Registered Nursing Home Association

Conference Report:

HIGHLIGHTS FROM LONDON 2005

Navigating the Sea of Change

Welcoming RNHA members to the association's annual conference in London, national chair Ian Turner (pictured right) said nursing homes were having to adapt in a fast-changing world around them. Because of this, they needed to have the best available information and strong representation to protect their interests.

Debate focuses on quality of care as the basis for national minimum standards

In one of the keenest debates seen for several years at an RNHA conference, nursing home owners and managers challenged the basis of many of the current national minimum standards for older people and criticised the way in which many CSCI inspections were carried out.

RNHA legal adviser Colin Brown said: "We need to look beyond the current standards. Quality is not always easy to measure but you know it when you see it."

He added: "Often within ten minutes of entering a nursing home for the first time it is possible to see whether or not it is well run from the point of view of the residents."

North Western branch chairman Peter Howell said it was vital to have measurable standards in any business. "To be successful, you have to satisfy your customers," he said.

Responding to a wave of comments from the floor, CSCI policy director David Walden (pictured left) said that both the Commission and the nursing home sector needed to ask whether good regulation was about compliance or whether it was about securing continuous quality improvement.

He added: "There is a mixed picture out there. Some nursing homes are doing a good job, not just ticking the right boxes.

"Others are not doing what we would hope they would be doing and in the way that we would want. But we are committed to changing the culture of inspection and regulation so that, by working together, we achieve a 'win win' situation."

Healthcare consultant Chris Vellenoweth argued that a sector which is largely about care given by individuals to other individuals cannot simply be scored section by section.

He said: "Inspectors shouldn't be asking whether they can see a copy of the nursing home's complaints policy. Rather, they should ask to see the evidence of how a home has dealt with the complaints it has received. Wouldn't it be better to talk about appraisals rather than inspections?"

What needs to change in the care system?

Penny Banks, Fellow in Health and Social Care Policy, King's Fund

Many older people and their families are still having difficulty in getting the right information and advice about care, whilst many individuals with moderate needs are not getting access to the services they require.

These were some of the findings of an independent inquiry set up by the King's Fund into care services in London. Describing the year-long investigation, fellow in health and social care policy Penny Banks said it had revealed many examples of praise from service users for care home staff who 'went that extra mile'.

However, a number of problems had also been highlighted, including:

- restricted access to care;
- limited choice for older people, compounded by pressures on them to make rapid decisions;
- high staff turnover, with poor continuity of care;
- a lack of training for both staff and managers;
- hardship to individuals caused by insufficient public funding;
- confusion about who pays for care;
- under-investment in care home capacity.

As a result of the inquiry, the King's Fund is calling for a strengthening of consumer power; additional resources to develop a greater diversity in the services available to older people; a culture

that focuses on their rights as well as needs; and greater transparency and certainty around long-term care finances.

A full report on the inquiry, entitled *The Business of Caring: King's Fund Inquiry into care services for older people in London*, is available from www.kingsfund.org.uk/publications.

Surveying the landscape of nursing home care

Clive Bowman, Medical Director of BUPA

Around 70 per cent of the health problems experienced by older people in care homes are related to neurological disease, BUPA medical director Clive Bowman told the RNHA annual conference, quoting statistics based on a 2003 census across all the company's homes.

Management of long-term conditions is increasingly going to be undertaken outside acute hospitals, he predicted. With no change in dependency levels, demand for places in care homes is set to rise by 23 per cent by 2020. Most 'confused' patients suffering from dementia and related illnesses were likely to do better with the 24-hour support available in a well managed care home than if they stayed in their own homes.

Said Dr Bowman: "I believe that the market will continue for some time to come to be dominated by small care home providers who are flexible and quick to adapt. I also think that we shall see new models of care emerging, possibly based on specialist nurses working across a number of care homes with

responsibility for supervising episodes of intermediate care in the community and with a link to local acute hospitals."

He described a potential scenario in which a specialist care home might, for example, employ three Parkinson's disease nurses who, in addition to caring directly for ten patients each in the nursing home where they were based, provided advice and support to a number of other care homes in the area. A specialist nurse's total caseload might therefore amount to around 130 patients.

Looking to the future, Dr Bowman said a breakdown could be seen in the conventional patterns of primary and secondary care. "As existing primary care trusts take on a commissioning role and cease to be care providers themselves," he said, "there will be opportunities for other organisations to tender for the provision of services to specific groups in the population."

