Annual Report 2003

Today, tomorrow and the next decade

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RNHA

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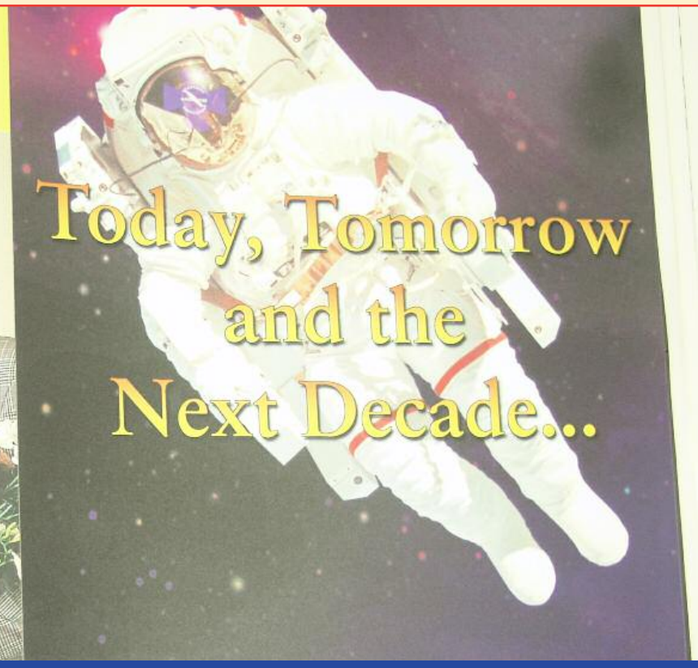

Registered Nursing Home Association

RNHA Annual Report 2003: *Contents*

Chair's Foreword: Today, tomorrow and the next decade

One of the things I enjoy most about my job is the opportunity it gives me to meet many other people who, like me, are directly involved in providing nursing home care.

Our contribution to health care

I sometimes think that, in the eyes of politicians and policy-makers generally, our contribution to delivering the nation's health care is greatly under-estimated. Yet the reality is that we provide many more hours of care to more of our communities' most vulnerable older people than the NHS.

Without the commitment which we, as nursing home owners, and our staff give to this vital task, the rest of the care system would not be able to function. Hospitals would clog up with patients who could not be discharged for further rehabilitation. Social services would be plunged into crisis.

Flying the flag

During 2003, the RNHA has continued to fly the flag for nursing homes, both nationally and locally. Our head office team, led by Frank Ursell, has worked hard to make sure that the views of the nursing home sector are heard when and where it matters, and to correct the misperceptions which some people have about us.

Our unique role

It is worth stressing that the RNHA is the only national association which exclusively represents nursing home owners. Those of us on the National Management Committee are directly involved in running nursing homes. So we feel that we can speak from experience.

Our prime goal is to help nursing homes to meet the many challenges they face. We aim to provide them with fast and accurate information about issues which affect them. We offer fast access to professional expertise in many relevant fields, including finance, law and public relations.

We support our local members in their dealings with public authorities at a local level. We facilitate education and training opportunities. We also run events where nursing home owners and managers can exchange ideas with others who come up against the same problems as they do.

Looking forward

In this annual report, which covers our activities in 2003, you will get an overview of the breadth and depth of our work on behalf of our members.

An increasing focus of our efforts has been on looking forward over the next decade and seeking, with our members' help, to anticipate the main challenges likely to be facing the typical nursing home operator.

Good information and flexible business strategies will, we believe, enable nursing homes to continue to play a leading role in the care of highly dependent older people with long-term nursing needs.

Rosemary Strange

"Without the commitment which we, as nursing home owners, and our staff give to this vital task, the rest of the care system would not be able to function."

Paying for care - whose responsibility?

Our annual conference last year was held against the somewhat surreal backdrop of Canary Wharf. 'Surreal' is how the Government's approach to funding elderly care might be described by some commentators. 'Ostrich-like' is another description.

Striking a distinct chord with our members at that conference was solicitor Nichola Mackintosh (seen above), who reminded us of the landmark decision by the Court of Appeal that the NHS is responsible for paying the total cost of a nursing home placement when a person's need is primarily for health care.

What has the Government done about that? Precisely nothing. It prefers to think of nursing home care as 'social care'. Doesn't that conjure up images of ostriches burying their heads?

And while I am on that subject, what about the Office of Fair Trading? Yet more ostriches seem to be streaming into the picture. As you may recall, the Consumers' Association had asked for an investigation into, among other things, whether the fees paid to care homes by public authorities actually cover the costs. Goodness knows on what twisted piece of logic the OFT's decision rests, but it has decided that it cannot investigate the impact which local authorities' purchasing power has on fees paid for publicly funded patients cared for in nursing homes. On the other hand, it does feel able to investigate the way nursing homes price the care provided to self-funding patients.

To those of us at the sharp end of providing services to older people, the OFT's interpretation of its role does come across as just a little one-sided. Of course there is a connection between the prices paid by social services and the prices paid by individuals who must meet their own costs. In effect, private payers are having to subsidise those whose costs are met by social services departments which, as we know from our own experience and from the analysis published by the Rowntree Foundation in its *Calculating a Fair Price for Care* report, generally fall well below the actual cost of providing the care.

Rest assured that the RNHA is on the case. We shall continue to press hard for a fairer deal for nursing homes. Whether the money comes out of the NHS pot or the social services pot matters little in the end. What does matter, however, is that older people receive the services they need and that those services are properly funded.

Frank Ursell,
Chief Executive Officer

Three stark warnings about care crisis

In February 2003, the RNHA strongly welcomed a recommendation from the National Audit Office that private sector homes should be more involved by NHS Trusts and Primary Care Trusts in the planning and development of older people's services. The proposal came in an NAO report highlighting the continuing problem of delayed hospital discharges.

