



THE CONTRIBUTION OF REGISTERED NURSES IN SCOTLAND'S CARE HOME TEAMS

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Introduction

This paper has been developed through detailed conversations with RCN members working strategically within the care home sector and integration authorities. Care homes are central to the current work of RCN Scotland and this paper explores some early thinking, from a professional nursing perspective, on how to address the significant challenges the sector faces today.

The paper sets out a series of principles outlining what the RCN believes needs to be in place to ensure high quality registered nursing care in care homes.

The integrated health and social care environment is new to us all and the process for improving nursing care within care homes will be necessarily iterative. However, the imperative to deliver safe, quality care to residents of care homes with increasingly complex health needs means that many issues which have, for years, been placed in the “too hard to do” box must now be addressed collaboratively. The RCN is up for the challenge of addressing this in collaboration with partners.

At the heart of this paper is the belief that people accessing health and social care – including residents of care homes - should receive quality care, feel safe, be treated with dignity and respect, and have their human rights respected, regardless of who the provider of that care is. No matter what the care setting, positive care outcomes require a sustainable workforce that is fit for purpose to deliver what matters to people who require care. As such, nursing issues across the sector need to be addressed to ensure equitable and safe care for residents of all ages, and with any health status.

This work is timely given the current reform of the National Care Home Contract (NCHC), and RCN welcomes the focus on nursing within the NCHC reform process, given the importance of quality nursing care to developing a fit-for-purpose care home sector that meets the needs of residents who require health care. In particular, the RCN is heartened to see the scope of those discussions incorporating many of the wider developments and improvements which will support registered nurses in the future to deliver quality care under a reformed NCHC. This includes addressing the fundamental issue that the definition of ‘nursing care’ is still unclear.

The RCN believes that the restrictive service definitions the NCHC applies are not conducive to appropriate decision-making around individual placements, care provision, and staffing. Separate contracts for those over and under 65 hinders the ability of services to deliver the best possible care – for example, for people under 65 who are living with frailty, or people over 65 living with a neurological condition. The current NCHC also does not address specialised care services such as intermediate care or dementia care.

As such, the RCN has largely focused this paper on registered nursing within care homes for older people, but in the future, this conversation should be widened to more clearly address registered nursing care for all residents within the sector.

Changing care home demographics

People in Scotland are living longer, but are increasingly likely to be living with multiple long term conditions, frailty and complex care needs as they age.¹ 65% of people aged 65-84 and nearly 82% of those over 85 are living with more than one health condition.²

The 31,547 older people³ living as long stay residents in Scotland's care homes are likely to have multiple conditions affecting their physical and mental health.^{4,5} It is known that 54% of all people in Scottish care homes for older people have a diagnosis of dementia, up from 33% in 2006.⁶ However, there is a lack of robust data allowing us to develop a national profile of care home residents' other health conditions, and past efforts to analyse health data from care home records have proven difficult.⁷

Nonetheless, RCN members and partners regularly report that this shift in acuity is occurring, and people living in care homes are increasingly requiring clinical interventions beyond the perceived traditional role of care home staff.

The role of registered nurses in care homes in delivering on the vision of integration

The integration reform agenda, the linked 2020 Vision and the National Clinical Strategy, aim to deliver improved health and wellbeing outcomes through the provision of quality, joined up services at home or in a homely setting. The Scottish Government has made clear that future care will be delivered mostly in the community by integrated and well-led multidisciplinary health and social care teams including third and independent sectors.^{8,9} Care homes are central to this.

Integration authorities are required to assess and forecast needs and link their investment of resources to agreed desired outcomes.¹⁰ For integrated commissioners, investing in appropriate registered nurse staffing can not only deliver better care outcomes within care homes, but also ease pressure downstream in A&E and out of hours services by enabling greater intervention in the home or homely setting.¹¹ The ability of care home staff to resolve health issues in the care home also reduces the need for support from the overstretched district nurse and GP workforces.

¹ Information Services Division. 2015. Healthy Life Expectancy in Scotland. Edinburgh: NHS Scotland.

² Barnett et al. 2012. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *The Lancet*. Vol 380

³ ISD. 2015. Care Home Census. Edinburgh: Scottish Government

⁴ British Geriatric Society. 2013. BGS Commissioning Guidance: High Quality Health Care for Older Care Home Residents.