For the care homes of the future to capitalise on the opportunities available to them, Dr Bowman stressed the critical importance of improving training for, and enhancing the career pathway of, care support workers.

He concluded: "The further integration of health and social care, with the NHS and local authorities working more closely together in the future, could lead to a simpler model with standardised assessments of needs and a wider choice of care providers for consumers."

With the post-war 'baby boom' generation approaching old age, he said that rising expectations among older people of the quality and range of services to choose from would have a significant effect on the care home market.

Regulators and providers in a common cause to drive up standards

David Beehan, Chief Inspector, Commission for Social Care Inspection

David Beehan, chief inspector for the Commission for Social Care Inspection, began his presentation to the conference with an unequivocal tribute to the RNHA.

"I have a high regard for everything the RNHA does on your behalf," he told participants. "Your association contributes to the critically important dialogue between care providers and regulators."

Mr Beehan went on to outline the commission's priorities and future direction of travel, stressing that it was determined to put the experience of service users at the heart of what it did.

"So what *do* people say they want?", he asked. "They want independence and choice about where they live. They also want services which suit them, are consistent and are delivered by competent and courteous staff who make them feel safe."

On the issue of standards, Mr Beehan said that between 2002 and 2005 the number of care homes meeting national minimum standards had risen from 22 per cent to 45 per cent. The average care home was now meeting 72 per cent of the standards. Organisations which may have been performing poorly three years ago had improved by focusing on outcomes and engaging effectively with their staff in the drive for higher quality.

Looking ahead, Mr Beehan said that the commission needed to check that the care market was working effectively in terms of both quality and value for money. "Our inspection regime has to be focused on those organisations with the greatest need to improve," he said, adding that CSCI would in future be shifting its focus on to quality improvement rather than compliance with standards."

Changes likely to be taking place during 2005 include:

- simpler registration forms;
- a new format for inspection reports;
- better risk assessment in planning inspections;

- more resources to support inspections of poorly performing services;
- more unannounced inspections.

Further down the line, Mr Beehan said CSCI would be aiming for a more consistent regulation and inspection regime, with different frequencies of inspection for different levels of performance.

He also urged nursing homes not to see complaints as negative criticism. They should be regarded as valuable sources of information from which nursing homes could identify where they needed to improve the quality of the care they provide.

Registered managers award

Anne Gill, Project Leader, Greenwich University

The *Registered Managers Award* scheme now being run by Greenwich University is about meeting the educational needs of those at the top of the ladder in the care home sector, project leader Anne Gill explained.

Giving some of the background to the development of this new approach, she said an RNHA survey of over 100 of its members in Yorkshire had identified considerable dissatisfaction with the existing NVQ RMA.

Particular problems were perceived to be the fact that students were not credited for their previous learning, and that they were being assessed by individuals who did not understand the sector in which they applied their skills.

She said: "Clearly, registered nurses managing nursing homes do not think the NVQ is fit for purpose. So with the government now encouraging the use of foundation degrees for vocational qualifications, Greenwich University is developing a comprehensive programme of foundation degrees for the health and social care sector, which it is possible for students to follow through e-learning rather than having to attend the university."

As Anne explained, there are three broad themes running through the degree course: managing the care environment; managing human resources; and managing the organisation.

The foundation degree for registered nursing home managers is at two levels. Level one focuses on the care environment. Qualified nurses are exempt from this part of the course and can move straight to level two, which encompasses management, business resources, information and quality management and assessing competence. Students also undertake a work-based learning project.

Occupational therapists and physiotherapists can, like registered nurses, have their previous qualifications accredited.

Adult protection and POVA

Frank Ursell, Chief Executive Officer, RNHA

RNHA chief executive officer, Frank Ursell, reminded the conference that the introduction of POVA placed a specific responsibility on nursing home owners to report any employee who they considered to be unsuitable for working with older adults.

"It is also now a criminal offence," he said, "for anyone on the POVA list to seek employment in a care home. POVA is, in effect, a black list of individuals who cannot work in our sector."

Describing the procedures which nursing homes must now follow in starting a new employee, Mr Ursell emphasised that finding out whether a candidate's name was on the POVA list formed part of the first stage of the Criminal Records Bureau check.

Under strictly applied conditions a new employee could start work, however, before the outcome of the CRB check was known if this was essential to maintain an appropriate level of care in a home.

In such a case, the person appointed must be supervised by a suitably qualified and experienced member of the nursing home's existing staff who, as far as possible, should be on duty at the same time as the new worker.