Broken promises

However, in a statement to the media the RNHA warned that previous promises by the Government to promote greater partnership working between the public and private sectors had rarely been translated into meaningful action at a local level.

Exposing a myth

Said RNHA chief executive officer Frank Ursell: "The NAO tells us that at any point in time there are over 4,000 older people who could have been discharged from NHS acute hospitals if there had been somewhere suitable for them to go. Of these, around a third are stuck in a ward for a month or more longer than they should have been. Yet, at the same time, hundreds of nursing homes have been forced to close because they just couldn't get enough patients referred to them at an economic rate by social services and the NHS. Partnership working between the different sectors is a myth."

Unacceptable waits

The NAO was not alone in revealing the problems caused by a dysfunctional care system. Only a few weeks previously, *Which?* magazine had revealed a number of disturbing cases of very elderly and vulnerable people having to wait an unacceptably long time to be placed in a care home.

Fears for stability

The RNHA has repeatedly expressed its fears about the future stability of the independent care sector - fears which were reinforced by a report at the end of 2002 by the prestigious King's Fund, which pointed to a staffing crisis looming in care homes as owners and managers struggle to keep employees who can get better wages in other parts of the economy.

Need for review

This is a message which the nursing home sector has been trying time and time again to get through to Ministers. The RNHA supports a radical review of the way the long-term care sector is funded, believing that if nothing changes, nursing and residential care homes are set to become casualties in a war of neglect. It will continue to press the Government to increase resources for the nursing home sector each year at no less a rate than for the NHS.

NURSING HOMES FOR SALE

"Hundreds of nursing homes have been forced to close because they just couldn't get enough patients referred to them at an economic rate by social services and the NHS. Partnership working between the different sectors is a myth."

Call to end funding lottery

Rulings published in February 2003 by the Health Service Ombudsman on four cases where patients should have had all their nursing home care costs met by the NHS were described by the RNHA as a 'wake up call' to the Government.

The RNHA welcomed the Ombudsman's challenge to the NHS on this vital issue and has since called on the Department of Health to ensure that the problems faced by the four patients (all now deceased) and their families are never experienced again, whether in the geographical areas concerned (Berkshire, Birmingham, Bolton and Dorset) or anywhere else in the country.

Bureaucratic minefield

The RNHA believes that the cases highlight the bureaucratic minefield through which very sick

people may be forced to tread, with some local NHS services doing their utmost to avoid assuming financial responsibility for the care costs of patients with long-term nursing needs.

Greater transparency

The association is pressing for a more transparent, more consistent application of national guidance about what citizens can expect when their health care is provided outside the NHS but in circumstances where the NHS should foot the bill.

When the sums just don't add up

Responding in July 2003 to the latest statistics released by Laing & Buisson, which showed a net loss of 11,800 places in independent care homes in the previous 15 months, the RNHA said it provided further proof that Government policies were not working.

Said RNHA chief executive officer Frank Ursell: "We have already faced a 20 per cent increase in registration fees and a 141 per cent increase in Criminal Records Bureau fees. Just down the line in October we will have a 7.1 per cent increase in the national minimum wage to contend with. Yet most homes have been lucky to get just a 3 per cent increase in the fees paid by local authorities. The sums just don't add up."

The RNHA also pointed to the failure of a Government initiative from 2001 in which local authorities were encouraged to work with the independent sector to ensure continuity of care. This, claimed the RNHA, had scarcely happened at all in practice and, as a result, had created a further loss of confidence among independent operators that the Government was serious about preserving the care home sector.

CRB inefficiency

Disbelief that a poorly performing agency such as the Criminal Records Bureau could put its fees up by nearly 150 per cent had already been publicly expressed by the RNHA. If anything, it argued, the Bureau should be reducing its charges to compensate for its inefficiency.

The association wrote to MPs to complain about the CRB increase and the short notice involved - notification on 6th June of something due to be brought into force on 1st July.
It also released figures which showed that as many as 576 individual submissions made by its nursing home members to the CRB between six and 14 months earlier were still awaiting a response. Of these, 125 had been outstanding for more than 12 months.

Stark contrast

On the issue of the national minimum wage, the RNHA said the 7.1 per cent increase scheduled for later in the year stood in stark contrast to the 3 per cent increase being offered by many local authority social services departments in the fees they pay to nursing homes to meet the cost of publicly funded patients. The mismatch was unfair in principle and potentially disastrous in its consequences, it claimed.

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Safeguarding GP cover for nursing home patients

In March 2003 the RNHA appealed for more research into how the medical needs of highly dependent patients in nursing homes can best be met.

This coincided with a report in the *British Medical Journal* drawing comparisons between the medical experiences of older people in nursing homes and those living in the community.

Informed debate

Backing up its call for an informed debate on the issue, the RNHA said that many nursing homes were finding it increasingly difficult to get GP medical cover for their patients without extra payments being asked for by the practices concerned.

It called on the Government and doctors' representatives to work out ways of ensuring continuity of effective medical cover for patients in Britain's 5,000 independent and voluntary sector nursing homes.

Falling through the net

The association believes that patients in nursing homes have every right to receive the same quality of primary care as everyone else and that it is vital to prevent them from falling through the net with changes in the way NHS primary care is provided.

Care system failing vulnerable people

In September 2003 the RNHA welcomed a report from the House of Commons Public Accounts Committee which concluded that bed blocking problems could only be solved by better co-ordination between NHS acute trusts, primary care trusts, social services and the independent sector.

Left out of the loop

In the view of the RNHA, many independent sector providers of long-term health care for vulnerable older people are left out of the loop completely when local authorities and the NHS plan how to balance demand for places with current or projected capacity.