⁵ British Geriatrics Society. 2011. Quest for Quality: Joint Working Party Inquiry into the Quality of Healthcare Support for Older People in Care Homes. London: British Geriatrics Society

⁶ ISD. 2015

⁷ Centre for Policy on Aging. 2012. A profile of residents in Bupa care homes: results from the 2012 Bupa census. London: Centre for Policy on Aging.

⁸ Scottish Government. 2016. A National Clinical Strategy for Scotland

⁹ Lewis Ritchie. 2015. Pulling together: transforming urgent care for the people of Scotland. Edinburgh: Scottish Government

¹⁰ <http://www.scotland.gov.uk/Resource/0044/00444581.pdf>

¹¹ Social Care Institute for Excellence. 2012. [Film] Avoiding unnecessary hospital admissions among older people: residential care <http://www.scie.org.uk/socialcaretv/video-player.asp?v=avoidunhospadmiresidential>

The significance of the registered nurse role for quality care in care homes

Registered nurses working in care homes are key to the delivery of safe, high quality care and to supporting improved health and wellbeing outcomes for residents throughout Scotland.

There is a growing international body of evidence on how access to stable, registered nurse staffing in care homes delivers positive care outcomes for residents as well as improved quality of life.^{12,13} Registered nurses lead, coordinate and deliver this person-centred care and provide continuity of relationship within the homely setting of the care home. As residents' complexity of need increases, the skills, competencies and availability of the registered nursing workforce employed within care homes will become ever more important.

Providing care for people with complex care needs

Registered nurses employed in care homes manage acute illness and emergencies, prevent health problems and promote mental health and wellbeing.¹⁴ As autonomous practitioners, they use their clinical skills to undertake complex care assessment, make decisions around the management of long term conditions and complex medication regimes and therapies, and deliver complex interventions within the care home. They can recognise and take action when a person's condition is deteriorating to avoid unnecessary hospital admission, and support a seamless transition from hospital back into the care home.

They communicate, plan and regularly review care and work in partnership with residents and families to achieve personal outcomes. There are also a range of administrative, regulatory and managerial functions that the registered nurse must fulfil.¹⁵

Registered nurses in care homes have particular knowledge, skills and expertise to support the specific care needs of their residents – particularly for older people with challenging behaviour and for people at the end of their life. For people approaching the end of life, registered nurses have knowledge and expertise to enable residents to die within the care home if that is their place of choice¹⁶ and refer and signpost residents and families to specialist palliative care services as required.

More broadly, registered nurses working in care homes also have a significant role to play in developing and enabling a homely environment in which people can maintain individuality and achieve their personal outcomes through promoting independence and rehabilitation.¹⁷ Senior nurses the RCN has spoken to felt very strongly that this will be an increasingly important role for registered nurses in care homes.

Working with the care home team and with other agencies

Registered nurses are only one part of the team required to provide nursing care in care homes. The vast majority of care in care home settings is provided by carers and senior

¹² Shin and Bae. 2012. Nurse staffing, quality of care, and quality of life in U.S. nursing homes, 1996-2011

¹³ Shin, Park and Huh. 2014. Nursing staffing and quality of life in Western New York nursing homes

¹⁴ Spilsbury, K, Hanratty, B and McCaughan, D. 2015. Supporting Nursing in Care Homes. University of York

¹⁵ Spilsbury et al. 2015

¹⁶ Spilsbury, K, Hanratty, B and McCaughan, D. 2015. Supporting Nursing in Care Homes. University of York

¹⁷ O'Doherty E. 2013. Nurses' role in care home rehabilitation. *Nursing Times*; 109: 29, 18-21.

<https://www.nursingtimes.net/roles/older-people-nurses/nurses-role-in-care-home-rehabilitation/5061410.article>

carers, who work closely with residents on a day to day basis. But the registered nurse remains responsible for the overall management of the resident's nursing care, and they lead, clinically supervise, delegate care to, and oversee the team of carers and senior carers. A registered nurse has a duty of care, under their regulatory code, to ensure that if they have delegated a task, it has been appropriately delegated.¹⁸ Having the right skill mix in the team enables registered nurses to delegate care appropriately.

Registered nurses employed by care homes also work closely with other agencies and professionals, making appropriate referrals as part of their management and co-ordination of care role. However, staff employed and based outwith the care home cannot replace the level of 24/7 personalised support and continuity of care provided for people with complex health needs by on-site registered nursing staff.