He added: "The Commission for Social Care Inspection insists that positive references must already have been received before the employee is allowed to start and that care homes should not be seeking routinely to bypass the legislation."

Mr Ursell went on to outline the steps which local authorities are required to take in the event of suspected abuse.

Working within the guidelines set out in the Department of Health's *No Secrets* publication, councils have to appoint an adult protection co-ordinator, whose role is to call an 'adult protection alert' if a possible case is reported to them.

The most common source of such reports is through hospital accident and emergency departments, said Mr Ursell, with pressure sores topping the league of problems investigated.

Outlining the process which then unfolds, Mr Ursell said the first step was to convene a 'strategy meeting'. This could take place behind closed doors, probably involving representatives of the local authority social services department, the relevant primary care trust and the Commission for Social Care Inspection.

Usually, this would be quickly followed up by an unannounced inspection of the care home concerned. "It is irritating," commented Mr Ursell, "that the inspectors don't tell you the purpose of their visit, not least because we as nursing home operators are the first to want to stop abuse if it is taking place.

"Subsequently strategy meetings are held until the matter has been fully resolved. It is not uncommon for the home owner to be invited to attend them. I strongly advise you to make sure you are there and to ask to be invited if this is not automatically offered to you.

"An action plan is then drawn up, with meetings to check on its implementation continuing to be called until all the points in the plan have been satisfactorily dealt with."

Stressing the importance of decisive management action to tackle the issues raised, Mr Ursell pointed out that most local authority commissioners of older adult services would not place any new patients in a nursing home whilst it was subject to an alert.

His general advice to nursing home owners and managers was to ensure that they had robust policies and procedures on abuse and that all their staff received appropriate training on how to recognise it and what to do about it. Refresher sessions should also be organised on a regular basis. It was also important to record all the steps taken to protect patients from possible abuse.

He concluded: "If it isn't written down, it didn't happen. That's why it is vital to record all your anti-abuse activities in order to satisfy inspectors that you take this issue very seriously."

How much is meeting new legislation going to cost?

Frank Ursell, Chief Executive Officer, RNHA

In a wide-ranging analysis of the cost of legislation to the nursing home sector, RNHA Chief Executive Officer Frank Ursell reviewed the implications of asbestos and hazardous waste removal, the disposal of unwanted medicines and problems caused by some electric hoists.

Asbestos removal

"A key message for nursing home owners is that asbestos is not dangerous provided it is undamaged and undisturbed," said Mr Ursell. "Blue and brown asbestos fibres have been banned in materials used in the construction of buildings since 1985. White asbestos fibres have been banned since 1999. So if your building was constructed in the past five or six years, the problem should not arise anyway."

He added: "Care home managers need to consider when their homes were built. If they pre-date the relevant legislation, it is likely that asbestos fibres may be encapsulated within some of the building and insulation materials that were used. I suggest that you review the original plans, inspect the building carefully and assess the condition of any asbestos-based products you find."

Mr Ursell also stressed the importance of recording any checks carried out and the conclusions reached from this risk assessment. If asbestos is identified, a management plan should be drawn up to prevent any future exposure to asbestos fibres. Regular reviews of the situation should also be undertaken.

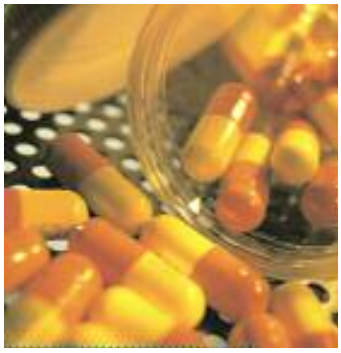
He concluded: "If asbestos materials are in good condition, it is best to leave them in place with warning labels and a clear record of where they are. If the asbestos is damaged and needs to be removed, it is essential to use licensed professionals for this purpose."

Hazardous waste

New regulations for the disposal of hazardous waste were introduced in April 2005, Mr Ursell reminded the conference.

Any nursing home which generates more than 200 kilos of hazardous waste a year must now register with the Environment Agency. They are also under a requirement to segregate hazardous and non-hazardous waste. Any bodily fluid which could contain infection is classified as hazardous.

Emphasising that waste contractors could not remove hazardous waste from nursing homes without the appropriate documentation being in place, Mr Ursell encouraged RNHA members to challenge any charges which they did not consider to be justified.