Whole system approach

In the light of the comments from the Public Accounts Commmittee about poor co-ordination by public bodies, the RNHA called on the Government to acknowledge its past failure in ensuring a 'whole system' approach to the care of older people and to act urgently to make it happen in the future. It urged the Government to wake up and see what was going on in many parts of the country. The problem was one of policy, co-ordination and funding, not one of over-capacity.

Not a panacea

The Government had failed to grasp another reality, the association argued, which is that many chronically sick and disabled older people have such multiple health needs that their care can only be safely provided in a residential setting with qualified nurses on duty 24 hours a day. Domiciliary care was not a panacea.

Perverse incentives

The RNHA also pointed to the perverse incentives used nationally to measure the efficiency of local authorities, which are scored more highly if they increase the proportion of older people cared for at home. This works against those individuals whose needs demand a more intensive level of care in a residential setting.

"The Government has failed to grasp another reality, which is that many chronically sick and disabled older people have such multiple health needs that their care can only be safely provided in a residential setting with qualified nurses on duty 24 hours a day. Domiciliary care is not a panacea."

Qualified support for Royal Commission recommendations on personal care

Recommendations from the members of the Royal Commission on Long-Term Care that personal, as well as nursing care, should be publicly funded received a qualified welcome from the RNHA in September 2003.

Not a rosy garden

But the RNHA warned the Government against any assumption that finding the estimated £1.1 billion per annum it would cost to meet personal care costs would somehow make everything in the long-term care garden rosy.

Estimates by the RNHA suggest that adequate funding of nursing care would require an additional £1 billion to £1.5 billion per annum. In total, it believes the Government needs to spend about £2.5 billion a year extra on meeting the long-term nursing and personal care costs of vulnerable older people and adults with mental health problems and physical and learning disabilities.

Under-funded

In a statement, the RNHA said: "We applaud the commissioners for highlighting how unfair and, indeed, how unrealistic it is to try to separate out individuals' needs for nursing care or personal care. However, we must not lose sight of the fact that nursing home care itself is massively under-funded and we are calling for positive action by the Government to rectify this."

Crystal balls at the RNHA annual conference

Today, Tomorrow and the Next Decade was the theme of the RNHA's annual conference held in September 2003 in the appropriately futuristic setting of London's regenerated docklands.

Thinking outside the box

Several speakers made their own predictions about likely trends over the next ten to thirty years, with Dr Mike Tremblay insisting that the major challenge for both health care policy makers and providers, whether in the public or private sectors, would be to 'think outside the box'.

Dr Tremblay pointed to changes taking place within the NHS which, he argued, would present opportunities for independent providers to offer tailor-made services on a contract basis. He urged RNHA members to look at and learn from examples of how *Kaiser Permanente* in California and *Evercare* in Minnesota had forged new relationships with the purchasers of health care.

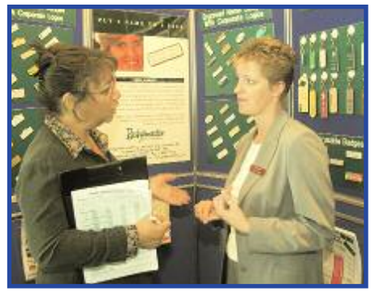
Nursing shortage

Jon Chapman, from Pinders Professional and Consultancy Services, said the acute shortage of qualified nursing staff posed one of the greatest immediate challenges to nursing home owners. He also predicted that more and more homes were likely to employ administration managers to take the paperwork burden off their care managers.

Rising cost of care

Professor Martin Knapp, from the Personal Social Services Research Unit at the London School of Economics, said the cost of caring for older people would rise from £10 billion in 1998 to around £25 billion in 2031. These figures, he said, were based on projecting today's care arrangements into the future and applying them to the demographic make up of society thirty years on from now.

Calling for a more equitable sharing of risk between the purchasers and providers of care, Professor Knapp said many local