¹⁸ RCN. 2011. Accountability and delegation: What you need to know. London: Royal College of Nursing
https://www2.rcn.org.uk/_data/assets/pdf_file/0003/381720/003942.pdf

Principles for safe, high quality nursing care in care homes

The RCN has developed a set of principles for nursing care in care homes, which is designed around the needs and aspirations of individuals, and focused on providing high quality, person-centred care. Not every issue detailed here falls specifically within the remit of a reformed NCHC, but all will support the activities the RCN thinks are required to ensure a more robust contract for nursing care within the sector.

Scotland has a very mixed market of care home providers, from small providers with a single home, to large national providers. The care home market must remain viable. If quality is our prime driver, solutions will need to take into account what support will be required for all providers to re-shape services sustainably in a fast-changing world.

Principle 1: Care homes are contracted and monitored on the basis of agreed outcomes

It is the view of the RCN that commissioning and procurement of care home services must take a standardised outcomes approach, with service level agreements and robust monitoring of services' success in delivering care outcomes.

This approach enables providers to innovate and reconfigure services to achieve positive and person-centred outcomes through the delivery of good quality, flexible and responsive services which meet individuals' needs and respect their rights.^{19, 20} It is also aligned with the wider strategic planning environment of integration authorities who must deliver on the national health and wellbeing outcomes.

An outcomes-based procurement approach sets out the quality outcomes that are expected to be met through procurement of a service, such as: early detection and intervention to support people to recover and stay well; increased involvement of service users in decision-making; and delivery of co-ordinated and patient-centred care, demonstrating joined-up working. Providers then design suitable care pathways to deliver those outcomes.²¹

An outcomes approach can help providers to think differently about how their registered nursing and other staff are facilitated to enable quality outcomes for residents. For example, contractual outcomes relating to improving quality of life and progressing people's care to a lower intensity environment should encourage providers to invest in staff who have the skills and knowledge to support this. This may include nurses with the clinical expertise to provide - for example - stroke assessment, rehabilitation, acute intervention and goal setting support for people who have had a stroke.

From a professional nursing perspective, the care home contract and related work should ensure the following is in place:

- Commissioning of care home services is designed to deliver person-centred quality outcomes, and services are contracted and monitored on that basis.

¹⁹ Scottish Government. 2016. Guidance on the Procurement of Care and Support Services 2016 (Best-Practice). Edinburgh: Scottish Government

²⁰ Department of Health England. 2008. Configuring Joint Preventive Services: A Structured Approach to Service Transformation and Delivering Better Outcomes for Older People. London: UK Government

²¹ Rachel Addicott. 2014. Commissioning and contracting for integrated care. London: The Kings Fund

Principle 2: Funding and staffing are appropriate to meet the care needs of residents

Funding for care home services must be determined on the basis of accurate information about both the dependency and clinical need of individual residents, and the staff required to meet those needs. However, validated and consistent tools are not yet available to make this an immediate core requirement of the NCHC.

At present it is expected that care homes will have a dependency tool in place, but this is not standardised. The IoRN dependency tool²² and care home staffing model is available, but not used across all homes. Further, there is no tool available for the care home sector that appropriately measures *clinical* acuity, despite the increased clinical needs of care home residents. This is a clear gap that should be addressed in order to ensure that future iterations of the NCHC funds care homes to provide safe, quality care.

With regard to designing and funding the registered nursing workforce (in terms of both numbers and skill mix) within care homes to meet assessed needs, no standard workforce and workload planning tool is available. This is not a sustainable position and, in a recent letter to the Cabinet Secretary for Health and Wellbeing, the RCN has stated that the proposed future safe nurse staffing legislation should permit future application across all health and social care settings with nursing, including care homes. Clearly, this will require the development of a tool. NHS Scotland has invested significant resource in developing validated nursing workload and workforce tools. These tools, which are now mandated in the NHS, use a triangulated approach to incorporate professional judgement with quality measures. There would be value in learning from this existing work to develop tools that are fit for purpose for the care home environment.

In the immediate absence of nationally accepted tools, there may be opportunities for care home providers and commissioners to share approaches and local solutions. However, such solutions should not negate the urgent need for a national tool to inform the NCHC.

As resident acuity rises, care homes also need the capacity to respond rapidly to deterioration of residents' health and wellbeing. The terms of the NCHC should enable homes to fund necessary adjustments to staffing and skill mix rapidly in order to respond effectively and safely to changes in acuity.

