of this vital work which is carried by our valued and skilled workforce to help those who need it.'

'It is right we continue to review the cost of this care to ensure nurses can continue providing excellent care and support the needs of their residents.'

The rates are based on new research conducted by the Department of Health and Social Care in 2021 through a cost collection survey which was sent

to nursing home providers.

Chief Nurse for Adult Social Care, Deborah Sturdy, said, 'Nurses across social care play an essential role in delivering high-quality, complex care to those who require the skills and expertise of registered nurses.'

'This funding is vital to supporting their role in planning and providing care.'

Overseas and private investors eye UK healthcare market

According to Knight Frank's latest Healthcare Capital Markets report, the UK healthcare sector is increasingly being targeted by a wide range of investors, attracted by long-term secure income and more stable higher returns than in many core property sectors with healthcare offering an average annualised return of 9.5%. Overseas capital has significantly increased over the past five years, accounting for 51% of all healthcare property

transactions in 2021.

2022 is set to see an active transactional market with transactions having already totalled approximately £115m by mid-February. This includes acquisition of six care homes by PGIM, the investment management business of Prudential Financial, for circa £70m and Allegra Care's acquisition of two homes with a combined 133 beds.

Though there have been healthy

investment flows, the sector is still facing the challenges of inflation and supply-chain issues. The new National Living Wage of £9.50 introduced in April is set to apply further upward pressure, especially in the hourly rate of carers, whilst the increase in the price of raw materials such as aggregates, timber and steel as well as rising food and utility costs will also be major talking points in relation to the delivery of high-quality care

facilities. With labour shortages and Brexit also contributing factors, investors will need to focus on inflationary pressures despite the attractive pull factors of the sector.

Julian Evans, Head of Healthcare at Knight Frank, commented, 'We are seeing great growth potential for the UK healthcare property investment market, with the demand for best-in-class properties only set to increase as the population continues to age.'

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The Access Group launches Care Foundations

Access Health, Support & Care, a division of The Access Group, has launched Care Foundations, new software packages to support start-up home care providers in implementing the digital solutions required to register, establish and grow their business.

The Health and Social Care Secretary previously announced £150m of funding to support digitisation in social care, with the aim for 80% of providers to be using digital care records by March 2024.

Care Foundations is designed to help home care businesses integrate specialist health and social care technology into their day-to-day processes. Ranging from essential to premium, three packages include information on

various aspects, including policies and procedures, recruitment and care plans. For care providers who might be unfamiliar with specific protocols and regulations, Care Foundations provides peace of mind knowing experts are on hand to help.

Steve Sawyer, Managing Director, Access Health and Social Care, said, 'If we have learned anything from the past few years, it's that technology has massive potential to continue to innovate the health and social care sector. Moving forward it's clear to say that this will become the norm for home care providers. It's important we continue to create safer and seamless healthcare processes and we believe that can be done with technology.'

McGoff commences 15th project for Barchester Healthcare

McGoff Construction has commenced on site delivering a £9.5m new build care home in Weybridge for Barchester Healthcare.

This scheme marks McGoff Construction's 15th project for Barchester having worked together for the past six years as a turnkey build partner. Projects delivered to date include both lightweight steel frame (Metsec) and traditional builds varying from 60 up to 75 bed homes.

Following the demolition of a large garden centre, the scheme located on Seven Hills Road, Weybridge, will comprise the design and build of a 64-bed,

state-of-the-art Metframe care home. The home will provide residential and dementia care for older people in the community of Weybridge and is due to complete in Summer 2023.

McGoff Construction Joint Managing Director, Declan McGoff, commented, 'Securing our 15th scheme with our valued client Barchester is testament to the dedication and passion of our delivery teams, built up over many years and over many successful projects. We look forward to adding another stunning setting to Barchester's portfolio.'

Students show a creative new approach to healthcare

Hilary Garratt CBE, the Deputy Chief Nursing Officer at NHS England and NHS Improvement, has visited the University of Chester to learn more about a creative new approach to healthcare education and practice.

The visit showcased the creative health placement currently being delivered at the University Centre Birkenhead which is the first known opportunity of its kind. It has been developed by the Faculty of

Health and Social Care and the Philip Barker Centre for Creative Learning as a direct result of the NHS Long Term Plan, changes to and demands of the practice circuit and the 2017 inquiry report into Creative Health.

The Deputy Chief Nursing Officer took part in a planned music activity co-led by students and Amina Hussain, the Music Therapist from String of Hearts, a community arts organisation which brings older people together through music making.

There was also a meeting with the placement leads Professor Victoria Ridgway from the Faculty of Health and Social Care and Nick Ponsillo, Director of the Philip Barker Centre for Creative Learning.

Professor Victoria Ridgway said, 'We were really pleased that Hilary visited the placement and endorsed the work we are doing in the faculty to promote creative health. It is hoped that Hilary will visit again as this is an innovative placement that potentially could

be adopted by other higher education institutions.'

Nick Ponsillo added, 'It's great that the faculty's growing interest in and commitment to creative health is being appreciated. The collaboration between health and arts professionals is vital to securing the future benefits of creative health and access to arts-based experiences as a recognised and everyday part of our social, physical and emotional wellbeing.'

Preparing for adult social care charging reform

The County Councils Network (CCN) and Newton are launching a new report which aims to analyse the impact of the Government's proposed charging reforms in adult social care for local authorities.

The Government's reform plans, announced last autumn, have been widely welcomed as the long-awaited opportunity to address many of the challenges facing the sector. The focus now is on understanding the implementation challenges of

these reforms.

Following their collaboration on a report published last year, 'The Future Of Adult Social Care', CCN and Newton have partnered again to conduct a deeper analysis of the key issues around implementation.

This work has focused on unpicking and understanding the complex interplay between the four main elements of charging reforms which have been announced: (i) the 'cap' on care

costs; (ii) the extended means test; (iii) achieving a 'fair cost of care'; and (iv) the activation of Section 18(3) of the Care Act 2014 entitling self-funders to ask local authorities to arrange their care.

The findings will be launched in a new report at a webinar, with the analysis titled 'Preparing for reform: understanding the impact of adult social care charging reform and planning for successful implementation'.

This webinar will outline

findings from the report including new estimates of what it is likely to cost to implement the reforms (both at a local and national level) as they are detailed in the Government's proposals. The event will also discuss how local authorities can prepare for successful implementation of the reforms, and recommendations the report makes.

Register for the webinar on Wednesday 25th May on the County Councils Network website.

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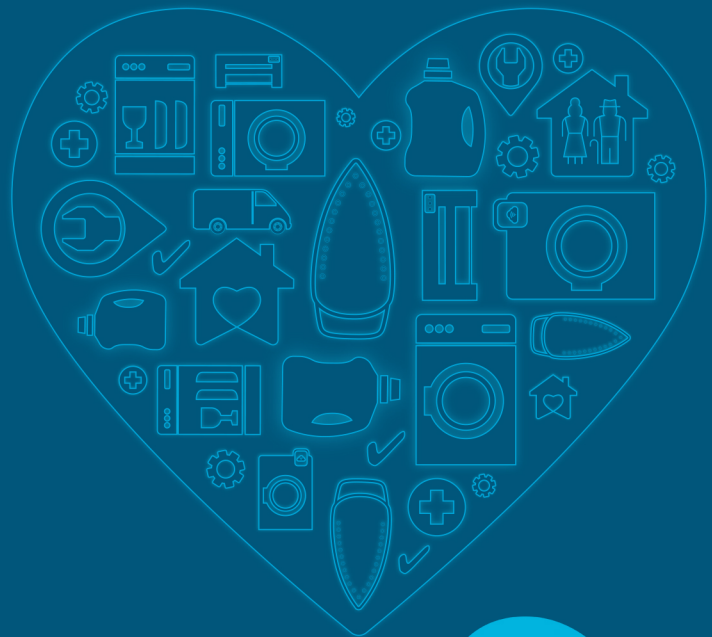
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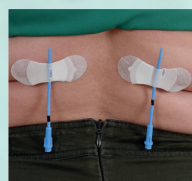
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Over £1,000 raised to support Ukrainian refugees

Signature at Sonning, a purpose-built care home located near the River Thames, has fundraised £1,177 for those affected by the ongoing conflict in Ukraine. The sum has been donated directly to the Disasters Emergency Committee (DEC) Ukraine Humanitarian Appeal and will be utilised by people forced to flee their homes, leaving behind jobs, belongings and loved ones. The fundraising effort has been spearheaded by residents, team members, friends and families across Signature at Sonning and the wider community.

More than a million people make up those most in need, having fled their homes to escape ongoing and escalating domestic conflicts.

DEC charities and their local partners are on the ground in Ukraine and its neighbouring countries, providing support,

shelter and essential medical assistance at all times – often in life-threatening situations. Signature at Sonning's £1,177 donation will provide a month's food and essential supplies to 22 families.

Jelena Boughton, Client Liaison Manager at Signature at Sonning, said, 'Sue, our wonderful Activities Co-ordinator, baked delicious cakes for sale, while the chef and his team sculpted Ukrainian decorated cupcakes. We also had great fun selling raffle tickets, with chocolates, wine, champagne and gifts kindly donated, all available to win.

'We also hosted an entertainer and were able to make the most of what is a wonderful and generous spirit in the community. I am so proud of the residents, my colleagues, friends and families, and everyone else involved!'

Normalise mental health conversations with a hashtag – #IGETHELP

Thrive: Mental Wellbeing is supporting and encouraging businesses across the UK to create a culture where employees can share their experiences and advice behind help-seeking openly with the campaign 'I Get Help'.

The number of people facing mental health issues increased sharply during the pandemic: a recent report by Mind stated that two in three adults (65%) said their mental health worsened during the first national lockdown.

According to Thrive, mental health topics can be normalised by openly discussing individual experiences, in turn inspiring others to do the same. Throughout Mental Health Awareness Week between 9th and 15th May, Thrive shared people's experiences of seeking help across social media via #IGETHELP, along with offering advice to organisations keen to

promote more mental health conversations in the workplace.

Dr Anna Naumenko, Business Psychologist at Thrive, said, 'Recent research we conducted amongst those in full-time employment found that a third of all employees feel that their managers almost never encourage conversations about mental health. Having management initiate wellbeing conversations is a crucial step to show employees they will be supported and able to discuss mental health openly at work. Sadly, mental health still largely remains an uncomfortable subject that many managers simply do not know how to approach. Can these issues be discussed between a manager and employee at all? Questions and doubts like these can lead to managers acting "professional" – even if they do notice some troubling signs.'

IN FOCUS

New research on senior living trends

WHAT'S THE STORY?

Research published by CACI, a consumer and location intelligence specialist, has identified potential growth opportunities and market trends for the senior living sector.

CACI is challenging the status quo with its latest research on senior living, aiming to break misconceptions around location planning, identify the best opportunities for growth in senior living and reveal a clear need for specialist accommodation providers to change their marketing strategies.

WHAT WERE THE FINDINGS?

CACI's research has shown that providers should be looking at areas with middle-aged populations, as well as those with more elderly populations. This will allow them to better target those who will be making decisions for elderly relatives, as well as tailor their offers to meet their preferences as they look towards their own care options. This will open new opportunities for expansion for providers across the sector.