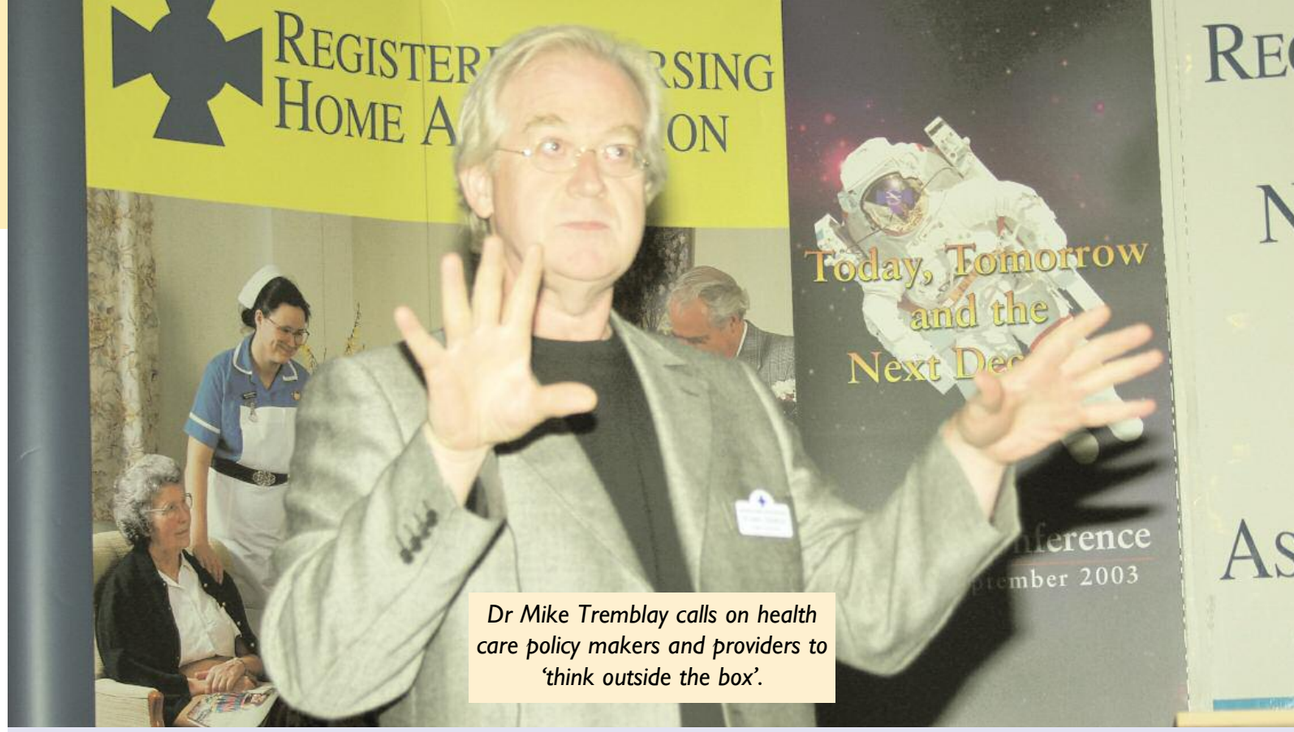


authorities were relying on spot contracts without clauses to cover contingencies, which increased providers' costs. It would be helpful, he said, to see future markets developing that are less adversarial and built more on the foundations of competence, trust and goodwill.

Need for more involvement

The need for nursing homes to be more 'involved' by local authorities was stressed by Professor Derek Gardiner, head of strategy and performance for Greenwich Social Services. He said there had to be a shift away from the nursing home sector feeling battered by bureaucracy towards a system where care providers were helping to set and drive up standards.

"It would be helpful to see future markets developing that are less adversarial and built more on the foundations of competence, trust and goodwill."



Dr Mike Tremblay calls on health care policy makers and providers to 'think outside the box'.

A place at the table

Richard Humphries, Director of the Change Agent Team at the Department of Health, echoed these thoughts. Acknowledging that the vast majority of care for older people is provided by the independent sector, he said this should be reflected in who sits round the table when the planning of services is taking place.

He also predicted significant changes in the way services are delivered, arguing that older people of the future would have higher aspirations than their predecessors in terms of the choice and quality of the care options available to them. The changing environment would open up opportunities for care providers willing to grasp them, he said, including step down care, intermediate care and rehabilitation services.

Consistent outcomes

Amanda Sherlock, transition project director with the National Care Standards Commission, said consistency of outcome in inspections would be a key driver for the new Commission for Social Care Inspection when it assumed responsibility for regulation of care homes. She pledged that CSCI would seek a partnership with providers in order to understand better how regulation impacted on their work.

Flexible qualifications

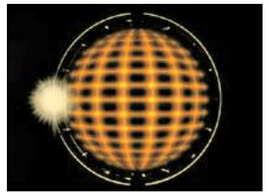
A future based on flexible qualifications designed to meet specific employers' needs was the vision painted by Andrea Rowe, chief executive of TOPSS. Skills and qualifications had to be relevant, she said. Management and leadership skills also needed to be developed in the care sector.

Lobby on fee levels

Valerie Smith, independent sector adviser with the Royal College of Nursing, reminded RNHA members that the RCN had already voted to lobby the Government about the low fees paid to nursing homes for publicly funded patients. She also highlighted the perverse incentive in the NHS funding system which meant that, if a nursing home patient's condition improved, they might be reclassified into a banding which attracted a lower NHS contribution towards their nursing care costs.

More balanced view needed on domiciliary care

In response to a BBC *Panorama* programme in November 2003 highlighting serious problems in domiciliary care, the RNHA urged the government to do more to protect dependent and vulnerable older people being cared for at home and to review guidelines about the way individuals' needs are assessed and met.



The RNHA believed the programme had confirmed its concerns about the appropriateness of domiciliary care for some highly dependent individuals with multiple needs, as well as heightening widespread disquiet about the government's insistence that domiciliary care is preferable to residential care.

Right solution

In the view of the association, for many people domiciliary care is the right solution, provided that the care is up to the required standards and is monitored as tightly as residential care.

However, it questions whether this form of care is the right solution for some individuals whose frailty has reached a point where they can do nothing at all without the help of the paid for carer dropping in for just half an hour or an hour a day.

Balanced view

The RNHA is campaigning for a more realistic and balanced view to be taken by national policy-makers and by the local authorities which commission care for older people.

Sadly, domiciliary care is often preferred by funding bodies because it comes with extra government financial support and because they see it as a cheaper option than looking after someone in a nursing home.

"The RNHA is campaigning for a more realistic and balanced view to be taken by national policy-makers and by the local authorities which commission care for older people."

Re-think urged on security clearance for care home staff

During the year, the RNHA and seven other care home bodies took unprecedented joint action to plead with the Government for an urgent re-think on security clearance for their staff.

Ministers and MPs arriving back at Westminster after the summer recess were greeted by a 20-page dossier on the implications of a decision by the National Care Standards Commission (NCSC) to withdraw the guidance they published in June 2002.

That guidance introduced flexibilities which by-passed legal requirements and allowed new workers to be employed while the Criminal Records Bureau (CRB) check was being carried out.

But with the prospect of the guidance being withdrawn on 1st October 2003, no new employee would have been able to work in a care home until their CRB check had been completed. Frank Ursell, chief executive officer of the RNHA, said: "The CRB claims that 90% of all enhanced checks are completed within four weeks, but care home operators all over the country know that from start to finish the recruitment process takes a minimum of 50 days – and sometimes longer – in order that a new employee can start work with the appropriate security clearance.