The RCN has heard from members and partners that there is more to do to ensure that criteria for admissions to contracted care home beds are matched by the capacity and capability of the registered nurses available on site, particularly for people with high clinical needs or particularly challenging behaviours. Where the right clinical expertise and skill is not available, potential issues can arise in terms of the quality of care for the person admitted, and also other residents' right to a safe environment within their home. Service definitions within the NCHC (and in the future, for all contracted beds) must be fit for purpose and written and delivered in a way which ensures that the right residents are admitted to the right facilities, with the right nursing staff, for their health care needs.

Care home providers in the independent and third sectors may wish to support the 2020 Vision and the new National Clinical Strategy by diversifying into services that are more clinically acute, but higher inherent business risks may dissuade them from doing so. The commissioning of services must take into consideration the risk appetite of providers and

²² ISD. Webpage: Measuring Dependency/Relative Needs. Viewed October 2016
<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Dependency-Relative-Needs/>

what needs to be in place to develop a stable, but developing, market. Funding for registered nurse staffing at the correct level can reduce risk for providers, particularly where people have high acuity or specialist care needs.

From a professional nursing perspective, the care home contract and related work should ensure the following are in place:

- A validated tool to assess dependency and clinical acuity in residents' needs, which informs fair and appropriate funding
- A systematic approach to workforce and workload planning, with a new national workforce and workload planning tool developed specifically for care homes and used to determine contract funding levels
- Designated nurses within care home organisations who are empowered and skilled to monitor dependency and acuity, and use this information and their professional judgement to determine staffing and skill mix requirements
- Contractual arrangements which financially support the care home to respond to rapid deterioration of residents' health and wellbeing through adjustments to staffing and skill mix
- Clear admission criteria to care homes which are matched to the competencies and capabilities of available registered nursing staff on site in any individual home.

Principle 3: Care home staff can escalate issues in a timely way, and access advice and support from a multidisciplinary team

As autonomous practitioners working with people with a wide range of conditions, registered nurses in care homes should be enabled to make decisions independently and have confidence in knowing where to seek advice and make referrals when needed. They need access to an active multidisciplinary network of support, which complements their skills and knowledge, and allows them to share and improve their practice.

In the future, care home providers, integration authorities and other stakeholders will need to work together more closely to develop opportunities for registered nurses from across sectors to network, share good practice and learn from each other to improve resident outcomes.

The RCN is aware that there is a continued perception from some NHS staff that high rates of admission to hospital from care homes are attributable to care home staff failing to cope. This needs to be challenged; indeed, one of the most significant reasons for admission is the lack of a wider infrastructure to support care home staff to provide clinical interventions in the home.²³

In practice at present, care home nurses are often isolated and unable to access the timely, clinical support they need to manage escalating risk within the home. Under the NMC Code, registered nurses are required to preserve patient safety, including making timely and appropriate referral to another practitioner when it is in the best interests of the

²³ Graverholt, B et al. 2014. Reducing hospital admissions from nursing homes: a systematic review. BMC Health Services Research 14:36

There is a lack of high quality evidence on the effects of interventions to reduce hospital admissions from care homes; this review looks at the existing evidence.

individual needing any action, care or treatment.²⁴ The RCN hears regularly from registered nurses working in care homes that they face difficulty in accessing appropriate senior clinical decision making input, such as from a GP, when a resident is deteriorating. This is particularly the case in the out-of hours period, when there are fewer staff available and residents are more vulnerable to deteriorating health status. The consequence of this is a default – but in the circumstances, inevitable – response to NHS24 or A&E.

It is essential that care home staff have access to senior clinical decision makers, 24/7, to avoid unnecessary admissions. Given that parallel work is currently underway to re-negotiate the GP in-hours contract, there is an opportunity in this to re-consider how safe, quality and efficient escalation can be ensured for all residents of care homes. The implementation of the National Out of Hours Review should also support improvements in escalation support.

Similarly, the developments and investment in Advanced Nurse Practitioner (ANP) roles, spurred by the CNO's Transforming Nursing Roles programme, should facilitate improvements in safe and effective escalation for residents without unnecessary hospital admission – both by ANPs employed by care home providers and in wider teams. Access to ANPs can support care home staff to manage complex interventions, which are often outwith their scope of expertise. The RCN has been made aware that funding from the CNO to train ANPs will be available to registered nurses in care homes. More broadly, it will be helpful to review how primary care transformation and CNO funds are being used to support improvements in care for care home residents and where other barriers to employment of ANPs in care homes, such as insurance restrictions, must be addressed.

