

# Registered Nurses in Care Homes: Meeting clinical need

RCN Scotland is proud to represent members working in social care settings, including Scotland's care homes. As a stakeholder in the social care sector, RCN Scotland believes that it is the right of every resident in Scotland's care homes to receive high quality, safe care, to be treated with dignity and respect and to have their human rights upheld. Supporting people to manage their health and social care needs is key to a good quality of life and can help enable people to achieve the outcomes that matter to them. In the context of integration, it is right that this is done in a multidisciplinary and interagency way and that health and social care staff are enabled to work as teams to offer person centred support. Where nursing care is required, care home residents deserve to have it provided by the right numbers of nursing staff with the appropriate skills, competencies and education.



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### **Clinical need in care homes**

People in Scotland are living longer. By 2039 the number of people over 75 is projected to expand by 84%.<sup>1</sup>

Care homes are increasingly caring for people with complex clinical needs which can include multiple long-term conditions and co-morbidities such as frailty, COPD, dementia, multiple sclerosis, parkinson's as well as palliative and end of life care needs.<sup>234</sup>

54% of all people in Scottish care homes for older people have a diagnosis of dementia.<sup>5</sup> Alzheimer Scotland estimate that 35% of people with dementia in care homes, will have advanced dementia and, as such, health care needs which are complex and require skilled nursing and other expert health care input.<sup>6</sup>

In Scotland's integrated health and social care landscape, care homes are providing essential alternatives to hospital care and are increasingly being used to reduce delayed discharge from the acute sector, making them fundamental to local health economies.

As Scottish Care recently observed, the reality is that care homes are now often "akin to hospital environments in terms of the levels of need they are supporting."<sup>7</sup>

## Human rights and person centred outcomes

The Convention on the Rights of Residents in Care Homes for Adults and Older People states people's right to be supported "to be independent and equal members of society".<sup>8</sup> Many older people living in care homes enjoy considerable quality of life and receiving the right, high quality health care is key to this.

As Age Scotland has recognised, health problems can "cause discomfort and affect activities of daily living, participation in social activities and independence." As such, "good management of existing health conditions and prompt recognition, diagnosis and treatment of new health problems is vital for wellbeing."<sup>9</sup>

A key component of supporting care home residents to age well, and to be independent and equal members of society, will be managing clinical conditions effectively, at the same time as promptly responding to new symptoms.

Scottish Care has recognised that, "high quality nursing staff [are] a crucial component of health and social care... [without them ] we will not improve outcomes for those who require care and support services and we will be unable to promote choice, personalisation and innovation in our care services."<sup>10</sup>

Evidence from scrutiny has identified an association between stable staffing and outcomes for residents.<sup>11</sup>

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As residents' complexity of clinical need increases, the skills, competencies and availability of the registered nursing workforce employed within care homes will become ever more important

## The value of registered nursing in care homes

The Scottish Government's policy ambition of supporting more people closer to home requires high quality, nursing provision to be available throughout community settings. This includes care homes. As residents' complexity of clinical need increases, the skills, competencies and availability of the registered nursing workforce employed within care homes will become ever more important.

Registered nursing is essential for delivering high quality, safe care to people in care homes. This is demonstrated by a growing body of international evidence.<sup>12 13 14</sup>

Registered nurses lead, co-ordinate and deliver person-centred care within care homes<sup>15</sup> and, when given the right support, are well placed to manage acute illness and emergencies, prevent health problems and promote mental health and wellbeing.<sup>16</sup>

During admission to a care home, registered nurses can play a pivotal role in supporting the transition process. This includes assessment of the new resident's needs and care planning as well as creating a sense of home and safety. Likewise, as care homes offer services including respite, intermediate and rehabilitative care, the role of the nurse in teaching self-care, and arranging follow up interventions is key to the process of discharge.<sup>17</sup>

For many residents their clinical needs will require the presence of a registered nurse 24/7. Registered nurses in care homes have a valuable role in being able to recognise and take action when a person's condition is deteriorating. Their actions can enable greater and more timely clinical intervention within that homely setting, and help to prevent avoidable hospital admissions for residents.<sup>18 19 20</sup> It may also reduce the need for assessment by primary and community care teams.

As autonomous practitioners, registered nurses use their clinical knowledge and skills to undertake ongoing care assessment, make decisions around the management of long-term conditions and complex medication regimes and therapies, and deliver clinical interventions within the care home.<sup>21</sup> This ongoing clinical assessment is crucial to ensuring that as people's needs change, they are receiving the right care, at the right time from the right person in a way that best allows residents to meet their desired outcomes.

Care home nurses are advocates for the people they care for and play an important role in supporting residents to access the expertise of the wider multidisciplinary team in order to ensure that they are receiving the full range of health and social care support they need.<sup>22</sup>

Registered nurses have invaluable knowledge and expertise to support people who are approaching the end of their life and to enable them to be able to achieve a good death within the care home if that is their place of choice.<sup>23 24</sup>

Registered nurses are responsible for the overall management of nursing care, and they have an important role in leading and supporting the wider care home team. This will include clinical supervision, delegating care, and sharing good practice.<sup>25 26 27 28</sup>

Under the NMC code, a registered nurse has a duty of care, to ensure that tasks are appropriately delegated. As such, it is vitally important that they have the right time and resources to fulfil their role as leaders of clinical care.