"When an employee leaves, often without notice, the care home owner will be unable to fill the vacancy until the CRB application process has been successfully completed. But, at the same time, they have a legal duty to keep staffing numbers at an approved level.

"As a result, our members are caught between two evils. They will be operating outside the law if they employ staff without a CRB check; and they are equally in breach of care laws if they fail to staff their care home adequately."

The RNHA and its fellow care associations called on the Government to instruct the National Care Standards Commission to revert to the interim guidance while an urgent review of the regulatory requirements was undertaken. This resulted in the Department of Health convening a meeting of 'stakeholders' in October 2003, where it was indicated that Ministers would look favourably at proposals to amend the regulations.

Minister challenged on bed target

On the eve of the Labour Party Conference's debate on health and social care, which took place in Bournemouth on 1st October 2003, the RNHA challenged Health Minister Stephen Ladyman's apparent acceptance of a potential loss of a further 10,000 places for older people in care homes.

In a statement issued to the media, the association asked whether the Minister would derive satisfaction from the fact that, by February 2004, his apparent new target for the number of places in the independent long-term care sector would probably have been brought about by Government inaction and neglect.

The statement pressed the Minister to say how delayed hospital discharges would be tackled if there were fewer places in nursing homes for highly dependent older people to go to for continued rehabilitation.

Policy contradictions

There was no way, said the RNHA, that the needs of chronically sick older people in Britain could be met if a further 10,000 places in care homes were lost in the near future. It claimed that the contradictions and confusions of Government policy towards older people were getting progressively worse and more damaging.

Apparent u-turn

The RNHA also highlighted an apparent u-turn by the Government, which had previously been encouraging local authorities to purchase more places for older people in residential nursing care.

Postcode lottery

As a consequence, older people would be plunged even further into a postcode lottery regarding the availability of nursing home beds in their area.

"There is no way that the needs of chronically sick older people in Britain could be met if a further 10,000 places in care homes were lost in the near future."

RNHA rejects MP's drug claims

'Alarmist nonsense' is how the RNHA reacted in November 2003 to claims by Liberal Democrat MP Paul Burstow that care home managers in Britain have accepted anti-psychotic medication as a means of managing difficult residents.

The RNHA said it was a ludicrous suggestion, since all care home patients' medication is prescribed by their own GPs and not by managers or nurses working in the homes.

Medication decisions

In a strongly worded statement, the RNHA stressed that GPs were responsible for making decisions about whether patients should be prescribed particular forms of medication to meet a clinical need. The doctors also decided on the dose and frequency with which the medication should be taken.

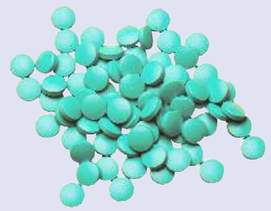
Said RNHA chief executive officer Frank Ursell: "Those of us who manage nursing homes and care for patients round the clock would want our patients to receive only that medication which is necessary for their condition. Over-medication is as undesirable as under-medication."

He added: "The onus is on family doctors, working in partnership with pharmacists and others, to ensure that all their patients, whether in residential care or living at home, are receiving medication which is appropriate to their individual needs."

Regular reviews

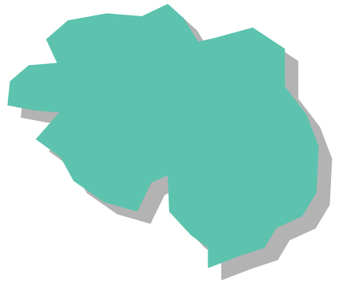
The RNHA supports the principle of regular medication reviews to ensure that changing needs and circumstances are reflected in individuals' prescriptions but, the association believes, it is for the medical profession to take the lead in conducting such reviews.

The RNHA's comments followed publication by Paul Burstow MP of a report entitled *Keep Taking the Medicine 2*. Whilst disagreeing with his conclusions about the attitude of care homes towards the use of medication, the RNHA agreed with the concerns expressed by Mr Burstow in his report about the Government's refusal to commission independent research into the inadequacy of nursing home fees.



Meeting financial pressures in Northern Ireland

An extra £32 a week State subsidy agreed by Northern Ireland's health and social services boards for publicly funded patients from 1st April 2003 (taking the figure from £368 per patient per week to £400) was described by the RNHA as 'desperately needed'.



It said the 8 per cent increase would help to prevent more homes in Northern Ireland from closing but warned that it was still well below the level recommended by the well-respected Joseph Rowntree Foundation and that much of the cash would be swallowed up by the latest rise in the national minimum wage.

Vital infrastructure

RNHA chair Rosemary Strange, owner of a nursing home in Carrickfergus, said:
"Nursing homes are a vital part of the health care infrastructure of our country. They look after many more highly dependent older people than the NHS. If financial problems continue forcing them out of business at the rate they have been disappearing in the recent past, we would see the destruction of an irreplaceable public service in all of our province's counties."

Nowhere to go

She added: "No health care provider, whether inside or outside the NHS, can continue indefinitely to run at a loss. If they did, hospitals would close and patients would have nowhere to go. Nursing homes are no different from hospitals in this respect. They need to pay staff, purchase medical supplies, feed patients and meet the cost of heating, lighting and other unavoidable expenses."

"Nursing homes are a vital part of the health care infrastructure of our country. They look after many more highly dependent older people than the NHS. If financial problems continue forcing them out of business at the rate they have been disappearing in the recent past, we would see the destruction of an irreplaceable public service in all of our province's counties."

Campaining for a fair deal in South Wales

In the autumn of 2003, the RNHA in Wales publicly expressed its concern that older people in Swansea in need of round the clock nursing home care might be getting a raw deal by comparison with their neighbours in Neath and Port Talbot.