The survey was designed to consider perceptions of the senior living sector, comparing the views of people who currently have a loved one in care with those who do not. In both instances, the majority of respondents to CACI's survey – 66% of those with a loved one in care, and 61% without – believe that when making the decision on accommodation, proximity to family or a loved one is important. This compares with 31% and 14% respectively who think proximity to their existing

home is important, suggesting that site selection should be focused on areas with a higher proportion of the elderly person's support network.

In addition, for 75% of cases, the person in charge of deciding the living situation of an elderly person is a loved one. This emphasises the need to promote facilities to family and friends, as well as the elderly person, to gain the confidence of all decision makers.

The research has also revealed the potential for enhancing provisions of other forms of elderly living care. While amongst respondents with a loved one in care there is no clear preference in accommodation type, for those without a loved one in care, 63% see domiciliary as the best option. This should encourage more investment into in-home paid care, as there is a clear desire from decision makers to see their loved ones remain in their own home for as long as possible.

WHAT DID THE EXPERTS SAY?

Tom Clarke, Senior Care Lead at CACI, said, 'This research sets out clear findings that will really help people working in senior living deliver the best types of support for the future. We know there has previously been a thought that the best place to have care homes is closer to where older people live, on the basis that the transition would be easier. What we are seeing however is that decision makers, who are typically loved ones, have a preference to relocate closer to where they are instead. Having a support network close by is clearly important.'

Virtual becomes reality for Abbeyfield residents

Residents at Tresillian House, Falmouth, managed by The Abbeyfield Society, are enjoying the newest virtual reality (VR) technology, visiting new and familiar places at a touch of a button.

The Generating Older Active Lives Digitally (GOALD) team at the University of Plymouth (UoP) has collaborated with the house to conduct a six-week-long

trial examining the effects of technology on the health and wellbeing of older people.

Leonie Cooper, from the GOALD team, explained, 'It really touches me how excited the residents get. It's not just about what they see, but about what they hear as well. They have commented on the birds signing and the trees moving in the wind. It's really nice to be

able to take them to places that they may not have been before or may not be able to access anymore.'

Dr Hannah Bradwell, Digital Health Research Fellow for UoP's GOALD project, said, 'We're really interested in the use of technology to support physical activity for older adults, and for us this technology has a lot of potential in that regard. They get

to explore the virtual worlds and having a range of places to be explored creates a motivation to be active.'

Vicky Gillow, Abbeyfield's Community Engagement Manager, said, 'It is wonderful to see the level of engagement and interaction as residents used the technology. There has been a lot of joy and laughter and some wonderful experiences.'

Bluebird Care announce new Dignity Champions

Two staff members at Bluebird Care Shropshire have joined the National Dignity Council, a network aiming to put dignity and respect at the heart of UK care services.

Georgia McNally, a Care Coordinator, and Sammie Milton, a Recruitment Officer, have 11 and a half years of experience at Bluebird Care Shropshire between them, and will serve as

the home care provider's Dignity Champions.

A Dignity Champion believes that being treated with dignity is a basic human right, and not an optional service. According to the Council, care services must be compassionate, person-centred, efficient and always willing to put dignity and empathy at the heart of their approach.

As a charity, the Council leads

the Dignity in Care Campaign, inspiring people to be part of a national movement of champions, who collectively and individually work to promote pride and self-worth.

The campaign currently has over 116,000 registered Dignity Champions from all walks of life, including councillors, doctors, nurses, volunteers, carers and members of the public. They

are all signed up, following and promoting 'The 10 Dignity Do's'.

Claire Flavell, Director of Care at Bluebird Care Shropshire, said, 'We're proud of Georgia and Sammie, as they look to go above and beyond the call of duty and share their findings and lessons with their colleagues. It will benefit and raise standards across the whole company, to the benefit of those we care for.'



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Salutem celebrates its fifth anniversary

Salutem Care and Education is celebrating its fifth anniversary as a leading care provider for people living with complex physical and mental disabilities.

As part of its celebrations, Salutem will be donating £2,000 to five charities: Mind, Mencap, Make a Wish UK, Alzheimer's Society and Samaritans.

In 2017, the organisation, which operates 130 services across the UK, merged Modus Care, Clearwater

Care, Pathways Care Group and Ambito Care and Education to create specialist care and education facilities to suit all requirements. It has also introduced 11 new services since 2019.

Over the past five years, Salutem has invested £13m to improve its services, including upgrades to IT infrastructure, development of day and residential facilities and the introduction of electric vehicles to its fleet.

As well as increasing employee wages by 50% on average since its inception, Salutem has also offered career progression to many of its staff who have been promoted through a structured leadership programme. In addition, when inspected against national frameworks, 91% of its CQC-regulated services have been rated 'Good' or 'Outstanding' in the last five years.

John Godden MBE, Chief

Executive of Salutem Care and Education, said, 'The last five years have been an incredible journey for the team at Salutem, with the individuals we support and our amazing carers at the heart of everything we do.'

'We have come a long way since 2017, but through our values, our commitment to care, and our passion for sharing best practice, we have grown into an organisation I'm very proud to lead.'

Elections Act risks disenfranchisement of millions

Recent Government amendments to proposed rules around voter ID as part of the Elections Act, which has now received Royal Assent, are not enough to prevent the disenfranchisement of millions of voters, particularly those with learning disabilities, according to Dimensions, a national charity supporting people with learning disabilities, autism and

complex needs.

The amendment will expand the types of acceptable voter ID to include paperwork such as bank statements and library cards. However, Dimensions reports that this remains an additional complication that can be a barrier to those with learning disabilities from exercising their democratic right. Incidences of voter fraud,

cited by Government as justification for the recent amendments to the Elections Act, are simply not high enough to merit this ruling, Dimensions claims.

Dr Mark Brookes, Advocacy Lead at Dimensions, said, 'The Government is jumping the gun, the Act is intended to protect against voter fraud. However, this is a comparatively minor

issue; there are only three cases under investigation from 2020. In comparison, this Act will risk thousands being unable to vote. Many people with learning disabilities are already unaware that they are entitled to vote. Voter ID is another step in a potentially complicated process, putting yet another obstacle in place for people with learning disabilities.'

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NEWS FROM ACROSS THE GLOBE

Creating urban spaces for better mental health in Italy

Research from the World Health Organization (WHO) indicates that children, young adults and older people are struggling to grapple with the immediate impact of the pandemic – the lives lost globally and the health and socioeconomic consequences – as well as the long-term effects of the pandemic and public health measures to protect populations.

The WHO European Healthy City of Udine has invested significant resources in

addressing the mental health needs of its population, including by applying a community-based approach centred around promoting a healthy lifestyle. This has included making the most of digital spaces as the only meeting platform during lockdown.

Stefania Pascut, the Healthy Cities representative in Udine, said, 'Top-down approaches, such as financial Government support to access mental health professionals help, but can only

take you so far.

'An effective public mental health intervention must include community-led approaches that involve all parts of society, strive to unlock the potential of underutilised community spaces and maximise the power of digital tools.'

Designing and making the best use of urban places that improve health and wellbeing is one of the elements which guides the WHO European Healthy Cities Network and lays

out a transformative approach for safe, inclusive, sustainable and resilient societies.

The Healthy Cities Network promotes the priorities set out in the WHO European Programme of Work, including the need to focus on long-neglected issues. These issues include mental health, taking advantage of the possibilities unlocked by digital health and strengthening healthier behaviours by empowering people to take charge of their own health.

Military Family Advisory Network Partners with Unite Us

Military Family Advisory Network (MFAN), an American non-profit organisation that identifies and bridges gaps in support for military-connected families, and Unite Us, a leading American technology company connecting health and social care services, are partnering on a pilot program in the Hampton Roads, Virginia area, to address the unmet social care needs of military families.

Together, MFAN and Unite Us will aim to securely

connect service members with community-based resources that offer assistance with food, mental health, transportation, housing and more.

Unite Us' network hub support team collects organic submissions (self-referrals) from an online form to securely connect people with necessary assistance.

Shannon Razsadin, President and Executive Director at MFAN, said, 'As a military spouse, I recognise how difficult

connecting to resources following a military move can be. As a data-driven non-profit, we are eager to learn the other support systems that military families seek when they enter the Unite Us network.

'This pilot will inform how we sustainably scale the work required to help military families thrive.'

Adrienne Sherer, Senior Director of Community-Based Organisation Partnerships at Unite Us, said, 'As a veteran-

founded company, we understand the challenges and hardships that military families encounter, and recognise that the Military Family Advisory Network has been working to address critical needs of this community for several years. Together in partnership, Unite Us and MFAN will connect military families to additional services and support they need, ensuring that they have equitable access to both health and social care.'

Integrated health and social care services in Belgium

Médecins du Monde, an independent international movement of campaigning activists, is working in Brussels to integrate traditionally fragmented services in an effort to operate a more effective, person-centred approach.

In the Brussels region, a large number of people have no access to basic healthcare. According to Médecin du Monde, 30% of residents in and around the

Belgian capital are not registered with a GP.

Director General at Médecin du Monde, Pierre Verbeeren, who oversees the initiative and other local medical centres and social services, said, 'The concept we're working on is the idea of global wellbeing. That means working 360 degrees around the person.'

'The most important services we provide are healthcare, mental health services and social

services to help with housing, legal issues, access to benefits, but also help with finding work and obtaining other resources.'

The cost of the initiative totalled nearly €7.5m, €3.72m of which was funded by the European Cohesion Policy.

The project includes two health and social care centres, the second of which is in Cureghem, Anderlecht, one of the more deprived districts in

the Brussels region and is due to open in spring next year.

Katrien Van Remortel, Coordinator of the Integrated Health and Social Centre Project in Anderlecht, said, 'The aim of this centre is to be very accessible, so it will be multilingual and offer a wide range of activities and services.'

'We estimate that we should be able to receive around 5,000 to 6,000 people here per year.'