Finally, clear processes and infrastructure should be in place for registered nurses in care homes to access and share relevant information with GPs and other members of the health and social care team, for example sharing a person's up-to-date anticipatory care plan from the care home to their GP.²⁵ This will mean work to ensure existing patient record systems are available to nurses working within the care home sector.

From a professional nursing perspective, the care home contract and related work should ensure the following are in place:

- Appropriate senior clinical decision makers and clear escalation processes are in place 24/7 to ensure the best care for residents and avoid unnecessary admission
- Registered nurses in care homes can access appropriate advice and support from a multidisciplinary team which complements their skills and knowledge to meet the specific health care needs of residents
- Registered nurses in care homes and other nursing colleagues from across sectors have opportunities to network, share good practice and learn from each other
- Patient information systems enable the appropriate sharing of information in a timely way, for example, enabling up-to date information from anticipatory care plans to flow to a care home resident's electronic Key Information Summary.

²⁴ Nursing and Midwifery Council. 2015. The Code: Professional standards of practice and behaviour for nurses and midwives

²⁵ Ritchie, R. 2015. Pulling together: transforming urgent care for the people of Scotland. Edinburgh: Scottish Government

Principle 4: There are clear career pathways in care homes for registered nurses

All sectors, including care homes, are facing challenges in recruiting and retaining registered nurses. When Scottish Care surveyed their members last year, 66% of care homes and care at home services that employ registered nurses reported difficulty in filling nurse vacancies.²⁶

One barrier that RCN members have identified is the lack of career development opportunities within the sector. Some work is underway to address this already. For example, the RCN Foundation²⁷ has called for expressions of interest in conducting research in Scotland to identify innovative solutions that support the development of a sustainable care home nursing workforce. But there is much more to do.

Developing career pathways in care homes should be a priority at all levels and will take a number of stakeholders working together to improve sustainability of registered nurse staffing over the short, medium and long term. The RCN understands that the Scottish Government intends to develop a workforce plan for the NHS. While this plan will not extend beyond the public sector, there would be clear benefits to considering workforce sustainability across sectors, including the independent and third sectors, within an integrated delivery landscape.

On this basis, the RCN welcomes the CNO's commitment to include care home nursing post-registration education and career pathways within the Transforming Nursing Roles programme of work and the ongoing inclusion of care home workforce projections in the commissioning of student numbers. These are crucial steps.

The NCHC will, however, also be a significant lever to deliver a sustainable workforce in the future. As noted in the Scottish Government's procurement guidance, staff who are well-rewarded and motivated are likely to deliver a higher quality of service.²⁸ The contract must provide terms and conditions for all members of the team, including registered nurses, which are fair and attractive and support the funding of new roles to meet need.

For example, a number of providers have demonstrated interest in developing ANP roles to support the increasingly complex care needs of residents in their homes. Commissioning processes can support this by requiring that any ANP roles developed by services have appropriate supervision and governance arrangements in place, and are established in line with the recommendations of the Chief Nursing Officer's Transforming Nursing Roles review of ANPs.

Potentially the contract reform group may find it valuable to reconsider clause A.9.11 within the current contract, which stipulates that "*The Provider is not expected, to employ Staff with additional specialist nursing skills, although where Staff happen to have such skills, they may, with the agreement of the NHS specialist involved and the Provider, continue to use them. Specialist nursing services will continue to be provided via the NHS.*" This clause appears restrictive and reflects an earlier context in which most care home residents did not require complex care. In the future, the contract needs to be flexible enough to ensure

²⁶ Scottish Care. 2015. In the Front Line: Social Care Providers Survey Report on Recruitment and Retention 2015 <http://www.scottishcare.org/wp-content/uploads/2016/06/Scottish-Care-In-the-Front-Line-Report.pdf>

²⁷ RCN Foundation. 2016. Webpage: Call for expressions of interest http://www.rcnfoundation.org.uk/how_we_can_help/grants_programme/care-homes-scotland

²⁸ Scottish Government. 2015. Statutory Guidance on the Selection of Tenderers and Award of Contracts Addressing Fair Work Practices, including the Living Wage, in Procurement

specialist skills are recognised and rewarded within the contract for registered nurses employed by the care home.