This followed news that, whilst social services in Neath and Port Talbot would be increasing the weekly fees they paid for nursing home care to £400 a week from October, the rate in Swansea looked almost certain to remain stuck at £385.

Funding gaps

The funding gaps between these neighbouring local authorities could not help but lead to inequalities in levels of provision for older people, the RNHA warned. It called on Swansea social services to review its position and make up the difference as soon as possible.

Chairman of the RNHA in Wales, Anthony Ramsey-Willliams, said: "It is very disappointing and not a little confusing that there should be such differences in the fees paid on behalf of publicly funded patients who live a relatively short distance from one another. We are now surrounded by authorities paying a more appropriate rate. Swansea's most vulnerable older people are surely as deserving of the best possible care as those in Neath, Port Talbot and Carmarthen."

Emlyn Davies, RNHA director in Wales, said: "As far as we can ascertain, Swansea's Director of Social Services was not until very recently aware of the emerging differential in fees between the authorities. We hope, therefore, that he and his committee will take stock of the situation as a matter of urgency and will seek to match the fees agreed by the others."

Trends in levels of fees

The RNHA worked during the year to ensure that social services in Swansea and other parts of South Wales, as well as members of the Welsh Assembly, were kept up-to-date about trends in the levels of fees being paid for the care provided to older people.

Stamping out elder abuse

During the year, Channel 5 broadcast the *MacIntyre Undercover* programme focusing on the problem of elder abuse in residential settings.

At the time, the RNHA voiced its concern about the balance of the content, which had concentrated on the very worst aspects of care found in a small minority of nursing homes.

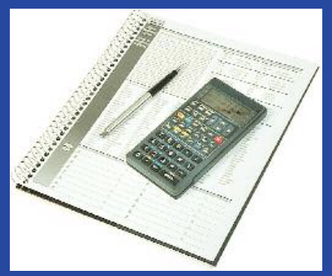
However, the association went on record in condemning all forms of elder abuse, calling for better protection of vulnerable older people. Chief executive officer Frank Ursell said: "RNHA members are united in utterly condemning such shameful neglect and would wish to see the perpetrators hounded out of the sector for good."

Six-point plan

The RNHA gave its broad backing to a six-point plan by the charity, Action on Elder Abuse, which called for:

- the immediate implementation of the PoVA register;
- priority registration of basic grade care staff with the GSCC;
- a maximum turn around of one week on all CRB checks;
- mandatory training in elder abuse prevention for all basic grade care staff and all nurses;
- an urgent review of the inspection strategy implemented by the NCSC;
- adequate funding for care provision to halt the crisis of care home closures.

Action on elder abuse



"RNHA members are united in utterly condemning such shameful neglect and would wish to see the perpetrators hounded out of the sector for good."

Better pay, training and inspection - RNHA evidence to Health Select Committee

A strong commitment to ridding the whole of the care sector of the evil of elder abuse was given by the RNHA to the House of Commons Health Select Committee in December 2003.

In evidence to MPs, RNHA chief executive officer Frank Ursell said it was vital to tackle both abuse and poor practice wherever they occurred. Responding to MPs' questions, Mr Ursell told the Health Committee that services provided to older people in nursing homes should be regulated and inspected in the same way as other health care provision.

The RNHA believes the Commission for Health Improvement, which inspects NHS services, should be responsible for nursing homes, rather than the new Commission for Social Care Inspection. Nursing homes should be inspected by people from a health background, it believes.

In its evidence to the Select Committee, the RNHA called for improvements in the rates of pay and training offered to care staff in nursing homes as one of a range of steps that would boost the fight against abuse. This, it pointed out, necessitated higher fees for publicly funded nursing home patients so that operators could afford to pay significantly above the national minimum wage.

The RNHA stressed to the Committee the importance of effective whistle-blowing procedures in care homes to draw management's attention quickly to any signs of abuse, as well as the need to differentiate between intentional abuse and behaviour that amounted to bad practice.

Whenever an emotive term such as 'abuse' is used, says the RNHA, it may trigger a defensive response rather than a willingness to remedy the incident at the first opportunity, There is often a greater willingness to recognise that poor practice has occurred and, as a consequence, to take preventive action.

Regional conferences review first year of care standards

During the year, the RNHA held a series of eight regional conferences across England that were attended by around 600 delegates.

The focus of these events was very much on care standards and the lessons learned since the introduction of the National Care Standards Commission some twelve months previously.

Analysis of inspection reports

Speakers in one of the main sessions reviewed the outcome of an analysis by RNHA head office of around 250 inspection reports on its members' nursing homes, which showed that many of them were still unsure how to produce the kind of evidence being sought by the NCSC.

Burden of proof on care providers

As RNHA chief executive officer Frank Ursell pointed out, the Care Standards Act had been written in such a way that the burden of proof had fallen firmly upon the shoulders of the provider of services. In particular, home owners had to supply evidence to substantiate their staffing levels, skill mix, care plans and quality assurance methods.

Acceptable audit trails

Delegates were informed that two acceptable audit trails - *the Minimum Data Set* and *Blue Cross Mark of Excellence* - had been identified that would help them to provide what the NCSC wanted.

Importance of good record-keeping

The seminars also highlighted problems which some nursing homes had experienced in satisfying inspectors' requirements on record-keeping.

The RNHA therefore advised owners to pay particular attention to schedules 2, 3 and 4 in the Care Home Regulations.

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Elderly at risk because of 'muddling through' approach to winter planning

During the winter of 2003/04, local authorities throughout the UK were urged by the RNHA to be more 'up front' about their plans for caring for their frailest elderly residents during the winter months.