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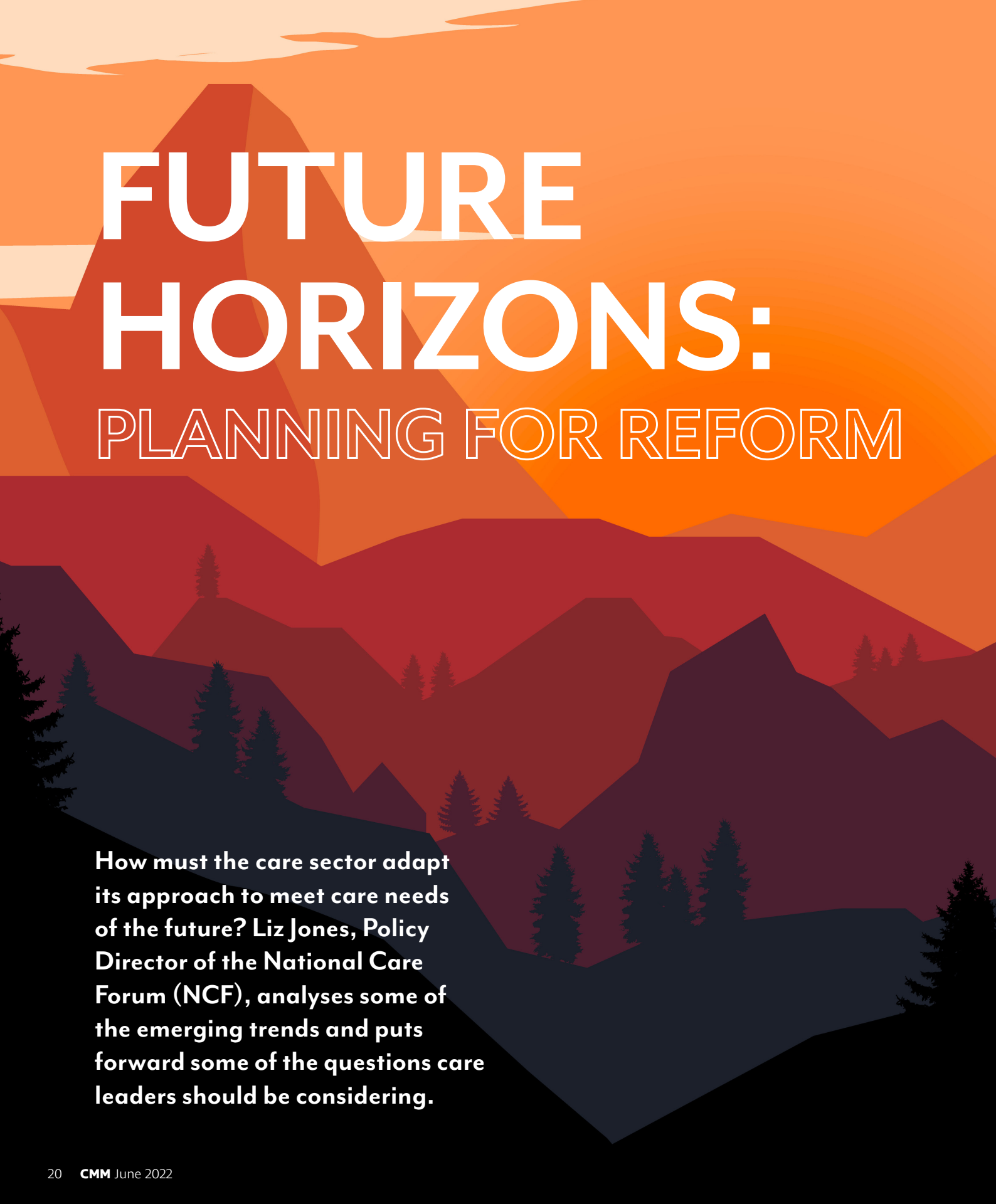


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The background of the page is a stylized, geometric illustration of a mountain range. The mountains are rendered in various shades of orange, red, and dark purple, creating a sense of depth and atmosphere. The sky is a gradient of orange and yellow, suggesting a sunrise or sunset. The overall style is modern and artistic, with sharp lines and a limited color palette.

FUTURE HORIZONS: PLANNING FOR REFORM

How must the care sector adapt its approach to meet care needs of the future? Liz Jones, Policy Director of the National Care Forum (NCF), analyses some of the emerging trends and puts forward some of the questions care leaders should be considering.



age (as currently defined), raising challenges for the staffing of care services; a proportionately smaller working-age population is likely to lead to labour market shortages across the wider economy as well as social care.

ADAPTING OUR APPROACH

So, we are currently seeing more demand for care and a shrinking workforce to provide it.

Considering the challenges to the care workforce and recruitment, Oona Goldsworthy, Chief Executive of Brunelcare, an NCF member organisation, said, 'Many of our old assumptions about recruitment have been pushed aside. We've had to adopt a partnership approach that requires us to be much more proactive and closely linked to our local communities. In recent months, this has included: working closely with our local further education and higher education colleges to provide work placements for students; teaming up with youth and refugee charities to run taster sessions and redesign our application process; and sponsoring clinical apprenticeships in nursing and occupational therapy.'



DEMAND FOR CARE

We have an ageing population; the DHSC's 'Evidence Review for Adult Social Care' highlights that demand for social care has risen in both the older and working-age population. It describes a population in England that is ageing and an over-65 population that is becoming more diverse in terms of its care needs. Alongside this group, the review reports that key drivers of increased demand in the under-65 population include the increased proportion of people with a learning disability, following improvements in the diagnosis and reporting of disability and in the increased survival and longevity of babies born prematurely.

We also have a shrinking workforce – the ageing of the population will reduce the proportion of the population that is of working

In a previous edition of CMM, Knight Frank provided an interesting article about the future demand for care homes and the future challenges for providers. An ageing population and the potential increase in older people who may need care presents both challenges and opportunities for providers.

The current social care reform plans introduced by the Government raise questions about possible changes in behaviours of people looking for care and support, changes in commissioning approaches, changes in what care providers offer and changes in system leadership.

> 'We know that there are more jobs than people to fill them, so we have to be flexible and work around what job seekers want. Sometimes this means more flexible hours and sometimes it's about clear career routes, so we are investing in training and making use of the apprenticeships levy, which other employers have agreed to share with us. We are also re-designing some jobs and giving people the opportunity to move across the charity to gain more experience and support succession planning. Finally, it would be remiss not to mention pay.'

'On April 1st, we increased our entry-level pay to the Real Living Wage, with clear differentiation above this. It's early days but, for the last three months, we have had more starters than leavers. We very much hope that is the start of a longer-term trend, as without dedicated and committed colleagues we will never be in a position to meet the needs of our communities.'

THE FUTURE OF CARE

The exciting challenge for care providers now is, 'What sort of care and support services can we envisage in 20 years?'

In a small piece of research run by the NCF, we found that only one in 10 people had thought about care and support options in later life. We also found that people generally had warm attitudes to the use of technology to support them in later life and that three in five would consider living in settings with mixed ages, while one in five wanted to be with people of a similar age.

Government policy is very focused on keeping people in their own homes; there is a huge focus on prevention, early intervention, social prescribing, a 'home first' approach from hospital and a discharge to assess approach that actively seeks to manage the perceived 'over-prescription' of residential care for older people. Given all this work to actively reduce the demand for accommodation-based social care (care homes especially), will we see an explosion of other options?

The white paper on social care reform quite rightly places a big emphasis on housing as part of care and support. The Centre for Ageing Better tells us that over two million over-55s are living in a home that endangers their health or wellbeing. A home first approach for them is unlikely to succeed without significant action to improve their housing environment.

For those who do live in suitable housing and do want to stay there for as long as possible, perhaps care providers need to start to

think about the innovation they might want?

NCF member, WCS Care, is a not-for-profit care home operator with 13 homes in Warwickshire. It opened its latest care home, Woodside Care Village, four months before the first lockdown in 2020. The home provides a village-style experience, with 12 family-sized households for between five and seven residents, each with their own front door which opens onto an outdoor plaza.

The home features cutting-edge circadian lighting and night-time acoustic monitoring technology, along with its own shop, launderette, café, cinema, hair salon, spa, gardens with a bike track, outdoor gym equipment and water features.

Households are styled in one of three lifestyles – country, classic or town – helping residents to feel at home in their environment. Residents are encouraged to make the most of the village community, choosing meals from the shop to cook in their household kitchen, visiting the café to meet neighbours or joining one of the many clubs, depending on their interests and hobbies.

Ed Russell, Chief Executive of WCS Care, said, 'Design and philosophy of care are fundamental to supporting us with our approach to care and we've challenged typical thinking about what a care home looks and feels like. The design principles we applied at Woodside Care Village have been put through the most rigorous testing over the last two years and have been proven to deliver in ways we hadn't anticipated.'

'We're delighted that Woodside Care Village has been recognised for its innovative design and construction nationally by winning LABC's People & Place Award for New Housing – Best Purpose Built Accommodation.'

COMPLEX NEEDS

Knight Frank also talked about the importance of responding to the need for care and support for people with dementia and their families. This is definitely an area where need will grow and innovative services will be required to respond to this need. The predictions are that the number of people living with dementia will double to 1.4 million by 2040.

The Government's reform plans bring very significant potential impact for residential care services for older people in England; the two interrelated aspects of the reforms are the extension of Section 18(3) of the Care Act 2014, so that any individual can ask a local authority to arrange their residential care at the rates available to the local authority, rather

than having to pay at private rates; and the intention for local authorities to move towards paying a 'fair cost of care' to care providers.

It is already clear that progress towards the fair cost of care is hindered by the limited quantum of funding available from the Health and Care Levy to local authorities to achieve this. There is no end date for local authorities to achieve a fair price for care and so a slow progress to that with a fast progress to section 18(3) in October 2023 may have significant impacts. Ironically, the result of the Government's dramatic National Insurance increase, combined with its reform approach, may well be that there is actually less money in the system to pay providers to deliver care and support, not more, resulting in less choice, not more.

POPULATION TRENDS

A future customer group that rarely gets a mention is those who are ageing without children. This is a growing demographic – there are already 1.2 million people over the age of 65 who have not become parents and, by 2030, this figure is expected to double to over two million.

Currently, the majority of support and care for older people is arranged and/or provided by family, principally adult children. However, many more older people are reaching the stage of needing care and support without having adult children to help. Formal care services, whether in the statutory, private or voluntary sectors, will need to both understand more about the issues affecting people ageing without children so they can design services to meet those needs (including access and communication systems that do not rely on family) and provide more of them to meet the increased demand.

RETHINK THE FUTURE

The care sector has the opportunity now to think about how it can respond to the changing demographics, an interesting policy environment, the futureproofing expectations (Knight Frank quite rightly mentions the urgency of ESG [environmental, social and governance] and sustainability), the potential of technology and the shrinking workforce.

Most importantly, it needs to listen to and understand the voice of the people it supports now and, in the future, create services for those who need them, where they need them, when they need them.

CMM

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

Do you agree with the article's main core themes and topics of discussion on the future of social care? Visit www.caremanagementmatters.co.uk and share your feedback on the article.

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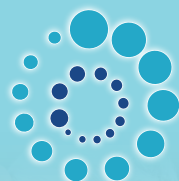
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Taking pride in **LGBTQ+** inclusion

Many LGBTQ+ people feel they can't be their true self when they go into care, because of earlier experiences of stigma, harassment and inaccessibility in other healthcare settings. As we celebrate Pride month, Katie Budd from Stonewall, the largest LGBTQ+ rights organisation in Europe, explains how providers can best create a welcoming and inclusive environment.

At Stonewall, we stand for lesbian, gay, bi, trans, queer, questioning and ace (LGBTQ+) people everywhere. We imagine a world where all LGBTQ+ people are free to be themselves and we can live our lives to the full.

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➤ We all know the feeling of not being able to be yourself. It's uncomfortable to hide who you are from others, even for a short period of time. In the care sector we need to think about this from both the perspective of those who receive care, and those who work as carers.

Imagine how painful and demoralising not being your full self must be when you're receiving care, or when you experience poor treatment because carers do not understand or support you as an LGBTQ+ person.

Imagine what it's like to work in a field as intense as care, when you are LGBTQ+, and feel like you can't really open up with your colleagues and truly get the support you need.