From a professional nursing perspective, the care home contract and related work should ensure the following are in place:

- A consistent approach to developing a sustainable care home workforce nationally and within health and social care partnerships
- A clear career pathway for nurses working within the care home sector
- Fair terms and conditions for registered nurses employed within care homes, recognising the different levels of practice appropriate to the health care needs of residents
- Sufficient nursing graduates to staff services appropriately across all care sectors.

Principle 5: Care homes are positive learning environments

A number of the RCN members we spoke to felt that in the future, care homes should become leaders in providing and improving care for older people, given that working in an NCHC funded care home provides registered nurses with an opportunity to develop expertise in older people's care and specific areas like frailty, dementia and palliative care.

Continuing professional development (CPD) is fundamental to the role of any professional practitioner; it enables them to continue to develop knowledge, skills and expertise in their role and ensure high quality services and patient care. Employers of nurses have a duty to provide appropriate career prospects and development.²⁹ Clinical supervision is also important for registered nurses as an opportunity to reflect, improve practice and identify training and continuing development needs. As well as being a requirement of the Care Inspectorate, it is a regulatory requirement of NMC revalidation, without which nurses cannot practice.

The NCHC should ensure that funding of care home services includes the time required, and costs, for all staff to access appropriate learning and development opportunities to enhance their practice. By placing the NCHC clearly within an integrated commissioning landscape, integration authorities will also have the opportunity to ensure that care home nurses are enabled to share in the local and national training and development opportunities available across sectors, as all partners work together to deliver the integrated national health and wellbeing outcomes.

In recognition of their specific skills and expertise in older people's care – and the urgent need for more nurses to work in care homes – there should be more placements for students in the care home sector. Integration authorities and NHS boards can enable this by working with NHS Education for Scotland to further develop the Care Home Education Facilitator (CHEF) infrastructure to support mentors of pre-registration nursing students, and develop a positive learning environment in care homes. Contracts should also provide funding that enables care homes to release registered nurse staff to teach, as part of

²⁹ RCN. 2014. Employing nurses in local authorities: RCN Guidance <https://www.rcn.org.uk/professional-development/publications/pub-004680>

service level agreements with local universities delivering nursing programmes, including post-registration programmes.

In other parts of the UK, models have been developed in which care homes have become teaching care homes and hubs for students.³⁰ Learning from this model, integration authorities could, in the future, identify high performing care homes in their partnership area and work with the home to develop them as centres of excellence in older people's care and develop opportunities for other nurses to learn from care home staff.

From a professional nursing perspective, the care home contract and related work should ensure the following are in place:

- Registered nurses working in care homes have ongoing clinical supervision
- Registered nurses in care homes have the time and funding to access the continuing professional development they need to provide high quality care, according to the needs of their residents
- Training and development opportunities within other sectors are available to registered nurses in care homes through a planned approach to improvement and development within integration authorities
- Registered nurses working in care homes are supported to mentor and supervise nursing students, where homes meet NES placement standards
- Where appropriate, registered nurses working in care homes are supported to teach at university level, including for post-registration students.

Principle 6: There are robust clinical and care governance arrangements in place, and clear lines of professional accountability for registered nurses

No matter where a person receives care, it must be safe and its quality assured. Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured.³¹ It is the way by which structures and processes assure Integration Authorities, Health Boards and Local Authorities that this is happening and provides a framework so that practitioners are clear about their responsibilities and accountability in any action or decision they may take to ensure the provision of safe quality care.

From our discussions with nurse leaders it is clear that, within the new landscape of integration, there is some confusion over the application of clinical and care governance for services commissioned by integration authorities and delivered by third parties, including care homes. RCN Scotland's guide *Clinical and care governance across integrated services: what needs to be in place at a strategic level?*³² sets out some areas that integration nurse leads should be looking for with regard to clinical governance structures around third and independent sector providers, however this is just a starting point. The new NCHC should support nursing leaders in the care home sector and in integration

³⁰ Care England. Webpage: Teaching care home <http://www.careengland.org.uk/teaching-care-home>

³¹ Scottish Government. 2015. Public Bodies (Joint Working) (Scotland) Act 2014: Clinical and Care Governance Framework. Edinburgh: Scottish Government

³² RCN Scotland. 2015. Clinical governance and integration guide. Edinburgh: Royal College of Nursing <https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-clinical-governance-guide>

authorities to ensure governance arrangements, in terms of both nursing services delivered and contractual management of outcomes in nursing care, are robust and clear.