The association said that virtually no councils had bothered to consult or involve the independent care sector in discussing how to cope with any upsurge in demand for places. It also warned that the continuing loss of beds in independent nursing homes meant some councils would find it difficult to arrange patients' discharge from hospital quickly enough to avoid government fines.

Responding to claims by University College London researchers that older people might be forced by the new system into accommodation they did not want to go to, the RNHA argued it would be unacceptably bad practice to allow this to happen at any time.

Firm action needed to reduce discharge delays

Whilst disagreeing with the researchers' predictions, the association felt strongly that local authorities needed to be encouraged to take firm action to reduce delayed hospital discharges.

Once an older person has got over the acute phase of their illness in hospital, they should be discharged as quickly as possible. Hospital is the most inappropriate environment in which to provide them with continuing care during their recovery. It is also the riskiest for their health.

Campaigning for effective engagement

The RNHA pledged to redouble its efforts in 2004 to persuade local authorities and the NHS to engage more effectively with the independent sector, which provides the majority of long-term nursing and residential care to older people.

Minimum data set package to help identify needs

In June 2003, the RNHA announced that it had entered into an agreement with AIS Systems of Canada to make the *Minimum Data Set* (MDS) assessment process available to the association's members at a discount price.

This, the RNHA believes, will help nursing home owners not only to assess their patients' needs but also to demonstrate to outside inspectors that they are providing the necessary packages of care to meet those needs.

The goal of the MDS assessment instrument is to support best practice in the care of older people and to promote their independence wherever possible by identifying opportunities for rehabilitation.

Crucially, the system records individuals' expressed preferences about the care they receive and their involvement in activities in the nursing home.

Extension to health benefits

2003 saw an extension to the 'low cost' private healthcare benefits scheme negotiated by the RNHA on behalf of its members.

Under the *Westfield Health Scheme Foresight Plan*, subscribing staff employed by RNHA members were already offered generous allowances towards the cost of everyday healthcare expenses, including dental treatment, optical care, physiotherapy and private medical consultations.

In addition, the scheme also now provides a 24-hour counselling and advice line that can help employees cope with the pressures of work and home life.

Exploring the 'mutual' concept

During the year, the RNHA embarked on an exercise to explore the viability of setting up a 'mutual' to provide some types of insurance cover to its members. This followed the withdrawal of a number of major insurers from the nursing home market, thereby reducing the options available.

In particular, the association is concerned that its members should have the necessary cover required by National Minimum Standards legislation.

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Scenario planning to deal with future challenges

Speaking at the RNHA annual conference in September 2003, chief executive officer Frank Ursell said nursing homes should seek to shape their own future rather than sitting back and reacting to events.

For this reason, he said the association would be embarking on a 'scenario planning' exercise to create a coherent picture of plausible alternative futures that might face nursing home owners up to 2010.

Conflicting forecasts

Giving an example of possible alternative scenarios that might face nursing homes in their relationships with local authorities, Mr Ursell pointed to conflicting forecasts about the future role of social services in relation to long-term care.

Some commentators, he said, were predicting that local authorities would strengthen their commissioning role, while others thought it would diminish. Nursing homes therefore needed to think through their strategies for dealing with either situation.

Workshops to develop strategies

To help develop such strategies, he said, the RNHA was planning to hold a series of workshops around the country to which local members and others would be invited.

The aim would be to debate how best nursing homes could ensure that, over the next five to seven years, they would be operating in a favourable environment.

Pivotal role of the nurse

Mr Ursell stressed the pivotal role of the nurse in the care of vulnerable older people. This, he said, should run like a water mark through the association's scenario planning deliberations. He concluded: "We need to ask how we can best protect the interests of patients in the future by ensuring that they receive an appropriate level of nursing."

Stepping up the information flow

During 2003, the RNHA produced three new publications designed to increase the flow of information to existing and prospective members, the news media and key decision-makers and opinion formers.

Fit for purpose

Under the title of *Fit for Purpose in the 21st Century Health Care Environment*, the association published a 6-page booklet outlining the benefits of membership and the range of services it provides, including:

- fast, accurate information about issues which affect the running of nursing homes;
- access to professional expertise on standards, finance, law and public relations;
- support in dealing with public authorities at a local level;
- management tools to enable nursing homes to offer high quality, cost-effective care;
- education and training opportunities;
- opportunities for exchanging ideas with other nursing homes;
- strong representation at a national level.

50 key facts

In addition, the RNHA updated its very successful and popular *50 Key Facts* folder, which contains a large amount of statistical and background information about the nursing home sector, including the numbers of places and nursing homes across the country, methods of funding, occupancy rates, projections of future demand and arrangements for regulation and inspection.

Media briefing

Copies of the folder were widely distributed to journalists as a handy source of reference, together with a media briefing sheet explaining the role of the RNHA and how to get in touch at short notice with a representative of the association for information and comment.

The number of requests for television and radio interviews has increased significantly as a result of this initiative.

The RNHA provides members with instant access to professional expertise on standards, finance, law and public relations.