Sadly, research shows that more than a third of LGBTQ+ staff (35%) have hidden that they are LGBTQ+ at work for fear of discrimination, and one in eight trans people (12%) have been physically attacked by colleagues in the last year. These alarming statistics highlight just how vital being in a welcoming and inclusive workplace is for LGBTQ+ staff, and why an LGBTQ+ inclusive culture is vital to supporting everyone in the care sector.

“Being an LGBTQ+-inclusive employer will look different for everyone and to do it properly, it can't be treated as a tick-box exercise with a one-size-fits-all approach.”

THE CARE SECTOR AND LGBTQ+ EQUALITY

Carers play a unique role in people's lives and a core part of their work is understanding those that they work with on an individual level. The sad truth is that many LGBTQ+ people in care have historically been let down and marginalised by society – facing high levels of discrimination, abuse and harassment throughout their life. Carers who can better understand and empathise with those stories, struggles and experiences – both good and bad – can make an immense difference to people's lives by building a stronger connection with those they are supporting.

But the issues that LGBTQ+ communities face in care are also systemic. A report by the NHS found that LGBTQ+ people experienced poorer health outcomes than the general population, often due to anxiety and stigma around their sexual orientation and/or gender identity and the lack of supportive staff. Pride in Care – a group that provides training for services to better support older LGBTQ+ people – also found that less than half (43%) of survey respondents thought the health service they used was inclusive of LGBTQ+ people. The Care Quality Commission also found that there was little evidence that services proactively engaged with the LGBTQ+

people they were looking after and often failed to meet their specific needs. These findings indicate that many in healthcare lack an understanding of how to support LGBTQ+ people.

Opening Doors, a national charity providing information and support services to LGBTQ+ people, summarises the importance of promoting inclusion in care. Emma Underwood, Training Officer at Opening Doors, said, 'The specific needs of older LGBTQ+ people are so often overlooked that even the slightest accommodations can make a world of difference. With homophobia, biphobia, and transphobia on the rise, we must do everything possible to ensure that older LGBTQ+ people entering care are shielded from this. We know that people are at their happiest when they are able to live their truest lives, and older LGBTQ+ people are no exception.'

For care services to better support LGBTQ+ people, it's vital that LGBTQ+ equality is a core part of their ethos and mission. This starts with ensuring that workplaces foster inclusivity – helping LGBTQ+ staff to thrive and ensuring that everyone feels safe and free to be themselves.

SUPPORTING LGBTQ+ STAFF IN THE CARE SECTOR

There's an old saying that your boss probably has a bigger impact on your health than your doctor. This is likely true for many LGBTQ+ people who often don't receive the same opportunities simply because of who they are. One in 10 LGBTQ+ employees (10%) said they didn't get a promotion they were up for at work in the past year because they're LGBTQ+, a number that is significantly higher for trans people.

All employers have a legal duty under the Equality Act 2010 to ensure lesbian, gay, bi and trans people are protected from discrimination at work. However, Stonewall's research found that almost one in five LGBTQ+ people (18%) have been the target of bullying from colleagues and nearly two in five bi people (38%) aren't out to anyone at work. These figures paint a troubling picture and show why it's so important for employers to strive for an inclusive workplace – where everyone can thrive.

Being an LGBTQ+-inclusive employer will look different for everyone and to do it properly, it can't be treated as a tick-box exercise with a one-size-fits-all approach. All care sector organisations should adapt their approach depending on the needs of their LGBTQ+ staff. This should be a collaborative process that allows staff to articulate the difficulties they face at work and what would make them feel supported. It's important to not put the burden of coming up with solutions all on LGBTQ+ staff so senior management should collaborate with LGBTQ+ colleagues to develop a plan that works for staff and, importantly, take action to implement it.

One of the fundamental pillars of workplace inclusion is getting your policies right – including a zero-tolerance approach to homophobic, biphobic and transphobic behaviour. But it also means ensuring that LGBTQ+ staff know that they are valued colleagues and

➤

➤ reflecting that in your policies. This could mean having parental leave policies that clearly include LGBTQ+ relationships, or ensuring you have a policy that guides trans colleagues through the process of transitioning at work. Inclusive HR policies give peace of mind to all employees, who know they can enjoy equitable benefits to those of their colleagues – and create a base on which you can build throughout your inclusion journey.

LGBTQ+ network groups are another important way employers can create an environment where LGBTQ+ staff feel comfortable and supported to be themselves and have a sense of community at work. Supporting LGBTQ+ employees to set up network groups can help employees discuss the challenges they face at work and escalate any concerns to senior management, as well as being an outlet for staff to support one another. It's important that employers then take on board feedback and implement the changes necessary to create a better work environment for LGBTQ+ staff.

“Workplace inclusion is ultimately about championing and changing the lives of LGBTQ+ people.”

Allies – in this case, non-LGBTQ+ colleagues – play a crucial role in ensuring that their lesbian, gay, bi, trans and queer colleagues feel welcome and included. Initiatives like providing diversity and inclusion training to all staff can also help colleagues better empathise with their LGBTQ+ colleagues and challenge bias and prejudice. Allies can also show their support with visible symbols of support for their LGBTQ+ colleagues. Whether it's supporting a team member who wants to come out to others, attending events like Pride or challenging anti-LGBTQ+ behaviour or 'banter', there are so many ways that all of us can show LGBTQ+ staff that we stand with them.

LGBTQ+ inclusion makes the workplace safer and happier for everyone – allowing people to feel more able to contribute fully to their workplace and harbouring more caring environments for all. This allows an entire organisation – whatever its size – to grow and innovate, and better support its staff and those who use its services.

CHANGING LIVES THROUGH INCLUSION

Inclusive work environments mean that LGBTQ+ employees can talk openly about their lives and experiences without fear and, ultimately, get the support they need to prosper. Organisations that have a clear focus on inclusion will also attract more diverse employees to help further build a more understanding culture – ensuring everyone has the chance to shine. Of course, inclusive workplaces aren't achieved overnight.

It takes a lot of determination and continual effort from senior leaders and individual employees to truly embed inclusivity into your organisation. But we know that care sector organisations that prioritise inclusion, in all aspects of their work, truly support everyone to thrive as themselves.

Reflecting on his work to promote inclusion in the workplace, Adam Jarvis, Finance Development Manager and LGBTQ+ Network Chair at Tesco, said, 'Being LGBTQ+ is a very personal identity and many queer people know the feeling of constantly having to come out whenever you meet someone new.

'It's therefore so important that workplaces build inclusive environments so that LGBTQ+ colleagues feel that they can be themselves, however openly they want to be, and bring their full selves to work, rather than having to hide such a key part of who they are. It takes so much energy to put up a barrier and hide who you are, and when we work in environments where we don't have to do that, we can bring more of ourselves to our team, build better relationships and have a better experience of the world of work. I got involved with running our LGBTQ+ colleague network because I really want to make sure that there is a place where any LGBTQ+ colleague can go and get support and know there are other people like us in the business.

'Our LGBTQ+ network has been amazing for me. It's given me the opportunity to work with people I would never have met otherwise, and work on a range of diverse initiatives for a cause I'm so passionate about. It's a place where anyone can come along – whether that is an LGBTQ+ person looking for a community, someone who wants to make a difference, or an ally trying to learn about our community and what they can do to support.'

It sounds clichéd but showing you care does make a difference. Workplace inclusion is ultimately about championing and changing the lives of LGBTQ+ people – for both staff and the people they support. As we approach the 50th anniversary of the first Pride march in the UK, that's something we should all be striving for.

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Katie Budd is Head of Quality, Standards and Indices at Stonewall (she/her). Twitter: [@stonewalluk](https://twitter.com/stonewalluk)

What steps have you taken to make your care setting inclusive for the LGBTQ+ community? Join in the conversation. Visit www.caremanagementmatters.co.uk and share your feedback on the feature.

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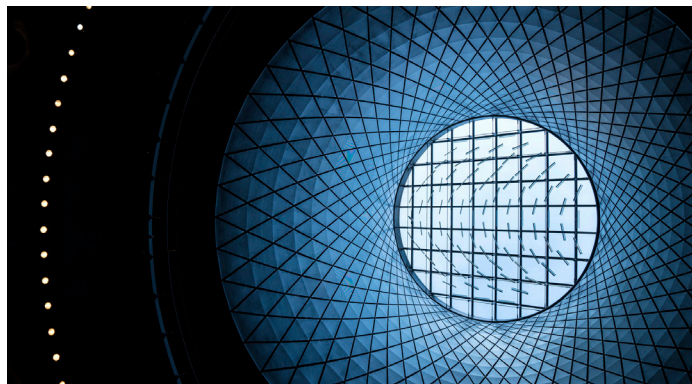
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INTO PERSPECTIVE

WHAT MUST GOVERNMENT'S MENTAL HEALTH AND WELLBEING PLAN ACHIEVE FOR ADULTS LEAVING HOSPITAL AND IN COMMUNITIES?



Government has published a consultation and call for evidence to accompany its mental health and wellbeing plan discussion paper. The discussion paper sets out to ask questions about promoting positive wellbeing, preventing the onset of mental ill-health and improving the quality of treatment for mental health conditions. The sector's list of demands will be extensive, but what must Government's mental health and wellbeing plan achieve for adults leaving hospital and in communities?

WHAT'S THE PLAN?

Government has committed to improving mental health and wellbeing, and is encouraging a wide demographic to respond to its plan: people who have experienced mental ill-health; people who have cared for someone affected by mental ill-health; and people who work or volunteer in health and social care services.

DISCHARGE DIFFERENTLY

According to a Freedom of Information request from the mental health charity, Mind, one in 10 people still haven't been followed up a week after leaving hospital following a mental health crisis.

In addition, Mind understands that one in 20 people who have been discharged will end up back in hospital within 30 days and people who aren't followed up within a week are twice as likely to try to take their own life.

It is clear then that Government's mental health and wellbeing plan has its work cut out to enhance the experience of adults leaving hospital.

The Social Care Institute for Excellence (SCIE) reports that commissioners have an important role in supporting effective social care systems so people can be discharged at the right time, to the right place with the right support.

This includes governance and market shaping to ensure the capacity and choice of quality provision upon discharge.

Therefore, it seems logical for Government's mental health and wellbeing plan to target reform concerning the actions of those

responsible for funding discharge programmes.

CALLING UPON COMMUNITIES

Ensuring that meaningful community support is in place for adults leaving hospital is another key ambition that Government's mental health and wellbeing plan must achieve.

Current Government guidance appears to already promote this, insisting that, upon discharge, community health and care services, including GPs and social care providers, should communicate with the individual and, where relevant, their unpaid carer/s.

This is to track and manage the individual's recovery, and ensure that any change in the support needs of the individual (or their carer/s) takes place at an appropriate time.

However, the sector will be eager for Government's mental health and wellbeing plan to flesh out this guidance and put it into practice to facilitate visible change for adults drawing upon services.

It is also fundamental that community mental health services are designed to cater to individual needs to prevent re-admission to hospital, or worse.

This should be achieved in part through greater knowledge sharing between the NHS and Voluntary, Community and Social Enterprise (VCSE) organisations due to the emergence of Integrated Care Systems (ICS).

Government's mental health and wellbeing plan must tap into the potential of ICS to ensure that community mental health services put the needs of individuals at the centre of planning and delivery.