Unwanted medicines

The Environment Agency has tightened up on enforcement of the regulations introduced in 1992 which prevent nursing homes from returning unwanted medicines to pharmacies unless they register for this purpose and unless the pharmacies concerned are licensed.

As Mr Ursell explained, the licences are quite expensive. At the same time, the Commission for Social Care Inspection requires those nursing homes which do not register with a pharmacy to have made appropriate arrangements with a licensed waste collector and to keep records of all the transactions carried out.

He said: "Controlled drugs have to be 'denatured' in a specially provided box before they are handed over to the waste collector. A registered nurse and a witness must also sign the record of disposal in the controlled drugs register."

Hoists

"Problems have emerged with some electric hoists," said Mr Ursell. "There is a risk that the electric actuator may fail, leading to the sudden dropping of the boom and possible injury to the patient.

"Because of this, patient hoists must be tested and inspected under the Lifting Operations and Lifting Equipment Regulations, which detail the intervals at which such tests must be carried out."

Mr Ursell stressed the need for all nursing homes to identify those patient hoists powered by electric actuators. Recommended usage stipulates a maximum of 10,000 cycles.

The vision for social care

Richard Humphries, Chief Executive, Care Services Improvement Partnership, Department of Health

Starting his presentation with an accolade directed at nursing homes, Mr Humphries said they made a major contribution to the care of older adults. "The system could not work without you," he added.

He continued by highlighting the scale and the breadth of changes taking place in society which would present new challenges to those who commission and provide services. Not only were people living longer, but communities were becoming increasingly diverse in their needs.

"Estimates suggest there will be four million over-85s by 2051," he said, "and that depression will be the most common disability among older people. The big question is - who is going to do the caring in years to come?"

Referring to the Government's most recent Green Paper on its vision for social care over the next ten to fifteen years, Mr Humphries said it focused strongly on how to put people in control of their lives by promoting independence. The aim was to put people at the centre of assessing their needs and to give them real choice about how those needs are met.

Clear outcomes for services would be set, with emphasis on improved health, improved quality of life and personal dignity.

To implement the vision, he argued that the role of Director of Adult Social Services would be pivotal at a local level. Local authorities would have to promote real partnership working.

As far as the future of the nursing home sector is concerned, Mr Humphries asked: "What support would you find most helpful and how can you best contribute to the national strategy for improving care for older people?"

The capacity of the long-term sector to meet the vision - William Laing, Laing & Buisson

The care home sector is set to be dominated by small businesses for a very long time to come, William Laing predicted as he gave a detailed analysis of past and likely future trends.

Whilst occupancy rates in private and voluntary sector care homes (including all nursing and residential care homes) had fallen significantly between the early and late 1990s, he showed how they have since begun to bounce back.

Figures for 2004 showed that the average rate had climbed again to 92 per cent, he said, compared with 86 per cent in 2000. The gain in capacity from new registrations over recent years was offset, however, by the rate of home closures during the same period.

Demand was now just slightly below the level at which it had been in 1981, but lower than at its peak in the early 1990s. Compared with 24 years ago, there are now approximately 120,000 fewer patients being looked after in care homes.

Addressing the key issue of whether or not demand for care homes was about to rise, Mr Laing estimated that by 2051 the care home population would increase from around 433,000 to 1.2 million.

Based on current levels of dependency and taking account of demographic forecasts, demand was therefore set to treble.

Mr Laing also dissected the sector's financial performance. Drawing on an analysis of the NHP corporate provider, he said that company's annual profit per head had been between £4,000 and £5,000 over recent years but had risen to around £6,000 in the past year.

On the question of 'a fair price for care', he said that for a typical provincial nursing home meeting the necessary standards, fees for publicly funded patients should be at or around £558 per patient per week, with £483 per week at the lower end of the market.

Equivalent London prices would be between a floor of £610 and a ceiling of £685 per week.

Looking ahead, Mr Laing said: "My best estimate is that we are going to see a lot more care homes opening in the future and more 'extra care' services being provided within care homes."

But he warned: "We cannot continue as a sector based on minimum wage rates."

Workforce implications of government policy for adult social care

Richard Banks, Head of Workforce Development, Skills for Care

Richard Banks from *Skills for Care*, which seeks to help groups of social care employers to obtain collective funding for staff education and training, highlighted a major shift in government policy for meeting the training needs of over a million care workers.

"We are moving towards a system in which the control of, and responsibility for, courses lies with employers rather than with education providers," he said. "However, the money to pay for the courses is not necessarily flowing through to employers."