One concern reported by senior nurses the RCN has spoken to is the need for many care homes to develop an environment which supports staff to raise concerns and empowers them to take action. Several commented that fear of making and reporting mistakes is common in some care homes because of the disciplinary approach taken by some management staff. As a result, registered nurses in care homes can be understandably risk averse, with the consequence that they feel they must call on district nurses or NHS 24 to make decisions they feel disempowered to make themselves.

There is therefore an onus on care home management and senior nursing staff to create an environment of care which supports staff to raise concerns or report errors, with clear lines of professional support and managers committed to an improvement approach which identifies, understands and learns from mistakes.

There is also a need for care home management to support the requirements of delegation and have in place appropriate arrangements, including: clear guidelines and protocols so that the carer is not required to make a clinical judgement that they are not competent to make; appropriate levels of supervision and opportunities for mentorship for the carer; clinical supervision for the registered nurse delegating tasks; and ongoing development to ensure that competency is maintained.³³

RCN guidance on the employment of nurses in local authorities notes: *“It is important... that there is a clinical leadership process in place to provide direction, appropriate guidance and up to date practice and quality auditing and metrics. This could be done through ‘buddying’ systems with other organisations.”*³⁴ While this refers to employment by a different provider, the principle for support across providers remains the same.

From a professional nursing perspective, the care home contract and related work should ensure the following are in place:

- A structure within the integration authority for monitoring and assuring quality of nursing care in commissioned services
- Robust processes within care homes for assuring care quality and safety, with clear lines of professional accountability for registered nurses
- Registered nurses employed in care homes are facilitated to work to the top of their scope of practice and be clinical leaders in their workplaces
- Arrangements within care homes to ensure appropriate delegation
- An improvement approach within all care homes focused on identifying, understanding and learning from mistakes.

Principle 7: Regulation and scrutiny support the provision of high quality care

The regulation and scrutiny landscape around care homes is complex and involves a number of regulatory and scrutiny bodies, including the Scottish Social Services Council,

³³ RCN. 2011. Accountability and delegation: What you need to know. London: Royal College of Nursing https://www2.rcn.org.uk/_data/assets/pdf_file/0003/381720/003942.pdf

³⁴ RCN. 2014. Employing nurses in local authorities: RCN Guidance. Edinburgh: Royal College of Nursing <https://www.rcn.org.uk/professional-development/publications/pub-004680>

the Care Inspectorate and the NMC. In supporting the design and delivery of an improved NCHC that includes nursing care, there is an opportunity to review current arrangements to ensure they are fit for purpose for the care home sector of the future.

The care provided in care homes is changing. For example, between 2006 and 2015 there was a 46% increase in short stay and respite residents.³⁵ But the regulatory framework around care home services has not changed so quickly. Care services are regulated under Section 47 of the Public Services Reform (Scotland) Act 2010, but this legislation is restrictive and its service definitions do not fit with the actual care home landscape. For example, it is silent on specialist models of care, such as intermediate care. This puts limitations on the Care Inspectorate, particularly in how it can regulate innovative models. One potential recommendation of the work to support a more fit for purpose NCHC could be to recommend review of Section 47 with a mind to redefining care services.

The increasing complexity of health care in care homes also raises issues around the different scrutiny approaches used across integrated services providing similar care. The scrutiny of older people's care looks different depending on where the care is being provided. There is one set of standards for hospices, another for older people's care in community hospitals (which are both scrutinised by Healthcare Improvement Scotland) and yet another for care homes (scrutinised by Care Inspectorate). The National Care Standards are an opportunity to provide a coherent, standardised approach, but it is yet to be clarified what the service scope of the new standards will be.

As care homes are providing ever more complex nursing care, and developing models of more clinically acute services, like intermediate care, there will need to be consideration of where the skills and expertise are available to scrutinise those kinds of services most effectively.

It is positive that Healthcare Improvement Scotland and the Care Inspectorate are both taking an improvement support approach with providers, and there will be value in the NCHC reform group considering the future improvement needs of the care home sector.

From a professional nursing perspective, the care home contract and related work should ensure the following are in place:

- Scrutiny and inspection legislation, regulation and policy which reflects the contemporary delivery of health and care services
- Appropriate scrutiny of care, where people with complex health needs are receiving care from nursing staff
- A harmonised approach to scrutiny across older people's services, based on the National Care Standards, which is appropriate to all settings
- Care homes have access to improvement support.

³⁵ ISD/Scottish Care. 2015. Care Home Census 2015. Edinburgh: Scottish Government