People must lead their own care and support

Linda Bryant, Chief Executive, Together for Mental Wellbeing

We all experience challenges to our mental wellbeing at different times of our lives. The Government's consultation on the new 10-year plan for mental health places a particular and welcomed emphasis on the people who experience worse outcomes than the general population.

As the oldest mental health charity in the UK working alongside people experiencing mental distress, we have gained many insights about what works for people. There are three things that the new plan must achieve for people leaving hospital and in our communities.

Firstly, we must provide care and support services that respond to the whole person. People do not experience mental distress in isolation to other challenges in their life. Having a safe and comfortable place to live, particularly on leaving hospital, being able to access opportunities of employment, financial security, fulfilling relationships and feeling valued in their local communities are all important. All of these elements play an integral part in a person's journey towards positive mental health and wellbeing.

Secondly, people's experiences

of mental distress are deeply personal and unique. We must build in to service design and systems the precious element of time. Providing that adequately allows staff who work alongside people to develop trusting relationships and provide the practical and emotional support that people want and need.

Without the person feeling secure in the basic needs of life, their ability to engage with and focus on their mental and emotional wellbeing will be compromised. To do that, the Government's plan must also invest in a skilled and resilient workforce of people who see working in mental health as a fulfilling and vocational career.

Finally, if we are to truly transform the care and support of people experiencing mental distress over the next 10 years, we must ensure that people lead their own care and support. They are the experts of their experiences. We cannot underestimate the healing power of a person having a voice in what matters most to them. When people have agency about how they are treated and supported, they are empowered to make decisions and determine their own futures.



A real opportunity to re-focus on people

Kathy Roberts, Chief Executive, Association of Mental Health Providers

For this mental health and wellbeing plan to succeed, it must surely build on the work of the 'Community Mental Health Framework', published in 2019.

The framework, with its place-based community mental health approach, and its aims to deliver new models of integrated primary and community care, provides a real opportunity to re-focus on people living in their communities with long-term severe mental illness.

I believe the mental health and wellbeing plan provides the opportunity to promote significant system change in across several areas, such as how supported community mental health care and support services, including housing, can:

- Accelerate the smooth transition for individuals from hospital to the community.
- Provide seamless continuity of care between hospital care and community-based care and support.
- Ensure access to services, both VCSE and NHS, to assist adults in maintaining good mental health.
- Help to manage the increasing pressure on NHS services, through helping people whose needs could be better met in

other environments.

- Deliver significantly improved health outcomes and financial savings through partnership working.
- Prevent people who have complex needs and who are multiply disadvantaged from slipping through the net.

In order to truly achieve this framework at a placed-based level, we must consider the breadth of services our 300 members across the VCSE sector provide for citizens, including working age adults and families receiving a range of care and support services.

For example, our members provide vital community social care services, including counselling and advice, advocacy, supported living and housing, forensic and crisis services, carers' support and personal assistants, employment support and much more.

We must continue to make sure the views and voices of providers delivering services and the people being supported are informing this framework implementation. This is equally true for all other key Government policy developments impacting the mental health and wellbeing of individuals and the services we provide to communities.

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REBUILDING THE BASICS OF EMPLOYEE CONDITIONS

Care home group, Renaissance Care, has implemented a full review following interviews with staff at each of its 16 homes as it looks to overhaul the traditional operations across care home sector. Here, Louise Barnett, Managing Director, tells us more about the changes and why they are necessary not only for Renaissance Care but for the wider care sector too.

In recent years the world of work has changed at a rate that is, for lack of a better word, unprecedented. More people are working from home or adhering to new hybrid working policies, while many have looked to a complete career change following the pandemic as they look for a role that gives them more purpose or provides a better work/life balance. >



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*Maaha Suleiman, 2019 Challenge Runner-up and
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➤ In the care sector in particular, staff have been fighting against coronavirus for two long years. They are tired and overwhelmed with the challenges they have faced. They have been the lifeline for residents and families, providing care, support, connectivity and a shoulder to cry on. Therefore, it comes as no surprise that sector-wide we are experiencing a mass resignation. Care staff are considering what the future of the industry looks like, how that relates to their own career and whether the good parts of the job outweigh the challenges.

“True culture change happens when it comes from the core, and when the behaviours, beliefs and mindsets change at every level of the business.”

It was recently reported by Skills for Care that vacancy roles within social care have increased by 10% this month alone. Of course, this is not dissimilar to other sectors that are combating huge increases in turnover on the back of the pandemic. However, if we are to combat this within the care sector it is absolutely crucial that we revisit how we operate care homes across the country. That is why, as we look towards recovery and the future of social care, we have gone back to the drawing board to map out how the sector can properly reflect the needs and wants of staff.

IDENTIFYING THE ISSUES

We want to create an industry that is supportive of work/life balance and encourages an environment where staff feel valued and nurtured within their career.

To achieve this, we are putting staff at the core of a host of changes and, following interviews with all roles within the business, we are revamping traditional operations across the homes – something we hope will be replicated by our colleagues in the industry.

Unsurprisingly, surveys and liaison with staff across the homes revealed that, after two years on the front line protecting our country's most vulnerable, staff were feeling tired and suggested some positive initiatives for changes across the group to help with this. Staff were mainly interested in feeling seen, having their efforts valued and a better work/life balance.

We are a person-centred organisation at Renaissance Care and believe that to provide high-quality care for our residents, it is essential we ensure job satisfaction for staff, with individual care and progression plans

that suit their needs as an employee. Therefore, we listened carefully to the survey results and have already introduced four-day weeks and flexible working patterns to allow our staff to work shifts which suit them based on their preferences and home life commitments, as well as a 5% salary increase across all roles in the business.

Moving away from the historical five days a week and 12-hour shift pattern for staff will make a career in the care sector so much more accessible to those whose family life may not have been compatible previously. It also gives us a chance to hold on to more experienced staff who are nearing retirement by offering a condensed workload to fit better with their own capabilities.

MAKING THE CHANGE

As I said, the world of work has changed. Since the pandemic, people are less likely to take on a role which may sacrifice their mental wellbeing or personal goals. Not only is this something we want to encourage, but by making this an industry standard we will be able to retain and attract the best care professionals out there.

The staff survey showed us that as part of this, staff wanted more fluid and modern operational systems, as well as space for our care teams to connect, take part in further learning opportunities and foster a positive culture between staff.

As a result, we have not only invested in the staff rooms across the group but have also kicked off a project to promote inclusivity and security among our workforce. The project will see Renaissance Care supply sanitary items for female staff in all our facilities, as well as becoming a menopause-friendly workplace with plans to roll out training for staff later this year and will ensure an inclusive environment for LGBTQ+ staff and residents with an understanding that identities can be complex.

We have also introduced a health and wellbeing package which includes free access to danceSing for all staff members – encouraging health and wellbeing through fitness classes with a saving of £400 per year for each individual.

As an industry, it has taken too long for us to align our world of work with the rest of the business world. And although the pandemic set us back in so many ways, it has given us a golden opportunity to change things up and present a fresh business perspective which will benefit those in our employment, and hopefully, much further afield.

True culture change happens when it comes from the core, and when the behaviours, beliefs and mindsets change at every level of the business. I am pleased that Renaissance Care is driving this change, but I am most proud that we have been able to work with our staff to ensure that the changes we do instil are meaningful and will truly make a difference to their lives, as well as those of our residents.

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Louise Barnett is Managing Director at Renaissance Care. Email: LBarnett@renaissance-care.co.uk

How do you listen to employees about what they want and need from their role? Share your tips and feedback on this article on the CMM website, www.caremanagementmatters.co.uk.

Climbing the ladder:

Assessing skills gaps in social care



Retention in the care workforce has never been so critical. What options do providers have to upskill the workforce and set out a clear career pathway? Dr Erica Borgstrom, a Senior Lecturer at The Open University and Senior Fellow of the Higher Education Academy, outlines core skills for the workforce and the training on offer.



When I think about career pathways in care, I think of 19-year-old Cameron on the BBC Ed Balls documentary 'Inside the Care Crisis'. The patience, kindness and enthusiasm shown by Cameron at St Cecilia's specialist dementia home provides a glimmer of hope in a sector that is hanging on by a thread. Cameron loves his job but dreams of working as a paramedic in the NHS. Why? Because there isn't a clear career pathway at the care home and, unlike the NHS, social care doesn't offer different salary bands to progress through. If there was, he might be tempted to stay.

Statistics suggest that, by 2040, the number of people with dementia in the UK will have doubled, and that most people will be dying in their own homes or in their own homes supported by social care. So, something drastic needs to change to ensure a well-trained, settled and rewarded workforce is in place to offer care.

Not only will societal needs for care change in the coming decades, the roles in care have significantly changed in the past 10 to 20 years and, quite simply, the demands put on workers are immense. The question is, are care providers utilising the training on offer to support the workforce to forge a career in care?

CORE SKILLS

The Open University (OU) has been progressive in its research into finding a path forward in social care. The OU's report, 'The Path Forward for Social Care', surveyed 500 leaders from across adult social care and social work and culminated in five recommendations for skill development to embolden the sector's future in England.

Discussing the report, David Brindle, former Public Services Editor for The Guardian and Chair of a non-profit care provider employing over 1,400 individuals, said, 'It will

come as no surprise to hear there is little confidence that the sector has all the workers and skills it thinks it needs in coming months and years.'

The OU's report outlines five of these core skills:

- **Core transferable skills** – These include competencies in literacy and numeracy, language and communication, record keeping, problem solving and team and partnership working.
- **Leadership and management** – In England, there have been calls to adopt a transferable leadership development model in the adult social care sector, ensuring a collaborative culture.
- **Clinical and condition-specific skills** – Besides supporting people with cognitive and sensory impairments, workers may need to manage medication regimes, assist with catheters and stomas and deliver end of life care.
- **Person-centred care** – Rather than performing tasks based on an assessment of need, workers are expected to shape services around the people they support, enabling them to live more independently.
- **Digital and technology** – The technological demands go well beyond being able to perform basic administrative IT tasks, although these remain crucial, and some reports have raised concerns around the consistency of workers' capabilities.

ASSESSING SKILLS GAPS

There are strategies for providers assessing workforce skills gaps. One is to look at the organisation's strategic goals and identify what roles and skills are needed to reach them compared with the current workforce's capabilities. Another way is through assessment and performance benchmarks – either created within the organisation or by drawing on inspection reports. ➤

> It's also important to target individual training for staff, drawing on information and sources to understand a person's abilities and confidence. Providers may need to train managers on how to do this effectively. Asking staff to do tests as a way of assessing their needs (e.g. maths) might be effective in obtaining a score but can negatively impact on morale and trust. Opening up skill development as a path for self-discovery and learning can foster confidence; providers can have employees identify areas to develop (e.g. provide a list of short courses for them to choose from) and

ask staff to report what they have learnt.