Parity of principle for staffing across health and social care in Scotland is required to prevent health inequalities developing

#### Health inequalities and the Health and Care (Staffing) (Scotland) Bill

The Health and Care (Staffing) (Scotland) Bill before the Scottish Parliament is broken down into three sections. Part 1 sets out the guiding principles, Part 2 relates to staffing in the NHS and Part 3 to staffing in care services. While the NHS is more advanced in the development of workforce and workload planning methodologies, it is essential that there is parity of principle across the two parts.

New health inequalities for people requiring clinical care in care homes for adults would be a serious unintended consequence if this parity of principle is not achieved.

Without an evidenced based methodology for determining staffing, without a duty on Ministers for the supply of staff for the sector and without the appropriate clinical advice from registered professionals, the current nursing workforce pressures faced by the care home sector will not be meaningfully addressed by this legislation. As such, residents' clinical care needs are at risk of being unmet.

Parity of principle for staffing across health and social care in Scotland is required to prevent health inequalities developing between people receiving care in NHS settings and those receiving care in the independent sector. Even within the mixed market of the care home sector itself, those who are able to pay more will have a greater chance of accessing the right clinical care to meet their chosen outcomes.

Widening the gap between health and social care could serve to be a dangerous unintended consequence of enshrining a gold standard for arranging NHS staffing in Part 2 of the Bill while Part 3 serves to go no further than restating current practice.

"Inadequate staffing in care homes is arguably the principal catalyst for a vast majority of the challenges that care homes face."<sup>29</sup> Fewer registered nurses apply for positions in care homes due to perceived "better conditions in the NHS."<sup>30</sup> RCN Scotland believes that the care home sector has the potential to be an employer of choice for registered nurses. Ensuring adequate staffing levels and valuing professional judgement are some of the ways in which this Bill can contribute to attracting nursing staff to work in a setting where they are enabled to provide the best possible health care.

RCN Scotland considers the Health and Care (Staffing) (Scotland) Bill an opportunity to help ensure that care homes that provide nursing care, are supported to deliver safe, quality nursing care to residents with increasingly complex health needs.

- <sup>1</sup> National Records of Scotland (2015), https://www.nrscotland.gov.uk/news/2015/scotlands-population-projected-tocontinue-to-rise
- <sup>2</sup> Scottish Care (2018), http://www.scottishcare.org/wp-content/uploads/2018/11/Care-homes-then-now-and-the-uncertainfuture.pdf
- <sup>3</sup> Queen's Nursing Institute (2018), https://www.qni.org.uk/nursing-in-the-community/transition-community-nursing/carehome-nursing/
- <sup>4</sup> Scottish Care (2016), http://www.scottishcare.org/wp-content/uploads/2016/11/SC-Voices-from-the-Nursing-Front-Line-.pdf
- <sup>5</sup> Royal College of Nursing (2016), https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-nursing-in-care-homes
- <sup>6</sup> Alzheimer Scotland (2019), https://www.alzscot.org/assets/0003/2746/McLeish\_Report\_updated\_24.01.19\_Web.pdf
- <sup>7</sup> See footnote 2
- <sup>8</sup> Convention on the Rights of Residents in Care Homes for Adults and Older People, http://www.scottishcare.org/wp-content/uploads/2016/06/Convention-on-the-Rights-of-Residents-in-Care-Homes-for-Adults-and-Older-People-3.pdf
- <sup>9</sup> Age Scotland, https://www.ageuk.org.uk/globalassets/age-scotland/documents/ia---factsheets/age-care-home-healthand-wellbeing-mk2-v2.pdf
- <sup>10</sup> See footnote 4
- <sup>11</sup> Care Inspectorate Report (2016), http://www.careinspectorate.com/index.php/news/4096-staff-vacancies-in-careservices-2016
- <sup>12</sup> Dellefield, ME, Castle, NG, McGilton, KS et al (2015), The Relationship Between Registered Nurses and Nursing Home Quality: An Integrative Review (2008-2014).
- <sup>13</sup> Shin, Park and Huh (2014), Nursing staffing and quality of life in Western New York nursing homes
- <sup>14</sup> Shin and Bae (2012), Nurse staffing, quality of care, and quality of life in U.S. nursing homes, 1996-2011
- <sup>15</sup> See footnote 5
- <sup>16</sup> Spilsbury et al (2015), Supporting nursing in care homes
- <sup>17</sup> Royal College of Nursing (2018), https://www.rcn.org.uk/clinical-topics/older-people/professional-resources/care-homejourney
- <sup>18</sup> See footnote 5
- <sup>19</sup> See footnote 3
- <sup>20</sup> Australian College of Nursing (2019), https://www.acn.edu.au/wp-content/uploads/20181205\_submission-senate-inquiryinto-effectiveness-aged-care.pdf
- <sup>21</sup> See footnote 5
- <sup>22</sup> Cousins et al (2016), An overview of the challenges facing care homes in the UK
- <sup>23</sup> See footnote 5
- <sup>24</sup> Royal College of Nursing (2017), https://www.rcn.org.uk/clinical-topics/end-of-life-care/the-nursing-role
- <sup>25</sup> See footnote 17
- <sup>26</sup> See footnote 5
- <sup>27</sup> See footnote 16
- <sup>28</sup> See footnote 22
- <sup>29</sup> See footnote 22
- <sup>30</sup> Scottish Care (2018), http://www.scottishcare.org/wp-content/uploads/2018/12/Nursing-Data-2018-f.pdf

For more information visit **www.rcn.org.uk/askformore** | email **askformore@rcn.org.uk** | call **0131 662 6173** 

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