Finance

Balance Sheet as at 31st December 2003

	31st December 2003		31st December 2002	
	£	£	£	£
Fixed Assets				
Tangible assets		**63,894**		83,994
Current Assets				
Debtors	**62,403**		48,411	
Cash at bank and in hand	**400,196**		323,407	
	462,599		371,818	
Creditors				
Amounts falling due within one year	**332,468**		293,658	
Net Current Assets		**130,131**		78,160
Total Assets Less Current Liabilities		**194,025**		162,154
Creditors				
Amounts falling due after more than one year		**24,749**		44,815
		169,276		117,339
Reserves				
Profit and loss account		**169,276**		117,339
		169,276		117,339

Registered Nursing Home Association Limited (A Company Limited By Guarantee)
Profit and Loss Account For The Year Ended December 31 2003

	2003		2002	
Income	£	£	£	£
Subscriptions - Existing	374,876		366,288	
Subscriptions - New	14,023		12,194	
Total Subscriptions		388,899		378,482
Sponsorship	137,538		109,953	
Interest Receivable	6,679		5,504	
Stationery Sales	1,238		2,848	
Quality Assurance (Net of Expenses)	20,861		105,599	
Conferences (Net of Expenses)	10,528		29,006	
Criminal Records Bureau (Net of Expenses, Before Payroll)	18,502		4,326	
Business Plan Manuals (Net of Expenses)	373		1,123	
Other Income	1,126		1,281	
		196,845		259,640
Net Income Carried Forward to Page 27		585,744		638,122

	2003		2002	
Expenses :	£	£	£	£
Organisation				
Chairman & Vice	8,182		7,569	
Chief Executive Officer	5,304		4,175	
Council	3,101		2,388	
European Costs	2,232		4,719	
Committee Projects	0		2,185	
National Management Committee	4,750		4,852	
AGM Annual Conference & Other Meetings	-4,482		-4,081	
Membership Recruitment	2,369		8,856	
		21,456		30,663
Administration				
Head Office Staff Costs	200,046		171,180	
Other Staff Costs	10,207		10,509	
Property Costs	56,585		49,900	
Equipment Costs	10,998		11,542	
Communication Costs	60,923		82,286	
Audit & Accountancy	10,506		9,892	
Bank Charges & Interest	4,540		4,158	
Other Office Costs	2,320		4,713	
Legal Costs	0		4,500	
		356,125		348,680
Services To Members				
Branch Meetings	698		298	
Lobbying & Representation	17,674		20,628	
Legal Support	22,790		19,750	
Marketing & P.R.	41,057		37,480	
Other Services	3,643		6,022	
		85,862		84,178
Other Expenses				
Vat on Inputs Irrecoverable	25,814		23,013	
Depreciation	24,584		19,607	
Bad Debt Provision	7,473		3,356	
Relocation costs	0		5,000	
		57,871		50,976
Total Expenses		521,314		514,497
Net Income Brought Forward from Page 26		585,744		638,122
Profit Before Taxation		64,430		123,625

Financial Report on the Accounts for the year to 31st December 2003

In 2003, we produced a very commendable profit of £64,430 before taxation, compared to the budgeted figure of £12,625.

Although it is less than last year's profit of £123,625, the difference is due to the exceptionally high income earned in 2002 from the sales of the quality manual, which totalled £105,599.

Income

If we exclude the sales of the quality manual from the figures, our total income was up by £32,360 or 6%. Our membership fees were up by £10,417, equating to a 2.75% rise.

As doubt about the future receded and our members gained confidence from the buoyancy of higher occupancy and greater profitability generally, so our income from conferences dropped. However, this was more than made up by an increase in our income from CRB checks.

Expenses

Our overall expenses increased by 1.3% to £521,314 from the previous year's £514,497. There were no significant changes to the expenditure pattern of 2002.

Our staff increased by one during the year to help with the massive increase in workload arising from processing Criminal Records Bureau checks. However, we did not appoint to the Education Manager post that we had planned to create and this has had some effect on our projected income this year.

We easily exceeded our budget by £52,135. However, included in this was a contingency of £25,000 that we did not need to use. Thus, the difference was £27,135. Our overall income was short of target by £15,256 or 2.54%. This was primarily due to a shortfall of revenue from our conferences and the sale of the business model.

Expenditure, on the other hand, was extremely well controlled, coming in at £67,391 below target and even taking into account that £25,000 of this figure was a contingency.

Savings

There were savings in organisation costs of £28,544 and savings in administration costs of £26,080, while services to members came in at just £1,638 below budget. We did have to write off bad debts of £7,473 that related to a prior year's agreement.

Future strategy

At the end of last year and carrying on into the early part of this year, we formed a Future Strategy Group to look forward to see what we thought the Registered Nursing Home Association should look like in the future.

The work of this group has been built into the 2004 Business Plan. We felt that, to be more effective, we needed a bigger

membership, which would enable us to spend more in areas like PR, lobbying and publications, including research. This, in turn, led us to look at what sort of structure we would need to manage this 'new look' organisation.

We also felt it important that we put greater focus on fewer projects where we could improve the effectiveness of our capabilities, to the benefit of our membership. Your National Management Committee has already started down that line. We hope that by the end of 2004 we will have a new structure in place, with increased membership, and that we will be providing an even more responsive service to our membership.

As I said last year, the support of our members will always be our primary objective, unlike that of many of our rivals in the care industry. To safeguard our long term viability, we must continue to ensure that our expenditure only grows in line with our income. We must truly represent our membership and contribute to their increased profitability.

David Zirker,
Finance Director

RNHA Officers and National Management Committee Members

Vice Presidents	Derek Whittaker, Clifford Davison
Chair	Rosemary Strange
Vice Chairman	Ian Turner
Finance Director	David Zirker
Committee Members	Nigel Adams, Jim Byrom, Kevin Dannatt, Emlyn Davies, Robert Newton, John O'Dea, Clive Neil-Smith (co-opted)
Community Care Representatives	England: John O'Dea, Clive Neil-Smith Wales: Emlyn Davies Northern Ireland: Rosemary Strange Scotland: Clifford Davison

RNHA Head Office

Chief Executive Officer: Frank Ursell

Deputy to the Chief Executive Officer and Information Services Manager: Deirdre Kowalski

CRB Adviser: Geoff Cook

CRB Admin: Cathy Garvey

Membership Administrator: Gillian Tack

Secretary: Irene Hunt

Receptionist: Gill Evans

Admin Support: Helen Archer

Researcher: Benjamin Prentice

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