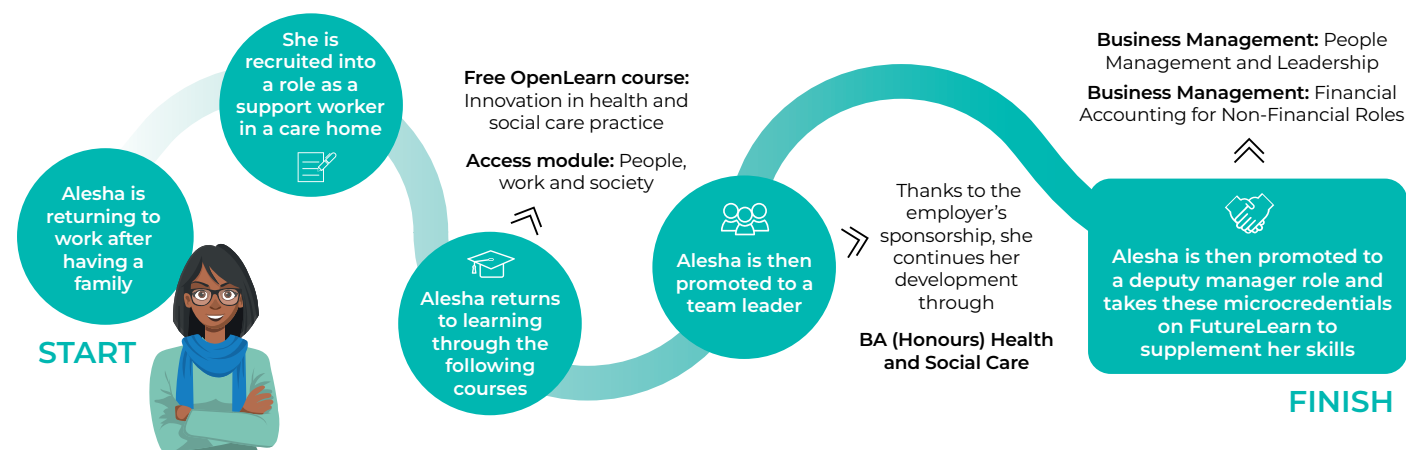
TARGETING SKILLS GAPS

Investing in staff development can help employees feel valued, committed to their job and employer and help them envision a future career within the organisation. It can also help structure appraisals. This, in turn, can aid staff retention and reduce staff turnover.

Investment in training also helps promote and fill roles within the organisation – helping with the upward mobility of staff. This

approach can prove beneficial in retaining both staff and institutional knowledge. With more training, staff can feel more empowered to be part of the decision-making process and organisational culture. Don't underestimate the sense of purpose that brings and how it aids job satisfaction.

Students who have studied for OU qualifications report how studying has developed their confidence, knowledge and work relationships. Some have gone from being carers to taking on supervisory, managerial and training roles, even whilst studying part-time.



A suggested career pathway route for a career changer. Outlines some of the OU's learning offerings, to help achieve career progression to aid workforce retention.

STRUCTURING DEVELOPMENT

Senior figures have rightly cautioned that the probable increase in applicant volume over the short to medium term is no guarantee that recruits will come fully equipped with the skills needed to succeed. The survey results in the OU report, 'The Path Forward for Social Care in England', amplify these concerns: 58% of leaders and managers feel worried about the lack of progression pathways putting people off, while 54% fear losing good staff over the next year. Meanwhile, 41% cited defined career development and training pathways, including universally recognised qualifications, as something that can benefit the sector.

The OU offers a wide variety of training options, from short courses to full degrees:

- **Free learning (OpenLearn)** – Short courses, including an introduction to digital skills, useful items for developing

leadership and a curated collection for Skills for Work. Time commitment for these courses is up to 24-hours. Some courses are endorsed by the CPD Standard Office. For example, The Caring Manager in Health and Social Care (seven hours) is a free course with attention paid to the relationship between stress and organisational change, and how management can lead with a caring face in the context of ongoing organisational change.

- **Micro-credentials (FutureLearn)** – Short courses that carry university credit.
- **Access modules** – Distance learning and OU study for staff who may not have studied for some time to build confidence and study skills before starting a qualification.
- **Credit-bearing modules** – Studied on a standalone basis or counting towards a qualification. Providers should consider

these courses for refreshing learning skills and building self-confidence. Specific relevant modules include 'Introducing Health and Social Care (K102)' or 'Leading, Managing, Caring (K318)'.

- **Undergraduate qualifications** – A significant proportion of current OU students are completing the Health and Social Care degree while working in care. People can build up credit over the year and this ranges from certificate and diploma to full undergraduate degree.
- **Postgraduate qualifications** – Includes transition to social work, but also research degrees with focus on creating change within professions.
- **Developing skills and capacity through engagement with research** – Workshops and conferences based on research, plus opportunities for businesses to partner with OU researchers for specific knowledge transfer and exchange of activities.

LOGISTICS FOR PROVIDERS

Within the OU School of Health, Wellbeing and Social Care, students have direct contact with our Careers and Employability Service (CES) through a range of initiatives, such as information, events, online forums, guidance on 'navigating your future' and one-to-one bespoke sessions. Of the students who have engaged with CES, 98% were satisfied and 99% would recommend CES to others. The OU CES is accredited against the national matrix quality standard for the provision of information, advice and guidance services through our regional student services and student recruitment service. Current and recent (within three years of study) students can access the service.

Also, social care providers can link with CES to be part of employment fairs and advertise vacancies. This provides a great

opportunity to recruit from OU students and recent alumni.

Key take-homes for providers:

- The OU learning style helps develop digital and employability skills through our expertly created, technology-enhanced learning experiences, from the free courses to degree level.
- Modules (and qualifications) are mapped to our employability framework, ensuring graduates develop academic skills and skills relevant for employment (see full list on the OU website). This addresses multiple elements of the skills gaps in social care.
- Each student studying towards a qualification has a tutor.
- OU students have access to cutting-edge learning through module materials and

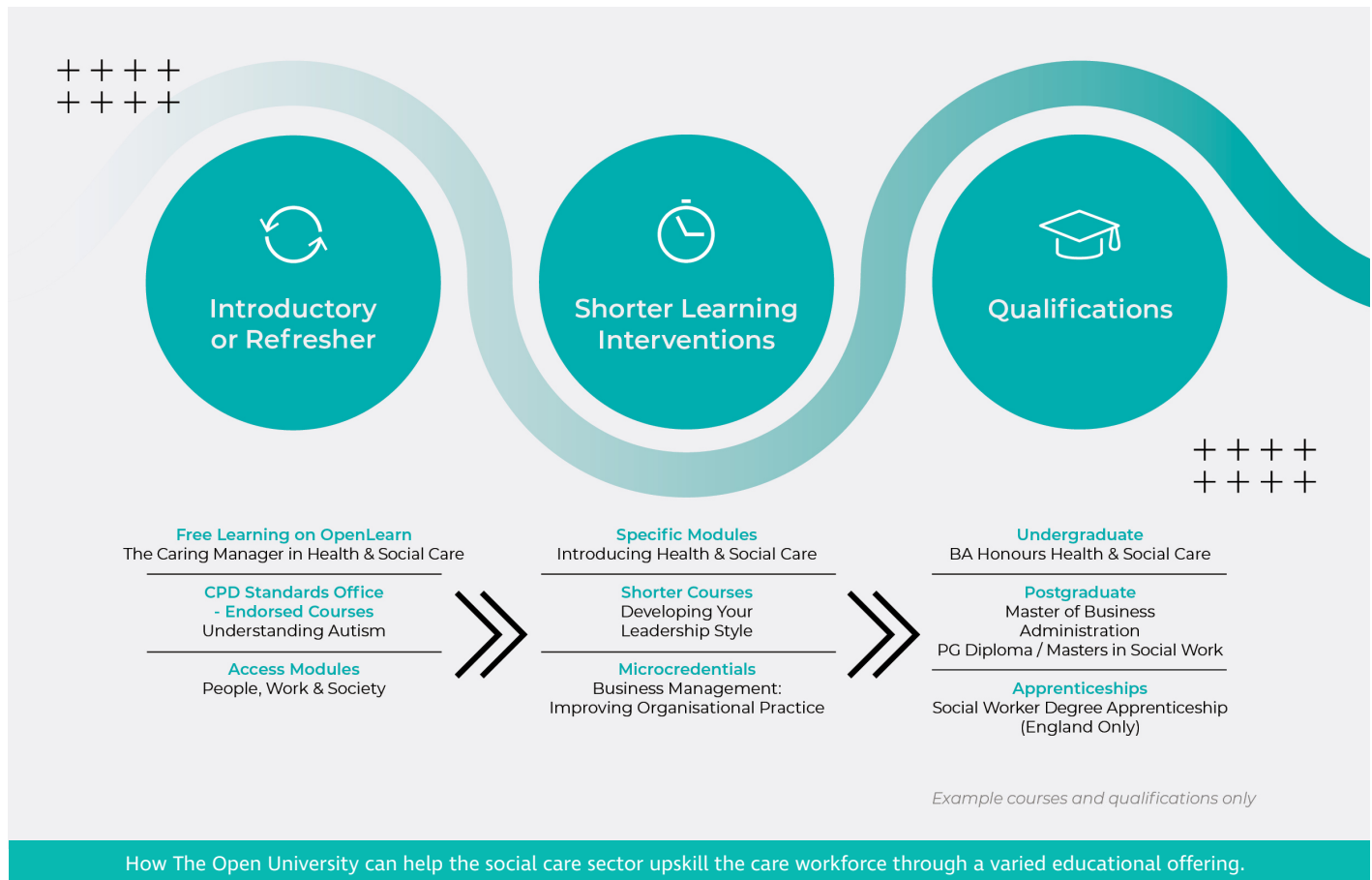
additional research seminars.

- Students who are sponsored by employers are more likely to stick with studying and achieve a pass mark or higher.

ENDLESS POSSIBILITIES

Social care providers who invest in training and development can distinguish themselves from other organisations, both within the sector and in sectors that attract a similar workforce. It can also boost an employer's reputation – a reputation for poor staff retention can impact on recruitment and incoming business. Clearly, care providers aren't short of options, but they are short of staff. Now is the time to ensure the social care workforce positions itself as the workforce of the future, to meet the challenge of increasingly integrated care agendas.

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Which qualifications and further learning have you implemented in your organisation? Visit www.caremanagementmatters.co.uk and share your feedback on the feature.



RESOURCE FINDER: CQC Compliance

Compliance is core to the successful running of an organisation. For all care services, sometimes seeking external help could fill in any gaps when it comes to impressing regulators. Here, a series of expert organisations share how they can help you and the services they offer.

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- Home care digital management.
- Audit tools.

LEAD INDIVIDUAL

Albert Cook is a former Manager and Principal Inspector of care services and is responsible for more than 200 adult care services. The company is now recognised as one of the leaders in providing Quality Management Systems (policies and procedures) to the care sector. As a fellow of the Chartered Quality Institute, Albert is committed to quality in care. He has supported

companies and organisations to improve their care services using the Bettal Quality Management System, Cared 4, in the UK and Europe, including services in England, Scotland, Ireland, Germany and Poland. The Bettal System complies with the requirements of CQC.