Stressing that there were large amounts of funding available through local Learning and Skills Councils, he said: "The problem is that whilst they may be experts in defining 'essential skills', they are not particularly good at running courses alongside vocational training in the workplace."

Paying tribute to nursing homes for their contribution to education and training, he said: "You are better than the rest of the sector at retaining staff. That is probably because of the care given to induction and supervision."

But, he warned, there was a trend for trained staff to move on to better paid parts of the health and social care sector, including the NHS. "We need to show that there are ways to progress within the independent care sector," he said.

In the context of increasing difficulty in recruiting staff within an intensely competitive labour market, Mr Banks said *Skills for Care* had already submitted recommendations to the government for guidelines on the employment of under-18s in the care sector.

"We are working on vocational diplomas as a means of drawing young people into the sector," he added. "We also want what we call 'care ambassadors' to go into schools to talk about what it is like to work in social care."

Meeting the financial needs of the private patient

Diana Roberts, NHFA

A depressing picture of up to 70,000 people a year having to sell their homes in order to pay for their care was presented by Diana Roberts at the start of her presentation to the RNHA annual conference.

"Many self-funding residents in nursing home care assume that they will run out of cash and subsequently go down to local authority funding levels," she said. "The majority of those who do sell their homes then put the money on deposit in low interest accounts."

Nursing homes find themselves in a difficult situation, she added. They want the best possible outcome for their patient. They also want, if possible, to receive the full private fee for care during the lifetime of that resident.

She said: "The individual needs to take independent financial advice. But homes cannot and should not give that advice. It is a difficult time for the individual concerned, who may perfectly naturally be worried about the children losing their inheritance if the family home has to be sold.

"Another major problem is that those who need care and their families often do not know about the relevant legislation, the benefits that are available, the registered nursing care contribution that everyone is entitled to, or the criteria for continuing care to be paid for by the NHS."

Some of the most frequently asked questions put to financial advisers were outlined by Mrs Roberts:

- Do I get any financial help at all?
- What happens to joint savings?
- What about the house? Will I have to sell it?
- Shall I give everything away?

"Everyone loses if a nursing home resident's finances are not managed properly," she said. "Ideally, people should obtain specialist financial advice as soon as the need for care arises."

She added: "There are several options for paying for care. For example, the *immediate needs care fee plan* generates a lump sum to pay for any shortfall for life, with the remainder being invested for growth. Investments are not in equities but could be in property bonds, with no penalty upon death and built-in life insurance.

"If people come to NHFA, we can impartially signpost them to the companies offering specialist financial advice. We also attend residents' and relatives' meetings and run seminars for care professionals."

The NHFA advice line number is 0800 99 88 33. Or you can log on to www.nhfa.co.uk.

New rules for overseas recruitment

Frank Ursell, Chief Executive Officer, RNHA

Recruitment of nurses from overseas could grind to a virtual halt in the future, RNHA chairman Ian Turner warned the conference.

"Very few higher education institutions are expressing interest in running adaptation programmes and carrying out the necessary audits," he said. "Moreover, nursing homes are being asked to pay up to around £2,500, plus mentorship costs and the nurse's salary costs for twenty days of protected learning time."

His comments followed a presentation by RNHA chief executive officer, Frank Ursell, who outlined the stringent requirements introduced by the Nursing and Midwifery Council (*Overseas Nurses Programme*) in September 2005 for overseas nurses who are seeking employment in the United Kingdom.

Said Mr Ursell: "If you are trying to bring in someone from overseas to work in your nursing home, the NMC will want proof of identity, evidence of their competence in English, and details of how their practice will be supervised."

He added: "The NMC has previously identified a number of problems arising from overseas recruitment, including inadequate quality assurance, variability in supervision arrangements, and complications caused through agencies acting as middle men in the process."

The new procedure means that overseas nurses coming to the UK must have had at least ten years of school education prior to commencing a pre-registration nursing education programme in this country. They must also have had a minimum of three years of full-time study at post-secondary level and experience in the specialist area in which they wish to work in the UK.

Said Mr Ursell: "In introducing this new system, the NMC have emphasised that their main role is to protect the public, not to recruit nurses from abroad. In future, nursing homes going down this route will have to work in partnership with a higher education institution. Indeed, an overseas nurse must have been accepted by such an institution before being able to start work in a nursing home."

Around the conference exhibition

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