COMPANY INFORMATION

Bettal Quality Consultancy has been supporting the care sector for more than 25 years. Company Director Stuart Cook has supported hundreds of companies to achieve registration and he ensures the Bettal Quality Management System is kept up to date to comply with the CQC's key lines of enquiry (KLOE) and Fundamental Standards. Key to Bettal's success is an affordable CQC-compliant Quality Management System, developed by people with proven expertise and backed up by first-class customer support.



Albert Cook *Managing Director*
BA, MA, Fellow Chartered Quality Institute
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Email: albert.cook@bettal.co.uk

CARE 4 QUALITY



Tel: **01579 324787**
Email: **admin@care4quality.co.uk**
Website: **www.care4quality.co.uk**

SECTORS

- Care homes and nursing homes.
- Domiciliary care.
- Supported Living.
- Hospices.
- Respite and day centres.
- Mental health services.
- Complex care.

SERVICES

- Mock CQC inspections.
- Auditing (health and safety, good governance, internal).
- Action planning.
- Enforcement action support.
- NOP/NOD support.
- Factual accuracy challenges.
- Ongoing support.
- Crisis management.
- Registration.

LEAD INDIVIDUAL

Helen Fuller has over 20 years' experience in management of health and social care services. Helen has managed a range of services including residential, nursing, day care and dementia care. She has been the Area Manager for several homes, responsible for co-ordinating them and ensuring compliance across the board.

Helen set up Care 4 Quality in 2012, starting as a Care Consultant to several homes, then expanding countrywide, building a base of expert consultants to attend care services and support them.

Care 4 Quality has since become one of the leading care consultancy companies in the UK and now has a panel of over 30 consultants and supports several

hundred services across the UK.

COMPANY INFORMATION

Care 4 Quality's services are tailored to your needs. Consultants across the UK can offer specific expertise to suit your service. We work with individual care services and care home/service groups, carrying out mock inspections and assisting with quality monitoring in partnership with the service itself. Quarterly compliance visits are becoming popular with our clients, ensuring that the areas of Safe, Effective, Caring, Responsive and Well Led (in England) are audited fully, and improvements are evidenced. We carry out the same across the other regulatory bodies.

Customers who book quarterly visits are provided with interim support, so can be assured help is always on hand if it's needed. We also offer one-off, ad-hoc inspections for those services just wanting a compliance review. We help providers and managers with start-up advice and registrations. We also offer support with factual accuracy challenges, enforcement action, warning notices and notices of Proposal/Decision issued by CQC. These can be tailored to your service. We work with several regulatory solicitors and lenders across the UK as necessary.

Care 4 Quality can create bespoke packages for you as needed, working together to achieve your service's requirements.



Helen Fuller *Founder and Director*
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Email: helen@care4quality.co.uk

CQC EXPERTS



Tel: **01462 222600**

Email: **hello@cqcexperts.com**

Website: **www.cqcexperts.com**

SECTORS

- Care homes and nursing homes.
- Domiciliary care.
- Supported Living.

SERVICES

- Registration support.
- Mock CQC inspections.
- Fully personalised policies and procedures.
- Preparation and guidance for your interviews.
- Action planning.
- Provider Information Return.
- Support with CQC enforcement.
- Consultation sessions.
- Enforcement action support.
- Auditing tools.
- Ongoing support.

LEAD INDIVIDUAL

With 20 years' sector experience, Michelle Dudderidge has risen through senior care roles, delivered to an 'Outstanding' level as a Registered Manager, and maintains this in her current role – leading an award-winning care and support service and as a CQC Experts Consultant.

Michelle's broad involvement means she understands providers' daily challenges. She implements high-quality supervision and support for team members, blended with an appreciation of the 'little things' that make a daily difference to others.

Everyone at CQC Experts shares a passion to positively impact on people's lives and help others to deliver outstanding care. Michelle embodies this with her enthusiasm to go the extra mile each and every day.



Michelle Dudderidge CQC Experts Consultant

Tel: 01462 222600

Email: michelle@cqcexperts.com

COMPANY INFORMATION

Providing high-quality care and support can be a challenging journey. Careful planning helps avoid potential hazards en route, ensuring you achieve meaningful outcomes and reach your destination safely.

Let CQC Experts help you navigate the compliance process. We're specialists at managing the burden of regulatory tasks, allowing you to take the wheel and focus on providing the highest quality care and support to your clients. We're happy to join you wherever you are on that journey.

If you're starting out as a care and support provider, let us help with your registration. If you're established and need ongoing compliance support, we're there for you, providing up-to-date policies, procedures and templates.

Our expert team has extensive knowledge of the adult social care sector and is ready to work with you, sharing the workload at every turn.

CQC Experts is proud to support clients accessing domiciliary care, Supported Living or residential/nursing home services. We support you to meet the care and support needs of your client in a cost-effective, easily understood manner – exactly how and when required: online, by phone or in person via site visits.

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SECTORS

- Care homes.
- Nursing homes.
- Domiciliary care.
- Local authorities.
- Hospitals.
- Schools.

SERVICES

- Mock inspections.
- Compliance support.
- Preparation of action plans.
- Care consultancy.
- Audits.
- Training needs analysis.
- Training (face to face or virtual).
- E-learning.
- Competency assessments of staff.
- Staff coaching, mentoring and development.

LEAD INDIVIDUAL

Jenny Gibson has over 30 years' experience working as a nurse within the health and social care sector. She is a qualified nurse (RGN) and holds a nursing degree BSc (Hons), as well as management, teaching (PGCE) and assessing qualifications. Jenny has held positions from volunteer through to Director of Nursing and Specialist Adviser for CQC.



Jenny Gibson Director/Nurse Consultant

Tel: 01256 242272

Email: jenny@solicitudetraining.co.uk

Jenny has many years of experience of undertaking training needs analysis within services and then providing training that is relevant, enjoyable and engaging to the delegates attending, to ensure that learning is optimised. Having worked as a registered manager, Jenny also understands the dilemmas and complexities that managers are faced with and, due to this, is able to offer the appropriate support. She has supported services that have been rated 'Inadequate' to improve their practice and go on to be rated as either 'Good' or 'Outstanding'.

COMPANY INFORMATION

Working alongside Jenny is a team of professionals who have many years of experience working within the health and social care sector. These include nurses (both paediatric and adult-based), care managers and social workers. The team is able to offer a wealth of experience and can offer a complete package to support a service to improve both the quality of care that is delivered as well as compliance, either in the form of crisis management or on an ongoing basis.

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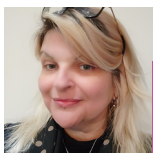
- Domiciliary care.
- Care and nursing homes.
- Local authorities.

SERVICES

- Hotline and support subscriptions.
- Mock inspections.
- Auditing and review.
- Factual accuracy challenges.
- Proving excellence.
- Service turnaround and improvement.
- Incident management.
- Mentoring and training.
- Annual quality surveys.

LEAD INDIVIDUALS

Zoë-Dawn Anderson's long career began as a care worker back in the mid-90s, just as the concept of community care was being established. During time spent in management roles, she discovered her talents mostly lay in auditing and quality assurance, investigating and taking action when things went wrong, understanding the regulations as applied to the reality of care and keeping on top of updates to best practice. After a successful management career, Zoë ended up as a CQC Inspector in 2018. Her time with the CQC was also varied and included duties relating to the CQC's internal quality assurance.



Zoë-Dawn Anderson *Founder*

Tel: 0208 058 8048

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Like most care workers who climbed the career ladder, Zoë doesn't like to be too far from the coalface of actual care and, suspecting that her years of knowledge and expertise could be better utilised, she decided to leave the CQC and work independently with care providers. This led to the founding of Z Cares in September 2021.

COMPANY INFORMATION

We aim to make our expertise available to providers not just through mock inspections and other one-off services, but through subscriptions. Subscribers can call on our expertise as required and receive regular mentoring and support as part of the package.

We have already supported independent providers, chains, franchises and local authority services and can adapt to any size and type of service, anywhere in England.

We are going through a time of change in terms of how the CQC regulates and how often it visits to inspect but, no matter how CQC does it, it will still be judging your service against the Regulations and KLOE. We can help you remain confident and ensure you have the evidence you need, regardless of what format your inspection takes.

CELEBRATING EXCELLENCE



Continuing a series of features celebrating 2022's winners, CMM sought further insight into the motivations of the Creative Arts Award recipient, *Where the Arts Belong*, from Belong and Bluecoat. In this edition, Alan Dunn, an artist who creates artwork for the programme using sound and digital images, shares his experience of its lasting impact on residents.

Belong and Bluecoat wowed the judges with its infectious positivity, enthusiasm and strong links to the community. Where the Arts Belong has successfully harnessed the power of the arts to empower and reintegrate previously isolated individuals, especially people living with dementia.

BEGINNINGS

We began with a series of residencies in Belong Village Crewe in early 2019, placing five artists within the village to develop a

programme of experimental interactions. A big strength of this approach was its simultaneous multi-disciplinary nature.

At any moment in the village, artist Brigitte Jurack could be sitting silently with residents, their families and our Belong colleagues making shared Palissy plates in clay by observing some of the strong-smelling crabs brought in by Brigitte, while Mary Prestidge and Philip Jeck work with slow movement and looped sounds and Roger Hill explores different time slots (e.g. evenings in the villages) to develop storytelling artefacts.

This model of different presences enabled me as one of the artists to operate a little more reactively to begin with, spending informal time in Crewe, chatting or joining in quizzes and dominos, gradually allowing ideas to form and be informed by the stories of those we met. I work primarily with sound recording and became interested in activities for which the act of remembering or forgetting becomes irrelevant. I am very

much inspired by David Clegg's 'Trebus Project' and the LP created with the help of people living with dementia.

LOCKDOWN

As COVID-19 hit the care sector hard, we were truly humbled by Belong's ongoing commitment to the project, and we adapted quickly to devise and deliver two online strands called 'Belong At Home' and 'We Belong Together'. The former worked with one colleague at a time in a resident's own home and the latter helped to broadcast us into villages using Zoom to work with bubbles of household tenants – those living within the village but with a degree of independence.

The We Belong Together phase emerged from a short notice request from the Department of Culture, Media and Sport to devise urgent activity to combat loneliness and isolation during the height of lockdown. Turning again to storytelling, mosaics, ceramics and sound, we were able to adjust our approaches, partly informed by our own experiences of shifting to online teaching at Manchester School of Art (Jurack) and Leeds Beckett University (myself).

Before each phase, we undertook dementia awareness training and reciprocated by designing some arts awareness training for Belong as well as developing publications and toolkits based on our learning. During this training, we got to know some of our incredible Belong colleagues and experience first-hand the pressures they are under but also the genuine bonds they form with residents. One of the most pleasing feedback comments has been that some of our creative sessions opened up new talents and traits within residents that gave greater insight into how to maintain their quality of life.

NEW VOICES

My own experience of We Belong Together is genuinely staggering. Working every week with groups who are encountering isolation in their villages, we set up a sort of orchestra that used only household items and the occasional purchase (metal dog bowls and megaphones) to create soundscapes that take us away from the here and now.

We chat about sound and silence (we watch John Cage and Vegetable Orchestra videos), how we hear and how to help those who struggle to hear. The hard surfaces of large rooms, the poor speakers on the Facebook portals, the occasional delay in transmissions and the social distancing are all challenges but ones we turn on their heads

into positives.

At times, we begin with tongue twisters to get everyone making sounds and enjoying language and the breaking down of communication. Weak internet connection at times leads to misheard words, greatly adding to the enjoyment. One group decided to create a noisy train journey in sound, travelling all the way from Macclesfield or Warrington to Venice for an ice cream (cue an impromptu rendition of 'Just One Cornetto') and another group chose the beach as their soundtrack theme.

Before long, their room was decked out in inflatable sharks, seashells, sun cream and even our colleagues wore bikinis (over their uniforms). Sat at the table, they helped us create quite left-field soundtracks of donkey noises, ice cream vans, rollercoaster screams and possibly the best tongue-twister any of us has ever heard, 'Yacht sails flapping gently in the warm air!'

The serious side to this, as evidenced by Brigitte bringing in the fresh seafood to model from, is to trigger all the senses, including smell, as part of the creative process. Some of these moments, from Belong at Home, are captured on the 'Conversations LP' I compile – moments of humanity, hilarity and communication across divides but somehow very natural. As artists, we also want to develop through such projects and, for me, it has been the very simple decision to, for the very first time, leave my own voice in the three-way recordings between myself, a colleague from Belong and a resident.

FUTURES

We commenced Where the Arts Belong wishing to make contemporary art much more central to future Belong villages, similar to how Brian Eno describes sound more like an aroma in a space rather than a timetabled activity. We are introducing arts awareness training for new staff and are planning to purchase improved hardware that will, for example, make the viewing and listening to online sessions or digital art much more pleasurable for those with sensory challenges.

We also wish to showcase our findings and artefacts in professional and policy-changing contexts and the 'Making Sense (Of It All)' exhibition at the Bluecoat (March-June 2022) is an excellent example of opening up our research to the wider public, to be followed by a national symposium later this year.

Alongside anecdotal and exhibited evidence, our project is being evaluated and monitored by Liverpool John Moores University, particularly in relation to DEMQOL (quality-of-life assessment in dementia), the

large data collected by our Belong colleagues on customised hand-held devices and for Arts Council England using the 'most significant change' method of evaluation.

In summary, we cannot underestimate the fact that both management and our on-the-ground Belong colleagues stuck with us throughout COVID-19. In fact, our collaboration takes on an even more valuable quality in relation to a world that no longer makes sense. The creation of mosaics by hand, stories from our senses, tongue twisters and recordings from what is close at hand becomes a form of social prescribing as we all try to cling on to a future. **CMM**

Alan Dunn is an artist contributing to Where the Arts Belong, by Belong and Bluecoat.
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Twitter: [@alandunn67](https://twitter.com/alandunn67)

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

The Creative Arts Award was kindly sponsored by Five on a Bike.



CMM INSIGHT LEEDS CARE CONFERENCE 2022



30th June, Oulton Hall, Leeds

Care Management Matters (CMM) is thrilled to be returning to face-to-face CMM Insight events as we look forward to the upcoming Leeds Care Conference. The Leeds Care Conference, in association with Leeds Care Association (LCA), will take place at Oulton Hall, Leeds, on 30th June 2022. The conference promises to bring the quality of a national conference to a local stage, focusing on the issues that matter to providers in Leeds.

The day will include presentations from high-level sector representatives, offering expert insight into the local picture, along with an exhibition and a choice of interactive workshops to delve into a subject further. There will also be networking opportunities with like-minded providers and senior decision-makers from the independent care and support sector to learn more about delivering best practice in a changing market.

An exhibition of carefully selected services and products includes:

- apetito.
- Bluestream Academy.
- CareHomeLife.
- Care Quality Solutions Ltd.
- Evolve Raybotix.
- Hempsons.
- Intelligent Care Software Limited (CareIS).
- LaundryTec.
- LifeVac Europe Ltd.
- Little Islands.
- MAG Laundry Equipment.
- NDGAI.

A packed agenda awaits delegates attending the Leeds Care Conference. The day's keynote speech will be delivered by Cath

Roff, Director of Adults and Health at Leeds City Council. Cath will be presenting the view from Leeds City Council, which will look at how the local authority can work with care providers to deliver the triple aim of good outcomes, good value and efficient services. Next up will be Professor Martin Green OBE, Chief Executive, Care England. Martin will be sharing a provider's view of the current adult social care sector and answering key questions such as how can the sector develop in the future and what should it do to become a more outcome-focused, citizen-directed and integrated service?

In amongst exhibition viewing and an unmissable panel discussion featuring the conference's speakers, Neil Eastwood, Founder and CEO, Care Friends, will be dissecting the timely subject of care home recruitment. Neil will share the latest thinking, research and innovation, drawing on his connections with employers of care staff from around the world. Every one of Neil's recommendations can be easily implemented and most cost nothing but have been repeatedly proven to make a big difference.

Rounding off the conference's morning agenda, a selection of interactive workshops will cover upskilling your staff, Liberty Protection Safeguards (LPS) and Artificial Intelligence (AI). Jenny Gibson of Solitude Training will explain how to upskill your workforce in a cost-effective manner, so that staff retention is improved, and new staff are attracted to your service. Secondly, the LPS workshop from Hempsons will examine the key changes planned, ask questions and discuss the implications for your service. Lastly, Rodrigo Pinheiro, Data Science Director at NDGAI, will explore how AI can aid mobile workforce scheduling in home care.

The conference's afternoon offering will

pick up where the morning left off, discussing the sector's hot topics and their application to the adult social care landscape in Leeds. Delegates will be joined by Rob Webster, Chief Executive-Designate at the West Yorkshire and Harrogate Partnership, who will be discussing the Integrated Care Systems, how they will operate and how providers can get involved. In addition, the Minister of State for Care at the Department of Health and Social Care has been invited to close the conference by addressing the topic of levelling up social care.

Book your tickets now and view the conference's full agenda by visiting the CMM website. A discount is available for LCA and CMM members. Join the conversation on Twitter by tagging @CMM_Magazine and using the hashtag #CMMInsight. Sponsorship and exhibiting opportunities are still available. Visit the CMM website to secure your organisation's place at the Leeds Care Conference. **CMM**

CMM INSIGHT
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WHAT'S ON?

Event: VODG Annual Conference
Date/Location: 15th June, Birmingham
Contact: Web: www.vodg.org.uk/events/2022-conference

Event: LaingBuisson Social Care Conference
Date/Location: 15th June, London
Contact: Web: www.laingbuissonevents.com/social-care-conference-2022

Event: Alzheimer's Disease International Conference 2022
Date/Location: 8th-10th June, London
Contact: Web: www.alzint.org/what-we-do/adi-conference/adi-conference-2022

Event: Improving Patient Safety and Care 2022 Conference
Date/Location: 22nd June, London
Contact: Web: www.govconnectevents.co.uk/conferences/improving-patient-safety-care-2022

Event: The Crisis Mental Health Services Conference 2022
Date/Location: June 14th, **VIRTUAL**
Contact: Web: www.governmentevents.co.uk/event/the-crisis-mental-health-services-conference-2022

Please check with event organisers that conferences have not been cancelled or postponed due to coronavirus before booking or attending.

CMM EVENTS

Event: Northamptonshire Care Conference
Date/Location: 25th May, Northamptonshire
Contact: Care Choices, 01223 207770

Event: Leeds Care Conference
Date/Location: 30th June, Leeds
Contact: Care Choices, 01223 207770

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

STRAIGHT TALK

The recent case of *R (Gardner and Harris) v Secretary of State for Health and Social Care* and others, has attracted media attention because it found that Government policies issued during the pandemic were unlawful. Hempsons' Philippa Doyle, Head of Social Care, and Jolena Bullivant-Clark, Trainee Solicitor, examine the verdict's implication on the liability of care homes.



In this case, the daughters of two care home residents who died of COVID-19 brought a judicial review of policies and guidance released in March and April 2020. These related to discharge of patients from hospitals and admission to care homes and allowed for asymptomatic patients to be admitted without the requirement for self-isolation or testing. The claimants successfully sought a declaration that the Secretary of State for Health, NHS England and Public Health England, had acted unlawfully or irrationally by failing to take into account data which suggested that COVID-19 could be transmitted asymptotically when drafting the documents.

The judgement of the court is not as critical of the Government's policies and decisions during the pandemic as

some reports suggest. It was recognised that governmental decisions were made in the context of a novel disease, where scientific evidence was rapidly developing, and the situation was highly pressurised. In addition, they noted practical limitations such as a worldwide lack of PPE, limited availability of testing and significant staff shortages in the care home sector.

The Claimants suggested that transfer of patients from hospital into care homes should have been conditional on an assessment of the ability of each care home to provide safe care, and that each patient should have been tested before discharge to a care home. This was dismissed as 'hopeless' and it was said that the Government 'could not sensibly wait for every care home to be assessed.' So, whilst the finding was that the Government didn't always act on all of the available evidence, our view of this judgement is that the court will be cautious in retrospectively criticising decisions made during the pandemic and will take into account all of the circumstances.

The Claimants in these proceedings were not seeking compensation and there is no suggestion in this judgment that bereaved families will be entitled to bring claims against care homes. The judgement, whilst perhaps validating concerns of families who felt the Government did not do enough to protect their loved ones, does not necessarily create a cause of legal action. However, even in the absence of this judgement, the likelihood of claims can never be ruled out entirely.

In order to bring a claim for clinical negligence, it must be established that a duty of care is owed to the patient. Clearly, in this context, a care home will always have a duty of care towards those discharged into its services. Claimants would then need to establish that admitting an asymptomatic patient and not requiring them to self-isolate amounted to a breach of that duty of care. In our view, this is likely to be difficult to establish, given that

care homes were doing their best to continue operating in unprecedented circumstances, and trying to follow changing guidance. Expecting a care home to go above and beyond recommendations and delay admissions in a time where all health and social care services were under pressure, could be considered too far.

Even if a breach of duty was established, a claimant would need to prove that the breach of duty caused or materially contributed to the death of the patient. To put it simply, they would need to show that if the care home had required asymptomatic patients to self-isolate on admission, that person would not have died. In this context, a care home patient would already have significant co-morbidities and frailties, and it would be quite difficult to establish that their death was caused by admission of an asymptomatic patient.

Another factor to be considered is limitation. Claimants typically have three years from the date of the alleged negligence to bring a claim, so a family member in this context would most likely have to lodge a claim by 2023 for it to be considered. This is a short timescale and may further limit the amount of claims a care home may see.

If all of the above requirements were met, damages in this type of case are likely to be limited. When looking at the value of claims, the court would consider the age of the person, the period of any pain and suffering and whether there were any dependants or funeral expenses. The amount recoverable is dependent on these, so where there is an older person with no dependants who died after a relatively short period of illness, the award will be low.

For the above reasons, we do not consider the threat of claims arising from this judgement to be significant, and the claims relate to an isolated issue so the reputational impact will not be significant. Should you have any concerns or receive any claims of this nature, get in touch with your insurers as soon as possible.

Philippa Doyle is Head of Social Care at Hempsons and Jolena Bullivant-Clark is a Trainee Solicitor at Hempsons.
Email: socialcare@hempsons.co.uk Twitter: [@hempsonslegal](https://twitter.com/hempsonslegal)



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